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List of Acronyms

ADOPLAFAM	Dominican Association of Family Planning / <i>Asociación Dominicana de Planificación Familiar</i>
AMDD	Averting Maternal Death and Disability
API	AIDS Program Index
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral
ASA	Amigos Siempre Amigos
ASOLSIDA	Alianza Solidaria para la Lucha contra el VIH/SIDA
BCC	Behavior Change Communication
BRA	Batey Relief Alliance
CACS	Centro de Acciones Comunitarias en Salud – Bonao
CBO	Community Based Organization
CCI	Inter-Institutional Coordinating Committee / <i>Comité de Coordinación Interinstitucional</i>
CDC	Centers for Disease Control
CEA	State Sugar Council / <i>Consejo Estatal de Azúcar</i>
CENISMI	National Maternal/Child Health Research Center / <i>Centro Nacional de Investigación de Salud Materno Infantil</i>
CEPROSH	Center for Promotion and Solidarity / <i>Centro de Promoción y Solidaridad Humana</i>
CERSS	Executive Commission for Health Sector Reform / <i>Comisión Ejecutiva de Reforma del Sector de Salud</i>
CNE	National Coordination Commission / <i>Comisión Nacional de Enlace</i>
CNSS	National Social Security Council / <i>Consejo Nacional de Seguridad Social</i>
CNTD	National Confederation of Dominican Workers / <i>Confederación Nacional de Trabajadores Dominicanos</i>
COIN	Center for Comprehensive Orientation and Research / <i>Centro de Orientación e Investigación Integral</i>
CONAPOFA	National Population and Family Council / <i>Consejo Nacional de Población y Familia</i>
COPRESIDA	Presidential AIDS Commission / <i>Consejo Presidencial de SIDA</i>
CSM	Condom Social Marketing
CSW	Commercial Sex Workers
DAIA	Committee to Ensure the Availability of Contraceptives / <i>Disponibilidad Asegurada de Insumos de Planificación Familiar</i>
DIES	National Statistics Directorate
DIDA	Office of Information and Defense for Social Security Affiliates / <i>Dirección de Información y Defensa de los Afiliados a la Seguridad Social</i>
DIGECITSS	National STI, HIV/AIDS Directorate / <i>Dirección General de Control de Infecciones de Transmisión Sexual y SIDA</i>
DIGEMIA	National Maternal/Child Health Directorate / <i>Dirección General de Salud Materno Infantil y Adolescentes</i>
DIGEPI	National Epidemiology Directorate
DIGPRES	National Health Promotion/Education Directorate / <i>Dirección Nacional de la Promoción y Educación de la Salud</i>
DOTS	Directly Observed Treatment - Short-Course
DPS	Provincial Health Directorate / <i>Dirección Provincial de Salud</i>
ENDESA	Demographic and Health Survey / <i>Encuesta Demográfica de Salud</i>
EOC/EmOC	Essential Obstetric Care/Emergency Obstetric Care
EPI	Expanded Program of Immunization
EVC	Sentinel Surveillance Study / <i>Estudio de Vigilancia Centinela al VIH</i>
FBO	Faith Based Organization
FIME	Investment Fund for Micro-Enterprises / <i>Fondo de Inversión de Micro Empresas</i>
FP	Family Planning
FUDECO	Fundación para el Desarrollo Comunitario, Inc. - Save the Children RD
FUNDASUR	Fundación de Apoyo al Suroeste
GODR	Government of the Dominican Republic
IDDI	Instituto Dominicano de Desarrollo Integral
IEC	Information, Education and Communication
INAPA	National Institute of Potable Water / <i>Instituto Nacional de Aguas Potables y Alcantarillados</i>

INDAJOVEN	Instituto Dominicano de Apoyo a la Juventud
INDRHI	National Institute of Hydric Resources / <i>Instituto Nacional de Recursos Hídricos</i>
INSALUD	National Dominican Institute of Health / <i>Instituto Nacional de Salud</i>
IR	Intermediate Result
IRWA	International Rural Water Association
MCH	Maternal and Child Health
MODEMU	Movement of Women United / <i>Movimiento de Mujeres Unidas</i>
MOSCTHA	Movimiento Socio Cultural de Trabajadores Haitianos, Inc.
MSM	Men Who Have Sex with Men
MTCT	Mother to Child Transmission
MUDE	Women in Dominican Development / <i>Mujeres en Desarrollo Dominicana</i>
NGOs	Non-Governmental Organizations
Ob/Gyn	Obstetric and Gynecological
OGAC	US Global AIDS Coordinator Office
ONE	National Office of Statistics / <i>Oficina Nacional de Estadística</i>
ONE RESPE	Centro de Reflexión, Encuentro y Solidaridad
OVC	Orphans and Vulnerable Children
PAC	Post-Abortion Care
PAHO	Pan American Health Organization
PAI	National Immunization Program / <i>Programa de Ampliación de Inmunización</i>
PAN	Programa Amigo de los Niños
PEPFAR	President's Emergency Plan for AIDS Relief
PLWHA	People Living With HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
PNCT	National Tuberculosis Control Program
PPT	Pre-Packaged Therapy
PROFAMILIA	Asociación Dominicana Pro-Bienestar de la Familia
PROINFANCIA	Centro de Promoción de la Atención Integral a la Infancia, Inc.
PRONAISA	National Adolescent Comprehensive Care Program / <i>Programa Nacional de Atención Integral de Adolescentes</i>
REDAR	Rural Aqueduct Association / <i>Red de Acueductos Rurales</i>
REDOVIH+	Red Dominicana de Personas que Viven con VIH/SIDA
REDSALUD	Health Sector Reform Project / <i>Reforma y Descentralización en Salud</i>
RH	Reproductive Health
RS	Respiratory Symptomatic
SENASA	National Health Insurance / <i>Seguro Nacional de Salud</i>
SESPAS	Ministry of Health / <i>Secretaría de Salud Pública y Asistencia Social</i>
SINAVE	National System for Epidemiological Vigilance / <i>El Sistema Nacional de Vigilancia Epidemiológica</i>
STI	Sexually Transmitted Infection
SWOT	Strengths, Weaknesses, Opportunities and Threats
TA	Technical Assistance
TB	Tuberculosis
UAI	Comprehensive Care Unit / <i>Unidad de Atención Integral</i>
UCAI	HIV/AIDS Comprehensive Care Unit
UEAR	Implementing Unit for Rural Aqueducts / <i>Unidad Ejecutora de Acueductos Rurales</i>
UICter	International Union against TB and Respiratory Illnesses / <i>Unión Internacional Contra la TB y Enfermedades Respiratorias</i>
UNAP	Primary Care Unit / <i>Unidad de Atención Primaria</i>
UNFPA	United Nations Population Fund / <i>Fondo de Población de las Naciones Unidas</i>
VCT	Voluntary Counseling and Testing / <i>Prueba y Asesoría Voluntaria (PAV)</i>

CONECTA PROJECT ANNUAL REPORT OCTOBER 2006 - SEPTEMBER 2007

1 INTRODUCTION

This report covers USAID/CONECTA's FY 2007 project activities during its fifth year of implementation, originally scheduled to be the final year of the project. Each component was reprogrammed in response to the approval of a no-cost extension of the project for up to one additional year, taking advantage of projected unspent funds and unavoidable delays in the procurement for a follow-on project, which was accompanied by extensions of the NGO grant portfolio with available remaining funding in order to provide a bridge of support until the follow-on HIV project beginning in 2008.

During this year, implementation has progressed smoothly, with most of the project indicators exceeding their targets for the end of the project as a result of the efforts of key Dominican Government and NGO partner institutions. Significant changes in leadership at both SESPAS and COPRESIDA at the beginning of the year resulted in significant improvement in collaboration and quality of programmatic relationships in several areas. CONECTA staff worked closely with COPRESIDA and DIGECITSS in the facilitation and development of the National Strategic Plan (PEN) for the HIV/AIDS program, and provided direct support to the PAHO-led evaluation of the National HIV/AIDS Program and the development of a National Monitoring and Evaluation Plan led by COPRESIDA. These initiatives have served to provide a foundation for donor and implementing agency coordination, and have provided the basis for programming annual workplans. Additionally, CONECTA teams contributed significantly to the development of a proposal for the 7th round of Global Fund grants in both HIV and Tuberculosis, with successful awards recently announced for the Tuberculosis component. The water component was brought to a successful finish at the end of this year, with the launch of a very well-received set of resource materials (training guides and video production to assist local water associations manage community water systems through the REDAR national network).

NGO implementation has continued smoothly in the HIV, Reproductive Health and Tuberculosis components. Follow-on assistance awards were made to NGO projects working on HIV/AIDS community programs and BCC interventions, as small bridge-funding which will continue to mid-February 2008, in anticipation of a new USAID mechanism and strategy implementation, while the nine Tuberculosis subagreements concluded at the end of the fiscal year. During the coming fiscal year, the Reproductive Health and Tuberculosis components will be closed-out.

Additionally, we are attaching Annex D, which includes the annual results from all of the project indicators as reported for the preparation for the Semi-Annual and final report submitted by USAID/DR to Washington. As can be seen in this Annex, most indicators have been achieved or exceeded, with the exception of a few which are not directly generated by project activities, such as the number of women inducted into the Vertical Transmission (PMTCT) program who are receiving ARV treatment. It is important to mention that the Reproductive Health component (which is closing this year) has achieved all of its target indicators as of this report cycle. The indicators that relate to the community strategies of the NGOs supported by CONECTA have also exceeded their targets, while the indicators that are reported here are from the National Tuberculosis Program. The community water system component has also been closed out successfully, with all targets for the project achieved.

Details of the activities and accomplishments in each component are described below.

2 PROGRESS: THEMATIC COMPONENTS

2.1 HIV/AIDS

2.1.1 HIV/AIDS Services

Activities included within the HIV/AIDS service delivery component are focused on strengthening the provincial health authorities, while also providing technical assistance to hospitals to ensure the efficient operation of HIV/AIDS services. During this past year, emphasis was placed on developing the technical and administrative skills of health providers, while also introducing tools to facilitate quality improvement of HIV testing and counseling, PMTCT and follow-up care for PLHA. Processes included thematic refresher trainings and technical assistance in information management, monitoring and evaluation as well as supplies management.

The strengthening of teams of health care providers, inclusion of HIV/AIDS in local agendas and work plans, and increased participation at the national, provincial and local levels, has been determinant to the progress of HIV/AIDS service delivery interventions.

The activities conducted in focus provinces as well as technical assistance provided to the National HIV/AIDS Program are included in the summary below.

2.1.1.1 Support to the Central Level

Activities aimed to strengthen HIV/AIDS service delivery are implemented in direct coordination with the National HIV/AIDS Program. These activities consisted of the following:

- Participation in a variety of activities in support to the distinct components of the National HIV/AIDS Program (HIV testing and counseling, PMTCT, treatment and care for PLHA, promotion and prevention, monitoring and evaluation and epidemiological surveillance).
 - Technical assistance in the organization and management of the National HIV/AIDS Response.
 - Support in the design of processes aimed to strengthen provincial directorates (DPS) and local health facilities.
- a) *Support to DIGECITSS' M&E and Information Systems*
- CONECTA Project provided DIGECITSS with support to strengthen its information system used to monitor data related to comprehensive care provided to PLHA throughout the country. Three manuals were developed, validated and published with CONECTA's support. These manuals include a user, administrative and reference manual to be used to ensure that HIV/AIDS comprehensive care information is registered and consolidated in an efficient way and kept up-to-date at all times.
 - Technical assistance was also provided in the implementation of a PMTCT database and validation of the quality of data generated both at the provincial and local levels, and at the national level.
 - Forms were designed by CONECTA in coordination with DIGECITSS to register and report HIV pre- and post-test counseling data that was not previously being gathered from health facilities. These forms were implemented in CONECTA's eight focus provinces and served as a model for DIGECITSS, which later resulted in the design and implementation of an official record that has been distributed nationwide for the registering of HIV pre- and post-test counseling.

- b) *HIV/AIDS Sentinel Surveillance Study.* In April of 2007, the preliminary results of the 2006 HIV/AIDS, Syphilis and Hepatitis B Second Generation Sentinel Surveillance Study were presented by DIGECITSS. Populations studied included pregnant women, sex workers engaging in periodic STI screenings, and the general public seeking STI services. CONECTA supported the initiation and operation of 21 sites in 14 provinces, which included an intensive training with 30 laboratory technicians responsible for the study's implementation.
- c) *Induction and support to team of DIGECITSS' supervisors.* DIGECITSS incorporated five supervisors into the technical team to provide increased monitoring and follow-up of HIV/AIDS services in local health facilities. CONECTA participated in technical meetings to aid in the supervisors' introduction to their new role and supported costs associated with their field visits to conduct supervision and systematic information gathering, using a methodology and instruments developed together with DIGECITSS. These tools aimed to facilitate their ability to effectively conduct supervision, while also validating the quality of HIV/AIDS service data.
- d) *Support to DIGECITSS in the development of training program for laboratory personnel.* This training, directed at laboratory technicians, covered: basic concepts central to HIV/AIDS; fundamental theories used in testing; description of different types of HIV tests in the market and evaluation of their quality; how to confirm rapid test results; and a review of the "Double Check" rapid tests introduced for use in the PMTCT Program. In addition, concepts central to quality improvement of laboratory services and quality assurance for HIV testing, were discussed. A total of 79 laboratory technicians from 15 different provinces were trained
- e) *Production and Distribution of HIV/AIDS educational materials.* As part of the strategy aimed to support HIV/AIDS services, educational materials were reproduced and distributed. These materials included HIV/AIDS and STI pamphlets, videos for education in waiting rooms, directories facilities providing care to PLHA and posters focused on promoting the PMTCT interventions and ARV adherence.

2.1.1.2 Support to the DPS

All activities to strengthen HIV/AIDS service delivery were conducted with provincial health authorities from CONECTA's eight focus provinces, located in Monte Plata (Region 0), Puerto Plata (Region III), Bahoruco (Region IV), San Pedro and La Romana (Region V), San Juan and Elias Piña (Region VI), and Dajabón (Region VII).

With provincial HIV/AIDS teams, made up of provincial health directors, program coordinators and epidemiologists, as well as representatives of health facilities, quarterly meetings were held to evaluate work plans, analyze the status of services, and identify priorities for the upcoming period. In addition, on-going support was provided to strengthen the overall administration of HIV/AIDS services. The development of supervision skills, use of tools for control of the supply chain, and information gathering and analysis, as well as facilitating further coordination between HIV/AIDS services and other health services, were among the areas given priority.

- a) *Updating HIV/AIDS provincial plans.* HIV/AIDS provincial work plans were updated in each of CONECTA's eight focus provinces during technical meetings with provincial teams in January 2007.
- b) *Follow up with provincial teams and hospitals to implement work plans.* This included technical assistance to strengthen the technical skills and local ability to rapidly solve problems.
- c) *Support in the effective supervision of programs.* Monitoring and evaluation visits were conducted in coordination with provincial program coordinators, who were given tools to facilitate the supervision of HIV/AIDS services. This served to reinforce the provincial

directorate's authority as entities responsible for ensuring the timely arrival of HIV/AIDS supplies, management of human resources and control of the gathering and use of service data.

d) Technical assistance in the implementation of health promotion and prevention activities with youth and other vulnerable populations. The DPS included activities in their 2006-2007 work plans aimed to reduce stigma, promote HIV/AIDS services, and disseminate information regarding prevention to the general population. CONECTA provided assistance to the DPS in these activities which took the form of reviewing technical presentations, facilitating educational materials (posters, pamphlets) and materials to aid in the presentation of key themes.

In the Hondo Valle, Pedro Santana, Bánica and Comendador municipalities, 31 youth peer leaders were trained to support these types of outreach activities with communities in Elías Piña.

e) Training in HIV/AIDS information analysis and basic concepts of M &E. A pilot program was initiated to strengthen health providers' ability to effectively gather, validate, analyze and use HIV/AIDS data in three hospitals in Puerto Plata, and two in San Pedro. Coordination was also conducted with San Juan to prepare for implementation.

Three training workshops on "Using HIV/AIDS service data to make decisions" were conducted with 87 health providers and program coordinators responsible for gathering, reporting and analyzing HIV/AIDS data. (17 from San Pedro y La Romana, 39 from San Juan and Elías Piña, 17 from Puerto Plata and 14 de Dajabón.

The results of activities conducted with DPS can be summarized in the following points:

- Significant improvement in the positioning of HIV/AIDS in local health plans and agendas, especially in health promotion and implementation of Social Security.
- Coordination with primary care health facilities in an effort to incorporate these centers in provincial service networks.
- Provincial teams trained and exercising leadership to ensure the implementation of HIV/AIDS activities.
- Increased administrative and technical capacity of HIV/AIDS teams both in public and private sector health facilities.
- Increased independence of provincial teams to execute activities focused in HIV/AIDS prevention at the community level.
- Overall strengthening of HIV testing and counseling and PMTCT programs.
- Improvement in the quality and use of HIV/AIDS service data.
- Initiation of comprehensive care services for PLHA, including provision of ARV in a number supported health facilities.

2.1.1.3 Support to Services

CONECTA selected provincial and municipal hospitals from eight target provinces to focus efforts to improve HIV/AIDS service delivery. The provinces and health facilities listed in the table below received direct support in the implementation of training and other activities as well as systematic bi-monthly technical assistance to strengthen HIV pre- and post-test counseling, adherence to PMTCT strategies, and care for PLHA.

Hospitals supported in target provinces			
Monte Plata	Sabana Grande de Boya Municipal Hospital	La Romana	Francisco Gonzalvo Provincial Hospital
	Yamasá Municipal Hospital		Guaymate Municipal Hospital

	Bayaguana Municipal Hospital		Los Mulos Urban Clinic
	Monte Plata Municipal Hospital	San Pedro	Ramón Santana Municipal Hospital
Puerto Plata	Municipal Hospital of Altamira		Los Llanos Municipal Hospital
	Municipal Hospital of Imbert		Consuelo Municipal Hospital
	Centro Sanitario		Antonio Musa Regional Hospital
	Guananico Municipal Hospital	Elías Piña	Hondo Valle Municipal Hospital
	Los Hidalgos Municipal Hospital		Bánica Municipal Hospital
	Monte Llano Municipal Hospital		Rosa Duarte Provincial Hospital
	Villa Isabela Municipal Hospital	San Juan	Alejandro Cabral Regional Hospital
	Luperón Municipal Hospital		El Cercado Sub-Center
	Ricardo Limardo Provincial Hospital		Federico Aybar Municipal Hospital
Bahoruco	Julia Santana de Tamayo Municipal Hospital	Dajabón	Ramón Matías Mella Provincial Hospital
	San Bartolomé Provincial Hospital		Adriano Villalona Municipal Hospital
			Restauración Municipal Hospital

1. HIV Counseling and Testing

The most recent quarterly evaluations of CONECTA-supported health facilities showed improvement in the compliance with the basic standards for HIV testing and counseling and PMTCT. Further integration of HIV/AIDS services with the remainder of hospital departments, compliance with CT and PMTCT norms, and improved ability to effectively manage HIV/AIDS services, were among strengths observed.

