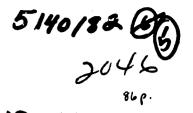
PD-AAA-633-A1



CONFORMED AID Loan No. 514-U-075

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ALLIANCE FOR PROGRESS

LOAN AGREEMENT

(COLOMBIA - HEALTH SECTOR LOAN)

between the

REPUBLIC OF COLOMBIA

the

MINISTRY OF HEALTH

the

NATIONAL PLANNING DEPARTMENT

and the

UNITED STATES OF AMERICA

Dated: February 28, 1975

LOAN AGREEMENT dated the 28 day of February 1975, between the REPUBLIC OF COLOMBIA ("Borrower"), the MINISTRY OF HEALTH, the NATIONAL PLANNING DEPARTMENT, and the UNITED STATES OF AMERICA, acting through the AGENCY FOR INTERNATIONAL DEVELOPMENT ("A.I.D.").

ARTICLE I

The Loan

SECTION 1.01 - <u>The Loan</u> - A.I.D. agrees to lend to the Borrower in furtherance of the Alliance for Progress and pursuant to Section 1.04 of the Foreign Assistance Act of 1961, as amended, an amount not to exceed seventeen million, three hundred thousand dollars (\$17,300,000) ("Loan") to assist the Borrower in carrying out the program referred to in Section 1.02 ("Program"). The Loan shall be used exclusively to finance United States dollar costs of goods and services required for the Program ("Dollar Costs") and local currency costs of goods and services required for the Program ("Local Currency Costs"). The aggregate amount of disbursements under the Loan is hereinafter referred to as "Principal" SECTION 1.02 - <u>The Program</u> - The Loan is made to aid Borrower in carrying out its health sector program by (i) assisting it in financing the Dollar Costs of procurement related to the Program and (ii) assisting it in financing its investment program in the health sector, which program includes: (i) expanding public health coverage through improved maternal and child care and a regionalized system of health services emphasizing unified direction and coordination of all public health activities, preventive and curative; (ii) increased delegation of functions and rationalized selection of location of facilities; (iii) expanded health training programs; (iv) improved rural sanitation; (v) preventive campaign of disease control and eradication; (vi) operational research; (vii) augmented production of health supplies; (viii) improved sector planning and administration, and (ix) multisector nutrition planning capability.

Funds made available under this Loan shall assist in financing (a) the Local Currency Costs of (i) the Ministry of Health in the amount of approximately five million six hundred and fifty five-thousand United States dollars (\$5,655,000) equivalent; (ii) the Malaria Eradication Service in the amount of approximately one million six-hundred and eighteen-thousand United States dollars (\$1,618,000) equivalent; (iii) the National Special Health Projects Institute in the amount of approximately two-million nine

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hundred and eighty thousand United States dollars (\$2,980,000) equivalent; (iv) the Colombian Family Welfare Institute in the amount of approximately one-million two hundred and sixteen thousand United States dollars (\$1,216,000) equivalent; (v) the National Hospital Fund in the amount of approximately eighty five thousand United States dollars (\$85,000) equivalent; (vi) the National Planning Department in the amount of approximately five hundred thousand United States dollars (\$500,000) equivalent; and (b) the United States dollar costs of procurement of goods and services in the amount of approximately five-million two hundred and forty six thousand United States dollars (\$5,246,000).

By mutual written agreement, the amounts set forth in the above paragraph of this Section 1.02 for use by the several Implementing and Sub-Implementing agencies may be adjusted upward or downward in an amount not to exceed one-million seven hundred and thirty thousand United States dollars (\$1,730,000); provided however, that the amount shown above for each such agency may not be increased or decreased more than 50%.

Nothing provided herein shall be deemed to prohibit the Borrower from assigning an activity presently vested in a particular Sub-Implementing agency under the provision of Annex I to another Sub-Implementing agency or other suitable entity, and requesting

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an appropriate adjustment by A. I. D. of the amount set forth in the second paragraph of this Section 1.02. It is understood, however, that approval by A. I. D. shall be on the basis of evidence showing that the proposed agency or entity possesses the capacity to administer properly the funds to be provided, and further, that the funds will be used by the proposed agency or entity for the purpose of this Agreement, and that corresponding adjustments in Borrower's resources will be made.

The Program is more fully described in Annex I, attached hereto, which Annex may be modified by mutual agreement of the parties in writing. However, any modifications in the Financial Target sub-sections of the Annex to this Agreement will be channeled through the Ministry of Finance. The procedures for securing goods and services to be financed under the Loan shall be described in the implementation letters referred to in Section 9.03 ("Implementation Letters").

SECTION 1.03 - <u>Implementing and Sub-Implementing Agencies</u>. The Borrower hereby designates the Ministry of Health ("MIN-HEALTH"), as its implementing Agency ("Implementing Agency") for purposes of carrying out the overall Program. The MINHEALTH hereby designates the following autonomous agencies as Sub-Implementing Agencies ("Sub-Implementing Agencies"): The Malaria Eradication

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Service ("SEM"); the National Special Health Project Institute ("INPES"); the Colombian Family Welfare Institute ("ICBF"); and the National Hospital Fund ("FNH") for purposes of effectuating the various aspects of the Program, as more fully described in Annex 1.

In addition, the parties hereto recognize that the National Planning Department ("DNP") is accorded by law certain functions with respect to the planning, management, control and evaluation of public investment funds in Colombia. Accordingly, since all local currency to be made available under the Loan is to be authorized for use by the Implementing and Sub-Implementing Agencies through the Government of Colombia's investment budget, the DNP hereby undertakes to exercise its responsibilities so as to further the successful execution of the Program.

SECTION 1.04 - <u>Use of Funds Generated by Other United</u> <u>States Assistance</u> - The Borrower shall use for the Program, in lieu of any United States dollars that would otherwise be disbursed under the Loan to finance the Local Currency Costs of the Program, any currencies other than United States dollars that may become available to the Borrower after the date of this Agreement in connection with assistance (other than the Loan) provided by the

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United States of America to the Borrwer to the extent and for the purpose that A.I.D. and the Borrower may agree in writing. Any such funds used for the Program shall reduce the amount of the Loan (to the extent that it shall not then have been disbursed) by an equivalent amount of United States dollars computed, as of the date of the agreement between A.I.D. and the Borrower as to the use of such funds, at the rate of exchange in effect on the date on which the pesos become available.

ARTICLE II

Loan Terms

SECTION 2.01 - Interest - The Borrower shall pay to A.I.D. interest which shall accrue at the rate of two percent (2%) per annum for ten years following the date of the first disbursement hereunder and at the rate of three percent (3%) per annum thereafter on the outstanding balance of Principal and on any due and unpaid interest. Interest on the outstanding balance shall accrue from the date of each respective disbursement (as such date is defined in Section 7.04) and shall be computed on the basis of a 365-day year. Interest shall be payable semiannually. The first payment of interest shall be due and payable no later than six (6) months after the first disbursement hereunder, on a date to be specified by A.I.D.

SECTION 2.02 - <u>Repayment</u> - The Borrower shall repay to A.I.D. the Principal within forty (40) years from the date of the first disbursement hereunder in sixty-one (61) approximately equal semiannual installments of Principal and interest. The first installment of Principal shall be payable nine and one-half (9-1/2) years after the date on which the first interest payment is due in accordance with Section 2.01. A.I.D. shall provide the Borrower with an

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amortization schedule in accordance with this Section after the final disbursement under the Loan.

SECTION 2.03 - <u>Application, Currency, and Place of Payment</u> -All payments of interest and Principal hereunder shall be made in United States dollars and shall be applied first to the payment of interest due and then to the repayment of Principal. Except as A.I.D. may otherwise agree in writing, all such payments shall be made to the Agency for International Development, Cashier, SER/CONT, Washington, D.C. 20523 and shall be deemed made when received by A.I.D. at this address.

SECTION 2.04 - <u>Prepayment</u> - Upon payment of all interest and refunds then due, the Borrower may prepay, without penalty, on any date on which interest is due, all or any part of the Principal. Any such prepayment shall be applied in the order prescribed in Section 2.03 and, to the extent applied to Principal, shall be applied <u>pro rata</u> to the remaining installments thereof.

SECTION 2.05 - <u>Renegotiation of the Terms of the Loan</u> -In the light of the undertaking of the United States of America, and the other signatories of the Act of Bogotá and the Charter of Punta del Este to forge an Alliance for Progress, the Borrower agrees to

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negotiate with A.I.D., concerning an acceleration of the repayment of Principal at any time or from time to time as A.I.D. or the Borrower may request; provided, however, that no such request under this Section shall be made prior to six (6) months before the date the first installment of Principal is payable under Section 2.02. The parties hereto shall mutually determine whether such an acceleration shall take place on the basis of the following criteria:

(i) The capacity of Borrower to service a more rapid liquidation of its obligations in the light of the internal and external financial position of Colombia, taking into account debts owing to any agency of the United States of America, or to any international organization of which the United States of America is a member; and

(ii) The relative capital requirements of Borrower and of the other signatories of the Act of Bogotá and the Charter of Punta del Este.

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ARTICLE III

Conditions Precedent to Disbursement

SECTION 3.01 - <u>Release of Funds</u> - Disbursements for Local Currency Costs will be made upon request of the Borrower. Unless AID otherwise agrees in writing, for purposes of this Loan, the amount of pesos to be disbursed by AID will be that amount required to establish an equilibrium between Borrower contribution and AID contribution ratios set forth in the Annex I as they may be amended from time to time.

SECTION 3.02 - <u>Conditions Precedent to Initial Disbursement</u> of Loan Funds - Prior to any disbursement or to the issuance of the first Letter of Commitment under the Loan, the Borrower shall, except as A.I.D. may otherwise agree in writing, furnish to A.I.D. in form and substance satisfactory to A.I.D.:

(a) An opinion or opinion of the Legal Advisor to the Director General, Office of Public Credit, Ministry of Finance, or of other counsel satisfactory to A.I.D., demonstrating that this Agreement has been duly authorized or ratified by, and executed and delivered on behalf of, Borrower, the MINHEALTH, and the DNP, and constitutes a valid and binding obligation of Borrower, the MINHEALTH, and the DNP in accordance with its terms; and

(b) Evidence of the authority and the person or persons who will act as representative or representatives of Borrower, the MINHEALTH and the DNP pursuant to Section 9.02, together with a specimen signature of each such person duly certified as to its authenticity.

SECTION 3.03 - <u>Conditions Precedent to Disbursements for</u> <u>Use by the Implementing and Sub-Implementing Agencies</u> - (a) As a condition precedent to disbursement for use by the MINHEALTH, or as AID may otherwise agree in writing, the Borrower will submit in form and substance satisfactory to AID:

1) A detailed plan for monitoring and evaluation of the Program.

2) A detailed work plan describing specific actions to be taken by the MINHEALTH in 1975 and 1976 to stimulate, at the sectional and regional levels, the implementation of the regionalized system.

3) A plan for strengthening of Human Resources Direction to carry out its responsibilities in the Program and a manpower study to be carried out during 1975-1976.

4) A plan of actions to be taken to study and improve administration, e.g. procedures and staffing, throughout the system during 1975-1976.

5) A time phased plan of actions to be taken to establish and strengthen the supply system.

6) A plan for accelerating to the degree possible the implementation of the information system.

7) A plan in which DNP will establish a sub-committee to the national multisector nutrition committee with a USAID nonvoting member to select trainees, approve pilot nutrition projects, and request technical assistance utilizing funds under this loan. This plan will explain the mechanism by which the DNP would make funds available for the use of this committee. (b) As a condition precedent for disbursement for use by SEM, or as AID may otherwise agree in writing, the Borrower will submit in form and substance satisfactory to AID a plan indicating the actions to be taken to utilize SEM personnel in the provision of health services other than malaria control.

c) As a condition precedent for disbursement for use by FNH, or as AID may otherwise agree in writing, the Borrower will submit in form and substance satisfactory to AID:

1) Assurance that the location selection procedures and criteria developed during the '73-'74 period will be continued. If changes in the selection criteria are contemplated, AID will be advised.

2) Assurance that technical assistance has or will be secured in management procedures for the construction program.

3) A plan with time scheduled targets for completion of a study of norms and standardization of construction and equipment criteria and plans for hospitals, health centers and health posts.

d) As a condition precedent for disbursement for use by INPES, or as AID may otherwise agree in writing, the Borrower will submit in form and substance satisfactory to AID: 1) A detailed plan indicating objectives, time and personnel responsible for the various operational research activities contemplated in the '75-'76 period.

2) A plan of the actions to be taken to accelerate the study that it is making of financing the health sector.

3) A work plan with time scheduled and quantified targets for actions to be taken to study and improve water quality and to evaluate from a water quality influence point of view sewage disposal procedures in the INPES system.

4) A plan with time scheduled targets for completion of a study of alternative low-cost construction techniques and contract or financing procedures for provision of water and sewage systems.

5) A plan for further study or actions to be taken related to the improvement of environmental sanitation of the dispersed rural population.

e) As a condition precedent for disbursement for use by ICBF, or as AID may otherwise agree in writing, the Borrower will submit in form and substance satisfactory to A.I.D.:

1) A review of the ICBF program plan and investment budget indicating a preliminary cost-effectiveness consideration of various nutrition and child care intervention activities and an evaluation of their projected impact on nutritional status of the population. Among other aspects this should address the comparison of fixed investment in other activities related to the objectives of the program.

2) A joint review of the levels (recipients and food quantities) of the ongoing supplementary feeding program. This survey should produce a time scheduled plan for Colombian assumption of responsibility of supplementary feeding independent of international assistance. The plan should indicate relative priority of school feeding, maternal child feeding and other supplementary feeding. It should indicate the time, budget levels and sources of financing to carry out the proposed actions.

SECTION 3.04 - <u>Conditions Precedent to Dollar Disburse</u>-<u>ments for Commodities and Services for Use by the Implementing</u> <u>and Sub-Implementing Agencies</u>: (a) As a condition precedent to dollar disbursement for use by the MINHEALTH, the Borrower will submit in form and substance satisfactory to A.I.D.:

1) A review of vehicle requirements of the system. This review will include a justification for use of particular types of vehicles, numbers needed and available to system, and numbers and general specification and import time of vehicles to be imported under

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the Loan. The review should conclude with an estimate of the degree to which the actions proposed in 1975-76 will meet the overall needs of the system.

2) A review of other equipment such as calculators, typewriters, computer that might be eligible for dollar purchase under the loan. The review should contain plans for a feasibility study to be done jointly by MOH and DNP justifying the cost-effectiveness and efficiency of MOH ownership (as compared to renting time) of a 3rd generation computer for the information system.

3) A plan for further development of the plan for improving the communication system and a preliminary estimate of commodities to be imported and times of import.

b) As a condition precedent to dollar disbursement for use by SEM, the Borrower will submit in form and substance satisfactory to AID a plan showing quantities, specifications and time of import for insecticides contemplated under the loan.

c) As a condition precedent to dollar disbursements for use by INPES, the Borrower will submit in form and substance satisfactory to A.I.D. a plan showing number, general specifications, time of import and probable use of well-drilling rigs contemplated under the loan. d) As a condition precedent to dollar disbursements for use by FNH, the Borrower will submit in form and substance satisfactory to AID a plan showing number, general specifications, time of import and probable use of equipment to be purchased under the loan.

e) AID obligational documents, the Project Implementation Order/ Technical Services or Training, will be cosigned by the Chief of DNP Population and Nutrition Division to effect dollar disbursements for the Nutrition Planning funds.

SECTION 3.05 - <u>Terminal Dates for Meeting Conditions</u> <u>Precedent to Disbursement</u> - (a) If all of the conditions specified in Section 3.02 shall not have been met within forty-five (45) days from the date of this Agreement, or such later date as AID may agree to in writing, AID, at its option, may terminate this Agreement by giving written notice to the Borrower. Upon the giving of such notice, this Agreement and all obligations of the parties hereunder shall terminate.

b) If the conditions specified in Sections 3.03 and 3.04 shall not have been met by 120 days from the date of this agreement or such later date as AID may agree to in writing, AID at its option may cancel the then undisbursed amount of the loan designated for the agency which has not fulfilled the conditions precedent to disbursement by giving written notice to the Borrower.

SECTION 3.06 - Notification of Meeting of Conditions

<u>Precedent to Disbursement</u> - AID shall notify the Borrower within thirty (30) days of the receipt of documents submitted in satisfaction of Sections 3.02, 3.03 and 3.04 whether A.I.D. has determined that the various conditions precedent to disbursement have been met.

ARTICLE IV

General Covenants and Warranties

SECTION 4.01 - Execution of the Program - The Borrower, acting through the MINHEALTH and the several Sub-Implementing Agencies, shall carry out the Program with due diligence and efficiency, and in conformity with sound engineering, construction, financial, administrative, public health and medical practices, and also in accordance with all of the related plans, specifications, contracts, schedules, and other arrangements, including all modifications therein.

In this connection, the Borrower shall cause the Sub-Implementing Agencies at all times to employ suitably qualified and competent construction contractors to carry out construction subprojects, and shall employ suitably qualified and experienced consultants, where appropriate in connection with the Program set forth in Annex I, to be professionally responsible for the planning and execution of the Program.

A.I.D. reserves the right to review such plans, specifications, contracts, schedules, and other documents related to the Program, as may be appropriate at the consultation specified in Section 4.03.

SECTION 4.02 - Funds and Other Resources to be Provided by Borrower - Except as A.I.D. may otherwise agree in writing, the Borrower shall provide or cause to be provided promptly as needed all funds, in addition to the loan, and all other resources required for the punctual and effective carrying out of the Program. In cases where force majeure affects the original scope of the program, the Borrower may request consultation with A.I.D.

SECTION 4.03 - <u>Continuing Consultation</u> - The Borrower, the MINHEALTH, the DNP, and A.I.D. shall cooperate fully to assure that the purpose of the Loan will be accomplished. To this end, the Borrower, the MINHEALTH, the DNP, and A.I.D. shall from time to time, at the request of any party exchange views through their representatives with regard to the progress of the Program, the performance by the Borrower of its obligations under this Agreement, the performance of the consultants, contractors, and suppliers engaged on the Program, and other matters relating to the Program.

SECTION 4.04 - <u>Management</u> - The Borrower through the MINHEALTH and the Sub-Implementing Agencies shall provide qualified and experienced management for the Program, and shall train such staff as may be appropriate for the organization, development, maintenance and operation of the Program.

SECTION 4.05 - Operation and Maintenance - The Borrower shall operate, maintain, and repair the facilities constructed and equipment procured under the Program in conformity with sound engineering, financial, administrative, and mechanical practices, and in such manner as to insure the continuing and successful achievement of the purpose of the Program.