Activities in target provinces focused on the following:

- a) Support to refurbish areas used for HIV counseling. This support entailed distribution of equipment, laminating promotional posters, re-organization of areas.
- b) Technical meetings to facilitate coordination between counseling, laboratory and other departments. Weaknesses in the coordination between counseling services and general practitioners and specialists, and between laboratory technicians and health providers working in the emergency room, were repeatedly identified by HIV/AIDS teams. HIV/AIDS teams formed in each health facility were strengthened to help overcome difficulties with inter-departmental coordination. These teams are made up of counselors, laboratory technicians, director, administrator, general practitioners, nurses and specialists to facilitate discussion of problems and generate practical solutions. CONECTA provided important technical assistance by facilitating periodic discussions with teams and analyzing HIV service data to help ensure that teams are working effectively.
- c) Training of health care providers. Apart from HIV/AIDS trainings included in the initial provincial work plans, CONECTA supported refresher trainings targeted at health providers. These sessions focused on the mandatory provision of pre- and post-test counseling to all individuals receiving an HIV test, counseling for individuals that have been hospitalized, referral of individuals to STI and family planning services, and concepts central to TB-HIV/AIDS co-infection
- d) Basic training and thematic refresher trainings for HIV/AIDS counselors. Basic pre- and post-test counseling trainings were conducted, along with thematic refresher training for counselors nationwide. This refresher training included themes such as STIs, family planning, counseling regarding feeding options for HIV+ mothers, and also served to standardize the content that should be covered in counseling sessions. A total of 161 providers were trained.
- e) Support for the Use of Pre-Packaged Therapy. In October, 2006, CONECTA supported training workshops in the use of pre-packaged therapy for STI treatment in San Pedro, La Romana, Monte

Plata and Dajabón. In the remainder of health facilities supported by CONECTA, technical assistance has been provided to facilitate the appropriate use of PPT and coordination of STI treatment with HIV/AIDS services.

2. Prevention of Mother to Child Transmission of HIV/AIDS

In an effort to reinforce the importance of complying with PMTCT norms, CONECTA maintained continuous support to DIGECITSS through participation in technical committees, review of technical documents, and bi-weekly coordination meetings.

Aside from follow-up and support to PMTCT coordinators at each of the health facilities, technical meetings were conducted with ObGyn specialists, general practitioners, nurses and internists involved in providing services to pregnant women. These activities focused on reviewing procedures and protocols and discussing how to ensure appropriate PMTCT care for HIV+ pregnant women.

- a) Training of PMTCT health personnel. Refresher trainings were focused on encouraging health personnel to provide accurate information to pregnant women, ensure HIV testing and provision of results in post-test counseling sessions, and facilitate proper follow-up care for the children of HIV+ mothers, according to the National PMTCT protocol.
- b) Bio-safety refresher trainings with 23 target hospitals. Apart from continued technical assistance provided to hospitals in the implementation of work plans to improve bio-safety conditions, workshops were held to strengthen bio-safety committees in CONECTA's target hospitals. During workshops, tools to aid in follow-up and supervision of bio-safety conditions by department heads were introduced and individual bio-safety "norms" were developed. This process was designed and executed together with DIGECITSS and DPS authorities. In the upcoming months, norms and educational materials to reinforce key concepts such as hand washing, sterilization of instruments, decontamination, amongst others, will be printed and distributed. Logistical support also aided in the definition of procedures to eliminate biological waste. Compliance with basic bio-safety standards is among criteria that are periodically evaluated during supervisory visits.
The benefit of bio-safety interventions in target hospitals is that these interventions reduce levels of stigma and discrimination associated with performing procedures and providing care to HIV+ individuals. Prior to these interventions, many providers refused to conduct caesarean sections on HIV+ women, for fear of being infected. However, these interventions have helped to foster further understanding, not only among health care providers, but also among support staff, such as cleaning personnel, administrators and others. Improving bio-safety has also contributed to bettering the overall quality of services for patients. 258 health services providers were trained.
- c) TA in the revision of National HIV/AIDS Norms. In coordination with the Ministry of Health's National Maternal/Health (DIGEMIA), COPRESIDA, donor agencies and other institutions working in HIV/AIDS, DIGECITSS conducted two workshops to review PMTCT norms and protocols. CONECTA has actively participated in these efforts, serving to encourage coordination between the HIV/AIDS and Maternal Health Programs, due to their important link in the provision of PMCT care. Workshops resulted in producing updated versions of norms and mutual agreements to implement joint activities to aid in the gradual change of current PMTCT protocols to triple therapy.

3. Support to PLHA Comprehensive Care

In coordination with DIGECITSS, technical support was provided to the six HIV/AIDS comprehensive care units supported by CONECTA, which include: the Instituto Dermatológico y Cirugía de la Piel

(IDCP), Fundación Activo 20-30, Sub-Centro de Salud Lotes y Servicios (Sabana Perdida) and the Instituto de Estudios Viroológicos (IDEV) in Santo Domingo; Centro de Promoción y Solidaridad Humana (CEPROSH) in Puerto Plata, and the Complejo Micaeliano located in La Romana. In addition, CONECTA technicians participated in the strengthening of 51 existing HIV/AIDS comprehensive care centers, together with DIGECITSS. In these centers, 17,914 PLHA have been reached (1,090 infants and 16,824 adults), 7,465 on ARV (6,949 adults and 516 infants).

In hospitals located in CONECTA's focus provinces, direct support has been provided to strengthen comprehensive care services for PLHA. As part of this strategy, CONECTA has facilitated the coordination between HIV services, including counseling and testing, PMTCT and HIV treatment and care, and communication between HIV services with the remainder of the departments within health facilities. In the case of San Pedro and San Juan, physicians from primary care clinics have also been incorporated to provide clinical follow-up, such as administration of ARV and treatment of opportunistic infections, to HIV+ individuals in the community.

- a) Coordination with local NGOs to provide follow up to PLHA. In the San Juan, Dajabón, Elías Piña and Monte Plata provinces, technical assistance was focused on fostering increased coordination between NGOs and health services to make HIV/AIDS services more accessible to communities. Strategies used to facilitate coordination include: joint recruitment of PLHA in area communities, provision of nutritional and other types of support, and effective referral and counter-referral to specialists and organizations providing additional support services.
- b) Support in the initiation of comprehensive services to PLHA, including ARVs. CONECTA's technical assistance in San Pedro, San Juan and Monte Plata have aided DIGECITSS in the initiation of comprehensive care services for PLHA at the Antonio Musa Regional Hospital in San Pedro, Yamasá Municipal Hospital in Monte Plata, and Federico Aybar Municipal Hospital in Las Matas de Farfán, San Juan. Close follow-up has been provided by CONECTA to ensure the operation of these services gets off to a strong start.
- c) Training of personnel providing comprehensive services to PLHA CONECTA supported the participation of 13 nurses, physicians and counselors from eight target provinces in the 5th and 6th intensive training program for health service providers involved in HIV/AIDS treatment and care services.
- d) Quality improvement of HIV/AIDS services. Visits to the Puerto Plata, San Juan and Monte Plata provinces were conducted to evaluate the current state of HIV/AIDS services and design site-specific interventions for quality improvement. These interventions will consist of strengthening HIV/AIDS teams, re-organization of areas where care is provided, review of the responsibilities of each team member, and implementation of tools to measure user satisfaction with services. The Yamasá and Monte Plata hospitals in Monte Plata, Tamayo Municipal Hospital in Bahoruco, Altamira Municipal Hospital and Ricardo Limardo Provincial hospital in Puerto Plata, were selected to begin quality improvement interventions during the month of October 2007.

2.1.1.4 Most Relevant Activities from the July–September 2007 Quarter

- a) Follow-up provided to strengthen services in 8 focus provinces. Support included technical assistance in the execution of each hospital's HIV/AIDS work plans and other tasks necessary to ensure operation of services. Highlight activities include:
 - Two meetings with personnel from the Ramon Santana Municipal Hospital in San Pedro to establish procedures to guide HIV/AIDS service delivery.
 - Support in the inauguration of the HIV/AIDS comprehensive care unit, which began operation at the Yamasá Municipal Hospital in Monte Plata. Two visits following this inauguration were also conducted to provide technical assistance to the team of health providers.

- Technical assistance and facilitation of a PMTCT workshop reaching personnel from three hospitals in Santo Domingo, in response to a request from DIGECITSS.
- b) Bio-safety support. Workshops to strengthen bio-safety committees and establish hospital-specific bio-safety norms were conducted with teams from Bahoruco, Dajabón, Puerto Plata and Monte Plata. Members of bio-safety committees were provided tools to aid in supervision of areas and ensure compliance with norms. Follow-up visits were also conducted to ensure compliance with bio-safety measures and continued work by committees.
 - c) Support in the formation of cross-programmatic networks in San Pedro. CONECTA provided technical assistance in the facilitation of two workshops coordinated by the DPS and CERSS. These workshops aimed to foster increased collaboration between different public health programs, such as reproductive health, HIV/AIDS, immunization and TB.
 - d) Bi-national Agenda. In an effort to continue strengthening bi-national coordination between health facilities and authorities in Elías Piña and Haiti's Central Plateau, CONECTA aided in the organization and hosting of a delegation of representatives from Haiti's Ministry of Health and Partners in Health in July of 2007. The objective of this visit was to gain familiarity with hospitals, rural clinics and NGOs located in San Juan and Elías Piña and identify the strengths and weaknesses of the HIV/AIDS and TB responses in this area. As a result of visits and a meeting with USAID, Plan International, DPS/DRS and DIGECITSS, Partners in Health presented a proposal to USAID to fund a pilot project in Elías Piña that would aid in the strengthening of TB and HIV/AIDS services. In addition, CONECTA's support has also generated effective coordination between the Comendador Hospital in Elías Piña and Belladere Hospital in Haiti, where health promoters are being shared between both hospitals for community outreach and CD4 counts needed by Comendador are being conducted in Belladere, instead of having to transport samples to Santo Domingo.
 - e) Support for quality improvement of HIV/AIDS services. Visits to the Tamayo Municipal Hospital in Bahoruco, Yamasa Municipal Hospital in Monte Plata and DPS in Puerto Plata were conducted to begin quality improvement interventions. Initial trainings for HIV/AIDS teams were planned and consultants have been identified. Implementation of activities will begin during the upcoming quarter.
 - f) Support in the strengthening of information systems. Efforts to strengthen HIV/AIDS information systems were continued within the hospitals located in San Juan, San Pedro and Puerto Plata. In Puerto Plata, baseline measurements for each of the HIV/AIDS indicators were completed and draft forms were designed to begin gathering information that is currently not being registered. In addition, a database was designed for use by the DPS to monitor HIV/AIDS indicators and HIV and AIDS cases reported within the province. Technical assistance was also provided to teams at the Ramon Santana and Los Llanos hospitals, while initial meetings were held to plan interventions in San Juan.

2.1.2 Community and Home-Based Programs Targeting PLWHA and OVC

The majority of the CONECTA-funded NGO projects completed their subagreements between May 31 and June 15, 2007. During the July–September quarter, CONECTA technical staff provided assistance to the NGOs to draft their final reports. In addition, new subagreements were negotiated for maintenance-level activities of community processes and contact with beneficiaries and volunteers, for a period of 6 months, until USAID's new strategy is in place.

For next quarter, efforts will be focused on providing technical assistance to the NGOs focused on the sustainability of interventions and data collection to systematize the community- and home-based care program.

2.1.2.1 Reach of the Contractual Targets

During the implementation period (June 2005 to September 2007) of the Community- and Home-Based Care Program for OVC and Persons Infected and Affected by HIV/AIDS, the contractual targets were met in the following manner: 20 community programs with persons infected and affected by HIV/AIDS, corresponding to 118% of the target; 17 programs with OVC, representing 100%; 92 CBOs and/or community initiatives that received support for OVC care, representing 153%; 8,523 OVC recruited for 100%; and 12,641 persons infected and affected by HIV/AIDS, representing 126%.

**Community- and Home-Based Support Programs for Persons Infected and Affected by HIV/AIDS
Fulfillment of Contractual Targets through September 30, 2007**

Key Indicators	Target 2007	Fulfillment of Final Target	
		Actual	Percentage
Total number of community programs with persons infected and affected by HIV/AIDS	17	20	118%
Total number of community programs with OVC	17	17	100%
Total number of CBOs and/or community initiatives that receive support for OVC care	60	92	153%
Total number of OVC enrolled with intervention plan	8,500	8,523	100%
Total number of persons infected and affected by HIV/AIDS enrolled with intervention plan	10,000	12,641	126%

2.1.2.2 Identification of Beneficiaries, Service Provision, and Support to CBOs for the Care of OVC

During the 2006-2007 fiscal year, a total of 2,822 OVC and 5,242 persons infected and affected by HIV/AIDS were recruited. In the July–September 2007 quarter, a total of 192 OVC and 337 persons infected and affected by HIV/AIDS were recruited by the NGO programs being implemented. The total number of beneficiaries integrated into the programs represents 98% and 107% of the respective targets established with the NGOs. A total of 92 CBOs support OVC community care.

At the end of the period (September 2007), the total number of active beneficiaries in the different programs is the following: 8,474 OVC and 12,378 persons infected and affected by HIV/AIDS. During the life of the project, 49 individuals under age 18 and 263 adults have left the program for different reasons (change of residence or death).

**SUMMARY TABLE
BENEFICIARIES RECRUITED BY THE NGOs IN THREE PROJECT IMPLEMENTATION PERIODS AND ACTIVE BENEFICIARIES**

Total Accumulated to Date, Fiscal Year October 2006 - September 2007, and July - September 2007 Quarter

NGO	BENEFICIARIES		
	Final Targets	Captados	Active through

			Total Jul 05 - Sept 07				During Period Oct 06-Sept 07		During Period Jul-Sept 07		Sept 07	
	OVC	PLHA & Affected	OVC	%	PLHA & Affected	%	OVC	PLHA & Affected	OVC	PLHA & Affected	OVC	PLHA & Affected
FUDECO	500	500	232	46%	302	60%	225	298	0	0	232	302
FUNDASUR	300	300	261	87%	759	253%	179	660	0	0	261	759
ONE RESPE	500	500	150	30%	211	42%	82	129	0	0	150	209
Coalición Pro Bateyes	800	1,300	1615	202%	2,163	166%	239	574	9	65	1605	2,141
CEPROSH/Puerto Plata	775	1,225	620	80%	1,071	87%	216	287	9	6	620	1061
CEPROSH/Dajabón	400	700	191	48%	323	46%	23	66	5	6	191	322
CEPROSH/Clara	150	500	177	118%	294	59%	75	138	4	14	173	274
Visión Mundial/Loma de Cabrera	125	200	99	79%	86	43%	26	30	1	1	97	79
Visión Mundial/Bateyes Barahona	500	250	366	73%	229	92%	44	27	0	6	366	218
Visión Mundial/Jimani	120	450	154	128%	122	27%	29	21	0	0	148	110
Visión Mundial/El Seybo	300	400	319	106%	267	67%	167	142	68	50	319	261
REDOVIH+/Esperanza del Sur		825			1,022	124%		417		0		999
ASOLSIDA		600			696	116%		326		0		696
BRA Dominicana	1750	1100	1,518	87%	1,635	149%	603	781	88	146	1,515	1,627
Clínica Esperanza y Caridad	500	700	546	109%	708	101%	162	215	0	0	542	663
Tú, Mujer	500	800	484	97%	806	101%	173	211	0	0	484	793
Programa Amigo de los Niños	500	450	290	58%	226	50%	44	45			276	208
PROINFANCIA	600	600	1,141	190%	1,075	179%	392	472	8	35	1,139	1,053
Grupo Paloma	400	400	358	90%	562	141%	141	319	0	0	355	552
Hogar Crea		32	2		84	263%	2	84	0	8	1	51
TOTALS	8,720	11,832	8,523	98%	12,641	107%	2,822	5,242	192	337	8,474	12,378

During the October 2006–September 2007 fiscal year, a total of 141,991 services were provided to NGO program beneficiaries, disaggregated in the following manner: 33,842 psychological and/or emotional support; 18,912 referrals and/or health services; 3,156 educational support; 12,790 food donations; 4,572 economic support; 240 legal support; 2,036 clothing donations; 40,123 follow-up care services; 26,320 educational contacts; and 29,791 home visits.

**Summary of the Interventions of each NGO, by Type of Service
October 2006 – September 2007**

NGO	Emotional Support	Referral/Health Services	Educational Support	Nutritional Support	Economic Support	Legal Support	Clothing Donations	Follow-up Care	Educational Contacts	Total Interventions	Home Visits
Hogar Crea	13,774	1,319	0	0	34	0	0	8,908	7,938	31,973	0
FUDECO	332	221	214	161	239	3	3	129	207	1,509	1,183
FUNDASUR	996	80	9	7	13	0	0	7	92	1,204	472
ONE RESPE	2,354	1,479	108	1,450	16	2	6	1,661	1,414	8,490	1,608
Coalición Pro Bateyes	3,106	1,568	697	1,961	572	55	65	2,871	2,264	13,159	5,398
CEPROSH/Puerto Plata	1,456	2,859	51	387	0	0	0	559	1,317	6,629	304
CEPROSH/ Dajabón	625	856	12	188	31	0	315	529	808	3,364	305
CEPROSH/Clara	313	164	0	20	4	0	0	166	186	853	185
Visión Mundial/Loma de Cabrera	258	85	18	302	9	0	0	210	243	1,125	288
Visión Mundial/Barahona	633	804	0	364	4	0	12	733	1,489	4,039	481
Visión Mundial/Jimaní	181	70	45	128	0	0	0	772	751	1,947	643
Visión Mundial/El Seybo	213	294	124	408	0	1	138	809	991	2,978	644
REDOVIH+/ Esperanza del Sur	1,370	160	0	617	197	147	135	103	143	2,872	675
ASOLSIDA	860	371	0	0	0	0	0	357	555	2,143	515
BRA Dominicana	3,481	5,684	1,738	2,286	2,532	0	311	2,293	3,133	21,458	1,403
Clínica Esperanza y Caridad/IED	1,046	1,034	33	1,057	11	4	155	1,852	996	6,188	511
Asociación Tú, Mujer	186	1,215	0	30	369	9	2	12,414	673	14,898	8,898
Programa Amigo de los Niños	810	111	37	587	22	3	283	1,003	696	3,552	1,376
PROINFANCIA	1,638	504	70	2,580	0	0	611	4,621	2,145	12,169	3,174
Grupo Paloma/IED	210	34	0	257	213	16	0	126	279	1,135	1,728
Esperanza Internacional					306					306	0
Totals	33,842	18,912	3,156	12,790	4,572	240	2,036	40,123	26,320	141,991	29,791

Source: Quarterly report of each NGO

During the July–September 2007 quarter, the NGOs delivered a total of 22,860 services to the beneficiaries recruited, distributed in the following manner: 2,187 health interventions; 6,459 emotional support; 316 educational assistance; 1,948 nutritional support; 299 economic support; 7 legal assistance; 611 clothing donations; 5,648 follow-up care services; and 5,385 educational contacts. In addition, the NGOs conducted a total of 2,905 home visits to beneficiary families.

**Summary of the Interventions of each NGO, by Type of Service
July – September 2007**

NGO	Emotional Support	Referral /Health Services	Educational Support	Nutritional Support	Economic Support	Legal Support	Clothing Donations	Follow-up Care	Educational Contacts	Total Interventions	Home Visits
Hogar Crea	3,368	176	0	0	8	0	0	2,528	2,584	8,664	0
FUDECO	0	0	0	0	0	0	0	0	0	0	0
FUNDASUR	0	0	0	0	0	0	0	0	0	0	0
ONE RESPE	726	644	37	472	0	0	0	475	411	2,765	282
Coalición Pro Bateyes	663	303	0	115	129	0	0	360	185	1,755	518
CEPROSH/Puerto Plata	43	178	0	0	0	0	0	81	63	365	61
CEPROSH/ Dajabón	71	318	0	2	0	0	0	96	142	629	43
CEPROSH/Clara	109	8	0	0	0	0	0	29	65	211	44
Visión Mundial/Loma de Cabrera	54	13	18	11	2	0	0	42	17	157	10
Visión Mundial/Barahona	151	79	0	183	0	0	0	113	143	669	50
Visión Mundial/Jimaní	13	10	45	34	0	0	0	28	28	158	28
Visión Mundial/El Seybo	18	71	121	145	0	1	130	258	158	902	140
REDOVIH+/ Esperanza del Sur	74	22	0	41	14	6	8	69	143	377	100
ASOLSIDA	16	0	0	0	0	0	0	0	43	59	60
BRA Dominicana	482	244	25	266	146	0	0	340	282	1,785	225
Clínica Esperanza y Caridad/IED	145	0	0	0	0	0	0	0	145	290	0
Asociación Tú, Mujer	0	17	0	0	0	0	0	829	200	1,046	829
Programa Amigo de los Niños											
PROINFANCIA	425	85	70	679	0	0	473	400	697	2,829	355
Grupo Paloma/IED	101	19	0	0	0	0	0	0	79	199	160
Esperanza Internacional										0	0
Totals	6,459	2,187	316	1,948	299	7	611	5,648	5,385	22,860	2,905

Source: Quarterly report of each NGO

2.1.2.3 Existing Programs

During the July–September 2007 quarter, a total of 17 new subagreements were established, with one subagreement that included the two CEPROSH projects (Puerto Plata and Dajabón). There was no new subagreement for Hogar CREA, as its current subagreement will run through December 2007. There was also no new subagreement for Programa Amigo de los Niños (PAN), as that NGO has decided to discontinue its HIV/AIDS work.

2.1.2.4 Field Visits to NGOs Working with PLWHA and OVC

During the July–September quarter, the community- and home-based care team conducted 20 field visits. These visits had two objectives: (1) to offer technical assistance to the NGOs in drafting the new follow-up subagreements, principally oriented at the development of follow-up activities to community- and home-based care efforts; and (2) conduct technical meetings with the work teams to program activities to

be developed over the next six months.

The NGOs visited were: ASOLSIDA; BRA Dominicana; Clínica Esperanza y Caridad; Hogar CREA; PROINFANCIA; Tú, Mujer; the Visión Mundial projects in Jimaní, Loma de Cabrera, Bateyes de Barahona and El Seibo; the CEPROSH projects in Puerto Plata and Dajabón; Grupo Clara in Puerto Plata; FUNDASUR in Barahona; FUDECO in Elías Piña; and ONE RESPE in Santiago.

In the upcoming quarter, technical assistance to NGOs will continue for follow-up actions for community- and home-based care through volunteer networks. CONECTA's technical team will focus its efforts on the generation of inputs and data collection for drafting the systematization documents of the program.

2.1.2.5 Implementation of NGO Programs

The detailed accomplishments of each NGO are included below, with consideration of the achievements in terms of the expected results of the sub-agreements. The analysis looks at three distinct moments of program implementation: data from the global reach of each sub-agreement, analysis of the October 2006–September 2007 fiscal year, and implementation during the July–September 2007 quarter.

1. ESPERANZA INTERNACIONAL: Hope and Life – Phase II

Esperanza Internacional's project implementation ended on May 31, 2007, having benefited a total of 306 individuals with microcredit and small business development, some of whom have received more than one subsequent loan. During the April-May 2007 period, 42 microcredit loans were made to beneficiaries from seven (7) NGOs.

The individuals who benefited from microcredit correspond to the following NGOs: REDOVIIH+, 35; ASOLSIDA, 15; Grupo Paloma, 98; Clínica Esperanza y Caridad, 38; PROINFANCIA, 14; BRA Dominicana, 21; CEPROSH and Grupo Clara/Puerto Plata, 30; CEPROSH/Dajabón, 11; and Coalición Pro Bateyes, 44. Total: 306.

2. TU, MUJER: Comprehensive Care for OVC and PLWHA

Tú, Mujer has a total of 484 OVC and 806 persons infected and affected by HIV/AIDS, reaching the respective targets with 97% and 101%. To date, Tú, Mujer has provided 32,059 services and has conducted 14,227 home visits. These services are disaggregated in the following manner: 275 emotional support; 1,484 referrals and/or health services; 42 food donations; 380 economic support; 16 legal assistance; 2 clothing donations; 22,868 follow-up care services; and 6,992 educational contacts.

During the October 2006–September 2007 fiscal year, Tú, Mujer recruited 173 OVC and 211 persons infected and affected by HIV/AIDS. A total of 8,898 home visits were conducted and 14,898 services were provided, disaggregated in the following manner: 186 emotional support; 1,215 referrals and/or health services; 30 food donations; 369 economic support; 9 legal assistance; 2 clothing donations; 12,414 follow-up care services; and 673 educational contacts. A total of 38 HIV+ individuals, including adults and children, were integrated into comprehensive care centers, and 23 began ARV.

During the July–September 2007 quarter, a total of 829 home visits were made to beneficiaries. In the framework of these visits, 829 follow-up care services and 200 educational contacts were made. Likewise, 17 beneficiaries were referred to health services, including mental health, and 13 were integrated into comprehensive care centers. Three (3) updating sessions were held on “Community- and Home-Based Care for PLHA, OVC, and Persons Affected by HIV/AIDS”, directed at 89 health promoters who support the program from Los Mina Norte and Cancino Adentro. A total of 59 educational

talks were conducted in the community, on basic aspects of HIV/AIDS and nutrition, with the participation of 792 individuals, of which 200 are program beneficiaries.

Next quarter, efforts will be focused on providing follow-up to beneficiaries, the recruitment of new families, and providing support to promoter networks. In addition, community talks directed at the general population will continue.

3. PROINFANCIA: Help Me to Live

To date, PROINFANCIA's "Help me to Live" project has a total of 1,141 OVC, which represents 190% of the final target, and 1,075 persons infected and affected by HIV/AIDS, representing 179% of the final target. To date, the beneficiaries have received 25,533 services and 5,807 home visits. The services provided include: 2,050 emotional support; 1,006 referrals and/or health services; 72 education-related assistance; 3,616 food donations; 125 economic support; 8 legal support; 646 clothing donations; 12,303 follow-up care services; and 5,707 educational contacts.

Of these beneficiaries, 392 OVC and 472 persons infected and affected by HIV/AIDS were recruited during the October 2006–September 2007 period. During this same time period, a total of 3,174 home visits were made and 12,169 services were provided, disaggregated in the following manner: 1,638 emotional support; 504 referrals and/or health services; 70 educational support; 2,580 food donations; 611 clothing donations; 4,621 follow-up care services; and 2,145 educational contacts. A total of 128 HIV+ individuals were integrated into comprehensive care centers and 79 began ARV.

During the July–September 2007 quarter, PROINFANCIA integrated a total of nine (9) new HIV-affected families, comprised of 8 OVC and 35 persons infected and affected by HIV/AIDS, into the community program. In addition, nine (9) new HIV+ individuals were integrated into comprehensive care centers and began ARV. The services provided during the July–September 2007 period include: 697 educational contacts; 679 food donations; 473 clothing donations; 425 emotional support; 85 referrals and/or health services; and 70 education-related assistance services. In addition, 355 home visits were conducted.

Next quarter, PROINFANCIA will continue to provide follow-up to its beneficiaries, through the provision of health and psycho-social support services, and conducting home visits through the existing networks of community caregivers in each of the intervention communities.

4. BRA DOMINICANA: Rainbow Project

From the beginning of the project to date, BRA Dominicana has recruited a total of 1,518 OVC and 1,635 persons infected and affected by HIV/AIDS, corresponding to 87% and 149% of the respective original targets. A total of 2,533 home visits were conducted and 42,567 services were provided by the NGO. The services are disaggregated in the following manner: 4,865 emotional support; 9,116 referrals and health services; 2,379 educational support; 8,388 food donations; 4,303 economic support; 861 clothing donations; 7,033 follow-up care services; and 5,622 educational contacts.

During the October 2006–September 2007 period, BRA recruited 603 OVC and 781 persons infected and affected by HIV/AIDS, conducted a total of 1,403 home visits, and provided 21,458 services. The services provided include: 3,481 emotional support; 5,684 referrals and/or health services; 1,738 education-related assistances; 2,286 food donations; 2,532 economic support; 311 clothing donations; and 2,293 follow-up care services. During this same period, a total of 93 HIV+ individuals were integrated into comprehensive care centers, including adults and children, and 56 individuals began ARV therapy. A total of 3,654 HIV tests (with pre- and post-test counseling) were conducted in BRA's Clinic.

During the July–September 2007 quarter, BRA recruited a total of 88 OVC and 146 persons infected and

affected by HIV/AIDS, and conducted 225 home visits and provided 1,785 services. The services are disaggregated in the following manner: 482 emotional support; 340 follow-up care services; 282 educational contacts; 266 food donations; 244 referrals and/or health services; 146 economic support; and 25 education-related assistances. A total of 44 HIV+ beneficiaries were integrated into comprehensive care centers for clinical follow-up and 19 began using ARV.

During the last quarter, the project conducted two (2) refresher sessions directed at health promoters on community care and palliative care for PLHA, OVC and HIV-affected persons, with the participation of 65 promoters from Don Juan and Sabana Grande de Boyá. A total of 75 PLHA participated in support group meetings. In addition, one encounter was held in Don Juan and one in Sabana Grande de Boyá, on themes related to therapeutic adherence and personal hygiene.

The activities for next quarter will be focused on service provision to beneficiaries, home-based follow-up, and strengthening promoter networks. Support will continue to support groups and other psycho-social initiatives, to benefit HIV+ persons, OVC and their family members.

5. CLINICA ESPERANZA Y CARIDAD: Connected Lives

Clínica Esperanza y Caridad has 546 OVC (109% of the final target) and 708 persons infected and affected by HIV/AIDS (101% of the final target) integrated into the program to support HIV/AIDS-affected families. To date, 954 home visits have been conducted and 12,179 psycho-social interventions have been provided. These interventions are disaggregated in the following manner: 2,237 emotional support; 2,118 referrals and/or health services; 35 education-related assistances; 1,478 food donations; 12 economic support; 7 legal assistance; 315 clothing donations; 3,180 follow-up care services; and 2,797 educational contacts.

Of the total number of beneficiaries integrated into the program to date, 162 OVC and 215 persons infected and affected by HIV/AIDS were recruited in the last fiscal year (October 2006–September 2007). During this period, the beneficiaries received 511 home visits and 6,188 services. The services are disaggregated in the following manner: 1,046 emotional support; 1,034 referrals and/or health services; 33 educational support; 1,057 food donations; 11 economic support; 4 legal support; 155 clothing donations; 1,852 follow-up care services; and 996 educational contacts. During the fiscal year, 83 HIV+ individuals were integrated into comprehensive care centers and 49 began ARV. A total of 1,827 HIV tests with pre- and post-test counseling were conducted during this period.

Of the total number of interventions, 290 were conducted during the July–September 2007 quarter, through support group meetings, permitting member beneficiaries to receive emotional support (145) and educational contacts (145). In this new phase of the project, Clínica Esperanza y Caridad has continued to integrate new PLHA to the support group, including 19 new members during the quarter.

In the upcoming quarter, support group meetings are expected to continue. The possibility is being considered for holding some vocational workshops for members of the group, with the goal of developing some skills in the design of decorative items that could be sold by PLHA during the Christmas season, as a way to assist them with income generation.

6. PROGRAMA AMIGO DE LOS NIÑOS (PAN): Community Networks in Solidarity with OVC

PAN's project began on August 1, 2005 and ended on May 31, 2007, for a duration of one year and 10 months, with a total budget of US \$70,484. The project achieved 58% of the OVC target and 50% of the target for persons infected and affected by HIV/AIDS, for a total of 290 OVC and 226 persons infected and affected by HIV/AIDS. The project intervention zones were: Santo Domingo (Mendoza and Boca Chica) and Monte Plata (Bayaguana).

The cumulative interventions for the entire length of project represent a total of 9,280 services, disaggregated in the following manner: 2,733 follow-up care services; 2,408 educational contacts; 1,750 emotional support services; 1,241 nutritional support; 612 clothing donations; 404 referrals and/or health services; 103 education-related assistances to OVC; 22 economic support through vocational trainings; and 7 legal support services. A total of 2,013 home visits were made.

During the October 2006–September 2007 fiscal year, a total of 3,552 interventions were made, distributed in the following manner: 810 emotional support; 111 referrals and/or health services; 37 educational support; 587 food donations; 22 economic support; 3 legal support; 283 clothing donations; 1,003 follow-up care services; 696 educational contacts; and 1,376 home visits.

With the close of this project, PAN finalizes its HIV/AIDS interventions in the country, since Children International's headquarters has decided that all of its local offices (including the one in the DR) will be focused on the identification and recruitment of beneficiaries for the sponsorship program, which will be the only program to be implemented going forward.

7. COALICION PRO-BATEYES: Incorporation of PLWHA and OVC Batey Residents in HIV/AIDS Prevention and Care Services

To date, the Coalición Pro-Bateyes project has recruited 1,615 OVC, corresponding to 202% of the target, and 2,163 persons infected and affected by HIV/AIDS, corresponding to 166% of the target. The beneficiaries received a total of 39,448 services, distributed in the following manner: 7,937 psychological and/or emotional support services; 5,020 referrals and/or health services; 2,607 educational assistances; 5,324 food donations; 1,488 economic support; 402 legal support; 573 clothing donations; 5,978 follow-up care services; and 10,119 educational contacts. In addition, a total of 9,950 home visits were conducted.

During the October 2006–September 2007 period, the project integrated 239 OVC and 574 persons infected and affected by HIV/AIDS into the community- and home-based care program. The beneficiaries received a total of 13,159 services, disaggregated in the following manner: 3,106 emotional support; 1,568 referrals and/or health services; 697 education-related assistances; 1,961 food donations; 572 economic support; 55 legal support; 65 clothing donations; 2,871 follow-up care services; and 2,264 educational contacts. A total of 5,398 home visits were conducted. In addition, 34 individuals receive ARV and 94 individuals receive follow-up through comprehensive care centers.

During the July–September 2007 quarter, Coalición Pro-Bateyes recruited 9 OVC and 65 persons infected and affected by HIV/AIDS. The beneficiaries received a total of 1,755 services, disaggregated in the following manner: 663 emotional support; 303 referrals and/or health services; 115 food donations; 129 economic support; 360 follow-up care services; and 185 educational contacts. A total of 518 home visits were conducted. In addition, a training workshop was held to reinforce community- and home-based care knowledge, directed at 57 promoters and community coordinators.

The activities for next quarter will be focused on service delivery, support group meetings, and coordination and follow-up meetings for the community promoter teams and the technical team.

8. REDOVIIH+: Family Network with HIV/AIDS

To date, REDOVIIH+ has recruited 1,022 persons infected and affected by HIV/AIDS, corresponding to 124% of the target. The beneficiaries have received a total of 6,792 services, distributed in the following manner: 2,838 emotional or psychological support; 278 referrals and/or health services; 902 food donations; 236 economic support; 131 legal support; 169 clothing donations; 1,096 follow-up care services; and 1,122 educational contacts. A total of 1,256 home visits were made. Of the total number of

beneficiaries, 68 receive ARV and 200 receive follow-up through the comprehensive care center.

During the October 2006–September 2007 period, REDOVIIH+ recruited 417 persons infected and affected by HIV/AIDS. Program beneficiaries received a total of 2,872 services, disaggregated in the following manner: 1,370 emotional support; 160 referrals and/or health services; 617 food donations; 197 economic support; 147 legal support; 135 clothing donations; 103 follow-up care services; 143 educational contacts; and 675 home visits.

During the July–September 2007 quarter, beneficiaries received a total of 377 interventions, including: 69 follow-up care services; 74 emotional support; 22 referrals and/or health services; 41 food donations; 14 economic support; 8 clothing donations; 6 legal assistance services; and 143 educational contacts. During the quarter, 100 home visits were made (30 in Barahona, 25 in Azua, and 45 in Santo Domingo).

The following activities took place during the quarter: one refresher workshop-session on community- and home-based care, directed at 25 promoters; 2 workshops on adherence, directed at 43 PLHA who are members of the support groups; and 3 coordination meetings with the technical team and educators.

For next quarter (October–December 2007), REDOVIIH+ plans to provide follow-up to existing beneficiaries through psycho-social service delivery, support group meetings, educational sessions, and follow-up meetings with the technical team.

9. ASOLSIDA: Community Support to PLWHA and Their Relatives

To date, ASOLSIDA has recruited 696 persons infected and affected by HIV/AIDS, corresponding to 116% of the target. The beneficiaries received a total of 4,864 services, distributed in the following manner: 1,795 emotional support; 555 referrals and/or health services; 4 food donations; 1 legal support; 762 follow-up care services; and 1,747 educational contacts. A total of 830 home visits were conducted.

During the October 2006–September 2007 period, the project recruited 326 persons infected and affected by HIV/AIDS. The beneficiaries received 2,143 psycho-social support services, including: 860 psychological support; 371 referrals and/or health services; 357 follow-up care services; and 555 educational contacts. A total of 515 home visits were conducted.

During the July–September quarter, ASOLSIDA did not recruit any new beneficiaries. However, existing beneficiaries received 59 services, including 16 emotional and/or psychological support services and 43 educational contacts. ASOLSIDA conducted 60 home visits and held one training workshop on community- and home-based care, with the participation of 10 educators. In addition, the technical team conducted 2 coordination meetings, 2 educator meetings, and 5 meetings of the five support groups. A total of 295 beneficiaries are receiving follow-up for ARV.

For the upcoming quarter, ASOLSIDA will be focused on service provision to beneficiaries, support group meetings, and educational sessions.

10. GRUPO PALOMA: Community Network for PLWHA

To date, GRUPO PALOMA has recruited 358 OVC and 562 PLHA, corresponding to 90% and 141% of the respective final targets. The beneficiaries received a total of 3,743 services distributed in the following manner: 513 emotional support; 122 referrals and/or health services; 25 educational support; 488 food donations; 328 economic support; 17 legal support; 7 clothing donations; 946 follow-up care services; 1,297 educational contacts; and 2,101 home visits. A total of 64 beneficiaries receive ARV and 98 receive follow-up in comprehensive care centers.

During the October 2006–September 2007 period, GRUPO PALOMA recruited 141 OVC and 319 persons infected and affected by HIV/AIDS. The beneficiaries received a total of 1,135 services, distributed in the following manner: 210 emotional support; 34 referrals and/or health services; 257 food donations; 213 economic support; 16 legal support; 126 follow-up health services; and 279 educational contacts. During the period, GRUPO PALOMA conducted 1,728 home visits.

During the July–September quarter, beneficiaries received 199 services, including: 101 psychological and/or emotional support services and 79 educational contacts. In addition, 160 home visits were made. The following activities were conducted: one workshop-session on community- and home-based care, with the participation of 25 volunteer promoters; 1 community intervention (talk) on stigma and discrimination, with the participation of 18 members of 3 CBOs; one coordination meeting with 25 volunteer promoters; and four support group meetings, with 84 participants.

For next quarter, GRUPO PALOMA will be focused on continuing service provision, support group meetings, and the implementation of educational sessions directed at communities and persons infected and affected by HIV/AIDS.