SECTION 4.06 - <u>Taxation</u> - This Agreement, the Loan, and any evidence of indebtedness issued in connection herewith shall be free from, and the Principal and interest shall be paid without deduction for and free from any taxation or fees imposed under the laws in effect within the country of the Borrower. To the extent that, with respect to Dollar Costs, any contractor, including any consulting firm, any personnel of such contractor financed hereunder and any property or transactions relating to such contracts and any commodity procurement transaction financed hereunder is not exempt from identifiable taxes, tariffs, duties, and other levies imposed under laws in effect in the country of the Borrower, the Borrower shall, as and to the extent prescribed in and pursuant to Implementation Letters, pay or reimburse to same under Section 4.02 of this Agreement with funds other than those provided by A.I.D. under the Loan, and exclusive of funds to be provided by Borrower under the Loan.

SECTION 4.07 - Utilization of Goods and Services -

(a) Goods and services financed under the Loan shall be used exclusively for the Program, except as A.I.D. may otherwise agree in writting. Upon completion of the Program, or at such other time as goods financed under the Loan can no longer usefully be employed for the Program, the Borrower may use or dispose of such goods in such manner as A.I.D. may agree to in writing prior to such use or disposition.

(b) Except as A. I. D. may otherwise agree in writing, no goods or services financed under the Loan shall be used to promote or assist any foreign aid project or activity associated with or financed by any country not included in Code 935 of the A. I. D. Geographic Code Book as in effect at the time of such use.

SECTION 4.08 - <u>Disclosure of Material Facts and Circum</u>-<u>stances</u> - The Borrower, the MINHEALTH and DNP represent and warrant that all facts and circumstances that they have disclosed or caused to be disclosed to A. I. D. in the course of obtaining the Loan are accurate and complete, and that they have disclosed to A. I. D. accurately and completely, all facts and circumstances that might materially affect the Program and the discharge of their obligations under this Agreement. The Borrower, the MINHEALTH and DNP shall promptly inform A. I. D. of any facts and circumstances that may hereafter arise that might materially affect, or that it is reasonable to believe might materially affect, the Program or the discharge of the Borrower's, the MINHEALTH's or DNP's obligations under this Agreement.

SECTION 4.09 - Commissions, Fees and Other Payments -

(a) The Borrower, MINHEALTH and DNP warrant and covenant that in connection with obtaining the Loan, or taking any action under or with respect to this Agreement, they have not paid, and will not pay or agree to pay, nor to the best of their knowledge has there been paid nor will there be paid or agreed to be paid by any other person or entity, commissions, fees, or other payments of any kind, except as regular compensation to the Borrower's, the MINHEALTH's or DNP's full time officers and employees or as compensation for bona fide professional, technical, or comparable services. The Borrower, the MINHEALTH and DNP shall promptly report to A. I. D. any payment or agreement to pay for such bona fide professional, technical or comparable services to which they are parties or of which they have knowledge (indicating whether such payment has been made or is to be made on a contingent basis), and if the amount of any such payment is deemed unreasonable by A. I. D., the same shall be adjusted in a manner satisfactory to A. I. D.

(b) The Borrower, the MINHEALTH and DNP warrant and covenant that no payments have been or will be received by the Borrower, the MINHEALTH or DNP, or any official of the Borrower, the MINHEALTH or DNP in connection with the procurement of goods and services financed hereunder, except commissions, fees, taxes, or similar payments legally established in the country of the Borrower.

SECTION 4.10 - <u>Maintenance and Audit of Records</u> - The Borrower, the MINHEALTH and DNP shall maintain, or cause to be maintained by the implementing and Sub-Implementig Agencies, in accordance with sound accounting principles and practices consistently applied, books and records relating both to the Program and to this Agreement. Such books and records shall, without limitation, be adequate to show: (a) disbursements of Borrower's contribution to MINHEALTH and to the Sub-Implementing Agencies in accordance with the provisions of Annex I;

(b) disbursements of funds made available under the Loan to the Implementing and Sub-Implementing Agencies in accordance with the provisions of Annex I;

(c) disbursements made by the Implementing Agency and each Sub-Implementing Agency of the commingled funds received in accordance with the Program;

(d) the receipt and use made of goods and services acquired with commingled funds disbursed pursuant to this Agreement;

(e) the nature and extent of solicitations of prospective suppliers of goods and services acquired;

(f) the basis of the award of contracts and orders to successful bidders; and

(g) the progress, both fiscal and qu litative, of the Program, in sufficient detail (as shall hereafter be specified in Implementation Letters) to enable A.I.D. to review requests for releases of Loan funds.

Such books and records shall be regularly audited in accordance with sound auditing standards, for such period and at such intervals as A.I.D. may require, and shall be maintained for five years after the date of the last disbursement by A.I.D. or until all sums due A.I.D. under this Agreement have been paid, whichever date shall first occur.

SECTION 4.11 -<u>Reports</u> - The Borrower, the MINHEALTH and DNP shall furnish to A.I.D. such information and reports relating to the Loan and to the Program as A.I.D. may request.

SECTION 4.12 - <u>Inspections</u> - The authorized representative of A. I. D. shall have the right at all'reasonable times to inspect the Program, the utilization of all goods, facilities and services financed by Loan funds or by Borrower's contribution, and the Borrower's the MINHEALTH's and DNP's books, records, and other documents relating to the Program and the Loan. The Borrower, the MINHEALTH and DNP shall cooperate with A. I. D. to facilitate such inspections and shall permit representatives of A. I. D. to visit any part of the country of the Borrower for any purpose relating to the Loan. Prior to undertaking any inspections pursuant to the provisions of this Section, however, A. I. D. hereby undertakes to advise the Controller General of the Republic' of Colombia of its intent to exercise its rights hereunder. The Borrower, the MINHEALTH and DNP shall: (a) upon request extend to A. I. D. the right to inspect the books, records and other documents of the Sub-Implementing Agencies relating to the Program; and (b) insert; or cause to be inserted in all contracts with private entities, whether financed directly or through an intermediary under the Loan, a clause extending to A.I.D. the right to make inspections in accordance with this Section.

ARTICLE V

Special Covenants and Warranties

SECTION 5.01 - <u>Borrower's Contribution</u> - Borrower covenants that its contribution to the Program, as described in Annex I hereof, shall be provided in a timely manner, and in accordance with the provisions set forth therein.

SECTION 5.02 - Ecological Considerations in Approval of

<u>Projects</u> - The Borrower warrants and covenants that it shall take into account, or cause to be taken into account by the Sub-Implementing Agencies, ecological criteria, where appropriate, among other factors to be taken into consideration in approval of any specific project. ARTICLE VI

Procurement

SECTION 6.01 - <u>Procurement from Selected Free World</u> <u>Sources</u> - Except as A.I.D. may otherwise agree in writing, and except as provided in Section 6.07(c) hereof with respect to marine insurance, disbursements made pursuant to Section 7.01 shall be used exclusively to finance the procurement for the Program of goods and services having both their source and origin in countries included in Code 941 of the AID Geographic Code Book in effect at the time orders are placed or contracts are entered into for goods and services (Selected Free World Goods and Services). All ocean shipping financed under the Loan shall have both its source and origin in countries included in Code 941 of the A.I.D. Geographic Code Book as in effect at the time of shipment.

SECTION 6.02 - <u>Procurement from Colombia</u> - Disbursements made pursuant to Section 7.02 shall be used exclusively to finance the procurement for the Program of goods and services having both their source and origin in Colombia. SECTION 6.03 - <u>Eligibility Date</u> - Except as A.I.D. may otherwise agree in writing, no goods or services may be financed under the Loan which are procured pursuant to orders or contracts firmly placed or entered into prior to the date of this Agreement.

SECTION 6.04 - <u>Implementation of Procurement Require</u>-<u>ments</u> - The definitions applicable to the eligibility requirements of Section 6.01 and 6.02 will be set forth in detail in Implementation Letters.

SECTION 6.05 - <u>Plans, Specifications, and Contracts</u> -The Borrower or the MINHEALTH shall furnish or cause to be furnished to A.I.D. upon request, all plans, specifications, construction schedules, bid documents, and contracts relating to the Program, and any modifications therein, relating to goods and services to be financed under the Loan.

SECTION 6.06 - <u>Reasonable Price</u> - No more than reasonable prices shall be paid for any goods or services financed, in whole or in part, under the Loan. Items procured pursuant to Section 6.02 shall be procured on a fair and, except for professional services, on a competitive basis in accordance with established Colombian law and procedures. Items procured pursuant to Section 6.01 shall be procured on a competitive basis in accordance with procedures therefor prescribed in Implementation Letters.

SECTION 6.07 - <u>Shipping and Insurance</u> - (a) Selected Free World Goods financed under the Loan shall be transported to Colombia on flag carriers of any country included in Code 935 of the A.I.D. Geographic Code Book as in effect at the time of shipment.

(b) Unless A.I.D. shall determine that privately-owned United States-flag commercial vessels are not available at fair and reasonable rates for such vessels.

(i) at least fifty percent (50%) of the gross tonnage of Selected Free World goods financed under the Loan and transported on ocean vessels from United States ports (computed separately for dry bulk carriers, dry cargo liners and tankers) shall be transported on privately-owned United States-flag commercial vessels; and at least fifty percent (50%) of the gross freight revenue generated by ocean shipments of Selected Free World Goods financed under the Loan and transported on dry cargo liners from United States ports shall be paid to or for the benefit of privately-owned United States-flag commercial vessels; and (ii) at least fifty percent (50%) of the gross tonnage of all Selected Free World Goods financed under the Loan and transported on ocean vessels from non-United States ports (computed separately for dry bulk carriers, dry cargo liners and tankers) shall be transported on privately-owned United States-flag commercial vessels; and at least fifty percent (50%) of the gross freight revenue generated by ocean shipments of Selected Free World Goods financed under the Loan and transported on dry cargo liners from non-United States ports shall be paid to or for the benefit of privately-owned United States-flag commercial vessels.

(c) Marine insurance on Selected Free World Goods may be financed under the Loan with disbursements made pursuant to Section 7.01, provided (i) such insurance is placed at the lowest available competitive rate in country of Borrower or in a country included in Code 941 of the A.I.D. Geographic Code Book as in effect at the time of placement, and (ii) claims thereunder are payable in freely covertible currency. If in connection with the placement of marine insurance on shipments financed under United States legislation authorizing assistance to other nations, the country of the Borrower, by statute, decree, rule or regulation, favors any marine insurance company of any country over any

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marine insurance company authorized to do business in any state of the United States of America, Selected Free World Goods financed under the Loan shall during the continuance of such discrimination be insured against marine risk in the United States of America with a company or companies authorized to do a marine insurance business in any state of the United States of America.

(d) The Borrower shall insure, or cause to be insured, all Selected Free World Goods financed under the Loan against risks incident to their transit to the point of their use in the Project. Such insurance shall be issued upon terms and conditions consistent with sound commercial practice, shall insure the full value of the goods, and shall be payable in the currency in which such goods were financed or in any freely convertible currency. Any indemnification received by the Borrower under such insurance shall be used to replace or repair any material damage or any loss of the goods insured or shall be used to reimburse the Borrower for the replacement or repair of such goods. Any such replacements shall have their source and origin in countries included in Code

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941 of the A.I.D. Geographic Code Book as in effect at the time orders are placed or contracts are entered into for such replacements, and shall be otherwise subject to the provisions of this Agreement.

SECTION 6.08 - <u>Notification to Potential Suppliers</u> - In order that all United States firms shall have the opportunity to participate in furnishing procurement to be financed under the Loan pursuant to Section 7.01, the Borrower shall furnish to A.I.D. such information with regard thereto, and at such times, as A.I.D. may request in Implementation Letters.

SECTION 6.09 - United States Government-owned Excess Property - The Borrower shall utilize, with respect to goods financed under the Loan to which the Borrower takes title at the time of procurement, such reconditioned United States Governmentowned Excess Property as may be consistent with the requirements of the Program and as may be available within a reasonable period of time. The Borrower shall seek assistance from A.I.D. and A.I.D. will assist the Borrower in ascertaining the availability of and in obtaining such Excess Property. A.I.D. will make arrangements for any necessary inspection of such property by the Borrower or its representative. The cost of inspection and of acquisition. and all charges incident to the transfer to the Borrower of such Excess Property, may be financed under the Loan.

SECTION 6.10 - <u>Goods and Services Not Financed Under</u> <u>Loan</u> - Goods and services procured for the Program, but not financed under the Loan, shall have their source and origin in countries in Code 935 of the A.I.D. Geographic Code Book as in effect at the time orders are placed for such goods and services.

ARTICLE VII

Disbursements

SECTION 7.01 - <u>Disbursement for United States Dollar</u> <u>Costs - Letter of Commitment to United States Banks</u> - Upon satisfaction of conditions precedent, the Borrower may, from time to time, request A.I.D. to issue Letters of Commitment for specified amounts to one or more United States banks, satisfactory to A.I.D., commiting A.I.D. to reimburse such bank or banks for payments made by them to contractors or suppliers, through the use of Letter of Credit or otherwise, for Dollar Costs of goods procured for the Program in accordance with the terms and conditions of this Agreement. Payment by a bank to a contractor or supplier will be made by the bank upon presentation of such supporting documentation as A.I.D. may prescribe in Letters of Commitment and Implementation Letters.

Banking charges incurred in connection with Letters of Commitment and Letters of Credit shall be for the account of the Borrower and may be financed under the Loan.

SECTION 7.02 - Disbursements for Peso Costs - Upon satisfaction of conditions precedent, the Borrower may, from time to time, request disbursement by A.I.D. of Colombian pesos for peso costs of goods and services procured or to be procured for the Program in accordance with the terms and conditions of this Agreement and as specified in Section 3.01. A.I.D. shall make such disbursements from pesos owned by the United States Government and obtained by A.I.D. with United States dollars. The United States dollar equivalent of the pesos made available hereunder will be the amount of United States dollars required by A.I.D. to obtain the pesos. Upon presentation of appropriate documentation, and after a determination that satisfactory progress is being made by Borrower and the MINHEALTH in carrying out the Program, A.I.D. may disburse funds in order to meet the needs of the Program.

SECTION 7.03 - Other Forms of Disbursement - Disbursements of the Loan may also be made through such other means as the Borrower and A.I.D. may agree to in writing. SECTION 7.04 - <u>Date of Disbursement</u> - Disbursements by A.I.D. shall be deemed to occur, (a) in the case of disbursements pursuant to Section 7.01 on the date on which A.I.D. makes a payment to a banking institution pursuant to a Letter of Gommitment, and (b) in the case of disbursements pursuant to Section 7.02, on the date on which A.I.D. disburses the pesos to the Borrower or its designee.

SECTION 7.05 - <u>Terminal Date of Disbursement</u> - (a) Except as A.I.D. may otherwise agree in writing, no Letter of Commitment, or other commitment documents which may be called for by another form of disbursement under Section 7.03, or amendment thereto, shall be issued in response to requests received by A.I.D. after 2 years after the date of Loan signature and no disbursement for Dollar or Local Currency Costs shall be made against documentation received by A.I.D., or any bank described in Section 7.01 after - /2 years after Loan signing.

A.I.D., at its option, may at any time or times after date 2-1/2 years after Loan signing reduce the Loan by all or any part thereof for which documentation was not received by such date.

ARTICLE VIII

Cancellation and Suspension

SECTION 8.01 - <u>Cancellation by the Borrower</u> - The Borrower may, with the prior written consent of A.I.D. and by written notice to A.I.D., cancel any part of the Loan (i) which, prior to the giving of such notice, A.I.D. has not disbursed or committed itself to disburse, or (ii) which has not then been utilized through the issuance of irrevocable Letters of Credit or through bank payments made other than under irrevocable Letter of Credit.

SECTION 8.02 - <u>Events of Default; Acceleration</u> - If any one or more of the following event ("Events of Default") shall occur:

(a) The Borrower shall have failed to pay when due any interest or installment of Principal required under this Agreement;

(b) The Borrower shall have failed to comply with any other provision of this Agreement, including, but without limitation, the obligation to carry out the Program with due diligence and efficiency;

(c) The Borrower shall have failed to pay when due any interest or any installment of Principal or any other payment required under any other loan agreement, any guaranty agreement, or any other agreement between the Borrower or any of its agencies and A.I.D., or any of its predecessor agencies: Then A.I.D., may, at its option, give to the Borrower notice that all or any part of the unrepaid Principal shall be due and payable sixty (60) days thereafter, and, unless the Event of Default is cured within such sixty (60) days:

(i) such unrepaid Principal and any accrued interest hereunder shall be due and payable immediately; and

(ii) the amount of any further disbursements made under the then outstanding irrevocable Letters of Credit or otherwise shall become due and payable as soon as made.

SECTION 8.03 - <u>Suspension of Disbursement</u> - In the event that at any time:

(a) An Event of Default has occured;

(b) An event occurs that A.I.D. determines to be an extraordinary situation that makes it improbable either that the purpose of the Loan will be attained or that the Borrower will be able to perform its obligations under this Agreement; or

(c) Any disbursement by A.I.D. would be in violation of the legislation governing A.I.D.;

(d) The Borrower shall have failed to pay when due any interest or any installment of Principal or any other payment required under any other loan agreement, any guaranty agreement, or any other agreement between the Borrower or any of its agencies and the Government of the United States or any of its agencies;

(e) Satisfactory progress is not being made in carrying out all or any part of the Program in accordance with the terms of this Agreement:

Then A.I.D. may, at is option:

(i) suspend or cancel outstanding commitment documents
 to the extent that they have not been utilized through the issuance
 of irrevocable Letters of Credit or through bank payments made
 other than under irrevocable Letters of Credit, in which event
 A.I.D. shall give notice to the Borrower promptly;

(ii) decline to make disbursements other than under outstanding commitment documents;

(iii) decline to issue additional commitment documents;

(iv) at A.I.D.'s expense, direct that title to goods financed under the Loan shall be transferred to A.I.D. if the goods are from a source outside the country of the Borrower, are in a deliverable state and have not been offloaded in ports of entry of Colombia. Any disbursement made or to be made under the Loan with respect to such transferred goods shall be deducted from Principal.

SECTION 8.04 - <u>Cancellation by A.I.D.</u> - Following any suspension of disbursements pursuant to Section 8.03, if the cause or causes for such suspension of disbursements shall not have been eliminated or corrected within sixty (60) days from the date of such suspension, A.I.D. may, at its option, at any time or times thereafter, cancel all or any part of the Loan that is not then either disbursed or subject to irrevocable Letters of Credit.

SECTION 8.05 - <u>Continued Effectiveness of Agreement</u> - Notwithstanding any cancellation, suspension of disbursement, or acceleration of repayment, the provisions of this Agreement shall continue in full force and effect until the payment in full of all Principal and any accrued interest hereunder.