11. CEPROSH/GRUPO CLARA: Community and Home Based Support for PLWHA and OVC

To date, GRUPO CLARA has recruited 177 OVC and 294 persons infected and affected by HIV/AIDS, corresponding to 118% and 59% of the respective final targets. Project beneficiaries received a total of 1,523 services, distributed in the following manner: 541 emotional support; 299 referrals and/or health services; 75 educational support; 108 food donations; 7 economic support; 28 clothing donations; 240 follow-up care services; and 225 educational contacts. A total of 299 home visits were conducted.

During the October 2006–September 2007 period, GRUPO CLARA recruited 75 OVC and 138 PLHA. A total of 853 services were provided to beneficiaries, distributed in the following manner: 313 emotional support; 164 referrals and/or health services; 20 food donations; 4 economic support; 166 follow-up care services; 186 educational contacts; and 185 home visits.

During the July–September 2007 quarter, GRUPO CLARA recruited 4 OVC and 14 persons infected and affected by HIV/AIDS. A total of 211 services were provided to beneficiaries, distributed in the following manner: 109 emotional support; 8 referrals and/or health services; 29 follow-up care services; 65 educational contacts; and 44 home visits. In addition, GRUPO CLARA conducted 6 support group meetings, with a total of 101 participants; 47 talks on HIV in communities and health centers of the project's intervention areas, with 1,912 participants; and 1 community intervention on HIV/AIDS and discrimination (educational sessions with CBOs, PLHA and community members), with 69 participants. Next quarter, GRUPO CLARA will focus its efforts on the provision of psycho-social services, home visits, support group meetings, and project team meetings.

12. VISION MUNDIAL-Jimaní: Improving Health in the Province of Independencia

To date, the Visión Mundial- Jimaní project has recruited 154 OVC, representing 128% of the target, and 122 persons infected and affected by HIV/AIDS, representing 27% of the target. The beneficiaries received a total of 3,123 services, disaggregated in the following manner: 291 psychological and/or emotional support; 113 referrals and/or health services; 57 educational support; 396 food donations or nutritional supplements; 21 legal support; 1,018 follow-up care services; and 1,227 educational contacts. A total of 781 home visits were made. In addition, 1 PLHA has been referred to the comprehensive care center and 10 PLHA receive ARV treatment.

During the October 2006–September 2007 fiscal year, the project recruited 29 OVC and 21 PLHA. A total of 1,947 services were provided: 181 emotional support; 70 referrals and/or health services; 45

educational support; 128 food donations; 772 follow-up care services; 751 educational contacts; and 643 home visits.

During the July–September 2007 quarter, no new beneficiaries were recruited. However, 158 services were provided to existing beneficiaries, including: 28 home visits; 28 follow-up care services; 28 educational contacts; 13 psychological consultations; 10 medical consultations; 45 educational support services through the provision of school supplies; and 34 food donations. A refresher activity was held for 20 community caregivers on home-based care to PLHA, 14 of whom also work with OVC, and nine people began ARV treatment (3 men and 6 women).

For the upcoming quarter, Visión Mundial- Jimaní will focus its actions to maintain the community care activities through home visits, support group meetings, refresher sessions, and follow-up meetings with community caregivers.

13. VISION MUNDIAL-Loma de Cabrera: Improving Health in the Province of Dajabón

To date, the Visión Mundial-Loma de Cabrera project has recruited 99 OVC, representing 79% of the target, and 86 persons infected and affected by HIV/AIDS, representing 43% of the target. The beneficiaries received a total of 3,267 services: 750 emotional and/or psychological support; 262 referrals and/or health services; 31 education-related assistances; 689 food donations; 21 individuals with economic support; 46 clothing donations; 632 follow-up care services; 836 educational contacts; and 415 home visits. In addition, 8 PLHA have been referred to comprehensive care services, and 5 receive ARV treatment.

During the October 2006–September 2007 fiscal year, the project recruited 26 OVC and 30 PLHA. A total of 1,125 services were provided, distributed in the following manner: 258 emotional support; 85 referrals and/or health services; 18 educational support; 302 food donations; 9 economic support; 210 follow-up care services; 243 educational contacts; and 288 home visits.

During the July–September 2007 quarter, 2 new beneficiaries were recruited (one adult woman and her son), which represents a slight increase in the target for PLHA, to 79%, while the OVC target remained at 43%. The activities were directed at 10 home visits, during which 42 follow-up care services and 17 educational contacts were made. Other services provided include: 54 psychological support; 13 medical consultations; 18 children received school supplies as educational support; 11 food donations; and 2 PLHA received economic support. In total, 157 services were provided to beneficiaries. In addition, a support group meeting was held with 10 people.

For the October–December quarter, the project will focus its efforts to maintain the community care activities through home visits, support group meetings, refresher sessions, and follow-up meetings with community caregivers.

14. VISION MUNDIAL-Bateyes de Barahona: Improving Health in the Province of Barahona

To date, the Visión Mundial-Bateyes de Barahona project has recruited 366 OVC, representing 73% of the target, and 229 persons infected and affected by HIV/AIDS, representing 92% of the target. The project's beneficiaries have received a total of 8,203 services: 1,041 emotional support; 1,471 health services; 84 educational support; 1,315 food donations; 9 individuals receive economic support; 27 individuals benefited from donations of bedding and clothing; 1,583 follow-up care services; 2,673 educational contacts; and 937 home visits. In addition, 33 HIV+ individuals receive follow-up from the comprehensive care center of the Barahona Hospital, and 15 HIV+ individuals have been referred to the comprehensive care center and 15 have begun ARV treatment.

During the October 2006–September 2007 fiscal year, the project recruited 44 OVC and 27 PLHA. A total of 4,039 services were provided: 633 emotional support; 804 referrals and/or health services; 364 food donations; 4 economic support; 12 clothing donations; 733 follow-up care services; 1,489 educational contacts; and 481 home visits.

During the July–September 2007 quarter, the project recruited 4 new households with PLHA, for a total of 6 new beneficiaries, 4 of whom are HIV+. With these new beneficiaries, the project reaches a total of 229 PLHA, representing 92% of the target, and maintains the same number of OVC at 366, which corresponds to 73% of the target. The beneficiaries received a total of 669 interventions, distributed in the following manner: 151 emotional and psychological support; 79 referrals and/or health services; 183 food donations; 113 follow-up care services; 143 educational contacts; and 50 home visits.

The main activities of the quarter included: 4 continuous education talks for OVC and PLHA care, with 58 participants (39 women and 19 men); and one support group meeting, with 19 participants (10 women and 9 men).

For the upcoming quarter, the project will focus its efforts to maintain the community- and home-based care activities through home visits, support group meetings, refresher sessions, and follow-up meetings with community caregivers.

15. VISION MUNDIAL-El Seibo: Connecting for Better Health in El Seibo

To date, the Visión Mundial-El Seibo project has recruited 319 OVC, representing 106% of the target, and 267 persons infected and affected by HIV/AIDS, which corresponds to 67% of the target. The project beneficiaries have received a total of 4,012 services: 329 psychological and/or emotional support; 399 referrals and/or health services; 226 educational assistance for OVC; 696 food donations or nutritional supplements; 2 legal support; 152 clothing and household item donations; 973 follow-up care services; and 1,235 educational contacts. A total of 805 home visits were conducted. In addition, 35 PLHA have been referred to comprehensive care centers, and 52 receive ARV treatment.

During the October 2006–September 2007 fiscal year, the project recruited 167 OVC and 142 PLHA. A total of 2,978 services were provided: 213 emotional support; 294 referrals and/or health services; 124 educational support; 408 food donations; 1 legal support; 138 clothing donations; 809 follow-up care services; 991 educational contacts; and 644 home visits.

During the July–September 2007 quarter, the project recruited 21 new households with PLHA and OVC, for a total of 26 HIV+ individuals, including 3 children, and 92 HIV/AIDS-affected persons. In summary, 118 new beneficiaries were recruited, 68 under age 18 and 50 adults. A total of 902 services were provided: 18 psychological and emotional support; 71 referrals and/or health services; 121 educational support; 145 food donations; 1 legal assistance; 130 clothing donations; 258 follow-up care services; 158 educational contacts; and 140 home visits.

For the upcoming quarter, the project will focus its efforts to maintain the community- and home-based care activities through home visits, support group meetings, refresher sessions, and follow-up meetings with community caregivers.

16. CEPROSH/DAJABÓN: More Opportunities for Better Health

To date, the CEPROSH/Dajabón project has recruited a total of 191 OVC, representing 48% of the established target, and 323 persons infected and affected by HIV/AIDS, representing 46% of the target. Project beneficiaries have received a total of 6,375 services, distributed in the following manner: 1,431 emotional or psychological support; 1,310 referrals and/or health services; 130 educational assistance services to OVC; 652

food donations; 93 economic support; 315 clothing donations; 1,023 follow-up care services; 1,421 educational contacts; and 614 home visits. In addition, 20 PLHA received clinical treatment in comprehensive care centers and 74 individuals receive ARV treatment.

During the October 2006–September 2007 fiscal year, the project recruited 23 OVC and 66 PLHA. A total of 3,364 services were provided, distributed in the following manner: 625 emotional support; 856 referrals and/or health services; 12 education-related assistance; 188 food donations; 31 economic support; 315 clothing donations; 529 follow-up care services; 808 educational contacts; and 305 home visits.

During the July–September 2007 quarter, 3 new families were integrated into the program, resulting in 11 new beneficiaries: 5 new OVC with intervention plans and 6 new PLHA with intervention plans. During the period, a total of 629 services were provided: 71 emotional and/or psychological support interventions; 318 referrals and/or health services; and 2 food donations. A total of 43 home visits were conducted, with 96 follow-up care services and 142 educational contacts with project beneficiaries.

Continuity has been provided to the meetings of the three support groups, and 6 meetings were held with 62 repeat participants (32 women and 30 men). A follow-up meeting was held with community volunteers, with 9 participants.

Next quarter, the project will focus its efforts to maintain the community- and home-based care activities through work with the peer educators, home visits, support group meetings, refresher sessions, and follow-up meetings with community caregivers and peer educators.

17. CEPROSH/PUERTO PLATA: Community and Home Based Support for PLWHA and OVC

To date, the CEPROSH/Puerto Plata project has recruited a total recruited 620 OVC, representing 80% of the established target, and 1,071 persons infected and affected by HIV/AIDS, representing 87% of the target. The beneficiaries received a total of 16,597 services, distributed in the following manner: 3,134 emotional support; 7,949 health services; 737 educational support; 1,027 food and nutritional supplement donations; 1,450 follow-up care services; 2,299 educational contacts; and 548 home visits. In addition, 114 PLHA received clinical treatment in the comprehensive care center, and 110 PLHA receive ARV treatment.

During the October 2006–September 2007 fiscal year, the project recruited 216 OVC and 287 persons infected and affected by HIV/AIDS. A total of 6,629 services were provided, distributed in the following manner: 1,456 emotional support; 2,859 referrals and/or health services; 51 educational support; 387 food donations; 559 follow-up care services; 1,317 educational contacts; and 304 home visits.

During the July–September 2007 quarter, 9 OVC were recruited (3 HIV+) and 6 HIV-affected adults. The project provided a total of 365 services to beneficiaries: 43 emotional and/or psychological support; 178 health services; 63 educational contacts; and 81 follow-up care services through 61 home visits. In addition, 3 new HIV+ patients were integrated into the comprehensive care center, and 11 new patients initiated ARV treatment. The quarter's activities included: one follow-up and planning meeting with peer educators, and a refresher workshop for community volunteers, with 21 participants (14 repeat and 7 new).

Next quarter, the project will focus its efforts to maintain the community- and home-based care activities through work with the peer educators, home visits, support group meetings, refresher sessions, and follow-up meetings with community caregivers and peer educators.

18. Fundación de Apoyo al Suroeste (FUNDASUR): Community and Home-based Support for Persons Infected and Affected by HIV/AIDS and Orphans and Vulnerable Children

To date, the FUNDASUR project has recruited 261 OVC and 759 persons infected and affected by

HIV/AIDS, corresponding to 87% and 253% of the respective final targets. Beneficiaries received 1,374 services, disaggregated in the following manner: 1,143 emotional support; 97 referrals and/or health services; 9 educational support; 9 food donations; 17 economic support; 7 follow-up care services; and 92 educational contacts. A total of 514 home visits were conducted. In addition, 22 beneficiaries receive ARV and 8 receive follow-up through the comprehensive care center.

During the October 2006–September 2007 period, the total number of beneficiaries recruited by FUNDASUR was 179 OVC and 660 persons infected and affected by HIV/AIDS. During the period, the beneficiaries received 1,204 services distributed in the following manner: 996 emotional support; 80 referrals and/or health services; 9 educational support; 7 food donations; 13 economic support; 7 follow-up care services; 92 educational contacts; and 472 home visits.

During the July–September 2007 quarter, FUNDASUR focused on reorganizing and providing refresher trainings to the community support networks. For this, 2 meetings were held with the network of volunteer promoters, with 24 participants; 2 meetings were held with the technical team; and 1 refresher training was held for network leaders, with 39 participants.

Next quarter, FUNDASUR will focus on service delivery to beneficiaries, support group meetings, technical team meetings, and home visits.

19. *Fundación para el Desarrollo Comunitario Inc. (FUDECO): Community and Home-based Support for Persons Infected and Affected by HIV/AIDS and Orphans and Vulnerable Children*

To date, the FUDECO project has recruited 232 OVC and 302 persons infected and affected by HIV/AIDS, corresponding to 46% and 60% of the respective final targets. Beneficiaries received 1,531 services: 343 emotional support; 232 referrals and/or health services; 214 educational assistances; 161 food donations; 239 economic support; 3 legal support; 3 clothing donations; 129 follow-up care services; and 207 educational contacts. A total of 1,183 home visits were made.

During the October 2006–September 2007 period, a total of 225 OVC and 298 persons infected and affected by HIV/AIDS were recruited. Beneficiaries received a total of 1,509 services: 332 emotional support; 221 referrals and/or health services; 214 education support; 161 food donations; 239 economic support; 3 legal support; 3 clothing donations; 129 follow-up care services; and 207 educational contacts. A total of 1,183 home visits were made during this period.

During the July–September 2007 quarter, FUDECO had difficulties implementing project activities due to the lack of resources. Nevertheless, FUDECO was able to conduct coordination meetings with promoters to plan the refresher workshop on community care and other activities to take place next quarter.

Next quarter, FUDECO will focus on the provision of psycho-social services to beneficiaries, home visits, support group meetings, and the implementation of refresher workshops directed at volunteer networks.

20. *ONE RESPÉ: Community Support to Persons Infected and Affected by HIV/AIDS in Situations of Poverty*

ONE RESPÉ has a total of 150 OVC and 211 persons infected and affected by HIV/AIDS, representing 30% and 42% of the respective final targets. These beneficiaries have received 1,678 home visits and 8,772 services, disaggregated in the following manner: 2,383 emotional support; 1,532 referrals and/or health services; 110 education-related assistances; 1,489 food donations; 16 economic support; 2 legal assistances; 11 clothing donations; 1,731 follow-up care services; and 1,498 educational contacts.

During the October 2006–September 2007 fiscal year, ONE RESPE recruited 82 OVC and 129 persons

infected and affected by HIV/AIDS. Beneficiaries received 1,608 home visits and a total of 8,490 services: 2,354 emotional support; 1,479 referrals and/or health services; 108 education-related assistances; 1,450 food donations; 16 economic support; 2 legal support; 1,661 follow-up care services; and 1,414 educational contacts. A total of 27 HIV+ individuals were integrated into comprehensive care centers, and 16 began ARV.

During the July–September 2007 quarter, beneficiaries received 282 home visits and 2,765 psycho-social interventions: 726 emotional support; 644 referrals and/or health services; 475 follow-up care services; 472 food donations; 411 educational contacts; and 37 educational support. The program has provided follow-up to support group meetings in Haina and have begun encounters with PLHA in Santiago, in the interest of forming a support group in this area. The health teams of the intervention zones hold periodic meetings with their promoters, to assist them in handling diverse themes, discuss patient cases, and define new approach strategies.

For next quarter, ONE RESPE will continue to strengthen the promoter networks and provide follow-up to the provision of services to beneficiaries. In addition, follow-up will be provided for the establishment of a support group in Santiago and to the periodic meetings of the support group in Haina.

21. HOGAR CREA: Hope of Life

HOGAR CREA has integrated a total of 86 beneficiaries, 28 of whom currently reside in the residence home. The rest of the beneficiaries have finalized and/or have deserted the program, as have their family members and close relations. 100% of the beneficiaries were recruited during the October 2006–September 2007 fiscal year.

During the July–September 2007 quarter, eight (8) new beneficiaries were recruited, including one (1) woman and eight (8) men. During this period, two (2) training activities were held, directed at residents of the home: 1 workshop on therapeutic adherence, with the participation of 37 PLHA, and 1 workshop on nutrition, with the participation of 32 PLHA. In addition, 8 individuals were integrated into comprehensive care and began ARV. To date, HOGAR CREA has provided 32,230 services to beneficiaries, including 8,664 services provided during the July–September quarter: 3,368 emotional support; 2,584 educational contacts; 2,528 follow-up care services; 176 referrals and/or health services; and 8 economic support.

During the October 2006–September 2007 period, the NGO provided 31,973 services: 13,774 emotional support; 1,319 referrals and/or health services; 34 economic support; 8,908 follow-up care services; and 7,938 educational contacts. In addition, 60 HIV+ individuals were integrated into comprehensive care centers and 17 began ARV.

The project has continued to market mops and is beginning the sale of inverters. Residents will continue to receive training for inverter production, and inverter sales will be activated next quarter.

2.1.3 Community BCC Programs with More At-Risk Populations

2.1.3.1 Technical Assistance to NGOs for the Development of BCC Projects

During the October 2006–September 2007 period, CONECTA provided technical assistance to the NGOs that conducted HIV/AIDS prevention programs with at-risk populations in four (4) aspects:

- Updating of methodologies for HIV/AIDS prevention with out-of-school adolescents and youth. The objective of this action was to assist the NGOs, through 2 workshops, to reach a consensus definition of

BCC approach mechanisms for HIV/AIDS promotion and prevention among out-of-school adolescents and youth. Various aspects were taken into consideration, including: the characteristics of this population (and their composition by sub-groups, social interaction spaces, risk and vulnerability); to establish behavior change needs at the individual and social levels, to reduce HIV/AIDS risk and vulnerability; and the emerging themes that are derived from these needs, according to sub-groups, such as mechanisms for information delivery and the need for public policy that favors HIV/AIDS prevention.

During the July-September 2007 quarter, the partner NGOs designed intervention plans with out-of-school adolescents and youth, for the provinces of Santo Domingo, Hato Mayor, El Seibo, the Bateys of Barahona, Independencia and Dajabón, starting with the specific characteristics of the distinct sub-groups that interact in these areas. These NGOs are committed to validating these methodologies through the implementation of the current sub-agreements, and to offer feedback to CONECTA during technical meetings of the BCC component.

- *Strategy to use radio as a distance education tool.* CONECTA's technical team designed a methodology that permits the delivery of HIV/AIDS prevention and adolescent integrated health information via radio. The "Without Borders" strategy uses a social mobilization model to reach adolescents and youth, especially those who are outside of the formal education system. The model involves a process to train the NGOs on the following: radio program production; scripting; recruitment and registration of beneficiaries; identification and training of multipliers (for follow-up in the field); reading material use; and the periodic graduation of participants that have completed the education period. During 2007, CONECTA trained a team of multipliers from Visión Mundial/El Seibo in radio program production that were able to open a radiophonic space targeted at adolescents and youth in El Seibo.

During the October–December 2007 quarter, CONECTA will expand the strategy's use in El Seibo, with the goal of documenting the experience to serve as a model for further initiatives. To do so, the team will receive a refresher training, and a system for registration and follow-up will be inserted into the receipt of messages.

- *Improvement of the technical sustainability of adolescent and youth programs.* During 2007, CONECTA supported the Visión Mundial Area Development Programs (PDA) in the Bateys of Barahona, Independencia, and Loma de Cabrera, to conduct three forums, in which follow-up and support plans were designed for local initiatives on adolescent integrated health. These activities were organized in coordination with the Adolescent Integrated Health Units of the Batey 6 health center, and the hospitals of Jimaní and Loma de Cabrera. During these activities, the priorities of adolescents and youth in terms of the health agenda were analyzed, with emphasis on the prevention of HIV/AIDS and adolescent pregnancies. In addition, intersectoral coordination was promoted on the sustainability of BCC activities and the adolescent units, and the creation of coordination mechanisms in favor of this population segment.

The first "Batey Youth Forum" was held in the school in Batey 6 with the participation of 84 adolescents and youth between the ages of 10 and 24 years. The activity was preceded by a community mobilization workshop, with the participation of 40 organizations that defined criteria, roles and commitments to provide joint follow-up to the adolescent and youth interventions.

For the first forum "For youth health in Loma de Cabrera and Restauración", a total of 74 individuals participated, including provincial and municipal authorities, health authorities, service providers, and adolescents and youth of both municipalities.

In the forum "For youth of Jimaní", a total of 100 individuals participated, including representatives of the health sector, education sector, and women's sector, local governments, parents' associations, and

adolescents and youth of the province.

As a product of these forums, Visión Mundial has plans for the programmatic sustainability of actions to support adolescents and youth, including a Municipal Youth Committee that enables support to carry-out educational and health activities for youth (in the case of Batey 6); the donation of equipment to the Adolescent Integrated Health Unit (in Jimaní), and the assignment of resources from both local governments for adolescent and youth health programs (Loma de Cabrera and Restauración).

Some of these purposes have become more concrete. For example, in the case of the Barahona bateys, the youth now have a usable community hall in Batey 8; the community representatives of Batey 8 and of MENA have established a system to support transportation to the secondary school of Batey 6 for students/multipliers of these areas; and Visión Mundial has constructed a sports field in Batey 6, that will also serve to develop HIV/AIDS prevention activities with out-of-school youth.

Beginning in the October–December 2007 quarter, CONECTA will continue to support Visión Mundial and other NGOs to define and provide follow-up to sustainability initiatives. As such, CONECTA seeks to contribute to guaranteeing health programs in favor of adolescents and youth, and this population's adequate use of free time, following the project's conclusion.

- *Final reports and opening of new sub-agreements:* During the month of June, CONECTA offered technical assistance to partner NGOs to draft final reports of eight (8) sub-agreements and five (5) HIV/AIDS prevention components (implemented by 9 NGOs in the National District and 12 provinces) that concluded on May 31, 2007, with the following results:

- 147 schools and 238 CBOs are supporting BCC activities.
- 18 health centers have agreements for the referral of adolescents and youth to services.
- 2,759 peer multipliers have been trained.
- 64,965 adolescents and youth between 10-24 years have been reached.
- 24,970 prostituted women and 1,847 men who have sex with men (MSM) have been recruited for BCC interventions.

Likewise, support was provided to IDDI, PROFAMILIA, ADOPLAFAM, MUDE, COIN and ASA to design six (6) new sub-agreements; to CEPROSH and Coalición Pro-Bateyes in the definition of three (3) HIV/AIDS prevention components; and to Visión Mundial in the definition of four (4) HIV/AIDS prevention components, as part of new contracts with four different Area Development Programs (PDAs). These new sub-agreements and contracts were signed during August and September. With these agreements, CONECTA intends to guarantee the continuation of BCC interventions for HIV/AIDS prevention, targeted at the populations of adolescents and youth, prostituted women and clients, and MSM, in select areas, through February 2008, during the transition toward USAID's new strategy.

With the implementation of these sub-agreements, through February 2008, the following targets have been planned:

- 700 peer multipliers re-trained in adolescent integrated health services and delivery of information to their peers on HIV/AIDS prevention, focused on abstinence and fidelity.
- 14,000 new adolescents and youth between 10 and 24 years of age receiving HIV/AIDS prevention messages focused on abstinence and fidelity.
- 60 health messengers and 60 promoters trained to delivery HIV/AIDS prevention messages focused on other prevention strategies (not abstinence or fidelity), to prostituted women, clients and MSM, respectively.

- 4,500 new prostituted women, 3,000 clients, and 200 new MSM receiving HIV/AIDS prevention messages through other prevention strategies (not abstinence or fidelity).

2.1.3.2 Monitoring and Evaluation Activities

During the October 2006–September 2007 period, 119 monitoring visits were made to BCC programs, specifically for:

- Validation of documents that support quarterly reports and final project reports (May 2007). CONECTA project monitors checked the data collection instruments for training and education activities, to verify the congruence between the information reported to CONECTA and the NGO project files.

- “In situ” updating of training curricula derived from PEPFAR system, related to the delivery of HIV/AIDS prevention information focused on abstinence and fidelity, and other prevention strategies; reduction of HIV/AIDS-related stigma and discrimination; and community mobilization for HIV/AIDS prevention. During the monitoring visits, CONECTA reviewed and supported the design of training programs, pre- and post-tests, and support materials used in each of these trainings during the period.

During the July–September quarter, the BCC technical team designed a feedback model for multipliers, with emphasis on skills development for the identification of risk factors and vulnerability to HIV/AIDS infection and fundamental emerging themes for HIV/AIDS prevention among adolescents and youth, such as transactional sex, intergenerational sex, and violence, among others.

2.1.3.3 Start of Process to Systematize CONECTA Project’s BCC Experiences through CONECTA

During the July–September 2007 quarter, CONECTA’s BCC component organized three technical meetings with NGOs that implement programs with adolescents and youth, prostituted women, and MSM. The objective of these meetings was to define the process of organization, presentation, and dissemination of the information produced during the life of the project.

In coordination with these NGOs, the BCC component developed a systematization scheme that covers three moments:

- Production of a final report with BCC actions, according to at-risk populations intervened by the NGOs, and of technical assistance offered from CONECTA to the NGOs and DIGECITSS.
- Production of four technical documents that serve as tools to interested sectors and organizations, based on: technical assistance in BCC to NGOs and governmental organizations; and implementation of BCC programs with adolescents and youth, and prostituted women, clients, and MSM.
- Publication, dissemination, presentation and training on the use of the tools produced.
- At the conclusion of the July–September quarter, with the participation of the area’s NGOs, CONECTA’s BCC component had advanced with the collection of complementary data for the task (life stories, focus groups) and in the identification and definition of the strategies and activities involved in the HIV/AIDS prevention programs (according to population). For the October–December quarter, it is anticipated that the draft systematization will be completed.

2.1.3.4 Implementation of NGO Programs

1. ADOPLAFAM / MUDE: Connecting for Health Improvement in Hato Mayor Province

For the ADOPLAFAM–MUDE alliance, the October 2006–September 2007 period represented an

opportunity to consolidate its interventions in schools and lyceés in the urban and rural zones of Hato Mayor Province, and to strengthen the relationships with the adolescent health services offered in the Dr. Leopoldo Martínez Hospital and in the primary care units (UNAPs). These NGOs have coordinated their actions to conduct educational activities targeted at out-of-school adolescents and youth through clubs, the Red Cross, Civil Fire Departments, foundations and CBOs, in parks, plazas and community halls.

During 2007, the ADOPLAFAM–MUDE alliance conducted meetings and encounters with local health authorities, teachers, multipliers and beneficiaries, to evaluate the actions developed during the life of the project, which concluded in May 2007. Nevertheless, beginning in August 2007, both NGOs presented separate proposals for new sub-agreements to be conducted during this transition period to USAID’s new strategy. As such, the data presented in this report correspond only to the project implemented by the alliance, through May 2007.

The following are the results of the alliance’s programmatic implementation during 2007:

- 118 multipliers trained.
- 4,179 adolescents and youth, between 10 and 24 years of age, recruited for BCC activities.
- 3,977 adolescents and youth subsequently reached with BCC activities.

During the encounters with multipliers organized by ADOPLAFAM and MUDE for the conclusion of the joint project, it was evident that the experience has given the multipliers a “*new meaning to their lives*” and “*new perspectives of the future*”, in accordance with their testimonies. For the majority, their school grades have significantly improved, as have their intra-family relationships.

In the province, the multipliers’ work is positively recognized, which has been translated into the increase of adolescents that go to the adolescent integrated health unit of the hospital, the primary care units, and other centers, in search of STI and HIV/AIDS prevention information, in addition to sexual and reproductive health methods or supplies.

In the framework of the new sub-agreement with ADOPLAFAM, which began in August 2007, the July–September quarter provides the following data:

- 78 multipliers trained.
- 1,581 new adolescents and youth between 10 and 24 years recruited for BCC activities.
- 1,125 adolescents and youth subsequently participating in BCC activities.
- 3 schools and 6 CBOs supporting BCC activities.

2. MUDE: Connecting for Health Improvement and HIV/AIDS Prevention among Adolescents in Select Rural Communities of Hato Mayor Province

During the July–September quarter, MUDE began implementation of activities under the new sub-agreement that spans the period of August 2007–February 2008. During the quarter, MUDE reported that 48 multipliers were trained, to continue organizing the educational activities included in this new sub-agreement.

3. PROFAMILIA: Health Information and Service for Adolescents and Youth

During the October 2006–September 2007 period, PROFAMILIA continued the objective of improving the sexual and reproductive health of adolescents and youth (10 to 24 years of age) from the municipality of Santo Domingo Norte, Santo Domingo province, through the promotion and offering of education and youth-friendly reproductive health services. Visits were made to leaders and schools in the community, to coordinate educational actions in favor of the youth of Sabana Perdida; follow-up meetings were held

with the multiplier network; and educational talks reached new and previously-reached adolescents.

During the year, PROFAMILIA reached 2,873 new and 6,057 previously-reached adolescents and youth. Youth were trained in advocacy and political influence for youth promotion and participation. In addition, PROFAMILIA participated in radio and television programs to promote youth-friendly health services and the AB strategy for HIV/AIDS prevention.

PROFAMILIA has demonstrated that it promotes real and active participation of the multipliers within the project, as they enjoy a high level of involvement in the decision-making process for activities targeted at adolescents and youth from Sabana Perdida, and have a clear understanding of the project's objectives and a solid grasp of the information they handle. Parental involvement has enabled the multipliers to have a greater level of commitment and responsibility toward the activities to promote adolescent integrated health. In addition, the multipliers have become educators within the family sphere, for which they are viewed with respect and pride, as was made evident by the results of the programmatic evaluation exercise conducted by CONECTA's BCC team.

During the July–September 2007 quarter, PROFAMILIA organized two group activities that reached 385 adolescents and youth between 10 and 24 years of age.

4. *IDDI: HIV/AIDS and Sexual and Reproductive Health Prevention in Adolescents and Youth from Los Alcarizos and Engombe through Community Strategy Involvement*

In 2007, IDDI implemented educational activities to bring HIV/AIDS prevention and sexual and reproductive health messages to adolescents and youth through information, education and communication (IEC) interventions at the group level and face-to-face.

In accordance with the sub-agreement, IDDI conducted supervision visits to project activities, such as visits to community organizations, health centers, and schools, with the goal of obtaining feedback from these actors.

In May, IDDI organized a reflection exercise for the end of the project, where testimonies from the multipliers permit the following conclusions:

- Before their arrival to the program, many youth considered themselves to be insecure, timid, and with low self-esteem, and were not aware of health services exclusively targeted at adolescents and youth. Thanks to their participation within the program, they now feel secure, have self-confidence, and enjoy the respect of classmates, their community and family.
- They note that a basic characteristic of the multiplier, in addition to commitment, is creativity, and the network, as a space for youth participation, provides them an opportunity to put into practice their creativity to promote healthy lifestyles for adolescents with the use of music, role plays, street theater, and painting, among others.
- The support of the adult community has been fundamental for the work that they have been developing in their communities. They have had the opportunity to educate adults who, at first, had stigmatized them for being youth, but later admired and recognized their clear grasp of the themes and information.

Among the achievements of 2007, it is important to note the following:

- 71 multipliers trained.
- 5,445 new adolescents and youth have been recruited for BCC.
- 8,876 adolescents and youth subsequently participating in BCC activities.
- Similar to the rest of the NGOs, IDDI began a new sub-agreement during the July–September 2007

quarter, which will end in February 2008. In its first two months of implementation, this NGO held three meetings with adolescent integrated health units of Los Alcarrizos and Engombe; two feedback sessions for youth from Bayona, Engombe, La Pina and Lebron, to strengthen the actions in the impact area; and 31 educational sessions, with the following products:

- 71 multipliers trained.
- 449 new adolescents and youth recruited for BCC.
- 367 adolescents and youth subsequently participating in BCC activities.

5. CEPROSH/Dajabón: More Opportunities for Better Health

Among CEPROSH/Dajabón's most relevant activities during the October 2006–September 2007 period, was a health fair, which was coordinated with the Adolescent Integrated Health Unit of the Ramón Matías Mella Hospital. The objective of this activity was to promote the adolescent health services offered by this MOH/SESPAS health center. The health fair was held at the hospital with the participation of 400 adolescents and youth from different schools in the province. Part of the agenda included the distribution of educational materials, a video-forum, talks, and guided visits to the Adolescent Integrated Health Unit.

In addition, CEPROSH implemented training workshops for multipliers and follow-up meetings with multipliers of the province.

Due to the sub-agreement that concluded in May, CEPROSH conducted 5 sessions with 81 multipliers, so that they could express their experiences and expectations of their participation in the experience. The results show a good evaluation, as demonstrated by the following testimonies:

... *“My development as a person has been possible through my role as multiplier. Thanks to this project, today I am a member of the Youth Council”* (Miguel Alfonso Taveras. 17 years).

... *“They have a purpose with us, and they have achieved it: we have become better people, making it possible for us to improve the lives of many other people.”* (Catherine Fernández. 14 years).

During 2007, CEPROSH providing the following data:

- 54 multipliers trained.
- 795 new adolescents and youth have been recruited for BCC.
- 236 adolescents and youth subsequently participating in BCC activities.

During the July–September quarter, a new sub-agreement began with CEPROSH. As a result, only two activities took place during the quarter: a feedback session with 21 multipliers; and an encounter to coordinate actions with the Adolescent Integrated Health Unit of the Ramón Matías Mella Hospital in Dajabón, which was facilitated by a CONECTA monitor.

6. VISIÓN MUNDIAL

During the October 2006–September 2007 period, Visión Mundial's activities were focused on promoting adolescent health services and the coordination of actions with different sectors of the provinces, to provide continuity to the information and education of adolescents and youth between 10 and 24 years of age. Through its Area Development Programs (PDAs) in the Barahona Bateys, Independencia, El Seibo and Restauración, Visión Mundial had achieved the following results through September 2007:

- 404 multipliers trained.
- 2,174 new adolescents receiving information for HIV/AIDS prevention through abstinence and fidelity.

- 1,987 adolescents and youth receiving information for HIV/AIDS prevention through abstinence and fidelity for a subsequent time.

Visión Mundial's performance, through its different PDAs and sub-agreements, is detailed below:

6.1. Comprehensive HIV/AIDS Care for OVC, PLHA, Adolescents and Youth in the Province of Barahona

During the October 2006–September 2007 period, the BCC component of this project was characterized by activities to promote adolescent health services, through the Young Peoples' Fair, and the development of adolescent health initiatives, including the organization of a forum, with the support of CONECTA.

Through May 2007, this project had covered the entire population of students and schools of the nine (9) bateys contemplated in the sub-agreement, and had integrated six (6) communities and eight (8) additional schools for educational talks.

The project greatly contributed to improving the levels of information and personal and community awareness on important themes for adolescent and youth health. These themes included delaying the first sexual relation and adolescent pregnancy, and HIV/AIDS prevention among the beneficiary population. This information was obtained through a programmatic evaluation exercise recently conducted by CONECTA's BCC team, through interviews with these actors.

As evidenced by the testimonies of multipliers and beneficiaries, many have become interested in taking courses, gaining life skills, and in seeing the issue of adolescent pregnancy and HIV/AIDS as something "relevant to them"; as such, they have created a type of competition, to prevent these types of problems in their communities.

Also, it is important to note as a relevant point of the BCC component with adolescents and youth, the act of having created an intersectoral and inter-institutional platform for community mobilization, capable of creating the lasting conditions of the education and service interventions for this population.

The following were the results from the July–September quarter:

- 45 new adolescents and youth recruited for BCC.
- 62 adolescents and youth subsequently participating in BCC activities.

6.2. Expansion of Integrated Sexual, Reproductive Health and STI/HIV/AIDS Services Coverage for Adolescents and Youth in the Province of Independencia

For the BCC component of this sub-agreement, the educational activities on sexual and reproductive health and HIV/AIDS prevention targeted at adolescents and youth, included trainings for multipliers and the delivery of information to beneficiaries, such as awareness-raising and training sessions for parents, teachers, and different representatives of the municipalities of Jimaní and La Descubierta.

It is important to note that for the purpose of closing the sub-agreement that ended in May 2007, Visión Mundial held two evaluation sessions targeted at multipliers, beneficiaries, and parents, with the following results:

- The multipliers and beneficiaries have full knowledge in aspects such as the difference between HIV/AIDS and AIDS; how HIV/AIDS is and is not transmitted; why it is important to reduce HIV/AIDS-related stigma and discrimination; the risks of adolescent pregnancy; life skills; the importance of visiting health services; and how health services function, among others. The multipliers and beneficiaries

positively value their involvement in the program, and feel committed to maintain the same level of participation. They identify the need to incorporate the themes of drugs and alcohol into the BCC agenda, as they are risk factors for HIV/AIDS infection in the province.

- Parents have a clear understanding of the multiplier work that is performed by their children, recognizing them as adolescents and youth with positive behavior towards sexuality and HIV/AIDS prevention. They highlight the importance of reaching out-of-school youth, many of whom are of Haitian background and are undocumented, a condition that limits their access to formal education.

Through the start of a new contract, which concludes in early March 2008, the PDA in Independencia has conducted 6 training talks for adolescents, reaching 145 new adolescents and youth for BCC activities.

6.3. Comprehensive HIV/AIDS Care for OVC, PLHA, Adolescents and Youth in Restauración, Loma de Cabrera, and Other Surrounding Communities in the Province of Dajabón

During the October 2006–September 2007 period, Visión Mundial’s BCC activities in Dajabón consisted of two primary tasks: the promotion of services for adolescents of the Loma de Cabrera Hospital, and the training and updating of project multipliers. In addition, the sub-agreement that began in June 2006 concluded in May 2007.

During the month of May, Visión Mundial conducted an evaluation to 44 randomly selected multipliers through a questionnaire with seven open-ended questions. The following phrases represent some of the responses: *These youth understand that the project enables them to promote change in their communities... save lives... guide others to make changes in their lives... so that they understand the difference between sex and sexuality, and know the risks of adolescent pregnancy... and contribute to getting youth interested in the services that they need and to which they have a right.*

For the July–September 2007 quarter, no activities were reported to CONECTA, although the PDA conducted some preparatory activities, to guarantee fulfillment of the contracted targets through early March 2008.