SECTION 8.06 - <u>Refunds</u> - (a) In the case of any disbursement not supported by valid documentation in accordance with the terms of this Agreement, or of any disbursement not made or used in accordance with the terms of this Agreement, A.I.D., notwithstanding the availability or exercise of any of the other remedies provided for under this Agreement, may require the Borrower to refund such amount in United States dollars to A.I.D. within thirty (30) days after receipt of a request therefor. Such amount shall be made available first for the cost of goods and services procured for the Program hereunder, to the extent justified; the remainder, if any, shall be applied to the installments of Principal in the inverse order of their maturity and the amount of the Loan shall be reduced by the amount of such remainder. Notwithstanding any other provision in this Agreement, A.I.D.'s right to require a refund with respect to any disbursement under the Loan shall continue for five years following the date of such disbursement.

(b) In the event that A.I.D. receives a refund from any contractor, supplier, or banking institution, or from any other third party connected with the Loan, with respect to goods or services financed under the Loan, and such refund relates to an unreasonable price for goods or services, or to goods that did not conform to specifications, or to services that were inadequate, A.I.D. shall first make such refund available for the cost of goods and services procured for the Program hereunder, to the extent justified, the remainder to be applied to the installments of

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Principal in the inverse order of their maturity and the amount of the Loan shall be reduced by the amount of such remainder.

SECTION 8.07 - <u>Expenses of Collection</u> - All reasonable costs incurred by A.I.D. other than salaries of its staff, in connection with the collection of any refund or in connection with amounts due A.I.D. by reason of occurrence of any of the events specified in Section 8.02 may be charged to the Borrower and reimbursed to A.I.D. in such manner as A.I.D. may specify.

SECTION 8.08 - <u>Nonwaiver of Remedies</u> - No delay in exercising or omission to exercise any right, power, or remedy accruing to A.I.D. under this Agreement shall be construed as a waiver of any such rights, powers, or remedies.

Miscellaneous

SECTION 9.01 - <u>Communications</u> - Any notice, request, document, or other communication given, made, or sent by the Borrower, the MINHEALTH, the DNP, or A.I.D. pursuant to this Agreement shall be in writing or by telegram, cable or radiogram and shall be deemed to have been duly given, made, or sent to the party to which it is addressed when it shall be delivered to such party by hand or by mail, telegram, cable or radiogram at the following addresses:

TO BORROWER:

Mail Address:	Ministerio de Hacienda y Crédito Público Bogotá, Colombia
Cable Address:	MINHACIENDA Bogotá, Colombia
TO THE MINISTRY:	
Mail Address:	Ministerio de Salud Bogotá, Colombia
Cable Address:	MINSALUD Bogotá, Colombia
TO THE DNP:	
Mail Address:	Departamento Nacional de Planeación Bogotá, Colombia
Cable Address:	PLANEACION Bogotá, Colombia

TO A.I.D.:

Mail Address:	Wission to Colombia	
	American Embassy, Bogotá,	Colombia

Cable Address: AMEMBASSY - Bogotá, Colombia Other addresses may be substituted for the above upon the giving notice. All notices, requests, communications, and documents submitted to A.I.D. hereunder shall be in English, except as A.I.D. may otherwise agree in writing.

SECTION 9.02 - <u>Representatives</u> - For all purposes relative to this Agreement, the Borrower will be represented by the individual holding or acting in the office of the Minister of Finance, the MIN-HEALTH will be represented by the individual holding or acting in the office of the Minister of Health, the DNP will be represented by the individual holding or acting in the office of the Director of the National Planning Department and A.I.D. will be represented by the individual holding or acting in the office of Mission Director, USAID Mission to Colombia. Such individuals shall have authority to designate additional representatives by written notice. In the event of any replacement or other designation of a representative hereunder, Borrower, DNP or the MINHEALTH shall submit a statement of the representative's name and specimen signature in form and

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substance satisfactory to A.I.D. Until receipt by A.I.D. of written notice of revocation of the authority of any of the duly authorized representatives of the Borrower, DNP or the MIN-HEALTH designated pursuant to this Section, it may accept the signature of any such representative or representatives on any instrument as conclusive evidence that any action effected by such instrument is fully authorized.

SECTION 9.03 - <u>Implementation Letters</u> - A.I.D. shall from time to time issue Implementation Letters that will prescribe the procedures applicable hereunder in connection with the implementation of this Agreement. Nothing set forth in such Letter of Implementation shall either modify or alter the terms of this Agreement.

SECTION 9.04 - <u>Promissory Notes</u> - At such time or times as A.I.D. may request, the Borrower shall issue promissory notes or such other evidences of indebtedness with respect to the Loan in such form, containing such terms and supported by such legal opinions as A.I.D. may reasonably request. SECTION 9.05 - <u>Successors to Rights of A.I.D.</u> - If by operation of any law of the United States, or by virtue of assignment, any corporate or other agency of the United States Government succeeds to the rights and obligations of A.I.D. under this Agreement, such agency shall be deemed to be A.I.D. for purposes of this Agreement.

SECTION 9.06 - Effective Date of Agreement - This Agreement shall enter into effect on the day and year first above written.

SECTION 9.07 - <u>Termination Upon Full Payment</u> - Upon payment in full of the principal and of any accrued interest, this Agreement and all obligations of the Borrower and A.I.D. under this Loan Agreement shall terminate.

IN WITNESS WHEREOF, Borrower, MINHEALTH, the DNP and the United States of America, each acting through its re pective duly authorized representative, have caused this Agreement to le signed in their names and delivered as of the day and year first above written.

UNITED STATES OF AMERICA

By:/S/ Rodrigo Botero M.

REPUBLIC OF COLOMBIA

Title: Minister of Finance and Public Credit

THE MINISTRY OF HEALTH

By:/S/ Viron P. Vaky

Title: Ambassador of the United States of America to Colombia

By:/S/ Haroldo Calvo N.

Title: Minister of Health

THE NATIONAL PLANNING DEPARTMENT

By:/S/ Miguel Urrutia M.

Title: Director National Planning Department By:/S/ Philip R. Schwab

Title: Acting Director of the USAID Mission to Colombia

ANNEX I

DESCRIPTION OF PROGRAM

A. Background and Objectives

The Government of Colombia has undertaken to carry out an expanded health sector investment program with a policy and strategy as described in Document DNP 878-UINF dated May 26, 1972. The overriding goal of the program is the provision of public health services to an increasingly large proportion of the Colombian population by phases until the coverage is extended eventually to the totality of Colombians who use the public health system. The initial Program Concepts and Directions assisted by an AID Loan for CY-1973-74 are to be strengthened and appropriate program direction is to be solidified through 1975-1976 program assistance. This includes:

1. Regionalization and Integration of the Health Delivery System

Extending effective health coverage and increasing efficiency of Colombian health care will be pursued through continued implementation of regionalization and integration of the health system. In this regard further efforts will be extended to refine planning for and implementing of important concepts including unified direction and management, rational methods of facilities location, appropriate manpower determination and training, disease prevention approaches, delegation of functions, supervision, patient referral, and evaluation which are required in improving health delivery. Additional emphasis will be placed on upgrading the health information system for the entire sector as well as developing information required for proper management of the regionalized element. A radio/telephone communication network will be established to assure rapid contact between all points of the system.

2. Human Resource Training

A planned training program will improve the quality and quantity of professional and auxiliary personnel. Increasing emphasis is being placed on auxiliaries of all types with some special attention to the Nurse and <u>Promotoras</u>. Studies are proposed to better understand personnel functions, needs and requirements to assure proper manpower placement in order that types and amounts of training will be appropriate for and coordinated with other changes improving health delivery. Curriculum designs will be encouraged that will increase the community awareness of all personnel.

3. <u>Research</u>

Research is proposed which will complement and strengthen effective program directions presently being under-taken. Of note are health sector financing studies and detailed studies of morbidity and mortality and cost effective intervention alternatives.

4. Construction

Improvements in the determination of projects and their location are being undertaken so that proposed construction will appropriately support concepts of regionalization and health coverage. Initial reorganization and strengthening of functions by the agency responsible for this are continuing which will allow national development and implementation of the facilities plan.

5. Intra and Intersectorial Coordination

Fledgling efforts at coordination in programs of nutrition, maternal child care, education, rural sanitation, vaccination and disease control will be increased through special attention given to accelerating the implementation of the regionalized, integrated system.

6. Multisector Nutrition Planning

Training and technical assistance will be provided and pilot projects implemented to improve capabilities of those working on the nutrition and food system to alleviate the problem of malnutrition, one of the principal health problems in the country.

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Louis Louis by Agency				
	<u>Budget (n</u>	<u>uls of pesos</u>	<u>s)</u> <u>Special Bo</u>	th Years
	<u>1975</u>	1976	Pesos (mls)	Dollars (mls)
МОН	72.3	55.5	66.5	2.500
SEM	28.4	22.0		1.000
INPES	91.3	· 64.5		0.500
FNH	5.1	5.0		1.000
ICBF	20.0	18.0		
DNP			<u>15.6</u>	<u>0.246</u>
Total	217.1	165.0	82.1	5.2'46
Peso Exch	30.5	32.0	31.25	
Dollar				
Value	7.118	5.156	2.627	5.246
New Loan Va Loan 069 Car		:	17-300 <u>2.847</u>	
Total		2	20.147	

B. Total Amount of AID Loan Funds by Agency

By "budget" is meant funds which are authorized in the GOC investment budget and are disbursed pursuant to the ratios corresponding to the amounts indicated above for AID as compared to the GOC contributions to each agency. The peso amounts shown under "Special" are also to be authorized in the GOC investment budget (30.5) million pesos in 1975 for the MCH program and 32.0 million pesos in 1976 for the MCH program; 2 million pesos each year for the PRIMOPS program; and 7.6 million pesos in 1975 and 8.0 million pesos in 1976 for the DNP to use in the multisector nutrition planning program. the MCH program, GOC expenditures will be reported, but loan disburse-In ments will not be made on a ratio matching basis. In the PRIMOPS program no matching GOC funds are required. Nutrition Planning program disbursements will be made as the GOC shows evidence of their support of general nutrition planning and research by various agencies in amount approximately equalling AID contributions to this project.

The dollar amounts shown under "Special" are for commodity imports, training and technical assistance; and are to be handled outside the GOC budget.

Of the above amounts \$17.3 million U.S. will be provided by new loan funds and US\$2.847 will be provided by carry-over from loan 069.

C. GOC Budgetary Funds and AID Funds by Agency and Disbursement Ratio

	GOC	1975 <u>AID</u>	Ratio	GOC	1976 <u>AID</u>	Ratio
МОН	264.2	72.3	3.65	371.6	55.5	6.70
SEM	117.0	28.4	4.12	161.0	22.0	7.32
INPES	174.6	91.3	1.91	244:4	64.5	3.79
FNH	329.4	5.1	64.60	269.5	5.0	53.90
ICBF	460.0	20.0	23.00	529.0	18.0	29.39

D. Implementing and Sub-Implementing Agencies and the Activities for which each is responsible are as follows:

- 1. Ministry of Health
 - a) Maternal Child Care
 - b) Training
 - Improvement of planning and administration c)
 - d) Immunization
 - e) Other
- 2. <u>SEM</u>

Campaigns:

- a) Malaria
- b) Aedes Aegypti
- c) Yaws
- e) Other

- 3. INPES
 - a) Research
 - b) Rural Sanitation
 - c) Other
- 4. <u>FNH</u>
 - a) Construction
 - b) Equipment
 - c) Other
- 5. ICBF
 - a) Treatment of minors
 - b) Family welfare/nutrition
 - c) Administration
 - d) Other
- 6. <u>DNP</u>
 - a) Multisector Nutrition Planning Program

The amount of pesos shown as loan proceeds and designed for use by the Implementing and Sub-Implementing Agencies are approximations only, and are subject both to the dollar limitations set forth in Section 1.02 of this Agreement and those provisions governing the rate of exchange contained in Section 7.02 hereof.

E. Financial and Activity Targets of the Agencies

1. Ministry of Health

a. Financial Target

To make available for expenditure by the Min/Health, in 1975 and 1976, the following amounts, to be financed as follows:

Source of Funds	(Millions o: <u>1975</u>	f Current Pesos) <u>1976</u>
Borrower	264. 2	371.6
A.I.D.	104.8	89.5
Total	369.0	461.1

*/ Does not include UNFPA grant. For purposes of triggering AID disbursements only 72.3 million pesos of AID disbursements in 1975 and 55.5 million of AID disbursements in 1976 will be considered in establishing ratios.

b. <u>As a pre-condition to disbursement the MOH will</u> take the following actions:*

1) The MOH will present through DNP a detailed plan for monitoring and evaluating the sector program.

2) The MOH ill present through DNP a detailed work plan describing specific ac ions to be taken by MOH in '75-'76 to stimulate at the sectional level ond regional level the implementation of the regionalized system.

3) The MOH will present through DNP plans for a) strengthening of Human Resources Direction to carry out their responsibilities in the sector program and b) a comprehensive manpower study to be carried out during 1975-76.

^{*/} For details of conditions see letter Bair/Correal June 4, 1974 attached for information purposes.

4) The MOH will present through DNP a plan of actions to be taken to study and improve administration throughout the system during 1975-76.

5) The Ministry of Health will present to AID through DNP a time phased plan of actions to be taken to establish and strengthen the supply system.

6) The Ministry of Health will present through DNP a plan for accelerating to the degree possible the implementation of the information system.

c. Activity Target

The program calls for the expenditure of commingled funds in approximately the amounts shown:

		(Millions <u>1975</u>	of Current Pesos) <u>1976</u>
1.	Maternal Child Care	73.0	85.4
2.	Training	102.0	141.7
3.	Improvement of Planning & Administration	42.0	36.0
4.	Immunizations	66.0	82.0
5.	Others	86.0	116.0
	Total	369.0	461.1

The program calls for the following activities:

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1) Maternal Child Care

The morbidity and mortality of that part of the maternal child population for which the Ministry of Health is responsible is to be decreased through the following actions: expansion of this project to operate from all hospitals, health posts and centers in Colombia; provision of proper equipment and sufficient properly trained personnel and supplies; and the utilization of malaria workers to extend the program to inaccessible rural areas.

Targets

It is planned that by the end of 1977 mortality should be decreased to the following: infants 49-57, children age 1 to 4 7-9 and maternal 16-19. This will occur through the improvement of the quality of consultations and an increase in individuals attended in the program such that the coverage within the population dependant upon the government rises to - pre and post natal maternal care -51%, children under one year - 71%, children 1 to 4 - 37% and children 5 to 14 - 15%.

Estimated annual targets will include:

- a) Persons attended <u>1975</u> <u>1976</u> Women pre and post delivery 390,000 410,000 Children less than 1 480,000 500,000 Children 1-4 830,000 910,000 Children 5-14 790,000 820,000
- b) Training for extending coverage

Promotoras	2 500	
Aux. nurses	2,500	2,500
	600	300
Supervisors/coordinators	60	30
Local physicians	300	200
Malaria personnel	350	350
Medical specialist seminars	40	40

c)	Equipment and Supplies (additional)	<u>1975</u>	<u>1976</u>
	1) Post-partum clinics, health		
	posts and centers equipped 2) Promotors individual equip-	470	250
	ment	3,000	2,000

2) <u>Training</u>

Funds allocated for this activity are to be used to increase the availability of professional, auxiliary, administrative and general services personnel for Colombia's public health system. This will include scholarships in the teaching of basic sciences; training of additional auxiliary personnel in nursing, dentistry, sanitation, statistics and administration; training of additional maintenance and general services personnel and hospital administrators; upgrading of skills of professional and auxiliary personnel, and expansion of the activities of the National School of Public Health. Particular attention is to be given to improving methods of determining and projecting manpower needs.

Targets

By 1977 it is planned that the Ministry of Health will have evolved and begun using improved methods, including a model for projecting manpower requirements, for more rational determination of manpower needs and more appropriate training to assure need fulfillment. Until such methods are in full use, manpower quality and quantity will be improved in annually determined programs emphasizing certain vital areas such as auxiliary training, courses which facilitate appropriate delegation of function, maintenance and training which will complement and support the regionalized health delivery system. (e.g. administration).

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Annual targets will include:

a) Initiation in 1975 and completion in 1976 of studies and research including a national human resource inventory, studies in personnel function and utilization, human resource model and personnel statutes at sectional and regional levels.

b) Professional training for public health doctors, clinical science residents, basic sciences instructors, engineers, dentists - post grad, nurses - pre and post grad and architects will be provided as follows:

		<u>1975</u>	<u>1976</u>
Approximate No.	of persons	870	840
Approximate No.	of Months/year	7,600	7,000

c) Auxiliary and technical training for auxiliary nurses, administrators, statisticians, sanitary personnel, and rural health and sanitary promotors will be provided as follows:

		<u>1975</u>	<u>1976</u>
Approximate No.	of persons	5,770	5,850
Approximate No.	of Months/year	25,500	26,200

d) In-service training seminars for doctors, dentists, nurses, laboratory personnel, pharmacists, sanitary personnel, architects, and other technical personnel will be held.

e) The National Health Library will receive additional volumes.

f) Contracts will be signed to maintain three training centers for above short and long term training at San Juan de Dios Hospital, Bogotá; School of Public Health, Medellín; University of Valle, Cali. SENA Bogotá Maintenance Training Center will be under contract for specialized training of maintenance personnel.

3) Improvement of Planning and Administration

Funds for this activity are to be used to improve multiple areas of administration including planning, evaluation, investigation and analysis, supply, personnel, internal administration, improvement of the information system and to assist in construction of a new Ministry of Health building. This money will complement the sizeable GOC-PAHO technical assistance contract already in effect for improving most of the above administration areas. As applicable, these activities will proceed as described in "Desarrollo Administrativo del Sector Salud - Programación 1975-1977" issued by Oficina de Planeación, November 1974.

<u>Targets</u>

In the period 1976-78 the Ministry of Health plans to implement multiple new and improved methodologies in planning and administration which evolve from the present efforts.

4) <u>Immunization</u>

Funds allocated for this activity are to be used to achieve and maintain an 80% population coverage level as appropriate by age, for smallpox, whooping cough, tetnus, diphtheria, tuberculosis, polio and measles.

Targets

It is planned that by 1980 morbidity and mortality due to these diseases will be reduced to the following per 100,000 people:

	1980	
	Morbidity	Mortality
Smallpox	maintain	eradication
Diphtheria Whooping cough	1.0	0.1
Tetanus	21.0	0.1
Tuberculosis Polio	49.0	6.0
Measles	.1	. 1
	20.0	1.0

To this end the following doses of vaccines will be applied:

	<u>1975</u>	<u>1976</u>
Smallpox	1,200,000	1,250,000
DPT	990,000	1,100,000
Tuberculosis	720,000	742,000
Measles	731,000	750,000
Polio	620,000	650,000

5) Other

a. <u>New Programs</u>

The Ministry of Health is continuing the development of new programs which were begun in 1974.