6.4. Connecting for Better Health in El Seibo Province

The following represent some of this project’s achievements during the October 2006–September 2007 period: the start of an educational experience via the radio, which is the product of a CONECTA-sponsored radio program production workshop, and activities to coordinate the sustainability of adolescent health responses. The BCC component of this sub-agreement was able to establish a solid link with the schools that were reached, such that by the close of the project in May, the Secretariat of Education (SEE) had begun implementation of the Affective Sexual Education Program (PEAS) in the schools of the municipality of El Seibo, and had played a significant role for the Dr. Teófilo Hernández Hospital to obtain a modern Adolescent Integrated Health Unit.

For the conclusion of the project, 46 multipliers participated in an evaluation session, expressing that the experience had represented a change and transformation in their lives, raising their perception of risk, and enabling them to gain skills for relationships, public speaking, and increasing their knowledge of ITS, HIV/AIDS, values, and life skills.

For the July–September 2007 quarter, no activities were reported to CONECTA due to the start of the new contract with CONECTA, although the PDA conducted some preparatory activities with the multipliers and the rest of the organizations involved in the project.

7. COALICIÓN PRO-BATEYES (ADOPLAFAM –CIAC –IDAC –MOSCTHA –CEPAE –CEPAC –COTEDO): Connecting the Bateys to Comprehensive Health and the Prevention of STIs and HIV/AIDS

The activities of the BCC component of this project involved the delivery of HIV/AIDS prevention information to adolescents and youth between the ages of 10 and 24 years, such as the distribution of educational material, face-to-face encounters, and group IEC events.

At the conclusion of the October 2006–September 2007 period, the Coalición Pro-Bateyes had trained 384 multipliers, and 13,209 new and 8,073 subsequent adolescents and youth had received HIV/AIDS prevention information focused on abstinence and fidelity.

During the July–September quarter, in the framework of the new sub-agreement, the Coalición Pro-Bateyes conducted educational activities for HIV/AIDS prevention focused on abstinence and fidelity to 2,588 adolescents and youth.

8. CEPROSH: Avancemos Project

In this project, that was implemented through May 2007 in the provinces of Samaná, Puerto Plata (municipality), Dajabón and Valverde (Mao), the main tasks consisted of talks, theater outings, face-to-face sessions, and trainings for health messengers and lead messengers. For the close of this sub-agreement, CEPROSH organized an encounter with health authorities and businessowners in these four provinces, where they demonstrated their commitment to support BCC activities and to guarantee the access to STI and HIV/AIDS services for prostituted women.

During the October 2006–September 2007 period, CEPROSH trained volunteer messengers in the delivery of HIV/AIDS prevention information through other prevention strategies (not abstinence or fidelity). In addition, CEPROSH recruited 1,776 prostituted women and 2,625 clients for educational activities for HIV prevention through other prevention strategies (not abstinence or fidelity).

In the July–September quarter, within the new sub-agreement that began in August, CEPROSH implemented educational activities in Puerto Plata, Mao and Dajabón, which benefited 335 prostituted women (256 through talks and 79 through theater outings in businesses) and 135 clients.

9. COIN: Avancemos Project

Like CEPROSH, the October 2006–September 2007 period for COIN was characterized by face-to-face sessions, theater outings, trainings and talks in businesses and open spaces, with the goal of HIV/AIDS prevention among prostituted women and clients, in the provinces of Santiago, San Pedro de Macorís, La Romana and the National District. Nevertheless, this sub-agreement concluded in May, and a new sub-agreement was begun in August to develop BCC interventions limited to the National District, La Romana and San Pedro de Macorís, through mid-February 2008.

Through May 2007, COIN emphasized the leadership of its networks of lead and volunteer messengers, responsible for disseminating the educational message among their peers in the businesses targeted by the project. Likewise, COIN was able to strengthen the medical check-up services in La Romana and Santiago, and in the Integral Health Clinic and COIN's mobile unit. In addition, access to condoms was strengthened through condom social marketing in sex work establishments, and in the hotels and motels frequented by prostituted women and their clients.

During the period, COIN identified new sex work modalities particular to each place, which enabled the extension of educational interventions and preventive health to new zones, and the design of new

intervention strategies in open places and territories (car washes, mini-markets, liquor stores, billiard halls, and massage parlors, among others) in the different intervention provinces. In addition, COIN established an effective coordination with health authorities and community organisms, who demonstrated a willingness to collaborate on project implementation, such as the relationships with businessowners (including new business modalities), who greatly facilitated the implementation of activities.

Through the end of the October 2006–September 2007 period, COIN had reached 3,379 prostituted women and 4,502 clients through other HIV/AIDS prevention strategies (not abstinence or fidelity). During the July–September quarter, COIN conducted training encounters with volunteer messengers in La Romana; and a training workshop for lead messengers and two theater presentations in businesses in Santo Domingo. A total of 450 new prostituted women and 290 clients were recruited for BCC activities.

10. AMIGOS SIEMPRE AMIGOS (ASA): Stop to AIDS

During the October 2006–September 2007 period, ASA promoters conducted outreach activities in different gay meeting places, such as the Duarte Park in the Colonial Zone, Plaza España, the Juan Pablo Duarte Olympic Center, the Conde Pedestrian Street, J.D. Discoteca, and CHA Disco, to motivate the population of men who have sex with men (MSM) to participate in the project’s educational interventions, that include the “Between Men” open talks, the “We Can Do It” workshops, and interest groups. The empowerment of the ASA volunteer network and its involvement in project activities is one of the principal achievements of the period, and of the project that concluded in May 2007 and re-initiated in August 2007, under a new sub-agreement to be concluded in February 2008.

During the October 2006–September 2007 period, ASA involved 247 new MSM in BCC activities. During the July–September quarter, information was provided to 40 men to deliver HIV/AIDS prevention messages focused on other prevention strategies (not abstinence or fidelity), and 391 MSM were reached through outreach activities.

11. ASA, CEPROSH, COIN, MODEMU: Educational Intervention for the Prevention of HIV/AIDS for Men and Transvestites who engage in Transactional Sex

This project constituted a pilot project for HIV/AIDS prevention and access to services for men and transvestites who engage in transactional sex. The project concluded in May, with a total of 890 men in educational activities and 213 treated with STI and HIV/AIDS services, during the October 2006–May 2007 period.

At the conclusion of the project, a qualitative evaluation was conducted through focus groups and interviews, providing the following results: the individuals interviewed have knowledge of STI and HIV/AIDS, but continue relating HIV/AIDS to death; they know the forms of protection; they know that abstinence, mutual fidelity, and correct condom use is the method to protect themselves from STI and HIV/AIDS; they always use condoms with their clients, although in the relationships with trusted partners they generally do not use it; they still demonstrate significant levels of stigmatizing attitudes related to HIV/AIDS; and they positively value the access to services through COIN’s mobile unit.

PERSONS REACHED IN HIV/AIDS PREVENTION ACTIVITIES THROUGH BEHAVIOR CHANGE COMMUNICATION (BCC) (October 2006- September 2007)

INDICATORS	TARGET 2007	REACHED	%
Number of persons trained to deliver information focused on abstinence and fidelity.	1,200	1, 238	103.2%

Number of persons trained to deliver information focused on other prevention strategies (not abstinence or fidelity).	1,500	1,495	99.7%
Number of persons reached for the first time with BCC activities for HIV/AIDS prevention through abstinence and fidelity.	25,000	28,675	114.7%
Number of persons reached for a subsequent time with BCC activities for HIV/AIDS prevention through abstinence and fidelity.	23,000	29,206	126.9%
Number of persons reached for the first time with BCC activities for HIV/AIDS prevention through other prevention strategies (not abstinence or fidelity).	37,000	46,778	126.4%

2.1.4 Other Activities

2.1.4.1 Technical Meetings on Pediatric AIDS Project with the Clinton Foundation

USAID/CONECTA supported the “Pediatric AIDS Initiative for Access, Diagnosis, and Treatment for Children Infected and Affected by HIV/AIDS.” A memorandum of understanding was signed with COPRESIDA, the Clinton Foundation, and DIGECITSS to develop a pilot project to cover PCR tests for 600 infants integrated into the National PMTCT Program, and provided follow-up to them within the pediatric comprehensive care centers. The process includes a workshop to develop an action plan and prioritize actions, with all of the institutions involved in Pediatric AIDS: DIGECITSS, CONANI, UNICEF, the Clinton Foundation, CONECTA, USAID, and Columbia University.

2.1.4.2 Participation in HIV/AIDS Bi-national Workshop

In April, CONECTA participated in a follow-up workshop for drafting the binational health plan between Elías Piña and Haiti. A review was made of the HIV/AIDS, malaria, TB and maternal-child health components, and activities and budgets were assigned. A committee was formed with members of Haiti’s Ministry of Health, Partners in Health, the DPS of Elías Piña, Plan International, and USAID/CONECTA. During the first week of June, support was provided to the workshop to draft the Binational HIV/AIDS Agenda between the Dominican Republic and Haiti. The national technical cell is comprised of DIGECITSS, COPRESIDA, and UNDP.

In the framework of the binational coordination efforts, an agenda for the development of actions between Elías Piña (Comendador) and Haiti (Belladere) has been developed and implemented in the spirit of strengthening HIV/AIDS care, and with emphasis on conducting CD4 tests and follow-up to PLHA.

2.1.4.3 Follow-Up to the Evaluation of the Health System’s Response to HIV/AIDS

Through invitation by PAHO, CONECTA participated in a meeting (May 2007) to provide follow-up to the evaluation of the Dominican Republic’s health system’s response to HIV/AIDS. Publication of the final document, and a workshop to analyze the results, are expected.

2.1.4.4 Technical Support for Development of the HIV/AIDS National Strategic Plan (PEN)

FHI/CONECTA technicians offered technical support to the drafting of the National Strategic Plan (PEN)

in the “regional consultations” of Puerto Plata, Barahona and Santo Domingo. On May 31, 2007, the final document was presented of the National Strategic Plan (PEN) 2007-2010.

2.1.4.5 Technical Support for Development of the Country Proposal for HIV/AIDS, Tuberculosis and Malaria in the Seventh Round of the Global Fund

During the months of June and July 2007, CONECTA provided technical support to develop the proposal for the Seventh Round of the Global Fund for HIV/AIDS, Tuberculosis and Malaria, in the framework of this seventh round of funding.

2.1.4.6 Coordination with DIGPRES

In June, a meeting was held with DIGPRES for coordination of promotion and prevention activities in the thematic areas of the CONECTA Project.

2.1.4.7 Inauguration of the CD4 Machine and the Sub-Network of HIV Laboratorios in the North Region

In May, a CD4 machine, donated by USAID to the HIV/AIDS unit of PROFAMILIA-Santiago, was put into operation. With this machine, service will be provided to the PLHA treated in the 14 comprehensive care centers in the northern region.

2.1.4.8 Participation in the Workshop for the Development of the Operational Plan for Installation of the HIV Laboratory Network and Blood Banks

CONECTA supported and participated in the workshop to draft the operational plan and to create the network of HIV laboratories, facilitated by technicians from COPRESIDA and the Laboratory Directorate of the MOH/SESPAS.

The guidelines under which the strategies and operational planning have been defined are:

1. Institutional development and strengthening (where CONECTA leadership was agreed in terms of coordination).
2. Quality management.
3. Knowledge and research management.
4. Referral and counter-referral system.
5. Integrated information system.

2.1.4.9 Advocacy and Political Influence: Promotion of HIV/AIDS in Social Security

One of the main achievements during the October 2006–September 2007 period was the positioning of the Social Security and HIV/AIDS theme in the National Strategic Plan (PEN) 2007-2015 agenda, and in the speeches of decision-making sectors on social security. Through the project on advocacy and political influence in HIV/AIDS, the NGO/AIDS Coalition conducted dissemination, awareness-raising, and coordination activities.

The objective of the project (concluded in May 2007) was evident in Strategy No. 1 of the PEN, when it establishes the “implementation of public policy that provides a sustainable national response to STIs, and HIV/AIDS” (within the existing legal framework, including the Dominican Social Security System). In the framework of the Seventh Round of the Global Fund, the theme was accepted as one of the principal

public policy gaps, and was later included in the plan presented to the Global Fund by COPRESIDA and civil society organizations.

During 2007, the Coalition organized forums on the theme, with the participation of functionaries from the health and labor sectors, professional associations, academics, social communicators, and authorities of organizations represented before the National Social Security Council and the Superintendent of Health and Labor Risks (SISALRIL).

In addition to the advocacy activities, the institution implemented trainings for the member organizations and other public and civil society entities on the themes of social security and HIV/AIDS, community mobilization, stigma and discrimination, and the design of HIV/AIDS policies and institutional strengthening for the HIV/AIDS response, which reached 427 people.

In September 2007, the NGO/AIDS Coalition signed a new sub-agreement with CONECTA, with the general objective of contributing to the organization's process of institutional strengthening, in the context of roles and challenges that fall under its jurisdiction, in terms of the National Strategic Plan (PEN) 2007-2015. In a specific manner, this sub-agreement, which concludes in February 2008, intends to improve the levels of communication, skills development, and participation of the member NGOs, and to maintain its public positioning as an entity that influences HIV/AIDS policies in the Dominican Republic. During the quarter, the Coalition conducted preparatory activities for its institutional strengthening plan.

2.1.4.10 Support to DIGECITSS' Communication Strategy

During the October 2006–September 2007 period, CONECTA offered technical assistance to DIGECITSS for the implementation of the following activities:

Demonstrative experience for the reduction of stigma and discrimination in service providers and social communicators from select provinces. This activity represented a response to the need identified by the MOH/SESPAS, as a product of a national evaluation of HIV/AIDS services conducted in December 2006.

In accordance with the national evaluation, stigma and discrimination is most felt in the provinces of Montecristi, Dajabón, Valverde and Puerto Plata. Montecristi has been selected as the site to pilot the model in all of its phases, through which DIGECITSS intends to develop indicators for knowledge, practices and attitudes among service providers and communicators, which limit the effectiveness of the HIV/AIDS prevention and treatment programs.

During the July–September quarter, CONECTA worked to design the pre-test, whose methodology implies a quasi-experimental rapid study (to be implemented in Montecristi) that enables the comparison of results of interest between two to four groups of clinical and non-clinical service providers in two of the four municipal hospitals of the province. The hospital where interventions will be conducted will serve as the treatment group, and the other hospital where no type of intervention will take place will serve as the control group. These hospitals were randomly selected to participate.

2.1.4.11 Fifth National Song Contest on HIV/AIDS

The award ceremony took place on December 1st, in the framework of World AIDS Day, and was financed by USAID and other donor agencies. A total of 70 aspiring artists (groups and soloists) participated, from which 10 finalists were selected.

The objective of the contest, that has taken place in the country for the last five years, is to provide incentives to develop the creative capacity of Dominican youth for HIV/AIDS prevention through communication strategies that include the dissemination of messages through mass media and multimedia. The activity brought together more than 2,000 adolescents and youth.

2.1.4.12 Technical and Financial Support to the Second Phase of the “Help Bring Color into their Life” Campaign

The objective has been to contribute to the reduction of HIV/AIDS-related stigma and discrimination, while at the same time positioning the rights of PLHA to health services and employment. The messages have been disseminated through at least 18 channels in Santo Domingo and other regions of the country.

2.1.4.13 Support to World AIDS Day – December 2006

In support of the DPS in the focus provinces, CONECTA supported the World AIDS Day commemoration initiatives. These activities were included in the annual plans of both levels, and evaluated in the evaluation and planning exercises that took place in January 2007.

CONECTA distributed HIV/AIDS educational and promotional material, including posters and brochures, on the media campaign “Help Bring Color into their Life”, and participated in the health fair organized by DIGECITSS on the UASD campus. A total of 27 organizations participated in the fair, including ten (10) universities and more than 25,000 university students. CONECTA’s activities were coordinated with the IDDI, and included video-forums, talks, the distribution of 11,000 educational materials, and the application of 100 questionnaires on risk perception of contracting HIV/AIDS among university-age youth.

2.2 TUBERCULOSIS

During the October 2006–September 2007 period, training activities were conducted to integrate new actors and communities into the process; encounters were held related to the coordination between key actors of the sub-agreements; and efforts were made to continue the empowerment of provincial managers of the National TB Control Program (PNCT) of the TB Social Mobilization strategy to achieve project sustainability. During this period, 9 sub-agreements were being implemented in 181 communities, including 80 bateys, with the following 9 NGOs: ONE RESPE, MUDE, IDDI, BRA DOMINICANA, FUNDASUR, MOSCTHA, INDAJOVEN, CACS-Bonao and FUDECO.

2.2.1 NGO Training Workshops in TB Social Mobilization

During the October 2006–September 2007 period, CONECTA continued to provide support and technical assistance to the NGOs and the PNCT in the process of training and awareness-raising, conducting 53 training activities with 1,937 participants, including health promoters and volunteers, leaders and community entities, service providers, provincial coordinators of TB programs, and coordinators from the NGOs with sub-agreements.

The principal activities were the following:

1. With the purpose of providing follow-up to the advances, obstacles and challenges in the implementation of the social mobilization strategy, 2 workshops were held on *Advances in TB Social Mobilization* with 114 participants, including the participation of the 9 NGOs, PAHO, USAID, PROFAMILIA, and the PNCT.
2. As a contribution to strengthening the work of health service providers with the community, and based on the need to reduce TB- and HIV-related stigma and discrimination, 12 workshops were held on *Behavior Change Communication for Tuberculosis- and HIV-Related Stigma and Discrimination* with 448 health service providers from local TB programs of 10 provinces.
3. With the objective of integrating MOH/SEPSAS promoters in the TB Social Mobilization activities, 13 workshops were held on *Training in TB Social Mobilization* for SESPAS health promoters and community groups (Red Cross, teachers, technicians from the Agricultural Bank, etc.). There were a total of 404 participants from 6 provinces and 3 health areas, with the goal of strengthening and providing sustainability to TB Social Mobilization activities.
4. With the goal of bringing Creole-language information on TB and HIV to batey and border populations, 4 workshops were held on *Training in TB Social Mobilization in Creole*, with the participation of 81 health promoters that speak Creole and know Haitian culture.
5. To encourage strengthening of the sustainability initiatives in TB Social Mobilization and to strengthen the signed agreements with community entities and the NGOs, in addition to improve coordination with service providers and the health centers in the intervention communities, a total of 8 workshops were held for alliances and networks for the sustainability of TB Social Mobilization in the intervention areas, with 277 participants. To promote the participation of NGOs and communities in the follow-up of results of the IEC activities in TB and HIV in support of the DOTS strategy of the PNCT, 6 workshops were held on *Coordination of TB Social Mobilization and HIV for NGOs, DPS, Health Service Providers, and Communities* with 237 participants.
6. With the objective of exchanging information and experiences between NGO technicians and multipliers, and to train on the system of quarterly programming and activity organization, incorporating technical and cultural elements in the daily work and the report of information of activities conducted, 2 feedback workshops were provided to multipliers with 113 participants.
7. With the objective that community personnel of the NGOs incorporate knowledge, skills and capabilities necessary for the home-based care of PLHA and individuals with TB-HIV co-

infection, and to identify the tasks required to provide improvement in the quality of life of PLHA and human solidarity, 4 workshops were held on *Palliative Care and Home-Based Care to PLHA and Individuals with TB-HIV Co-infection* with the participation of 100 health promoters, from 4 provinces.