The port sanitation program will result in increased sanitation and disease surveillance at all international port areas. 1975 - assurance of legal approval and assurance of compliance with the National Sanitary Code; provision of appropriate equipment and personnel at Bogotá, Cali, Buenaventura, Barranquilla and Cartagena. 1976 - provision of appropriate equipment and personnel at the remaining port areas of Santa Marta, Leticia, Cúcuta and Tumaco.

The program of Control of Chronic Disease and Accidents will result in a decrease of the incidence of the preventable aspects of certain diseases as noted below. 1975 - organize diagnostic units for early detection of cervical cancer, arterial hypertention and diabetes in 5 Servicios Seccionales de Salud. 1976 - organization of the above services in 5 additional Servicios.

The program of Epidemiological Surveillance will improve the abilities of the Servicios Seccionales de Salud to diagnose, evaluate and control epidemiological aspects of disease which increase risks. 1975 - organize and train groups of individuals who will advance the activities of epidemiological surveillance in 9 Servicios Seccionales de Salud - Valle, Antioquia, Distrito Especial, Tolima, Magdalena, Caldas, Risaralda, Quindío and Santander. 1976 - organize and train individuals for this service in the remaining Servicios Seccionales de Salud.

b. <u>Venereal Disease</u>

Funds will be used to diagnose and treat all types of venereal diseases and reduce the rate of increase of new cases.

		<u>1975</u>	1976
Total cases	estimated for treatm	ent 86,000	80,000

2) Malaria Eradication Service (SEM)

a. Financial Target

To make available through the National Investment Budget for expenditure by SEM, in 1975 and 1976, the following amounts, to be financed as follows:

	(Millions c <u>1975</u>	of Current Pesos) <u>1976</u>
Borrower	117.0	161.0
AID	28.4	22.0
Total	145.4	183.0

b. As a pre-condition to disbursement SEM will take the following action:*

SEM will present through MOH and DNP a plan indicating the actions to be taken to utilize SEM personnel in the provision of health services other than malaria control as suggested by the study which was made as a condition of the '73-'74 loan.

c. Activity Targets

This program calls for the expenditure of commingled funds in the approximate amounts shown:

					<u>1975</u>	<u>1976</u>
1.	Malaria,	yaws,	yellow	fever		
	control				145.4	183.0

The program calls for the following activities:

1) Malaria, Yaws, and Yellow Fever Control

The funds allocated for this activity are to be used to continue and expand campaigns of control and eradication of these diseases in Colombia.

^{*/} For details of conditions see letter Bair/Correal June 4, 1974 attached for information purposes.

Targets

<u>Malaria</u> - Until at least 1977 interruption of malaria transmission will be maintained in areas of consolidation. In attack areas, program concentration will be in those areas designated for rural development. This will be done without allowing an increase in morbidity and mortality due to Malaria. The following are projected activities:

	<u>1975</u>	1976
Houses to be sprayed	566,000	586,000
Number of house spraying a year	941,000	964,000
Persons to receive treatment	147,000	152,000
Case finding blood samples	500,000	520,000

<u>Yellow Fever, Dengue</u> - During 1975 and 1976 the anti aegypti campaign will be extended into the Caribe region and by 1977 will result in complete control of Aedes Aegypti in all Colombian cities at risk (an increase in area controlled of 152,000 Km²). Mortality due to urban yellow fever is to be maintained at 0 and risk of dengue will be decreased.

	<u>1975</u>	1976
Houses to be visited in attack areas Number of house visits in attack	225,000	512,000
areas Houses to be visited in surveillance	830,000	1,843,000
areas Number of house visits in	314,000	426,000
surveillance areas Vaccinations for sylvatic yellow	630,000	895,000
fever	70,000	70,000

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Targets

Malaria - Until at least 1977 interruption of malaria transmission will be maintained in areas of consolidation. In attack areas, program concentration will be in those areas designated for rural development. This will be done without allowing an increase in morbidity and mortality due to Malaria. The following are projected

	<u>1975</u>	<u>1976</u>
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surveillance areas Vaccinations for sylvatic yellow fever	630,000	895,000
lever	70,000	70,000

Yaws - Intensify yaws case finding in specific localized areas and provide treatment so that by 1980 no cases will be present in Colombia.

	<u>1975</u>	<u>1976</u>
Houses to be visited	86,000	88,000
No. of visits	189,000	195,000
Individuals examined	445,000	461,000
Expected new cases	350	175
New contacts	1,750	875
Treatments	2,100	1,050

3) INPES

a. Financial Target

To make available for expenditure by INPES in 1975 and 1976 the following amounts, to be financed as follows:

	(Aillions of <u>1975</u>	Current Pesos) <u>1976</u>
Borrower	174.6	244.4
Other Resources	51.0	67.0
AID	<u>. 91. 3</u>	64.5
Total	316.9	375.9

b. As a pre-condition to disbursement INPES will take the following actions:*

1) INPES will present through MOH and DNP a detailed plan indicating objectives, time and personnel responsible for the various operational research activities contemplated in the '75-'76 period.

^{*/} For details of conditions see letter Bair/Correal June 4, 1974 attached for information purposes.

2) INPES will present through the Ministry of Health and DNP a plan of the actions to be taken to accelerate the study that it is making of financing the health sector.

3) INPES will present through MOH and DNP a work plan with time scheduled and quantified targets for actions to be taken to study and improve water quality and to evaluate from a water quality influence point of view sewage disposal procedures in

4) INPES will present through MOH and DNP a plan with time scheduled targets for completion of a study of alternative low-cost construction techniques and contract or financing procedures for provision of water and sewage systems.

5) INPES will present through MOH and DNP a plan for further study or actions to be taken related to the improvement of environmental sanitation of the dispersed rural population.

c. Activity Targets

The program calls for the expenditure of commingled funds in approximately the amounts shown:

	_	<u>1975</u>	1976
1. 2. 3.	Research Rural Sanitation Others Total	21.9 240.5 54.5 316.9	26.8 287.6 <u>61.5</u> 375.9

AID will disburse loan funds to INPES considering the "Rural Sanitation" activity separately. AID will disburse loan funds to the "Rural Sanitation" activity in 1975 at the 1.91 ratio of GOC funds to AID loan funds up to a total of 80 million pesos of AID loan funds and in 1976 at the 3.79 ratio up to a total of 60 million AID will disburse loan funds to the "Research" and "Others" activities of INPES in 1975 at the 1.91 ratio of GOC funds to AID loan funds up to a total of 11.3 million pesos of AID funds and in 1976 at the 3.79 ratio up to a total of 4.5 million pesos.

It is understood that those funds expended by the GOC under the "Others" activity for administration of the "Rural Sanitation" activity will be applied as GOC funds for the "Rural

The program calls for the following activities:

1) Research

Funds allocated for this activity are to be used to support basic investigations by the INPES laboratory, "Samper Martínez", in the areas of genetics, cell biology, microbiology, biochemistry, epidemiology and pharmacology. Also these funds will be used to advance a variety of bio-social subjects in the Division of Special Investigation.

Targets

Study of Institutions of Medical Attention - to be completed last quarter of 1975 with publishing of monographs "Activities", "Personnel" and "Equipment".

Study of Occupational Health in the Textile Industry - completed to stage of analysis at end of 1976.

Study of Financing of Health Services - work plan and termination date to be determined 1st quarter of 1975.

Projection of Service Demands and Dental Resources study is to be published 1st quarter of 1975.

Study of Convulsive Disorders in Bogotá to be published the end of 1975.

Multinational study of Use and Attitudes of Alcohol - data collection being done by INPES for PAHO to be completed early 1975.

Investigation of Epidemiology of Chagas Disease - publication of general results - 1975.

Study of prevalence of Rheumatic Fever in the District of Bogotá - publication of preliminary results in 1975.

2) <u>Rural Sanitation</u>

Funds allocated for this activity are to be used to expand substantially INPES' program of financing and improving the construction and administration of water and sewerage projects in rural communities.

Targets

This program is to contribute to a 50% decrease in mortality due to enteric infections between 1971 and 1980. By the end of 1978 INPES plans to provide piped water to 100% of the communities between 50 and 2,500 persons and sewage systems to 100% of the people in communities of 500 to 2,500. The following projects are planned:

		water			Sewer		
	Aqueducts	People	Small <u>Aqueducts</u>	People	# People	School Programs	Latrine
1975 1976	300 <u>350</u> 650	225,000 <u>265,000</u> 490,000	280 <u>330</u> 610	<u>31,000</u>	260 135,000 310 155,000 570 290,000	200 <u>250</u> 450	10,000 15,000 25,000

Additionally, INPES will purchase equipment and laboratory materials for above projects and initiate a program of water quality testing and control.

3) Others

Finds will be used for program administration, for maintenance of laberatory equipment and production of biologicals.

Targets are as follows:

Vaccines	<u>Doses</u> i	n 000s
	<u>1975</u>	1976
Yellow fever		
Antirabies dog	2,500	5,000
Antirabies human	2,500	3,000
Antismallpox	500	500
Anticholera	3,000	6,000
Antityphoid	500	500
DPT	500	500
Diphtheria Toxoid	2,000	2,250
Tetanus Toxoid	500	1,000
Schick Test	2,000	2,500
BCG *Liquid	500	500
BCG**Liophilized	1,000	-
Tuberculin	-	2,000
Antirabies serum	1,000	1,200
Antisnake serum	50	55
- Serum	10	50

4) <u>FNH</u>

a. Financial Target

To ma 1975 and 1976 the following	ke available for amounts, to be	expenditure by FNH in financed as follows:
Borrower		(Millions of Current Pesos)
External Credic		$\frac{1975}{329.4}$ $\frac{1976}{269.5}$
AID		127.1 225.0
	Total	$\frac{5.1}{461.6}$ $\frac{5.0}{499.5}$
h An a		

b. <u>As a pre-condition to disbursement the FNH</u> will take the following actions:*

^{*/} For details of conditions see letter Bair/Correal June 4, 1974 attached for information purposes.

1) The FNH and MOH through DNP will give assurance that the location selection procedures and criteria developed during the '73-'74 period will be continued. If changes in the selection criteria are contemplated AID will be advised.

2) The FNH will present through MOH and DNP assurance that technical assistance has or will be secured in management procedures for the construction program.

3) The FNH will present through MOH and DNP a plan with time scheduled targets for completion of a study of norms and standardization of construction and equipment criteria and plans for hospitals, health centers and health posts.

c.	Activity Targets:	197 5	1976
1.	Construction	308.6	240.8
2.	Equipment	143.0	244.7
3.	Other	10.0	14.0
	Total	461.6	499.5

The National Hospital Fund (FNH) will seek to carry out the National Hospital Plan within the National Development Plan to increase and improve medical coverage with preferential attention to providing for disadvantaged people. To do this FNH will work to achieve the bed/population ratios of the hospital plan as well as use MOH descriptions and plans of regionalization to guide their construction activities. Its efforts will also be directed toward contributing to reach 75 hospital discharges per 1000 people per year by 1977 and toward increasing external consultations by 10% per year. The amount of non functional equipment time will also be decreased.

FNH has developed a 4 year plan which will complete, remodel and enlarge 239 hospitals, provide 11,537 new beds and 13,724 improved beds (for a total of approximately 42,000 beds) and complete 637 new health posts and centers for a total of 2,490 by 1977. Annual targets are as follows:

a) Construction (new, expansion, replacement)

	<u>1975</u>		1976	6
	Term	Cont	Term	Cont
University hospital	2	8	1	9
Regional hospital	23	27	15	25
Local hospital	6	19	43	6
Health centers and posts	60		200	
b) Equipment 1975 and	1 1976			
Partial equipping of hospitals Complete equipping of hospitals		20 63	•	

c) Develop center of hospital engineering and maintenance at FNH.

d) Training

	1975	<u>1976</u>
Hospital maintenance experts	60	120
Hospital maintenance supervisors	10	20

e) Strengthen FNH through obtaining additional personnel in 1975-1976 - 2 architects, 2 engineers, 2 designers, 1 administrator.

5) <u>ICBF</u>

a. Financial Target

To make available for expenditure by ICBF during 1975 and 1976 the following amounts to be financed as follows:

	(Millions of Current Ps) <u>1975</u> <u>1976</u>
Borrower AID	$\begin{array}{c} 626.4 \\ \underline{1} \\ \underline{20.0} \\ 18.0 \end{array}$
Total	646.4 825.3

1/ Of this amount the GOC will provide 460.0 from budgetary resources and 166.4 from non-budgetary sources; only the budgetary resource amounts will be used in calculating ratios between GOC and AID for AID disbursement purposes.

2/ Of this amount the GOC will provide 529.0 from budgetary resources and 278.3 from non-budgetary sources; only the budgetary resource amounts will be used in calculating disbursement ratios.

b. <u>As conditions precedent to disbursements the ICBF</u> will take the following actions:*

1) The ICBF with the collaboration of the Division of Nutrition and Population of DNP will submit through MOH and DNP a review of the ICBF program plan and investment budget indicating and child care intervention activities and an evaluation of their projected impact on nutritional status of the population. Among other aspects this should address the comparison of fixed investment as compared to investment in other activities related to the objectives of the program.

2) The ICBF and the DNP Division of Nutrition and Population will present through MOH and DNP to AID a joint review of the levels (recipients and food quantities) of the ongoing supplementary feeding program. This survey should produce a time scheduled plan for Colombian assumption of responsibility for supplementary feeding independent of international assistance. The plan should indicate relative priority of school feeding, maternal child feeding and other supplementary feeding. It should indicate the time, budget levels and sources of financing to carry out the proposed

^{*/} For details of conditions see letter Bair/Correal June 4, 1974 attached for information purposes,

c. Activity Targets

The program calls for the expenditure of commingled funds in approximately the amounts shown:

1. 2. 3. 4.	Treatment of minors Family welfare/nutrition Administration Other	<u>1975</u> 128. 8 140. 0 140. 3 <u>237. 3</u>	<u>1976</u> 155.0 167.2 165.2 <u>337.9</u>
	Total	646.4	825.3

Through a combination of interventions including education and supplementation programs, ICBF will seek to improve the mental and physical state of minors and families. The following activities are scheduled:

1) Nutrition/Family Welfare

Between 1971 and 1980 it is planned that 3rd degree protein-calorie malnutrition in children less than 5 will decrease 85% and 2nd degree protein calorie malnutrition in the same group will decrease 30%. The annual targets to contribute in this achievement are:

	<u>1975</u>	1976
Integration of child and family No. assisted	168,000	283,000
Nutrition Assistance for Mothers and Children under 7		
Mothers attended Children attended Pounds food distributed	207,000 657,000	210,000 643,000
(Million lbs.)	51.7	53.5

	1975	<u>1.976</u>
Nutrition assistance school children No. of meals (mil)	217.0	286.0
No. families assisted (through programs to receive food for animals, family recreation and education)	55,000	71,000

2) Treatment of Minors and Families

It is planned that the following targets will be accomplished in 1975 and 1976.

	<u>1975</u>	<u>1976</u>
Abandon children assisted	8,850	7,700
Children with conduct problems assisted	18,740	24,690
Children with physical and mental		
problems assisted	3,900	4,410
Consultation for family assistance	381,870	545,600

- 6) <u>DNP</u>
 - a. Financial Target

To make available for expenditure by DNP during 1975 and 1976 the following amounts to be financed as follows:

	(Millions of	Current Ps)
AID	<u>1975</u>	<u>1976</u>
****	7.6	8.0

b. <u>As conditions precedent to disbursement the DNP will</u> take the following action:

The DNP will establish a multisector nutrition planning sub-committee and the mechanism for its use of assigned funds.

c. Activity Targets

The program calls for the expenditure of funds in approximately the amounts shown:

- - --

Multi		<u>1975</u>	<u>1976</u>	
Multisector	Nutrition	Planning	7.6	8.0

Projects will be selected in the following areas and the multisector committee will arrange for their being carried out by various agencies in the field. Projects will be selected according to the following criteria:

a. First priority will be given to pilot demonstration projects which assist in evaluating direct and indirect intervention activities.

b. Second priority will be cost effectiveness studies of proposed programs or on-going programs to allow comparisons of the efficiency of various approaches.

c. Finally, surveys will have the lowest priority and be limited to those for immediate planning purposes or as baseline for evaluation of a particular program of intervention.

d. Any study or project should have a maximum time for completion of two years.

e. In reviewing the qualifications of possible study contractors, the committee will determine the capability to carry out the research project or study and if needed, foreign technical assistance, will be made part of the project.

The following course of events is projected for this planning project:

(1) Development by committee of work plan for 1975.

(2) Development of list of approved trainees for training outside country by May 1975.

(3) Development of 1975 in-country workshop and seminar schedule and related technical assistance needs by June 1975.

(4) Completion of 4 year investment plan and strategy by June 1975.

(5) Contracts or Agreements for 1975 studies and pilot projects completed by June 1975.

(6) Nutrition project reporting system in operation Sept. 1975.

(7) Examination of nutrition projects for CY 1976 GOC budget plan completed Nov. 1975.

(8) 1976 project plans, training program, and technical assistance needs determined by February 1976.

(9) Contracts, agreements, and obligations for 1976 program completed in May 1976.

(10) Examination and updating of nutrition investments for CY 1977 GOC budget plan completed in Nov. 1976.

(11) Final projects, training plans, and technical assistance needs determined in November 1976.

(12) Contracts, agreements and obligations for 1977 program completed in December 1976.

(13) Feb. 30, 1977 completion of USAID loan assistance.

(14) Examination and updating of nutrition investments for the CY 1978 GOC budget plan completed in Nov. 1977.

7) Dollars Funds

The loan will make available up to US\$5,246,000 to be utilized for the purchase of vehicles, communication equipment, insecticides, hospital equipment, well drilling units, training and technical assistance. a) As a condition precedent to disbursement to the agencies and no later than June 30, 1975 the DNP, together with the Ministry of Health, will develop and provide to AID a schedule of the procurement to be undertaken and a listing of the expected distribution of the equipment consistent with the needs of the Ministry and the Health agencies.

b) The segment of these funds for training and technical assistance in nutrition will be requested by the Multisector Nutrition sub-committee and AID obligation documents, the Project Implementation Order/Technical Services or/Training, under these funds will be signed by the Chief of DNP Social Demographic and Nutrition Unit.

AID will furnish to the Ministry of Health an Implementation Letter describing the procedures to be followed in connection with the use of dollar funds. Doctor OSMAR CORREAL Chief, Social Development Unit National Planning Department Bogotá, D. E.

Dear Dr. Correal:

I am enclosing a copy of the pertinent parts of the material we are presenting to AID/Washington related to the proposed Health Sector Loan for 1975 and 1976. I am sorry we have not had time to translate this into Spanish; if you feel it would be useful please let Fernando Gómez know and he can arrange for translation of the parts you feel desirable.

We will be discussing this in AID/Washington June 10 and will advise you as soon as possible of the decisions taken there. I may not be returning to Colombia until late in August but David Denman, Dr. Thomas Hyslop and Fernando Gómez of our office will be here to work with you on any questions you have and in further programming of this loan.