8. Contributing to the strengthening of the PNCT in its interrelation with civil society in the TB Social Mobilization strategy, CONECTA held a community forum in Elías Piña with 69 participants, raising awareness of civil society representatives and provincial authorities, with the goal of achieving advocacy toward the PNCT, where CONECTA presented the national and international evaluations and where actions were defined with representatives of the participating community, with the goal of strengthening the PNCT in the province.
9. Since it is necessary to hold collaborative activities between the TB and HIV programs, to seek improvement in the institutional response to TB-HIV co-infection, and to support the National Co-infection Committee, CONECTA provided support for drafting an action plan for inter-programmatic collaborative activities for TB-HIV co-infection for 2007. A workshop was held on *Action Plan for Inter-Programmatic Collaborative Activities for TB-HIV/AIDS*, with the participation of 21 representatives of 12 institutions that work in the TB and HIV component, such as: DIGECITSS, PNCT, PAHO, PROFAMILIA, CENISMI, Dominican Society for Infectology, Armed Forces, DIGEPI, IDSS, Clinton Foundation, COPRESIDA, and the Comprehensive Care Center of the Centro Sanitario. During the workshop, a matrix was developed of the activities related to action policy, training, national guides, diagnosis, TB-ARV treatment, epidemiological surveillance system, research, promotion, and IEC.
10. To strengthen the PNCT information system and to monitor and evaluate the social mobilization component of the PNCT, a workshop was held on *Definition of a Monitoring and Evaluation System of the TB Social Mobilization Component* with 25 provincial managers of the PNCT, coordinators of the partner NGOs, and the national technical team of the PNCT.

2.2.2 NGO Field Visits for the TB Social Mobilization Strategy

The following activities took place during the October 2006–September 2007 period: 84 monitoring visits to the 9 NGOs with sub-agreements; 123 visits to health centers in the project intervention areas; 35 technical support meetings with the coordinators; feedback provided to 64 NGO technicians; visits made to 190 communities; 81 home visits made to patients being monitored by the promoters; 21 technical meetings with DPS; participation in 10 PNCT events; and awareness-raising of 76 service providers in the integrated health areas.

2.2.3 Distribution of Educational Materials

During the year, support continued to the NGO promoters and to the PNCT in their IEC activities in the communities, distributing 20,200 “Tuberculosis: we can all combat it” brochures to the NGOs, finalizing the programming established for this component of the intervention.

2.2.4 Binational Agenda

During the year, CONECTA continued technical assistance activities and collaboration with PAHO and the PNCT for two technical meetings related to the Binational Agenda between the Dominican and Haitian delegations. The first meeting was related to drafting an action plan, including educating more than 70% of the population above 15 years of age on TB preventive and curative measures; mobilizing groups of schools, churches, and community groups; reinforcement of BCC activities with training of human resources; establish coordination on both sides of the border with health establishments; create a referral system; creation of patient chart and notification for treatment abandon; conducting seminars;

exchange of quarterly information; and awareness-raising meetings. The second meeting consisted of the creation of an action plan for the next 6 months, definition of the binational card, and start of trainings on binational card management.

2.2.5 Other Activities

1. Technical assistance, support and collaboration have been provided to the PNCT for the national and international evaluations, validation of educational materials, commemoration of World TB Day, updating of PNCT national norms and co-infection guides, formation of the Co-infection Committee, and binational agenda activities.
2. Dissemination of activities of the TB social mobilization strategy in international conferences, such as the presentation and discussion of the poster in the **37th World Conference on Pulmonary Disease** by the IUATLD, held in Paris in 2006, and the **11th Annual Conference of the North American and Latin American Region**, held in Vancouver 2007. In the latter conference, CONECTA received the award for best work on an international theme, with its presentation on the TB binational plan between Haiti and the Dominican Republic.

2.2.6 Implementation of NGO Programs

The following is the results summary of the process and activity indicators related to the October 2006–September 2007 period for the 9 NGO sub-agreements:

- 1,115 new people trained and with increased awareness in prevention, treatment, and social mobilization, during the year.
- 240 community entities that are working on a community mobilization program for the PNCT.
- 74,935 members of the community reached for the first time by IEC activities on TB prevention and detection, during the year.
- 57,657 educational materials distributed in the communities.
- 2,396 respiratory symptomatics recruited through NGO social mobilization actions during the year.
- 1,826 respiratory symptomatics referred to TB control services during the year.
- 282 joint TB and HIV/AIDS activities.
- 49 individuals in TB treatment, with HIV detected, and being monitored by HIV/AIDS treatment services.
- 2,287 educational talks in the communities.
- 540 talks on prevention and recruitment of respiratory symptomatics given in the waiting rooms of health centers involved in the TB Social Mobilization strategy.
- 80 Creole-language educational talks on TB to Haitian migrants, batey residents, and border-area residents.
- 561 face-to-face activities.
- 25,544 home visits for TB orientation and prevention, and follow-up to individuals in treatment and their family members.
- 197 TB cases with follow-up and emotional support.
- 55 cases of co-infection with follow-up visits.
- 39 TB cases cured with the support and follow-up of health promoters.
- 169 TB patients with nutritional support from the community.
- 41 support groups formed.
- 277 TB patient contacts referred to TB services.

2.2.7 Activities from the July–September 2007 Quarter

- During the quarter, 24 training and awareness-raising activities were held with 853 participants, including health promoters and volunteers, community leaders and entities, service providers, provincial TB program coordinators, and coordinators from the NGOs with sub-agreements.
- Technical assistance and support for the meeting of the Binational Agenda to define the binational card and the plan of action for the next 6 months.
- Participation with the PNCT, PAHO, PROFAMILIA/Global Fund, General Directorate of Prisons, and USAID/CONECTA in the visit of Dr. Silvio Waisbord for technical support to the PNCT in advocacy, communication and social mobilization, during the week of July 16-20.
- Technical assistance and support to the DPS in Elías Piña to create a plan of action for TB Social Mobilization in the province, along with members of the provincial committee to combat TB, who were elected in the community forum.
- Visits were made for the validation of data of 9 NGOs with sub-agreements for TB Social Mobilization, providing technical assistance for data collection and reporting of data, and sharing strategies for obtaining the projects' final targets.
- Participation in the close-out workshops of the 9 NGOs, presentation of the achievements of the TB Social Mobilization component of the different sub-agreements, evaluation of the coordination and support of the DPS, strengthening the coordination of the DPS and NGOs, and achievement of coordination of actions for sustainability.
- 453 new individuals trained and with raised awareness in TB prevention, care, treatment, and social mobilization.
- 70 community entities integrated into the TB social mobilization work.
- 19,031 community members reached for the first time by IEC activities on TB prevention and detection.
- 7,419 educational materials distributed in the community.
- 534 respiratory symptomatics recruited through NGO social mobilization activities.
- 472 respiratory symptomatics referred to TB control services.
- 42 joint TB and HIV/AIDS activities.
- 6 individuals in TB treatment, with HIV detected, and being monitored by HIV/AIDS treatment services.

The following charts present the Process Indicators by NGO for the periods of October 2006–September 2007 and the July–September 2007 quarter.

REPORT OF PROCESS INDICATORS BY NGO
October 2006-September 2007

COD	INDICATOR	NGO									TOTAL
		FUNDASUR	BRA Dominic ana	IDDI	MUDE	ONE- RESPE	MOSCTHA	INDAJOVEN	FUDECO	CACS	
1	Number of new people trained and with raised awareness on prevention, care, treatment, and TB social mobilization, during the year.	205	34	129	14	99	142	147	264	81	1,115
2	Number of community entities that are working with a community mobilization program for the PCTB.	7	11	42	50	54	20	35	5	16	240
3	Number of community members reached for the first time in the year by IEC activities on TB prevention and detection.	4254	5685	5831	5141	9300	9302	15263	8761	11398	74,935
4	Number of educational materials distributed.	3700	6289	1782	924	6608	3875	15648	11445	7386	57,657
5	Number of individual respiratory symptomatics recruited by NGO social mobilization activities during the year.	319	298	77	206	102	95	838	351	110	2,396
6	Number of individual respiratory symptomatics referred to TB control services during the year.	319	298	77	198	102	88	285	349	110	1,826
7	Number of joint TB and HIV/AIDS activities.	0	10	6	4	56	26	115	59	6	282
8	Number of people in TB treatment with HIV detected and being monitored in the HIV/AIDS treatment services.	0	18	2	0	9	11	2	7	0	49

**REPORT OF PROCESS INDICATORS BY NGO
July-September 2007**

COD	INDICATOR	ONG									TOTAL Jul-Sept 2006
		FUNDASUR	BRA Dominicana	IDDI	MUDE	ONE- RESPE	MOSCTHA	INDAJOVEN	FUDECO	CACS	
1	Number of new people trained and with raised awareness on prevention, care, treatment, and TB social mobilization, during the year.	205	8	35	0	7	0	30	123	45	453
2	Number of community entities that are working with a community mobilization program for the PCTB.	0	11	30	0	22	0	2	5	0	70
3	Number of community members reached for the first time in the year by IEC activities on TB prevention and detection.	1192	2595	716	1232	734	3564	2152	3459	3387	19,031
4	Number of educational materials distributed.	0	2595	0	0	0	567	1016	3241	0	7,419
5	Number of individual respiratory symptomatics recruited by NGO social mobilization activities during the year.	105	64	20	34	16	6	150	92	47	534
6	Number of individual respiratory symptomatics referred to TB control services during the year.	105	64	20	26	16	6	96	92	47	472
7	Number of joint TB and HIV/AIDS activities.	0	2	0	0	4	4	13	18	1	42
8	Number of people in TB treatment with HIV detected and being monitored in the HIV/AIDS treatment services.	0	3	0	0	2	0	0	1	0	6

2.3 REPRODUCTIVE HEALTH

During the October 2006–September 2007 period, the Reproductive Health sub-project consolidated the interventions conducted in Maternal Health, and in Family Planning and Adolescent Integrated Health. In the seven CONECTA-supported hospitals, the percentage of facilities with quality support systems was maintained above 80% while the target was 70%.

The greatest achievement of this fiscal year is that the Emergency Obstetric Care program, implemented for the first time in the country by the CONECTA Project, moved from being a pilot project to a national strategy, and was adopted by the Dominican State. As a result, the MOH is committed to extending the strategy at the national level and there is cooperation of other donors such as WHO/PAHO and UNFPA. A public launch was held on January 23, 2007, with more than 200 people in attendance. EmOC sustainability is assured with this MOH order, and with the strategic alliances made with PAHO, UNFPA, and the FUDEN Project of Spanish cooperation, which will train 440 nurses from 8 hospitals in EmOC and will dedicate 2008 to training and follow-up.

The second achievement to highlight is the passing of Executive **decree number 327-07**, of July 3, 2007, that creates the National Committee to Ensure the Availability of Contraceptives (DAIA), which will coordinate strategies and priority plans, directed at driving the achievement of the assured availability of contraceptives for the reproductive age population (male and female) of lower economic standing. The decree makes DAIA official, and is a first step to assuring the specialization of funds for the purchase of contraceptive methods by the MOH.

The third important achievement is the increase in the use of adolescent preventive health services, due to the efforts of PRONAIISA with technical support from CONECTA. Services are usually offered to pregnant adolescents, with many lost opportunities due to not reaching adolescents before they become pregnant, in addition to the prevention of STIs, and HIV/AIDS, and young men's access to the service. This had been identified as a challenge in previous years, and the total number of youth reached in preventive consultations was **14,753, while the target was 14,000**.

Other results of the project in the different components are:

2.3.1 Maternal Health

A total of 24 new **national facilitators** from the 9 health regions were trained in Emergency Obstetric Care, and they will be used by the MOH to replicate the courses at the national level. The project's interventions extended to Health Region V, including 5 municipal hospitals and 1 regional hospital. **DIGEMIA's** role was strengthened, and funds have been destined for **monitoring**.

During fiscal year 5 of the project, as a result of the adherence to new skills and capacities acquired in the EmOC courses, the targets for Active Management in the Third Stage of Labor were surpassed with 66.5%, while the proposed target was 60%. At the start of the project, the baseline for the indicator was 0%. The **Indicator of Political Environment for Reproductive Health and Family Planning** reached 91.6%.

The quality component significantly advanced in the efforts to adapt and modernize the files and information system of the Engombe, Alcarrizos II, Villa Mella, and Almirante Hospitals. During the first quarter of next year, these installations will be inaugurated, which represents a significant contribution to the support systems for continuous quality improvement. This process also accompanied the trainings for attitude change among service providers and for humanization of services. During this year, the Quality

Improvement Unit of the Los Mina Maternity Hospital was opened, which has meant a new focus in the services and comes to complement the provision of services centered on the client.

Efforts were made to assure the integrality of HIV and Reproductive Health for the provision of PMTCT and Family Planning services. National EmOC facilitators were trained by DIGECITSS to include the HIV theme in the EmOC trainings, as it is easier for one Ob/Gyn professional to train another Ob/Gyn and in a direct manner contribute to increasing the coverage of HIV+ pregnant women. Likewise, coordination was made between CONAPOFA and DIGECITSS to increase the active search for HIV+ users of Family Planning services.

2.3.2 Adolescent Integrated Health

During this fiscal year, technical assistance and guidance were provided to the National Adolescent Integrated Health Program (PRONAISA) in the design of its **information system**, including monitoring and databases instruments. This system is implemented in all of the adolescent units in the country, including the six new units installed with CONECTA support, for a total of **65 adolescent units at the national level**.

The work with multipliers was prioritized, supporting the creation of adolescent multiplier networks in the units, in addition to their involvement in educational activities within and outside of the centers. In 5 units, multiplier networks were created and trained (La Romana, Villa Mella, Loma de Cabrera, Almirante, and Alcarrizos II).

The national program also works following the model implemented by CONECTA of linkages between services–community–school, which has increased the number of adolescents attending the centers for preventive services. This, in conjunction with the service promotion activities conducted by the project, and in coordination with NGO programs, conducted a total of **13 promotion activities** with the participation of approximately **250 youth in each one**. Promotion activities took place in: Batey 6, Loma de Cabrera, Dajabón, Jimaní (border region); and in the eastern region, in La Romana (in alliance with the Peace Corps), Hato Mayor and El Seibo. In the National District, activities took place in Alcarrizos II and Sabana Perdida.

2.3.3 Family Planning

During the 2006–2007 fiscal year, the DAIA Committee was consolidated and the Department of Health System Planning was included in the Committee, enabling greater commitment for budget assurance for the purchase of contraceptives. The information system was standardized, with a sole information system, and data collection and program monitoring instruments were created. Two (2) Family Planning programs opened: Luís Morillo King Regional Hospital and Toribio Bencosme de Moca.

In the **last quarter** of the fiscal year (July–September), there are 2 key activities to highlight:

1. The participation of 13 health managers of 8 CONECTA-supported hospitals in the “Technical Assistance for Quality Obstetric Care” program that took place in Medellín, Colombia, through the Universidad CES. As a result of this technical assistance program, the participating hospitals visualize the importance of offering client-focused services, handle the organizational culture, and have made easily implemented changes, are oriented in the new provider role in the framework of social security, and have created an environment of enthusiasm and collaboration among the participants, who form part of the network of reference hospitals. This experience could be repeated with assured success in the changes to be implemented.

2. The component to strengthen the management of critical areas of 8 hospitals, such as the delivery, labor, emergency and post-delivery rooms, has begun and is directed toward strengthening nurses' role and leadership as a key pillar for managing these areas. This intervention has initially prioritized La Altagracia Maternity, Los Mina Maternity, Antonio Musa, and Francisco A. Gonzalvo Hospitals, due to the service demand and the joint actions that have been conducted in these centers enable changes to be made in the short-term. Within these four hospitals, interventions are taking place in the following areas: 1) the physical spaces to favor the zoning and restriction of access for internal and external users; 2) the adaptation of sinks to comply with the hand-washing protocol; 3) the adaptation of the processing area for the preparation of surgical instruments; 4) the location of a temporary holding area for waste and medical residues from the delivery rooms; 5) the organization of supplies in the satellite pharmacies and supply and medication cabinets, and in the instrument and surgical clothing cabinets; and, lastly, 7) the standardization of biosafety and care protocols in the birthing areas.

To date, quicker intervention has been noted in the eastern hospitals, since they have been working on global biosafety themes for a longer period of time. Despite this, there is a need to emphasize this core intervention in the regular operation of delivery rooms. These activities have begun with complete success, participant satisfaction, and with a great level of awareness in relation to their role in the care to improve the hospital environs.

CHALLENGES:

The project faces some important challenges that could influence the sustainability of the achievements reached:

1. The coming electoral process and the eventual changes in public administration, resulting from governmental elections.
2. The change in the Executive Directorate of CONAPOFA, that puts DAIA at risk, for which some actions have begun, such as including the local level in the committee, but this is an element that must continue to be considered.
3. The removal of personnel from the adolescent services, such as the case of Alcarrazos II, which has considerably affected the productivity of the service. The hospital, as a whole, has seen a considerable reduction in its human resources due to their relocation to the new Vinicio Calventi Hospital. This new hospital is highly complex and located very close to the Alcarrazos II Municipal Hospital, reducing the productivity of Alcarrazos II.
4. The involvement of other civil society sectors in the White Ribbon Alliance, to help ensure sustainability.
5. The involvement of service chiefs and of the EmOC monitoring area, to prepare for a possible change in DIGEMIA management.

2.4 CHILD SURVIVAL

2.4.1 Immunizations

After 4 years of work, the Expanded Program for Immunization in Health Region V has been strengthened, and the proposed targets of preparing the vaccination sites for accreditation were achieved, obtaining 78 fixed vaccination sites and 39 non-fixed (irregular) vaccination sites offering quality vaccination services. In addition, a social mobilization plan was implemented in Region V, increasing the capacity for conscious and opportune demand for quality vaccination services, enabling the highest vaccination coverage in the country.

2.4.1.1 Improvement in Technical and Administrative Capacity of Vaccination Sites

To achieve sustainability of the standards for adapting the fixed vaccination sites for accreditation, CONECTA maintained the technical and financial support for the training and/or refresher courses for human resources that work in immunization services and in EPI-related areas in the 5 provinces of Region V. For this, CONECTA supported 10 workshops on EPI norms directed at health workers in the provinces of Hato Mayor, San Pedro de Macorís, La Romana, La Altagracia and El Seibo, training approximately 200 health workers from fixed vaccination sites or from related areas, guaranteeing the human resources with capacity to offer quality vaccination services in 100% of the vaccination sites, and in capacity to refer and provide orientation on vaccines in 75% of the EPI-related areas (puerperium, pediatrics, prenatal, post-birth, emergency, neonatal, etc.). Likewise, CONECTA was able to continue accompanying and financing the implementation of operational plans of all of the Region V provinces.

Support was provided to a Measles and Rubella vaccination session for the eradication of Congenital Rubella Syndrome and for the control of Rubella, which helped contribute to Region V and the country being declared Rubella-free. This achievement was presented to technical teams and managers of the 15 municipalities of Region V.

Design and implementation began of a performance recognition strategy. CONECTA identified parameters for evaluation and conducted meetings with health workers from the fixed vaccination sites in the provinces of San Pedro de Macorís, Hato Mayor, and La Romana. A total of 20 health workers were recognized for the following: for their compliance with timely submission of the EPI report; for their effort, dedication and commitment to the program; and for their willingness to implement the mobile post strategy. In this manner, the different DPS were motivated to improve the control system for making decisions better suited to the moment of identifying the recognitions.

Periodic meetings were established with vaccination service workers, to take place every 3 months, in which they provide feedback on the different strategies to be implemented, and identify and seek solutions to problems. A total of 8 encounters took place during the year.