I would like to transmit to you my understanding of our meeting last week when we discussed various conditions of the loan.

1) We deleted as preconditions to loan signing th following two conditions which we had proposed earlier:

"c) Evidence will be given by DNP and MOH that additional positions have been established and personnel will be secured to strengthen DNP Health Division and MOH Planning Office and Division of Medical Attention to carry out their responsibilities under the loan. d) Evidence will be given by DNP that the Socio-Demographic Division of DNP will be strengthened with additional staff to carry out its analytic function related to nutrition problems and its review responsibilities of GOC investment plans and budgets as they have nutrition implication. This evidence should include the number and qualification of staff to be added to this section and a statement of their responsibility in reviewing national investment plans and budgets with reference to nutrition."

These are not to be made conditions of loan signing. However, we do think it important if we are to continue and improve upon the very satisfactory relationship we have had in developing the present health sector loan with DNP that the DNP health unit be fully staffed to take a strong role in monitoring and evaluating the development of this program. Our concerns in this regard are also related to the Planning Office and Medical Attention Direction of the Ministry of Health.

We also have become increasingly aware of the importance of malnutrition not only to the health sector but also to many other development efforts of the country. Therefore we felt it useful to call attention to our interests in strengthening the DNP Division of Nutrition and Population. In this regard if you are interested, we are prepared to provide additional technical assistance or seek ways to fund pilot activities of an experimental nature related specifically to concerns for malnutrition.

I understand that in the process of further programming of the proposed health sector loan you will be writing us a letter explaining the plans of DNP and the Ministry of Health to assure there will be adequate personnel in the Nutrition and Population Division and the Health Division of DNP and the Planning Office and Medical Attention Division of the MOH to assure that fullest possible progress is made in developing the health sector program

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If in your consideration of this you see ways in which AID can be of assistance, perhaps through the provision of technical assistance or personnel training please let us know.

2) We also decided in the meeting to delete from the loan itself the details and clarifications related to the loan conditions and transmit them to you by letter. Since these are preconditions to disbursement and may take considerable time, permit me to transmit them to you informally by letter at this time.

A. <u>Pre-conditions for loan disbursement to the Ministry of</u> Health

I. The plan for monitoring and evaluation of the sector program should include among other things the following:

a) An appropriate framework of specific objectives of the sector program against which evaluation is to be carried out.

1. This will set targets over time for the health indicators identified as a condition of the loan 069.

2. It will set coverage goals or physical targets against which the programs of the various health sector agencies will be evaluated.

3. It will indicate a system for evaluating in an objective and quantified fashion progress in implementation of the regionalized system.

b) Provision for quarterly reports similar to those in loan 069.

c) Periodic visits by MOH and/or DNP personnel and/or meeting with planning office personnel and administration chiefs of the health sector institutes, both at the central and seccional level, to assure a <u>sectoral</u> approach to planning and adequate monitoring on a sectoral basis.

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d) Periodic field visits to on-going activities by MOH and/or DNP personnel.

e) Annual evaluation of seccional plans and programs by MOH and/or DNP.

f) Involvement of "independent" evaluators such as ASCOFAME to look at such issues as progress in regionalization and medical education, auxiliary nurse and promotora and general administration service personnel training, particularly as related to preparing personnel to work in the regionalized system, giving emphasis to community medicine and delegation of functions to auxiliary personnel.

The plan should identify the type and number of personnel to be assigned to implement it; it should indicate that budgetary resources are available; and it should indicate with dates the type and number of actions planned and the periodic and ad hoc reports to be produced.

II. In presenting the plans for actions to be taken to stimulate the regionalized system, although aspects of medical attention should not be ignored, particular attention should be given to outreach, preventive medicine, health planning and administration at the regional level, and coordination with INPES, ICBF, SEM and others. This plan should identify who will be assigned responsibilities to carry out these actions, should specify what type actions are to be carried out, how many, where and when and indicate the kinds of reporting to be done. Assurance hould be given that adequate personnel time and funding will be a vailable to carry out these functions.

III. The plan for a comprehensive human resource study should indicate how and when presently planned studies or additional studies will develop the following kinds of information:

a) Projected needs over time for total health system (including ICSS, private, cajas de prevision social, salud publica), of the several types of health professionals, para medical, administrative and service personnel under several different assumptions related to different make-up of health team, changes in health demand, etc. These projections should disaggregate, where appropriate, the needs according to the different levels of the regionalized system.

b) Capacity of present training system to produce needed personnel.

c) Analysis of how present geographic distribution of personnel affects availability and projections of what changes in incentives and supervision can do to improve.

d) Analysis of other aspects of inappropriate distribution e.g. private vs public, ICSS vs other public; health post vs hospital etc. How does a limitation of one kind of personnel place restraints on other parts of the system?

e) An analysis of the system by which decisions are being made related to manpower planning. Do the number of schools, academic positions available, scholarships provided, adequately reflect the stated priorities of the health plan and the needs identified in the system?

f) Identification of needed actions over time under various assumptions if personnel needs are to be met.

IV. The plan for actions to be taken related to improving administration in the system should include but not be limited to the following:

a) Provision for a review of administrative procedures and their effectiveness at various levels of the regionalized system - particularly at the regional hospital level.

b) Plans for action to strengthen the number and quality of administrative personnel in the system, with particular reference to the regional hospital. These plans should include but not be limited to consideration of additional training opportunities for these personnel. Consideration should be given to encouraging a university level program for non-medical hospital and health administrators. c) The plan should indicate the MOH personnel who will be monitoring and implementing the specific actions called for, indicate the types and quantity and timing of actions to be taken and indicate the kinds of reports to be made.

B. <u>Conditions for Other Agencies</u>

In general when plans for studies or actions have been made preconditions for disbursement to one of the agencies we believe the plan should include a time schedule of actions to be taken and reports to be presented and it should indicate that provision is being made for adequate personnel and financing to be available to carry out the proposed plan.

3) We discussed the way that funding would be provided for the MCH program and PRIMOPS research. We understand that in addition to the already programmed funds for MCH and MOH planning you will include in the budget in 1975 an additional 28.3 million pesos and in 1976 an additional 30.6 million pesos from AID sources for MCH; in 1975 and in 1976 you will include an item of 2 million pesos for PRIMOPS. Although we will need periodic reports on progress in these activities and assurance that projected GOC funds are made available, AID disbursements will not be included in general ratio calculations, nor will disbursement be dependant on general loan conditions.

4) We agreed on the pre-conditions for dollar disbursements for commodities. Please note, however, that we have not included these under pre-conditions for peso disbursements but have put them in a separate section related only to pre-conditions for dollar disbursements.

In closing may I call attention again to our letter of February 28 which indicated conditions pending the loan 069 and to my letter of May 10 to Enrique Perez in which I indicated the need for further work in developing the physical targets for the 1975-76 period. Both of these actions are necessary for the development and signing of the final loan agreement. Again may I assure you of our interest in working with you to achieve your purposes in improving and expanding the sector program. Please feel free to suggest ways in which we can improve our methods of carrying out our responsibility in this activity.

Sincerely,

William Bair Chief, Health & Special Activities Division

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INTENSIVE REVIEW REQUEST

HEALTH SECTOR LOAN II

Ι INTRODUCTION

We present herewith an Intensive Review Request for an AID Health Sector Loan for approximately US\$28.5 million* for the GOC investment program for calendar years 1975 and 1976. This is essentially a continuation of the sector program being carried out during calendar years 1973-74 with the support of Loan No. 069.

In proposing that we continue sector lending in health we have been influenced by several factors:

(a) Health is one of the priority areas for AID support identified by the U.S. Congress.

(b) Substantial progress has been made in achieving increases in investment in this sector. However, under current assumptions as to GOC public sector revenue prospects for the next several years, it is unlikely that this level of investment can be continued and consolidated into the regular investment pattern of the GOC without additional external assistance. (In our consideration of another two-year loan we concluded that probably this should be the last health sector loan, and that by 1977 the new Colombian Government would have had ample time to make needed fiscal reforms enabling them to assume full responsibility. Any additional assistance over time in this area would be for special problems, such as rural sanitation, nutrition or maternal/ child health.)

(c) The GOC has found the present type of loan to be a useful tool for itself in coordinating and supporting a comprehensive health sector program. From their evaluation of this mechanism we quote the following:

> "Sector loans offer a number of advantages compared to other forms of partial financing. Perhaps the principal reason is that one gets a complete picture of what is happening in a sector and can program actions which are mutually supportive. . . .

^{*} There is currently some uncertainty about the projected exchange rate for 1975-76. The dollar amount needed may be as much as \$1 million lower than indicated here. The exchange rate used for this paper was 28.3 pesos: US\$1.00 in 1975, and 30.6 pesos: US\$1.00 in 1976.

"We should comment on the way this has strengthened the Planning Office of the Ministry of Health. . . .

"... the procedures used in the orientation of sector loans have been useful -- the studies required have motivated different groups to study more closely certain essential aspects of the sector and led to implementation of ... recommendations."

(d) Important organizational and program improvements have been supported or catalized by the loan and its conditions, but more remains to be done. Of particular note are the reorganization of the National Hospital Fund, and a comprehensive study for redesign of the health sector. The recommendations of the latter have not yet received official legal status. However, we believe that even if not made law at this time, they will serve a useful guide for policy direction. The support of the Mission and the sector loan in achieving this "redesign" was the subject of a letter of appreciation from the Minister of Health. Loan 069 included requirements for some 20 actions or studies that various GOC agencies would undertake to improve the health system. The USAID has carefully monitored these requirements and found that 12 of the actions have been adequately complied with; 6 have been granted appropriate extensions and are in process; and I has received inadequate attention (i.e., the supply system). In this way, increasing attention has been brought to bear on delegation of functions to auxiliary personnel, improvement of training programs particularly for auxiliary nurses, recognition of a substantial failure in the supply system, improved planning and operational research on the system, further study of the needs of the regionalized system for extending health services, the design of a new information system, development of a multisectoral nutrition policy, development of an analytic mathematical model to compare alternative methodology and investment strategies in the sector -- in short, the kinds of actions necessary to develop broader extension of coverage to the population by methodology which the country can afford.

(e) It is early in the implementation of the first loan to make any precise or profound evaluation of physical target accomplishment to say anything of measuring health status improvements. However, reports indicate, and our field visits generally confirm that targets are being met in an acceptable fashion. Financial targets of the first year (CY 1973) have been met approximately 90% by the GOC and 100% by AID.

(f) We believe that substantial improvements in the system itself and in extension of services can be secured in the 1975-76 period through improved planning, operational research, judicious use of loan conditions and loan financing in response to the GOC request. The innovative comprehensive sector program upon which the GOC embarked in 1973 has already made substantial organizational progress. We believe an additional two years of support from AID with appropriate programming, technical assistance, and monitoring action is necessary to consolidate the investment pattern and programming improvements sufficiently to insure continuity for the future.

II THE LOAN

A. Borrower

The Borrower will be the Government of Colombia with the Ministry of Health acting as the implementing agency. Sector loan funds will be used by the Ministry itself and four semi-autonomous agencies which are divisions of or attached to the Ministry: the National Institute for Special Health Programs (INPES), the National Hospital Fund (FNH), the Malaria Service (SEM), and the Institute of Family Welfare (ICBF).

B. Amount and Terms

Not to exceed 28.5 million dollars, of which 5 million will be for imported commodity items, and 23.5 million for local currency costs. Interest at 2% during 10-year grace period and 3% thereafter. Repayment in dollars over 40 years, including 10-year grace period. The loan would incorporate the same flexibility clauses regarding target changes and redistribution of funds between agencies and activities which have previously been approved by AID/W for Agriculture Loan 071 and Education Loan 072.

C. Rationale

The project receiving loan financing consists of the entire GOC public sector (excluded are involvement in private medicine, the social security system and government employees' health benefit programs which

service about 20% of the population). The part of the sector in question has responsibility for providing services to 80% of the Colombian population, generally speaking the less advantaged. A major objective is to increase coverage within this group, with particular attention to rural poor and marginal urban population, until eventually there will be service accessible to the totality of the population. The proposal grows out of the National Development Plan. In 1972 it was determined to provide loan financing in stages, with the first loan to be for CY 1973-74. The current GOC request seeks the local currency equivalent of approximately US\$23.5 million, plus approximately US\$5 million for import of commodities in support of the CY 1975-76 investment requirements.

The GOC and USAID sector analysis in support of this proposal draws heavily on the same materials brought together in 1972 as the "Analysis of the Colombian Public Health Sector." Some additional studies have been finished and others are in process, e.g. the implementation of the mathematical analytic health sector model, a facilities location model, the design and installation of a widespread information system, and a comprehensive study of financing in the health sector. Nothing to date in these studies or in firstyear loan implementation has indicated striking problems with the previous analysis or suggested that dramatic changes would be appropriate in program

Important <u>organizational</u> improvements have taken place within certain institutions, particularly in the Planning Office and Division of Medical Attention of the Ministry of Health and in the National Hospital Fund. Nevertheless, there have not been substantial changes in the <u>functions and responsibilities</u> of these organizations nor in their relationships to each other in the health sector. The reorganization of the sector awaiting presidential decree may bring some change in this regard, but not of a nature that is likely to substantially affect program emphases and direction.

In developing the new program and updating the analysis it has been possible to draw on the first year's experience with the loan, including rather complete reporting from the various institutions involved. Also reflected in the updated analysis are the results of an organized evaluation of departmental (sectional) programs by MOH officials; of an ASCOFAME study of regional hospitals vis-a-vis progress in the regionalized system; and of other ASCOFAME work on medical faculties with regard to changes in curriculum emphasis to prepare professionals to work in the regionalized system. Field visits to project activities of all implementing agencies have been made by USAID staff and we have had the assistance of short-term consultants. Of particular mention, in this regard, are Robert Douglass, architect consultant to the National Hospital Fund, and Dr. Gordon Brown, a consultant to the Mission who is a professor of health planning at Pennsylvania State University. Their evaluative reports are being incorporated into this update of the assessment.

In developing the update of the sector assessment, the USAID is taking a somewhat different approach from last year. We will attempt to follow sequentially an analytic process of (a) description of the population, health status, service coverage, and current health policy; (b) analysis of major health problem areas or concerns identified from (a), e.g. maternal/ child health, nutrition, accessability of health services, sanitation, special diseases, accidents, and population; (c) analysis of the health system and its resources in terms of manpower, financing, facilities, information system, research, planning, and administration.

In section (b) we will incorporate evaluation findings and a description of the proposed sector program.

Although some changes in program emphases and management techniques have been made, one can describe the plan strategy in much the same terms as that of the present loan program:

> "(1) Widening the coverage of services through regionalization (which permits greater delegation of responsibility and increased efficiency), priority attention to maternal/ infant care, and increased emphasis on preventive medicine as compared to that given to curative service;

"(2) Planned human resource training, together with revised curricula, increased incentives, and greater delegation of functions; "(3) Strengthened operational and applied bio-social research;

"(4) Increased and more rational investment in hospital condtruction and equipment through a strengthened single mechanism for channelling funds, and a strengthened central supply agency;*

"(5) Development of mechanisms for inter-sectoral coordination, especially related to nutrition, maternal/infant care, health education, urban development, and rural sanitation.

"It is expected that the above policy actions eventually will lead to the overall policy goal of a unified national health service system."

Within the above planning context, we intend to negotiate for maximum emphasis on rural sanitation and family welfare and maternal/child health, including family planning. We believe these emphases to be appropriate methods of extending services and improving the health status of the population in lowest cost fashion.

Although we have used several relatively effective evaluative mechanisms this year in monitoring the loan, we believe this can be improved by incorporating a somewhat more formal evaluation scheme into the loan description and agreement. Input/output targets have generally been identified for all the activities and quarterly financial and activity reports designed and used. It is more difficult to estimate the effects of these activities in improving health status, particularly since so many different factors interact to influence health status. Also, in spite of vigorous programs, it will be difficult to achieve readily measurable changes in health status in the short run. The Mission appreciated the assistance of Gerald Schwab in developing an evaluation framework which we will use in the proposed loan.

^{*} We continue to encourage some limiting of this area and further study of supply.

D. Project Description

Central Government investment budgets for the five agencies involved in the proposed loan are projected to increase 52%, in current pesos, in 1976 over 1974. However, these appropriations do not reflect transfers, nonbudgetary receipts, nor the "situado fiscal." When these resources are taken into account (as they will be in the CAP), the percentage increase should be substantially greater. The largest programs are: (1) "Prevention" (nutrition, maternal/child care, welfare). These would receive food contributions and population grants but only limited loan support; (2) "Rural Sanitation" (sewers and aqueducts); and (3) "Recuperation" (hospital and health post construction, repair, and equipping). The GOC proposal also provides for continued increases for malaria eradication and vaccination campaigns, and human resources

For a description of the project please refer to the "Analysis of the Colombian Health Sector," December 1972, and to TOAID A-124 of June 30, 1972 which provides a brief summary description of the program. The 1975-76 program will show some changes in relative emphasis and obviously the specific targets will change. Essentially, however, we are being asked to support the same kind of a program. We are not concerned that at this stage the program appears very like the program of 1973-74. Innovations are useful, but we would be surprised, and even consider it capricious, if the GOC were to present a drastic revision of its sector program so soon after embarking on the ambitious actions of the 1973-74 effort.

There will still be some health post and hospital construction as part of the regionalized approach to extending service, but the bulk of the FNH funds are for terminating earlier construction projects and for improving the equipment of existing facilities. Although there are institutional facilities in the system, we do not believe it to be a traditional hospital based, curative medicine program. There is a balanced and increasing emphasis on community preventive medicine and outreach using para-professional or community personnel.

Noteworthy improvements have been made in the organization of the National Hospital Fund and the development of the location model to select projects on a more rational basis. As increasing emphasis is placed on improving training of paraprofessional personnel, the activities in human resources development will make a substantial contribution to achieving sector objectives.

The Family Welfare Institute has given considerably more thought and effort to developing a program oriented towards coordinating their nutrition and family welfare activities with the maternal/child health program of the Ministry of Health.

The INPES rural sanitation program demonstrates effort to speed the rate of investment and program implementation to accelerate the expansion of coverage to the rural population. There is also more concern for water quality than was previously found in this program.

Operational research will continue in INPES. A noteworthy addition to the research program of the sector will be expanded involvement of the MOH in the PRIMOPS operational research for extending low-cost health services in a 100,000 population of Cali. In 1973 the MOH began to finance the health service aspect of this research. In 1975-76 they will also finance a substantial part, if not all, of the in-country operational research costs.

It is not clear how far SEM can go in carrying out its malaria, yaws, yellow fever, and innoculation campaigns, and also make more use of its field personnel for other health activities. The first area of concern in this respect is to support the MCH program and part of the financing can be secured through the MCH program.

In addition to substantially expanded activity in planning and evaluation, reorganization of the sector, and development of the information system, the Ministry will strengthen the MCH program by increasing emphasis in family planning.

The US\$5 million for imported commodities is to pay for vehicles and communication equipment for the regionalized system, fixed equipment such as boilers and elevators for the hospital fund, well drilling rigs for the rural sanitation program, and DDT for the malaria eradication program.

E. Financial Plan

The total level of peso investment through the budget required over the two-year period 1974-75, as per the following table, is approximately US\$147.5 million equivalent of which AID is being requested to finance US\$23.5 million of 15.9%. This compares to 14% in 1973 and 16% in 1974. The percentage increase in the totals (in current pesos) is as follows: 1974 over 1973 - 17.2%; 1975 over 1974 - 26.8%; 1976 over 1975 - 11.8%.

CY 1975-1976 Financial Plan (Thousands of US\$)

	Est. \$ Cost	%`	Dollar Equiv. Est. Peso Cost	<u>&</u>	Total	<u>&</u>
AID GOC Ext. Credit	5,000 0 0	100	23,479 108,163 	16 73 <u>11</u>	28,479 108,163 15,838	19 71 10
Totals	5,000	100	147,480	100	<u>152,480</u>	100

The above ratios include external credit in the base on the assumption that such funds will pass through the budget. This item may or may not be included in establishing Loan Agreement commitments. If external credit is excluded from all years, the AID percentage of the budget inputs is as follows: 1973 - 19%; 1974 - 18%; 1975 - 18%; 1976 - 18%.

The above dollar figures were derived from the attached tables which indicate the preliminary 1975-76 program and agency figures provided USAID by the Ministry of Health and the National Planning Department. In submitting this data, the DNP emphasized the preliminary nature of the figures and the need for their being examined by the financial authorities in the light of the GOC fiscal policies. They also pointed out that the figures reflect only the proposed new appropriation structure for the five agencies and do not show the total investment planned for them in 1975-76. In negotiating the final CAP figures with the GOC, the Mission proposes to be guided by the following criteria:

(1) In 1975 and 1976 the total budgetary funds available to the agencies covered by the loan would correspond, as a minimum, to the percentage of the total GOC budget achieved by these same agencies in 1973.

(2) In real terms, using an appropriate GDP deflator for government expenditures, the budgetary receipts of these five health agencies in 1975 and 1976 should, as a minimum, equal the amount received in the preceding year. In this connection, we will attempt to get agreement to a review and commitment adjustment procedure which will take place in May or June, 1975, when the GOC 1976 budget is being readied for submission to its Congress.

(3) Loan Agreement ratios of AID/GOC inputs will be established either on a commitment or cash receipt basis or both, but AID disbursements will be made in relation to the ratios relating to cash receipts. While it is anticipated that the Loan Agreement will specify all income for each of the five agencies, the ratios -- compliance with which will trigger releases -will be related only to budgetary appropriations. In this respect, the ratios of GOC/AID funds in 1974 will be retained in aggregate terms for 1975 and 1976, but the ratios can be raised or lowered for the separate agencies. (Since it is anticipated that non-budgetary receipts will increase in 1975-76 over 1974, the effect of this strategy will be to decrease the AID share of total investment in 1976-76 vs. 1974.)

In addition to the above criteria, we will also be negotiating with the GOC on certain elements of program emphasis and trends of investment distribution between agencies.

F. Feasibility

The USAID is engaged in a loan program with the GOC to carry out essentially the same kind of activities as are contemplated in this proposal. It is the Mission's opinion that the concerned GOC agencies are demonstrating adequate technical, administrative, and financial capability to carry out the provisions of this loan and provide necessary continuity upon the termination of the loan period.

G. Socio-Economic Considerations

We repeat the statement of the IRR for the 1973-74 loan which we consider still valid:

"Colombia's health sector program is an integral part of the National Plan's shift from quantitative GNP growth objectives to qualitative distributional goals. Improved health among the lower socio-economic strata is sought because of its direct impact on well-being, the overall objective of the new Plan. Higher labor productivity and reduced wastage of resources devoted to raising, educating and sustaining unhealthy, shortlived, individuals -- the principal economic benefits of improved health -- are recognized as justification for the additional investment in purely economic terms, but the social and redistribution effects are also strongly emphasized. Various key goals of the Health Sector Plan have been quantified (i.e., elimination of certain diseases, reduction in certain morbidity rates, provision of water and sanitation to certain percentages of urban and rural populations) and placed within specific time frames. . . .

"The sector program will have important ameliatory effects on Colombia's population problem which is explicitly recognized by the GOC; but those effects are neither the GOC's nor the Mission's principal justification for investment in health."

The update of the analysis which we are preparing will, in its section on finance, make more detailed reference to the overwhelming proportion of government health financing which directly benefits the less advantaged portion of the population.

H. Environmental Considerations

Borrower will be under an obligation to take ecological considerations into account, or cause such criteria to be taken into account, by the subimplementing agencies, where appropriate, among other factors to be taken into consideration in approval of any specific sub-project under this loan.

I. Other International Donor Agency Participation

The GOC will continue, during the loan period, to receive technical assistance from the Pan American Health Organization in health planning and in reorganization of the National Hospital Fund. The World Health Organization and UNDP will also continue to provide assistance in health planning research. UNICEF, FAO, and WFP assistance, which has been running at the level of approximately US\$10 million per year, for work in the area of nutrition planning and supplementary feeding, is expected to continue at a decreased level during the loan period. A US\$10 million British loan for hospital equipment is in the implementation stage with equipment being purchased now for early delivery. In addition, the GOC is presently negotiating loans with the German and Dutch governments for hospital equipment totaling approximately US\$9 million. Finally, the GOC is seeking external financing of approximately US\$4 million for rural sanitation projects. The Mission has found that the above assistance is supportive of and complementary to the proposed loan.

J. Issues

(1) Are the financial negotiating criteria described in Section E of this paper acceptable?

(2) The GOC has traditionally purchased with its own funds or received as a donation from UNICEF sizeable quantities of DDT for its malaria control program. For 1975-76 they have proposed the use of loan funds for the purchase of this commodity. Would USG regulations for environmental or other reasons preclude this use of loan funds?

K. Sector Analysis and CAP Time Table

The analysis for the 1973-74 program covered a great deal of the ground in describing the policy, organization, and programs of the health sector. Some of the conditions and the reporting requirements of that loan contributed to GOC capacity to analyze health conditions and sector programs. The GOC has been engaged with the USAID in an update of the material of the 1972 analysis and they have made substantial progress in planning their program for 1975-76. Assuming continuing progress on their part, we hope to have the analysis and strategy document finished by mid-May. Given prompt and favorable AID/W response to this IRR, we expect to present a CAP by the end of May.

We would find very useful late in April the TDY assistance during approximately two weeks of a health planner knowledgeable of the Colombian situation and competent in Spanish (e.g. Joe Davis).

L. Loan Committee

Chairman Implementation Advisor Health Advisor Demogrphy and GOC	William Bair, HSAD David Denman, HSAD Thomas Hyslop, HSAD
Liaison Officer Urban Development Advisor Senior Advisor Loan Officer and Sanitation	Fernando Gomez, HSAD Allen Cohen, UDD Joseph Sconce, ADO
Specialist Economist Lawyer Evaluation Controller	James Kearney, CRDO James Fox, SEA Douglas Robertson, RLA Raymond Rifenburg, ADRO William Ross, CONT

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USAID/Colombia April, 1974

		TABLE	1		
SECTOR	LOAN	FINANCIAL	PLAN	1973-1976	<u>ı</u> /

Prevention (nutrition, maternal	<u>Col \$ Cost</u>	1974 •/ Col \$ Cost	19' <u>Col \$ Cos</u> t	US\$ in	<u>197</u> Col \$ Cost	7 <u>6</u> US \$ in
infant care, welfare)	271,900	360, 300	570,000	dollars	620,000	Dollars
Protection (disease control)	18 2, 900	2 17,000	241, 250	500	274,100	500
Recuperation (hospital, health center const. equipment)	415,740	403, 972	494,967	500	485, 610	
Human Resources Training	93, 500	108, 500	117,762		137,142	500
Research	31,000	48, 500	56 , 00 0		67,900	
Complementary Inputs (supplies)	41,250	69,500	72, 800	1,250	90, 9 60	1,250
Planning and Information Environmental	18, 197	45,095	49,600		३ ३, 800	
Rural Sanitation	198,000	22 9,000	393, 92 5	250	517, 350	250
Administration	127,400	135,750	56,000		67, 200	
Grand Total	1,379,887	1,617,612	2,05 2, 304	2, 500 ^{2/}	2, 294, 062	2, 500 <u>2</u> /

1/ Peso figures on table shows only planned investment budget appropriation amounts. Does not include nonbudgetary financing shown in Loan Agreement 069.

2/ These dollar amounts for imported commodities will not go thru the budget. For purposes of comparison, this compares to US\$1 million provided in 1973-74 under Loan 069.

Table 2 1975 HEALTH SECTOR FINANCIAL PLANS BY PROGRAM AND SOURCE OF FUNDS

(Thousands of Pesos)

· · ·	Ordinary Resources	Family Welfare Bonds	Constant Value Bonds	AID	External Credit	Total
Prevention (nutrition, maternal						
infant care, welfare)	2 98,000	250,000		22, 000		18 0 000
Protection (disease control)	184,400			,		570,000
Recuperation (hospital, health	101, 100			56, 850		241, 250
center const. equipment)	265, 949		96,000	5,850	1 27, 168	
Human Resources Training	6 7,00 0		-	0,000	167,100	494, 967
-	07,000			50,76 2		117, 76 2
Research	41,000			15,000		
Complementary Inputs (supplies)	F7 800			13,000		56, OQO
	57,800			15,000		72, 800
Planning & Information Environmental	37, 500			10 000		· 2, 000
Rural Sanitation				1 2,0 00		49,600
	190,000			15 2, 9 25	51,000	797, 925
Administration	52, 000		4 000	-		(J(, J K)
Grand Total	1, 193, 749	250,000	<u>4,000</u> 100,000	770 700		56,000
•/ Does not include US\$2 5 million		•		330, 387	178,168	2,052,304

/ Does not include US\$2.5 million to be used for purchase of commodities in the US as follows:

- Program 2. \$500,000; Program 3, \$500,000; Program 6, \$1,250,000; Program 8, \$250,000.

Table 3

1976 HEALTH SECTOR FINANCIAL PLAN BY PROGRAM AND SOURCE OF FUNDS (Thousands of Pesos)

	Ordinary Resources	Family Wel- fare Bonds	Constant Value Bonds	AID	Erternal Credit	<u>Total</u>
Prevention (nutrition, maternal infant care, welfare)	348, 000	250, 000		22, 000		620, 000
Protection (disease control)	2 09, 4 00			64,700		
Recuperation (hospital, health			·	04,700		274, 100
center const, equipment)	141,910		114,000	4,700	22 5, 000	485, 610
Human Resources Training	8 2, 142			55, 0 00		177,142
Research	52, 900			15,000		-
Complementary Inputs (supplies)				13,000		67, 900
	72, 960			18,000		90, 960
Planning and Information Environ- mental	23, 800			10,000		77, 800
Rural Sanitation	27 8,000			1 72, 350	67,000	517, 750
Administration Grand Total	61,200 1,270,312	250,000	6,000 1 20, 000		292,000	<u>67, 200</u> 2, 294, 062

-/ Does not include US \$2.5 to be used to purchase commodities in the US as follows:

- Program 2, \$500,000; Program 3, \$500,000; Program 6 \$1,250,000; Program 8, \$250,000.

Table 4

1975-1976 HEALTH SECTOR FINANCIAL PLAN BY AGENCY AND SOURCE OF FUNDS (Thousands of Pesos)

	GOC	AID	External	Total	GOC	AID	External	M -4-5
MOH	26 6, 600	74,762	Credit	341, 362	297, 942	80,000	Credit	Total
SEM	133, 400	51,850		185 , 2 50	·	-		377, 942
INPES	289, 800	177,925	53 000		153, 400	58,700		212 , 100
		·	51 , 000	518,7 2 5	401,060	198, 350	67,000	666, 410
PNH	371,949	5,850	1 27, 168	504, 967	267, 91 0	4,700	225,000	497, 610
ICBP	482,000	20,000		502,000	520,000	20,000		
— • •							<u> </u>	_540,000
Total	1,543,740	330. 387 <u>•</u> /	178,168	2,052,304	1, 640, 312	361,750 <u>•</u> /	292,000	2, 294, 062

Note: •/ Does not include dollars to be used for purchase of commodities in the US: MOH \$2,500,000; SEM \$1,000,000; INPES \$500,000; FNH \$1,000,000.

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: PPC/DPRE/PR FILES		DATE:	April 18	107

то	:	PPC/DPRE/PR		
FROM	:	PPC/DPRE/PR,	Marki Ward	al

SUBJECT: Colombia - Health Sector Loan - II - IRR

> The IA/DAEC reviewed the IRR for a proposed \$28.5 million Health Sector loan on Tuesday, April 16. This loan proposal is not included in the FY 1974 OYB. William Ellis, Mission Director, hopes to sign the Loan Agreement in October or November 1974 as soon as a new Colombian government has been formed. Following points emerged from the discussion:

1. The loan is consistent with the guidance of the recent airgram on Planning Low-Cost Health Delivery (AIDTO Cir A-230). It will help finance operational research on a 100,000 person group in Cali which may teach us as much as the DEIDS project about what works in low-cost health delivery.

2. Jim Pynes, Vice-President of Trans Century, is now in Colombia working on the nutrition planning aspects of the loan proposal.

3. The Ministry of Health is beginning to carry out a regionalization plan which will apply something very much like the Cali model for low-cost health delivery to the country as a whole. This represents considerable progress over the general approach which AID helped finance in Health Sector Loan - I (1973-1974) which tended to emphasize hospital construction too much. The present loan will have a stronger training emphasis, especially the training of auxiliary nurses and promotores who encourage people to use existing government health and family planning services. Family planning remains a very sensitive issue in Colombia especially when pushed by outsiders, but it is acceptable in an MCH context. This represents progress.

4. As between grant or loan financing of various sector activities relating to family planning, the IA Bureau clearly prefers loan financing in order to save scarce family planning funds. It is clear, however, that technical assistance must be grant financed in view of the long standing GOC refusal to accept it on any other basis.

5. USAID/Colombia will shortly propose a \$6 million FY 74 loan (probably as an amendment to the existing Health Sector Loan - I) to finance INSOPAL activities to provide rural sanitation for smaller cities. This is consistent with a \$25 million World Bank loan planned in this area for FY 1975.



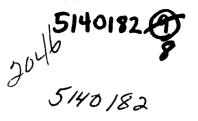
Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

6. Everyone agrees that an evaluation plan will have to be worked out. A new information system has been begun under the existing Health Sector loan and Gerry Schwab as LA Bureau Evaluation Officer has worked with the Mission to develop a specific Management Information and Evaluation Plan. The CAP will require a framework for a more sophisticated evaluation plan which will attempt to go beyond the simple measurement of services delivered to excess impact on health status.

7. There are real difficulties with GOC budget performance. GOC target contributions to the sector loan activities for FY 74 and FY 75 will probably not be met. The LA Bureau proposes to require at a minimum that the GOC contribution through FY 1976 remain consistent in real terms and at the same time they plan to attempt to negotiate for more. Various tactics for doing this were discussed with no firm decision.

cc: PPC/RB, M. Feldstein PPC/RC, J. Roush PPC/PDA, N. Holly

PD-AAA-633-DI



DEPARTMENT OF STATE AGENCY FOR INTERNATIONAL DEVELOPMENT WASHINGTON, D. C. 20523

OFFICE OF THE ADMINISTRATOR

A.I.D. Loan No. 514-U-075 (Ref: AID-DLC/P-2046)

LOAN AUTHORIZATION (AMENDMENT NO. 1)

Provided from: FAA Section 104 ("Population Planning and Health") COLOMBIA: Health Sector Loan

Pursuant to the authority vested in the Administrator, Agency for International Development ("A.I.D.") by the Foreign Assistance Act of 1961, as amended, and the delegations of authority issued thereunder, I hereby amend the text of the Loan Authorization dated June 28, 1974, authorizing Loan No. 514-U-075 (Health Sector), to read in its entirety as follows:

"Pursuant to the authority vested in the Administrator, Agency for International Development ("A.I.D.") by the Foreign Assistance Act of 1961, as amended, and the delegations of authority issued thereunder, I hereby authorize the establishment of a loan ("Loan") pursuant to Section 104 of said Act to the Government of Colombia ("Borrower") of not to exceed seventeen million three hundred thousand United States dollars (\$17,300,000) to assist in financing the United States dollar and local currency costs of the Borrower's program in the health sector; which program includes (i) expanding public health coverage through improved maternal and child care and a regionalized system of health services emphasizing unified direction and coordination of all public health activities, preventive and curative; (ii) increased delegation of functions and rationalized selection of location of facilities; (iii) expanded health training programs; (iv) improved rural sanitation; (v) preventive campaign of disease control and eradication; (vi) operational research; (vii) augmented production of medical supplies; and (viii) improved sector planning and administration. More specifically, and as further described in the Capital Assistance Paper, the Loan shall assist in financing:

The local currency costs of (i) the Ministry of Health in the amount of approximately four million six hundred forty five thousand United States dollars (\$4, 645, 000); (ii) the malaria eradication service (SEM) in the amount of approximately two million six hundred twenty-eight thousand United States dollars (\$2, 628, 000); (iii) the institute for special health projects

(INPES) in the amount of approximately two million nine hundred eighty thousand United States dollars (\$2,980,000); (iv) the Colombian family welfare institute (ICBF) in the amount of approximately one million two hundred and sixteen thousand United States dollars (\$1,216,000); (v) the National Planning Department (DNP) in the amount of approximately five hundred thousand United States dollars (\$500,000); (vi) the national hospital fund (FNH) in the amount of approximately eighty five thousand United States dollars (\$85,000); and the United States dollar costs of procurement of supplies, equipment, technical assistance and training, in an amount of approximately five million two hundred forty-six thousand United States dollars (\$5,246,000). The amounts set forth in this paragraph may be adjusted upward or downward in an amount not to exceed one million seven hundred thirty thousand dollars (\$1,730,000); provided, however, that the amount shown above for each entity may not be increased or decreased more than fifty (50) percent.

The Loan shall be subject to the following terms and conditions:

1. Interest and Terms of Repayment: Borrower shall repay the Loan to A.I.D. in United States dollars within forty (40) years from the first disbursement under the Loan, including a grace period of not to exceed ten (10) years. Borrower shall pay to A.I.D. in United States dollars, on the outstanding balance of the Loan, interest at the rate of two percent (2%) per annum during the grace period, and three percent (3%) per annum thereafter.

- 2. Other Terms and Conditions:
 - (a) Goods and services (except ocean shipping) financed under the Loan shall have their source and origin in Colombia or in countries included in Code 941 of the A.I.D. Geographic Code Book. Marine insurance financed under the Loan shall be procured by the exporter on a CIF basis and placed in any country included in Code 935 of the A.I.D. Geographic Code Book. Ocean shipping financed under the Loan shall be procured in any country included in A.I.D. Geographic Code 941.
 - (b) United States dollars utilized under the Loan to finance local currency costs shall be made available pursuant to procedures satisfactory to A.I.D.

(c) The Loan shall be subject to such other terms and conditions as A.I.D. may deem savisable;

. . Acting Addinistration

PD-AAA-633-E1

514-22-599-182 5140182 9

ACTION MEMORANDUM FOR THE ASSISTANT ADMINISTRATOR (LA)

FROM: LA/DR, Marshall D. Brown

10 1

<u>Problem</u>: To amend the authorization for Colombia Health Sector Loan (No. 514-U-075) to increase the allocation to the National Hospital Fund by \$135,000, and to reduce the allocation to the Malaria Eradication Service by the same amount.

Discussion: This \$17.3 million loan was authorized in 1974 to assist the GOC in financing a program of investments in the health sector. Approximately \$12 million of this amount was allocated among six agencies to execute specific health-related programs. These funds were to be disbursed against actual GOC expenditures in certain specified ratios for each sub-implementing agency. Adjustments to the specific allocations are permitted in the authorization provided that the adjusted amount does not exceed \$1.73 million in the aggregate and that the adjustment to any individual allocation does not exceed fifty percent of the original allocation.

The National Hospital Fund (FNH) was allocated \$85,000 in the Loan Authorization to assist in financing construction and equipment for medical posts in poor urban and rural locations. These funds have been fully utilized. The FNH has committed approximately \$12.6 million to this activity representing counterpart financing well in excess of the amount required according to the given disbursement ratio. The FNH now needs additional funds to increase and improve medical coverage to the poorest sectors of the population.

The Mission has requested that additional funds be made available to FNH from the outstanding balance of AID funds originally allocated to the Malaria Eradication Service (SEM) and not utilized. SEM was unable to drawn down the full amount of its AID allocation since the GOC failed to commit the required counterpart. These funds, totalling \$135,000, would have no other alternative use and would have to be deobligated after December 31, 1977, the current Terminal Date for Disbursements (TDD) of local currency under the loan.

The proposed shift of \$135,000 from SEM to the FNH would permit the utilization of these funds for an activity which is wholly consistent with the objectives of the AID loan. It would furthermore reward FNH for its superior performance in carrying out its program of medical coverage for the poor and in mobilizing resources for this activity.

DEPARTMENT OF STATE AGENCY FOR INTERNATIONAL DEVELOPMENT WASHINGTON, D. C. 20523

ASSISTANT ADMINISTRATOR

LOAN AUTHORIZATION (AMENDMENT NO. 2)

A.I.D. Loan No. 514-U-075

Provided From:

COLOMBIA:

FAA Section 104 - Population Planning and Health Health Sector Loan

Pursuant to the authority vested in the Administrator, Agency for International Development, by the Foreign Assistance Act of 1961, as amended, and the delegations of authority issued thereunder, I hereby amend the Loan Authorization, dated June 28, 1974, as amended by Amendment No. 1, dated January 28, 1975 (hereinafter, as so amended, the "Loan Authorization"), authorizing Loan No. 514-U-075, as follows:

1. Clause (ii) of the second paragraph of the Loan Authorization is hereby deleted in its entirety and the following is substituted in lieu thereof:

"(ii) the malaria eradication service (SEM) in the amount of approximately two million four hundred ninety-three thousand United States dollars (\$2,493,000);".

2. Clause (vi) of the second paragraph of the Loan Authorization is hereby deleted in its entirety and the following is substituted in lieu thereof:

"(vi) the national hospital fund (FNH) in the amount of approximately two hundred twenty thousand United States dollars (\$220,000);".

3. Except as expressly modified hereby, the Loan Authorization remains in full force and effect.

Assistant Administrato Clearances: GC/LA, JLKessler /// Date /// Latin America Bureau LA/SA, MKranz ht Date 7/6/77 LA/DR, WStickel no 1 ΞĻ Date 9/29/7 LA/DR, JASanbrailo S Date 10/3/17 Date LA/DR, MBrown. Date 10/3/27 GC/LA, GMM inter: 1b: 9/27/77 X29182

However, the addition of \$135,000 to FNH's allocation would bring the new total in excess of the ceilings on adjusted allocations as established in the current Loan Authorization. The shift of funds would also bring the aggregate value of adjustments in these allocations in excess of \$1.73 million. An amendment to the Authorization is therefore required. Consistent with the guidelines of AID Circular A-268, dated July 15, 1977, you are authorized to approve this Loan Authorization amendment.

<u>Recommendation</u>: That you sign the attached Loan Authorization amendment increasing the allocation to the National Hospital Fund from \$85,000 to \$220,000, and reducing the allocation to the Malaria Eradication Service from \$2.628 million to \$2.493 million.

Attachments: TAB A - Proposed Amended Loan Authorization (Amendment No. 2) TAB B - Current Loan Authorization (Amendment No. 1)

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References Negotiate a fixed price contract with Dr. Francisco PERH	TRA and Dr.
Daniel Edgar SALCEDO, to provide technical assistance to	
of Population and Nutrition of the Colombian National Pl	anning Department
in the development of three projects of the National Foo	
Plan (NFNP). The USAID will be the disbursing agent for	the Borrower,
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GUILLERMO VARELA HENRY BRANDT	A generor to
Signature and date: Signature: Muyor Control	
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SCOPE OF WORK

19. Scope of Technical Sarview

- A. Objective for which the Yechniczi Sorvices action to Bossi To assist in the development of three important activities of the Colombian National Food and Nutrition Plan (Regionalization, Coupons and Evaluation).
- 5. Description 1. <u>Regionalization Project</u>: Define and assemble a wide array of socioeconomic indicators of all the municipalities in the country to be used in the identification of priority activities to be implemented under the National Food and Nutrition Plan and to identify limitations in the infrastructure that might hinder the implementation of the priority activities.

2. Coupon Project: Determine the foods to be included in the coupon project, the level of subsidy to be provided to the projects, recipients, and the mechanisms of distribution and redemption of the coupons in the projects implementation within the context of the nutrition activities to be implemented in the Cause region.

5. Evaluation Project: Develop the methodology for judging the effectiveness of the National Food and Nutrition Plan, and its various components in health, eduoation, subsidized feeding, et.al., in improving the nutritional well-being of the target population and design the decision making mechanism to bring about adjustments in the Plania activities once, the mediator adjustments beschern identified components for

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20. Equipment and Supplies (Related to the services discribed in Block 19 and to be precured outside the Cooperating Country by the supplier of shase services)

A. (1) Quantity (2) Description

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(4) Special Instructions

NONE

B. Financing of Equip	naant and Sug	plips	
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21. Spocial Provisions

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- I. Encapt as specifically collected by Ald, as when local hire is enclosed under the terms of a contract with a U.S. Supplier, services authorized under this MUAT must be advanted inco U.S. services.
- C. Except as specifically authorized by AND/W, the purchase of commodities culturized under this PIO/T will be limited to the U.S. under Geographic Code 000. No.A.

D. Other (speelfy): None.

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22. Reports by Contractor or Porticipating Agency (Indicate sype, content and format of reports required, including language to be used if other than English, frequency or timing of reports, and any special requirements)

A progress report will be prepared no later than December 1, 1975, and a final report within two weeks of the end of the contract.

All reports should include results achieved, identified critical problems to be solved in the implementation of the projects mentioned in 19-A and recommendations. Reports should be submitted to DNP with copies to AID.

23. Background Information (Additional Information uzaful to Authorized Agant and Prospective Contractore or Participating Aganzy; if necessary cross relevance Bitck 19.C(d) dawa.)

To be provided by DNP - Population and Nutrition Division.

24. Relationship of Contractor or Participating Ayarcy to Cooperating Country and to AID

A. Relationships and Responsibilities

B. Cooperating Country Lieison Official

Dr. Guillermo Varela, Chief, Population & Nutrition Division, Colombian National Planning Department - DNP

C. AID Lieison Officiels

David Denman, Deputy Chief, Social Development Unit

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AID 1350-1 (9-70)	Cooperating Country COLOMBIA	PIO/i No. 514-182-50117	Page 2 of 6 Papis				
FIO/T	Project/Activity No. and Title	514-88-599-188 Health Sector Loan	Anno 2019, Mariana di Sana di La Canada di La Canada di Canada di Canada di Canada di Canada di Canada di Canad				
SCOPE OF WORK							

M. Seepe of Tachales! Services

- A. Objective for which the Technical Services are to be Head To assist in the design of a portion of the evaluation program of the National Nutrition Plan.
- B. Description Develop an evaluation plan for the Rural Health Delivery System of the Annual Coverage Models System in the Health Section of the National Nutrition Plan.

	C.	Vechniciens				
		(1) (6) Number	(b) <u>Specializza</u>	Field	(c) <u>Sarde and /ec</u>	(d) Durstlan of Austranat Salary (Australianat
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		(1) By AID - 8	\$ 38 4. 00		(3) By Cooperating Country _	NA

	JOLOMBIA	514-182-50117	Page :	l of	6 Popes		
PIO/T	Project/Activity No. and Title 514-28-599-188						
		Sector Loan					
28. Equipment an of these servi	d Supplies (Ralated to the services described less)	in Black 19 and to be procured outstik	the Coopstating	Countr	y by the suppli		

A. (1) Quantity	(2) Description	(3) Estimated (4) Special Instructions	
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B. Financing of Equ	lipmont and Supplies
(1) By AID - 3	NONE

(2) By Cooperating Country - NA

21. Speciel Provisions

(3 A. This PIO/T is subject to AID (contracting) (BASANaphononistion) regulations.

- B. Except as specifically suborized by AID, or when local hire is authorized under the terms of a contract with a U.S. Supplier, porvious
 authorized under this PIO/7 must be obtained from U.S. sources.
- C. Except ce specifically outhorized by AID/0, the purchase of conneodition authorized under this PIO/T will be limited to the U.S. under Geographic Code 800.

D. Other (sparelly):

A40 1350-1 8-70)	Cooperating Country COLOMBIA	рю/т не. 514-182-50117	Page 4	of	6 Peges
PIO/T		4-22-599-162 Balth Sector Loan			

L Reports by Contractor or Participating Agoncy (Indicate type, content and format of reports required, including language to be used if other than English, frequency or timing of reports, and any special requirements)

A final report will be submitted no less than two weeks after the end of the contract. Reports should include results achieved, problems identified and addressed, and recommendations. Reports should be submitted to DNP with copies to AID.

23. Background Information (Additional information useful to Authorized Agent and Prospective Contractors or Participating Agency; if necessary cross refe once Block 19.C(4) above.)

To be supplied by DNP

24. Relationship of Contractor or Participating Agency to Cooperating Country and to AID

A. Relationships and Responsibilities

B. Cooperating Country Lieizan Official Dr. Guillermo Varala, Chief, Population and Nutrition Division - Colombian National Planning Department

C. AID Lieison Officiels David Denman, Social Development Unit

AID 1350-1 (8-70)	Coopprating Country COLOMBIA	PIO/T No. 514-182-50	117	Pago 5 of	6 Pages	
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13) Household Equipment (Stoves, Refrig., etc.)					
16) Transportation in Cooperating Country		X		1	
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B. Additional Facilities Aveilable From Other Sources

C. Commonts

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	TITLE OF POPM	2.b. Effective Date	2-5- T Original OR No.
		2. Project/Activity No. and Title	
		514-28-599-182	
		Health Sector Loan	
Indicate Mark	the the form to complete the information	required in any block of a PIO or PA/f	R fant.
numbers,			
	ESTIMATED	BUDGET	
	Salary for Dr. Alfonso Sa	ntamaría for 15 days	\$384.00

A-10-1346-1 (07-70)		MUNI CT STATE		I. Cooperating Country OOLOMBIA				514018745)	
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PIO/T	Project/Activity No. and Titla 514-0182-500-500
	HEALITH SECTOR LOAN U+075 - DA-07

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19. Scope of Technical Services

A. Objective for which the Technical Services are to be Used To against the Nutrition Planning Group, DNP to develop administrative, programming, and control mechanisms for the Food Coupon Program.

B. Description

Initially the contractor will review all pertinent documents and visit the ongoing coupon program and then present a detailed Scope of Work within two weeks to the Coordinator of the National Food and Nutrition Flan.

The study will provide mechanisms to tighten the control of the coupons and their use.

C. Techniciums		بنين ويكر بمتعت ويبتيك المتعاد والم	an a	anna an faoirte ann an 19 anna an 20 ann an 19 ann
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Bogotá				
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Spanish				
(4) Access to Cho	sollind information			
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D. Financing of Tach				
(8) By AID - \$ 2,	,760.00		(2) By Concerning Country -	
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PIO/T		514-0182-500-500	07 Map. J of B again
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20. Equipment of these se	and Supplies (Ralated to the services d ervices)	escribed in Block 19 and to be practical outside	the Cooperating Country by the supplier
A. <u>(1) Qua</u>	ntity (2) Description	(3) Estimates Cost	(4) Special Instructions
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	ng of Equipment and Supplice		
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21. Special Prov		-	ann an an an ann an ann an ann an ann an a
	/T is subject to AID (contracting) (PAS		
B. Except ca euthorized	s specifically outherized by AID, or who d under this PIO/7 must be obtained fro	n local hiro is authorized under the terms of a ac m U.S. sources.	nntrast with a U.S. Supplier, zervices
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D. Other (spa	ethe: NONE		

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		HEALTH SECTOR LOAN U-075-DA-07	

22. Reports by Contractor or Participating Agency (Indiante type, contant and format of reports required, including language to be ward if other then English, frequency or timing of reports, and any special requirements)

A Scope of Work is due October 15. 1976.

Final Report will be due on completion of contract.

23. Bockground Information (Additional information useful to Authorized Agent and Prespective Contractors of Perticipating Agency; 15 necessary cross reference Block 19.C(4) above.)

24. Relationship of Contractor or Participating Agoncy to Cooperating Country and to AID

A. Relationships and Responsibilition

B. Cooperating Country Liaison Official

Tomas Uribe M., Coordinator, National Food and Nutrition Plan, National Planning Department

C. Alb Licison Officials

David Denman, Chief - Health, Nutrition & Population, USAID/Colombia

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B. Additional Facilities Aveilable From Other Sources

(5) Household Equipment (Staves, Refrig., erc.) Trensportation in Cooperciling Country

C. Comments

(5)

Other: (8) (Spacify) (9) (9) (10) (11) (12) (13) (14) (15)

(7) Interpreter Services

Payment will be made in three equal parts of \$930 at the end of October, November and December 1976 based on the approval of the DNP Coordinator.

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19. Scope of Technical Sarvicos

A. Objective for which the Yachalcol Convices are to be Used To Assist the National Nutrition Planning group in preparation of audio visual materials for training of personnel in carrying out the plan and in initial mass communication activities for launching the plan.
 Description

Development and production of a slide presentation of 75 slides and background guides.

Developed presentation shall incorporate such areas as National Nutrition Planning Group doems necessary and shall meet the approval of said Group.

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22. Reports by Contractor or Porticipating Agoncy (Indicute type, content and format of reports requires, insisting tenguoge to be used if other than English, frequency or timing of reports, and any special requirer ants)

All materials prepared will be delivered to DNP Nutrition Group for use in mass communication program.

23. Bachground Information (Additional Information usaful to Authorizati Agant and Prosperitive Contrastors of Participating Agancy: 11 necessary cross reference Block (P.C.)) above.)

24. Relationship of Contractor or Particip story Agency to Craptoring Country and to AlD

A. Relationships and Responsibilities

B. Cooperating Country Lisiana Official

Tomas Uribe, Director del PAN, Departemento Nacional de Planeación

C. AID Lieizen Officials

David C. Denman, Chief, Health, Nutrition & Population, USAID/Colombia

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C	22. Reports by then Englis	Contractor or Perticipating Agancy (initiante type, content and format of reports required). Including language to be used if other h, frequency or timing of reports, and any special requirements)
	-	A progress report is due 5 weeks after the signing of the contract.
	-	A second progress report is due siz weeks after first progress report.
	-	Final report at the end of the study.
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	D. Cooperat	ing Country Lipison Official
		Llermo Hurtado, Coordinator, Evaluation Division, Departamento Nacional de Planeación
		ser Officials rich Denman, Chief - Health, Nutrition & Population - USAID/Colombia

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Payments will be made in the following manner:

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 Col. Ps. 83,000 upon presentation of final report.

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AID 1310-1 (9-70)

Cooperating Country PIO/ No. **COLOMBIA** Page 2 of 5 514-0182-50181 - DA-07 Pages Preject/Activity No. and Title DI4-182-000-000 PIO/T HEALTH SECTOR LOAN U-075 DA-07

	SCOPE OF WORK
seps of Toobnical Services	
	Wetherics: Services are to be Used The Evaluation Group of the National Food and will use the services of Dr. Londono to review, adapt and improve system now in operation and under the direction of Dr. Guillermo Hurtado.

Dr. Londoño's principal duties will include:

- Review the Food and Nutrition Plan publications to update them. 1.
- Meet with the Evaluation Group personnel and with the persons in charge of 2. the different projects, to orient them in the Evaluation component of the projects.
- Produce a simplified document of the status (to date) of the Food and Nutrition 3. Plan, identifying priority areas.
- Provide technical assistance to improve programming, organization and internal 4. communication of the Nutrition Plan.

С.	Techniciene
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(1) (0) <u>Number</u>	(b) <u>Specialized</u> Field	(c) Grade and/or Salary	(d) Duration of Assignment (den-Stowhs)
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(2) Duty Post and Duratica of Tachalcians' Sorvices

BOGOTA

(3) Longuago requirements

Spanish

(4) Access to Cleastified Information

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(5) Dopendents

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D. Financing of Technical Services

(1) By AID - \$ 1,728.00

(2) By Cooperating Country -

AID 1350-1 (9-70)		PIO/1 Ho.	
	Project/Activity No. and Yitle UlterLogeDOC	514-0182-50131- DA-07	Page 3 of 5 Peges
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30. Equipment and Supplies (Related to the services described in Block 19 and to be procured outside the Cooperating Country by the supplier of these services)

A. (1) Quantity (2) Description

(3) Estimated

(4) Special Instructions

N/A

B. Financing of Equipment and Supplies		
(1) By AID - \$ N/A	(2) By Ceoperating Country -	N/A
21, Special Provisions		N/A

A. This PIO/Y is subject to AID (contracting) (FISHINE Contractions.

- B. Except as specifically authorized by AID, or when local hire is authorized under the terms of a contract with a U.S. Supplier, corvices authorized under this PiO/? must be obtained from U.S. sources. N/A
- C. Except as specifically sutherized by AID/U, the purchase of commodities authorized under this PIO/T will be limited to the U.S. under Geographic Code 030. N/A

D. Other (specify):

A10 1350-1	Conservation Country	PIO/Y No.	Page 4 of 5 Pages
(9-70)	COLLINEDIA	514-0182-50131 DA-07	
PI0/Ţ	HEALICH SEDTOR LOAN U-075 -	- 500	

22. Reports by Contraster or Participating Agoncy (Indicate type, content and femase of reports required, including language to be used if other than English, frequency or theiring of reports, and any special requirements)

- 1. A progress report is due in mid April.
- 9. A final report is due at the end of May.

Language: Spanish

23. Beckground information (Additional Information useful to Authorized Agent and Prespective Contractors or Participating Agency; II necessary c.ass reforence Block 19.C(4) above.)

To be supplied by contractor.

24. Relationship of Contractor or Participating Agency to Cooperating Country and to AID

A. Relationships and Ranponsibilities

B. Cooperating Country Lieison Official

Tomas Uribe, Director National Food and Nutrition Plan, National Planning Department.

C. AID Lieisen Officiels

David Denman, Chief: Health, Nutrition and Population Division - USAID/Bogotá.

AID 1350-1 (9-70)	1 Cooperating Country COLOMBIA 514-0182-50		0131 - DA-07	Page 5 of	5 Pages
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<u>(5)</u> H	evseheld Equipment (Stovas, Refrig., etc.)			······································	1
<u>(6)</u> T	ransportation in Cooperating Country		X	,	1
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B. Additional Facilities Available From Other Sources

C. Commonts

<u>(14)</u> (15)

Payment will be made in Colombian pesos in two equal parts of US\$864.00 on April 15, and on May 31, 1977 based on the approval of the DNP Coordinator. These payments include per diem at a rate of Col.\$3,000 per month.

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AID 1380-1	Cooperating Country	PIO/T No.	Page 2 of 5 Pages
(8-70)	COLOMBIA	514-0188-50131-DA-07	
PIO/T	Project/Activity No. and Title HEALITH SECTOR LOAN U-075 - DA	514-0182-500-1 07	500

19. Scope of Technical Services

SCOPE OF WORK

- A. Objective for which the Technical Services are to be Used Dr. Londoño will provide T.A. in two principal areas. Food Research Technology and Food Quality Control.
- 8. Description In the area of Food Research Technology he will:
 - (1) Advise, coordinate and inform up to Dec. 1977, on the project "Food Technology" Research" to be implemented by the Colombian Research Institute (IIT).
 - (2) He will prepare the Colombian proposal to be presented to the L.A. Committee in Food Technology.
 - (3) Jointly with IIT and the public/private sectors, he will prepare the project on "Regional Extension of Food Technology Research Services" (Please refer to Block 22 for project activities).
 - (4) Dr. Londoño will advise the Ministry of Public Health, IIT, and the Colombian Institute of Family Welfare (IOBF) to formulate norms in relation to "high mutritional/low cost foods". These norms should be completed by the end of July 1977.

C. Techniciana

 (1) (0) <u>Humber</u>	(b) <u>Specialized Field</u>	(c) <u>Grede and /or Salory</u>	i) Ducation of Assignment (Man-Hanths)	
1	Evaluation	\$ 800.00 per month	6 man-months	

(2) Duty Post and Duration of Yachnicians' Sorvices

Bogotá

(3) Lenguage requirements (C)

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(4) Access to Classified Information

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(5) Dependents

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AID 1390-1 (9-70)	Cooperating Country OOLOMBIA	PIO/T No. 514-0182-50131 -DA-07	Page 3 of 5 Pages
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.v. Equipment and Supplies (Related to the services described in Black 19 and to be precured outside the Cooperating Country by the supplier of these services)

A. (1) Quantity	(2) Description	(3) Extincted	(4) Special Instructions

N/A

8. Financing of Equipmont and Supplies (1) By AID _ \$ N/A

(2) By Cooperating Country - N/A

21. Speciel Provizions

A. This PIO/T is subject to AID (contracting) (RASA hand and an equistions.

B. Except as specifically authorized by AID, ar when local hire is authorized under the terms of a contract with a U.S. Supplier, services authorized under this PIO/T must be abteined from U.S. sources.

C. Except as specifically authorized by AID/W, the purchase of commodities authorized under this PIO/T will be limited to the U.S. under Geographic Code 000.

D. Other (specify):

A10 135	0-1 }	Cooperating Country OOLCHEIA	РЮ/Т N. 514-0188-50131-DA-07	Page 4 of 5 Pages
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1.	Se Re:	pt. 30, 1977: First draft on the Search Services Project" (Block	"Regional Extension of	Food Technology
2.	- 0a	tober 31, 1977: Copy of the Colo	mbian proposal to be me	esented to the
3.	(a) (b)	 a. Committee in Food Technology (b. 15, 1977: Final report of the arch Services Project (Block 19B) An inventory of human, technica available for Food Technology R c) Description of possible Food Technology R c) Description of possible Food Technology R c) Tentative assignment of the difference of study and work in Food with high priority for PAN. c) Specific recommendations on the statement of the statemen	Block 19B '2'). Regional Extension of 1 '3'). Report should ind and institutional resc essarch. ohnology Research in the ferent regional institut Technology Research in "role" of UT in each s	Food Technology Re- blude: burces e different tions by those projects
4.	Dea	coordination, supervision and T 15, 1977: Report of activities ock 19B '1') - All reports in Sp	A. 5 under "Project Rood Te	

23. Background Information (Additional Information usaful to Authorized Agent and Prospective Contractors or Perticipating Agency; if necessary cross reference Block 19.C(4) above.)

To be supplied directly by institutions.

24. Relationship of Contractor or Participating Agoncy to Cooperating Country and to AID

A. Relationships and Responsibilities Tomas Uribe, Director National Food and Nutrition Plan (PAN), National Planning Department

B. Cooperating Country Lielaan Official

David Denman, Chief: Health, Nutrition and Population Division, USAID/Colombia

C. AID Lieisen Officiels

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AID II	30-1 10)	Cooperating Country COLOMBIA	PIO/γ No. 514-0182-50	131 - DA-07	Page 5 of	5 Peges
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B. Additional Facilities Available From Other Sources

C. Comments

Form of Payment

First payment July 31, 1977 - \$1,616.00 upon presentation of norms in relation to "High Nutrition/Low Cost Foods" (Block 19B '4').

Second payment Sept. 30, 1977 - \$1,589.00 upon presentation of copy of draft Colombian Proposal to be presented to the L.A. Committee in Food Technology (Block 19B '2').

Third payment Dec. 31, 1977 ~ \$1,589.00 final report on projects "Food Technology Research" (Block 19B '1') and "Regional Extension of Food Technology Research Services" (Block 19B '3').

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SCOPE OF WORK

19. Seepe of Technical Services

A. Objective for which the Technical Services are to be Used To assist the Evaluation Section, Nutrition Planning Group, DNP to develop the Annual Nutrition Monitoring Report and to provide recommendations for its implementation.

8. Description

1. Review plans for the Annual Nutrition Monitoring Report to be initiated at the end of 1977 and to cover all regions of Colombia. Indicate critical info needs for proper analysis of situation by PAN group for the National Food and Nutrition Council.

2. Review the Quarterly Report System to date and make recommendation for improvement.

3. Indicate assessment of Technical Assistance needs through early 1978 to develop report in number one above.

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22. Reports by Cantraster or Participating Agency (Indiant: type, contest and former of reports required, including language to be used if other than English, frequency or theing of reports, and any special requirements)

Report should be completed by end of the assistance period and made available to the Coordinator-PAN, DNP.

23. Ba. _round Information (Additional information useful to Authorized Agent and Prospective Contractors or Participating Agency; If necessary crass reference Block 19-C(4) above.)

»E Relationship of Contractor or Participating Agoncy to Cooperating Country and to AID

A. Relationships and Responsibilities

B. C.	separating Country Lie		Tomas Uribe M. Coordinator, National Food and Nutrition Plan, National Planning Department
C (Lisison Officials	David I USAID/	Denman, Chief-Health, Nutrition and Population Division, Colombia.

+ 1350-1 (J-70)	Cooperating Country Colombia	210/T No. 514-0182-50	0138 DA-07	Page 5 of	5 Pages
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B. Additional Facilities Available From Other Sources

C. Comments

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10. Equipment and Supplies (Related to the sorvices described in Block 19 and to be procured outside the Cooperating Country by the supplier of these services)

A. (1) Quantity (2) Description

(3) Estimated Cont

(4) Special Instructions

NONE

B. Financing of Equip acts? and Supplies
(1) By AID - 5
(2) By Cooperating Country --

21. Spacial Provisions

A. This PIO/T is subject to AID (contracting) (ELSERANTAREA) regulations.

- B. Except as apacifically authorized by ALD, or when local bire is authorized under the terms of a contract with a U.S. Supplier, services authorized value this PIO/7 must be obtained frein U.S. sources.
- C. Except as specifically authorized by AiD/W, the purchase of commodities authorized under this PIO/Y will be limited to the U.S. under Geographic Code 000.

[] D. Other (specify):

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2. Reports by Contractor or Porticipating Agency (Indicate type, content and format of reports required, including language to be used if other than English, frequency or timing of reports, and any special requirements)

A report on Seminar will be prepared by Javeriana University.

23. Background Information (Additional Information usaful to Authorized Agent and Prospective Contractors or Fortisipating Agency; Il necessory cross reference Black 19.C(d) above.)

USAID/COLOMBIA sent cable BOGOTA 6406 to all Latin American USAID Missions as well as an airgram attaching Seminar Brochure.

24. Relationship of Contractor or Participating Agency to Cooperating Country and to AID

A. Relationships and Responsibilities

This Seminar is considered as a Third Country Training.

B. Cooperating Country Licison Official

Tomas Uribe, National Planning Department Guillermo Barrera, Javeriana University

C. AID Lieison Officiais

David Denman, Chief - Health, Nutrition & Population USAID/Colombia

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Pi0/ T	Project/Activity No. and Title 514-0182-50 HEALOTH SECTOR LOAN U-07		
	Scope	OF WORK	

19. Scope of Tachaical Services

- A. Objective for which the Technicel Services are to Used Improving planning and evaluation components of the Colombian Food and Nutrition Plan through workshop discussions with international nutrition experts.
- 8. Description
 - 1. Dr. Fernando Monkeberg will deal with formulating Policies and Planning Programs in Food and Nutrition.
 - 2. Dr. Carlos Schlesinger will deal with the Chilean Food and Nutrition Plan.
 - 5. Catherine Overholt will deal with Programmatic Evaluation and Cost Evaluation of Nutrition Programs.
 - 4. Several Colombian Lecturers in accordance with Workshop Brochure.
 - NOTE: Javeriana University will provide a financial report at the end of the Workshop.

С.	Technicions				
	(1) (=) <u>Humber</u>	(b) Specialized Field	(c) Grade and/or Salary	(d) Deration of Assignment (Man-Months)	
	3	International Nutrition Experts		11 man/days	
	22	Multisector Nutrition Programming		80 man/days	

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Bogotá

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(5) Dependents	🔲 AIII	🛐 Will Her	Ro Pamintal to Accompany Technician
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(1) By AID - \$ 10	,000		(2) By Cooperating Country

BLOCK 14 - Cont.

2. Carlos Schlesinger, Secretario Ejecutivo CONPAN, Calle Ahumada 765, Piso 70, Santiago de Chile, Chile.

a) A GTR to cover trans	mortation Santiago	-Bogotá-Santiago	\$574.74
b) 5 days fee (\$120 per	day)		600.00
o) 5 days per diem (\$40) per day) Sept. 17	- 21	200.00
		TOTAL	
			323622 2 28

3. Catherine Overholt, Harvard Institute for International Development, 1737 Cambridge, Massachussetts 02138

a) A GTR to pay for international travel, Boston-Bogotá-Boston	\$ 616.33
b) 4 days fee (\$60 per day)	240.00
c) 4 days per diem (\$40 per day) Sept. 25-28	160.00
TOTAL	\$1,016.33
TOTAL INTERNATIONAL LECTURERS	\$3,605.81

4. Dr. Guillermo Barrera, Javeriara University Director's Advisor to pay local transportation and fees for Colombian Lecturers as well as other workshop costs such as administrative personnel and typing.

\$3,394.19

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NOTE: Final billing must be received within 90 days of Termination Date of this contract.

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	HEA LTH SECTOR	LOAN U-075 - DA-07			
		SCOPE OF WOR		······	

19. Scope of Tackindeel Societ

A. Objective for which the Technical Services and to be used. To assist the Evaluation Group of the Colombia Food and Nutrition Plan in the improvement of the information system to evaluate the impact of the different nutrition planned interventions of the Plan.

B. Develotion These reports will follow-up aspects in the following areas considered previously by Mr. Hatch under contract AID-514-0204-T: (1) Reviewing quarterly evaluation reports prepared by DNP - Nutrition Evaluation Group; (2) Reviewing, improving and testing of data collection system and instruments at the field level; (3) Establishing an integrated system of local data storage in rural health posts; (4) Establishing a summary instrument for aggregating and reporting field level data to regional and possible solutions in the information flow; (6) Mr. Hatch will closely work with the Ministry of Health Planning Office, and as a result additional specific areas will be considered.

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(3) Langunge sogu	remaines			
Spanish				
(4) Accors to Classi	ition information			
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(9-70)	COLOMBIA	514-0182-50141 DA-07	Page 3 of 5 Pages
P10/T	Project/Activity No. and Title 514-0182-50	0-500	
	HEALTH SECTOR LOAN U-075 -	DA-07	

20. Equipment and Supplies (Related to the services described in Block 19 and to be procured outside the Cooperating Country by the supplier of these services)

A. (1) Quantity (2) Description

(3) Estimated

(4) Special Instructions

NONE

B. Financing of Equipment and Supplies
(1) By AID - \$

(2) By Cooperating Country -

21. Special Provisions

X] A. This PIO/T is subject to AID (contracting) (FART NEAR MARKED MAR regulations.

- B. Except as specifically authorized by AID, or when local hire is authorized under the terms of a centract with a U.S. Suppliar, services authorized under this PIO/7 must be obtained from U.S. sources.
- C. Except as specifically outherized by AID/XI, the purchase of commodition authorized under this PIO/Y will be limited to the U.S. under Geographic Code 000.

D. Other (specify)

AID 1350-1 (9-70)	Cooperating Country COLOMBIA	514-0182-	-50141 DA-07	Pago s	•f 5	Peges
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	HEALTH SECTOR LOAN U-075	- DA 07	1			

Reports by Contractor or Participating Agency (Indicate type, content and formet of reports required, including language to be used if other then English, frequency or timing of reports, and any special requirements)

Three reports will be presented at the end of each visit in October, 1977, January, 1978 and April 1978. These reports should include recommendations to the aspects listed in Block 198.

Payments will be made upon presentation of reports that is 3 payments of \$3,842 each.

23. Beckground Information (Additional Information upsful to Authorized Agent and Prospective Contractors or Participating Agency; If recessory cross reference Black 19.C(4) above.)

28. Relationship of Contractor or Participating Agency to Cooperating Country and to AID

A. Relationships and Responsibilities

8. Cooperating Country Lisison Official

Guillermo Hurtado, Nutrition Evaluation Group Tomas Uribe, DNP Nutrition Director National Planning Department C. AID Lieisen Officiels

David Denman, Chief: Health, Nutrition and Population, USAID/Colombia

AID 1380-1 (9-70)	Cooperating Calary COLOMBIA	514-0182	50141 DA~07	Page 5 of	5 Pages
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B. Additional Facilities Available From Othar Sources

C. Comments

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SCOPE OF WORK

19. Scapo of Technical Services

A. Objective for which the Technical Services are to be Used To assist the Evaluation Section Nutrition Planning Group, DNP to complete the Annual Nutrition Monitoring Report.

8. Dascription

- 1. Review draft of the Annual Report and make recommendations for its final format.
- 2. Assist in the analysis of 1977 data.
- 3. Assist in the preparation of recommendations by DNP to the National Food and Nutrition Council for 1978.

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20. Equipment and Supplies (Related to the services described in Block 19 and to be procured outs 'do the Cooperating Country by the supplier of these services)

A. (1) Quantity (2) Description

None

(3) Estimated

(4) Special Instructions

S. Financing of Equipment and Supplies (1) By AID - S = N/A (2) By Cooperating Country - N/A

31. Speciel Provisiona

[] A. This PIO/T is subject to AID (controcking) (PASA implementation) regulations. n6a

D. Except as specifically sutherized by AID, or when local hire is exterized under the terms of a contract with a U.S. Supplier, convicus entherized under this PIO/7 must be obtained from U.S. sources.

C) C. Except as specifically cultorized by AID/0, the purchase of commodities authorized under this PIC/T will be limited to the U.S. under Geographic Code 600. N/A

D. Cihar (specify): NONE

(9+10)	Cooperating Country COLOMBIA	514-0182-50149	្រុកមិត ។ ខេត្ត សូវិយដ ក្រុមស្រុកសំណារបាន ។ ខេត្តសំណាន ។
P10/T	HEALTH SECTOR LOAN U-075		3-12-24

12. Reports by Contractor or Porticipating Agency (Indicate type, content and format of reports required, including language to be used if other than English, frequency or timing of reports, and any special requirements)

Report should be completed by end of the assistance period and made available to the Coordinator - PAN, DNP.

Report to be received by April 30. 1978.

23. Background Information (Additional Information useful to Antivated Agent and Prospective Contractors or Participating Agency; if nurves say cross reference Block 19.C(4) above.)

24. Rolutionship of Contractor as Participating Agonay to Cooperating Country and to AID

A. Relationships and Responsibilities

B. Compositing Country Lieisen Official Tomas Uribe, Coordinator - PAN National Planning Department.

C. AID Lisison Officials David Denman, Chief, Health, Nutrition & Population Division USAID/COLOMBIA

15) 15)	Cooperating Country OO LOMB IA	514-0182-	50149	Pase 5 of	5 Pagas
P10/T	Project/Activity No. and Title 514-0182-5 HEALITH SECTOR LOAN U-075				
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A Specific Items (Insert "X" in applicable column at right. If		in Kind Supplied By		From Local Currency Supplied By	
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	puelna and Utilities				
(4) Fu	imitura				

X

B. Additional Facilities Available From Other Sources

(5) Household Equipment (Staven, Relific, etc.)
(6) Transportation in Cooperating Country

(7) Interpreter Services

Other: (8) (Spacify) (9)

_(10) _(12) _(12) _(13) _(13) _(15)

.C. Commants