2.4.1.2 Strengthening Social Mobilization in Support of the EPI Program in Region V

To increase the conscious and timely demand of immunization services, support continued for implementation of EPI social mobilization plans in Region V. With trainings for support group members, 8 vaccine courses were held for community personnel who live in and support the communities of the municipalities of Quisqueya, Los Llanos, La Romana, Guaymates, El Seibo and Higuey. In addition, various meetings were coordinated with education district managers, mayors, and municipal representatives, and other local organizations of San Pedro de Macorís province.

Support and promotion continued for site workers and their support groups to conduct home visits and talks to mothers and caregivers about the benefits of vaccines, the importance of safeguarding the health document or vaccination card, and the completion of the immunization scheme, in addition to encounters with site workers and community personnel, to identify children with an incomplete immunization scheme.

With the objective of de-concentrating the fixed vaccination sites of the hospitals, 30,000 copies of the directory of fixed vaccination sites in Region V were designed and printed, and will be distributed to users of maternity services, to identify the fixed vaccination sites closest to their home. In addition, 20,000 calendars for 2008-2009 were designed, printed and distributed as an important instrument to remind parents and caregivers of the vaccination dates for children during their first year of life. CONECTA has been using calendars for this purpose since 2004.

Likewise, a reference chart was developed, disseminated, and implemented, to strengthen the strategy to provide follow-up to children with an incomplete vaccination scheme. This tool was distributed in the vaccine services in the 5 provinces of Region V.

2.4.1.3 Strengthening of EPI Information Systems

CONECTA continued its support to strengthen EPI through efforts to develop the local digital information system for provincial and municipal vaccination coverage and to control the movement of vaccines and other supplies. Databases were installed in 12 of the 15 municipalities, and are being used to control biologicals and supplies in all of the DPS.

At the central level, CONECTA joined efforts with agencies and projects that collaborate with EPI to strengthen the information system.

2.4.2 Potable Water

This was the last year of CONECTA's Potable Water component, and the focus was on consolidating support activities in the three sub-components:

- Local support, in the 9 pilot communities of Hato Mayor;
- Strengthening the coordination entity, in the Rural Aqueduct Association (REDAR);
- Support to the governmental organization that acts as the potable water steward.

2.4.2.1 Strengthening of Local Management

During this period, technical assistance was maintained in the 9 pilot communities in Hato Mayor province. The intervention in each community was individually focused to support the management of the Boards of Directors of the water associations for the following: the planning of monthly activities; meetings of the team of directors; preparing and conducting the users' assembly; planning of operation and maintenance sessions of the aqueducts; and restructuring and renovation of the ASOCAR directive teams. In addition, technical assistance was provided for the development of advocacy activities in the communities whose water systems are out-of-service, achieving INAPA's commitment to solve these issues.

Nine training workshops were held, directed at members of the basic teams and community leaders, on the following themes: community health and its relation to water; integral management of water resources; protection of hydrographic basins; water conservation; payment of service; environment and

community sanitation; administrative procedures; community organizing; and prevention and mitigation of disasters.

Another activity that was conducted during the process was the technical assistance and support to the communities in the process to rehabilitate their water systems (La Mora, El Coco, El Bambú, Km. 15 and Mango Limpio). The water system was rehabilitated and reintegrated in three of the communities (La Mora, El Bambú and Mango Limpio). Although the aqueduct became functional in El Coco, the solar panels were robbed within a short period of time. In Km. 15, it has not been possible to resume work due to the lack of an appropriate water source.

CONECTA conducted visits to support and accompany the communities, with participation in local activities, such as: monthly meetings with the Board of Directors, community users' assemblies, aqueduct repair sessions, and educational activities on the management and protection of water.

A guide of administrative procedures and a social promoter's guide were designed, produced and disseminated. In addition, the process began for compiling lessons learned in the communities, including a needs-assessment investigation, identification of media, and a strategy to disseminate the findings.

2.4.2.2 Strengthening of the Stewardship Capacity of INAPA

Technical assistance continued to the National Institute of Potable Water (INAPA), through the Implementing Unit for Rural Aqueducts (UEAR). The activities were oriented towards two key activities: technical and activity coordination meetings with the unit manager of the Social Promotion, Technical and Administrative Areas; and the training and promotion sessions for implementation of the Total Community Participation (TCP) strategy.

During the period, 7 coordination and follow-up meetings were held for the technical assistance process. Two monthly training encounters were developed for supervisors and social promoters on the following themes: steps for social promotion in water and sanitation projects, TCP and transference of the rural aqueducts; integral management of the water resource and gender equity; monitoring water quality of rural aqueducts; use of materials for behavior change in hygiene, health, and potable water; vulnerability and mitigation of disasters in rural aqueducts; among others. In addition, coordination and support was provided to INAPA's participation in the workshop seminar "Gender and Water" developed in the country by REDICA.

Two exchange and coordination encounters were held with NGOs of the sector to improve INAPA's communication with the private sector.

The process was developed for consulting and integrating INAPA for the production and systematization of lessons learned in Hato Mayor province and the design of promotion materials for community management.

2.4.2.3 Strengthening Association Mechanisms

Continuity was provided to the process of technical assistance and support to strengthen and develop the Rural Aqueduct Association (REDAR), as a coordination mechanism of the first-level associations. For that, support was provided to coordinate and conduct monthly meetings of the National Coordination Commission (CNE). During the meetings, the annual operation plan was produced, the previous process was evaluated, and follow-up was provided to the implementation of programmed activities.

Two rounds of regional encounters were developed, the first in November/December, and the second in

June/August, with seven encounters in each round. Their objective was to strengthen the regional directorate mechanisms and prepare the second national assembly.

A process for the production of a communication medium between REDAR and the member water committees was begun, within which a workshop was held on Alternative Communication Media. Nevertheless, its production was not possible.

Technical assistance and support were provided to coordinate and conduct a workshop seminar on Integral Management of the Hydric Resource with Gender Equity, with the participation of 12 REDAR members. Likewise, technical assistance was provided to the process to prepare the second national assembly. For the preparation of this event, three meetings were held with the East regional team, the hosts of this event, which served as support to the national commission. In these meetings, a program proposal was developed, that identified where the event would be held, and a list of possible sponsors was drafted and proposed.

2.4.2.4 Activities from July–September 2007

The activities of this past quarter were oriented toward closing the potable water component.

- In reference to local-level strengthening, technical assistance to the 9 pilot communities in Hato Mayor was concluded with the production, design and validation of a group of tools to support local sustainability of the water and sanitation service. These tools include the following: a documentary that compiles the experiences acquired during the management process in the communities; a social promoter's guide to strengthen the interventions of the institutions that implement the project in the communities, such as INAPA and NGOs; and the administrative procedures guide that supports the Community Associations for clear accounting. In addition, it includes a poster that promotes the most common and simple methods to treat water for domestic use. An encounter was held to present the produced materials, as was a workshop to train community members in the use of these materials for promotion.
- To strengthen the management institution, 4 planning and coordination meetings were held with INAPA; 5 training encounters were held on integral water management, planning, social promotion, and community organizing; and promoters and supervisors were trained on using the promotion materials. In addition, an encounter was held to close the USAID/INAPA water component.
- The technical assistance process with REDAR was concluded, which supported the strengthening of its organizing entities both for its national coordination team and its mid-level structure, the regional and provincial commissions conducting 3 meetings of the national commission and 7 regional and provincial encounters; and the 2nd National Assembly. The principal leaders were trained in the use of promotion materials.

3 ADMINISTRATION AND FINANCES

During the October 2006–September 2007 period, CONECTA’s Administration and Finance team supported a total of 56 sub-agreements, including 37 sub-agreements begun before that period and 19 new sub-agreements developed during the fiscal year, with 32 NGO partners (including prime and sub-recipients). In addition, a total of 16 sub-agreement amendments were processed during the period, including programmatic modifications, time extensions, and funding increases. A total of 37 sub-agreements were closed during the period.

The most relevant administrative and financial processes of the July–September quarter are presented below.

3.1 Sub-Agreements

During the October 2006–September 2007 period, the finance team and the C&G technician worked on various amendments to different sub-agreements, including programmatic modifications, time extensions, and funding increases. Between May and June 2007, the majority of HIV/AIDS sub-agreements were concluded. In the weeks following the sub-agreement closure, follow-up was provided to the submission of final NGO reports, in addition to the compilation of documentation for the closure of these sub-agreements.

Since the HIV/AIDS NGOs were not able to receive COPRESIDA funding, a new round of sub-agreements was opened during the July–September 2007 quarter. These sub-agreements were justified as follow-on assistance awards. These new sub-agreements provide minimal financing to the HIV/AIDS NGOs, for activities to maintain the relationship with beneficiary populations until USAID’s new funding mechanism is in place.

3.1.1 New Sub-Agreements

The new HIV/AIDS sub-agreements are the following:

FCO	NGO	DATES	AMOUNT USD
22106	FUDECO	August 15, 2007 – February 14, 2008	\$5,338.00
22107	COIN	August 15, 2007 – February 14, 2008	\$6,859.00
22108	CEPROSH/Grupo Clara	August 15, 2007 – February 14, 2008	\$6,048.00
22109	IDDI	August 15, 2007 – February 14, 2008	\$5,224.00
22110	GRUPO PALOMA	August 15, 2007 – February 14, 2008	\$6,958.00
22111	FUNDASUR	August 15, 2007 – February 14, 2008	\$5,335.00
22112	ASOLSIDA	August 15, 2007 – February 14, 2008	\$4,997.00
22113	CEPROSH	August 15, 2007 – February 14, 2008	\$24,572.00
22114	BRA DOMINICANA	August 15, 2007 – February 14, 2008	\$7,312.00
22115	ADOPLAFAM	August 15, 2007 – February 14, 2008	\$5,598.00
22116	ASA	August 15, 2007 – February 14, 2008	\$9,556.00
22117	ADOPLAFAM / Coalición Pro-Bateyes	August 15, 2007 – February 14, 2008	\$21,467.00
22118	MUDE	August 15, 2007 – February 14, 2008	\$4,937.00

22119	TU MUJER	August 15, 2007 – February 14, 2008	\$5,486.00
22120	REDOVIH	August 15, 2007 – December 15, 2007	\$5,000.00
22121	PROINFANCIA	August 15, 2007 – February 14, 2008	\$7,850.00
22122	PROFAMILIA	August 15, 2007 – February 14, 2008	\$5,278.00
22123	ONE RESPE	August 15, 2007 – February 14, 2008	\$4,480.00
22125	COALICION ONG/SIDA	September 15, 2007 – March 14, 2008	\$10,194.00

3.1.2 Closed-Out Sub-Agreements

During the July–September quarter, the sub-agreements with NGOs for social mobilization projects in support of the National TB Control Program (PNCT) were closed. With the extension of the CONECTA contract, each of these sub-agreements had received a four-month extension, increased funding to continue TB social mobilization activities, the incorporation of some new activities, and increased targets in the majority of cases. In the upcoming weeks, the finance team and the C&G technician will continue providing follow-up to final reports and close-out documentation of these sub-agreements.

The closed-out sub-agreements are:

1. **FCO 22083** – FUNDASUR
2. **FCO 22084** – BRA DOMINICANA
3. **FCO 22085** – ONE RESPE
4. **FCO 22086** – IDDI
5. **FCO 22087** – MUDE
6. **FCO 22089** – MOSCTHA
7. **FCO 22090** – INDAJOVEN
8. **FCO 22092** – FUDECO
9. **FCO 22093** – CACS-Bonao

3.2 Contracts

In July 2007, under the CONECTA contract, a fixed-price contract was signed between Family Health International and Universidad CES in Medellín, Colombia (FCO 22104), for a total of US \$17,500. The purpose of this contract was for a technical assistance program for obstetric care to be provided in Medellín to 14 health professionals from the Dominican Republic, July 22-28, 2007. The program was completed 100%.

In August 2007, under the CONECTA contract, a fixed-price contract was signed between Family Health International and the William J. Clinton Foundation DR – Clinton HIV/AIDS Initiative (CHAI) (FCO 22105), for a total of US \$30,000. The purpose of this contract, with a duration of 10 months, from August 15, 2007 to June 15, 2008, is to provide case management services to 500 children through the Pediatric AIDS Initiative. This contract is currently underway.

In September 2007, four cost-reimbursable contracts were signed with four of Visión Mundial’s Area Development Programs (PDAs) to contribute with minimum interventions for follow-up to community- and home-based care to benefit OVC and persons infected and affected by HIV/AIDS, in the interest of maintaining a link with these beneficiaries, community networks, and peer educator networks; in addition, to contribute to the continuation of Behavior Change Communication (BCC) interventions targeted at HIV/AIDS prevention among adolescents and youth from select communities, with a look toward

USAID's new strategy. These contracts began on September 4, 2007, and will conclude on March 3, 2008, and correspond to the following FCOs and PDAs:

FCO 22124 – PDA EZEQUIEL (Bateyes de Barahona), for the amount of US \$8,048.00

FCO 22126 – PDA ENRIQUILLO (Jimaní, Independencia), for the amount of US \$7,320.00

FCO 22127 – PDA RESTAURACION (Loma de Cabrera, Dajabón), for the amount of US \$7,320.00

FCO 22128 – PDA EL PRODIGIO (El Seibo), for the amount of US \$9,652.00

3.3 Human Resources

3.3.1 Contract Renewal for FHI/CONECTA Project Personnel

During the July-September 2007 period, due to CONECTA Project's extension through September 2008, contract renewals were made for FHI/CONECTA Project personnel, in accordance with the programmed work plan for the conclusion of the NGO sub-agreements. The 5% salary increase will be reflected in the payroll in accordance with the performance evaluations conducted during the dates that correspond to the annual contract period, as the end dates of these contracts were modified in accordance with USAID/CONECTA Project's closure that was originally planned for September 30, 2007. The following chart presents the contract renewal programming conducted in July 2007, including the dates for the evaluations and the salary increase in accordance with the annual contract of each employee:

Employee Name	Position	Renewal Date From	Renewal Date To	Date of 5% increase based on evaluation beginning
Ana María Ramírez	Administrative Assistant / Office Manager	30-Sep-2007	30-Sep-2008	7-Apr-2008
Ángela Polanco	Program Monitor Reproductive Health	31-Aug-2007	30-Jun-2008	14-Sep-2007
Geneyda Brito	Production & Media Manager	15-Sep-2007	31-Mar-2008	2-Jan-2008
Clara Morel	Janitor	30-Sep-2007	30-Sep-2008	7-Apr-2008
Danny Martínez	Driver	30-Sep-2007	30-Sep-2008	5-Oct-2007
Edith Rodríguez	Field Manager HIV/AIDS Community Programs	30-Sep-2007	30-Jun-2008	13-Apr-2008
Elkys Santana	Program Assistant	15-Sep-2007	30-Sep-2008	10-Mar-2008
Farah Segura	Program Monitor HIV/AIDS Services	30-Sep-2007	31-Jul-2008	2-May-2008
Gennys Rafael Méndez	Accountant / Financial Monitor	15-Sep-2007	30-Sep-2008	7-Feb-2008
Irene Capellán	Receptionist	15-Sep-2007	30-Sep-2008	20-Dec-2007
Jisela Quiterio	Monitoring & Evaluation Coordinator	6-Jul-2007	30-Sep-2008	6-Jul-2008
José Ant. De La Rosa	TB Program Monitor	31-Aug-2007	31-Mar-2008	1-Sep-2007

Julissa D. Luis B.	Program Monitor HIV/AIDS Community Programs	31-Aug-2007	31-Mar-2008	11-Nov-2007
Mayra Pichardo	Program Monitor HIV/AIDS Community Programs	31-Aug-2007	31-Mar-2008	17-Oct-2007
Narciso Taveras	Driver / Messenger	19-Aug-2007	31-Jul-2008	19-Aug-2007
Octavio Moreta	Accountant / Financial Monitor	30-Sep-2007	9/30/08	8-Apr-2008
Rafaela De León	Program Manager BCC	15-Sep-2007	30-Jun-2008	3-Nov-2007
Rosa Margarita Aybar	Program Monitor BCC	31-Aug-2007	31-Mar-2008	19-Sep-2007
Salvador Samboy	Administration and Finance Director	30-Sep-2007	30-Sep-2008	7-Feb-2008
Scarlett Sánchez	Program Manager TB	15-Sep-2007	31-Mar-2008	4-Nov-2007
Sonia Brito	Program Manager Reproductive Health	1-Oct-2007	31-Dec-2007	1-Oct-2007
Víctor M. Rodríguez	Information System Coordinator	23-Jul-2007	30-Sep-2008	23-Jul-2007
Víctor Ramírez	Driver / Messenger	15-Sep-2007	30-Sep-2008	8-Jan-2008
William Rafael Duke	Technical Coordinator HIV/AIDS & TB	30-Sep-2007	30-Jun-2008	N/A
Willy González	Driver	15-Sep-2007	30-Sep-2008	29-Nov-2007
Yanet Abréu	Executive Assistant / Human Resources	30-Sep-2007	30-Sep-2008	30-Sep-2007

3.3.2 Approval of Travel

The United States Agency for International Development approved the entrance and exit from the Dominican Republic of the following personnel:

3.3.2.1 Approval of International Travel for CONECTA Personnel

Name	Position	Dates	Purpose of Travel
Tito Coleman	Director	September 10-14, 2007	**To participate in FHI's Global Operations training in Nairobi, Kenya. Travel funded by FHI/USA Global Operations.
Rosa Margarita Aybar Brito	BCC Program Monitor	September 9- 14, 2007	**To participate in Family Health International's meeting on Behavior Change Communication Strategies, held in Accra, Ghana. Travel funded by FHI/USA Global Operations.

William Duke	Technical Coordinator for TB and HIV/AIDS Programs	September 19-29, 2007	To participate in a facilitators' course on TB/HIV management qualification and the sub-regional course on TB/HIV management for Central America, held in Panama. Travel funded by USAID/CONNECTA Project.
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**Travel not funded by USAID/CONNECTA Project

3.3.2.2 Approval of International Travel from FHI/US or for another FHI Team to DR

Name	Position	Dates	Purpose of Travel
Justin Mandala	Senior Technical Officer, PMTCT, Pediatric HIV Prevention Care and Treatment, FHI-Arlington, VA, USA	August 19-25, 2007	To participate in a regional infectology congress, facilitating a workshop for 15 new providers associated with the goal of inducting them in the international network as operations for the Pediatric AIDS pilot project in the Dominican Republic. Travel funded by USAID/CONNECTA Project.

**Travel not funded by USAID/CONNECTA Project

3.3.3 Local Consultants

During the period July 1–September 30, 2007, the following local consultancies took place:

Consultant Hired	Scope of Work	Start Date	Number of Days	Daily Rate RD \$
Gloria Iria Ortega Rojo	To comprehensively improve the management of delivery rooms; to strengthen the intra-hospitalary bio-safety committees in the development of the skills necessary for infection prevention in the service offerings; and to improve the nursing processes and procedures that contribute to the efficiency and quality of care in delivery rooms.	July 23, 2007	50	3,507.00
Donatilo Santos	To facilitate and conduct trainings with anatomical models, supervising the clinical practices, and assuring an interactive participation of the work teams for the EmOC courses in the following hospitals: Maternidad Nuestra Señora de La Altagracia, Los Minas in Santo Domingo, and Cabral & Báez in Santiago.	July 15, 2007	45	3,500.00

3.4 Supervision

3.4.1 Field Visits

During the period, CONECTA finance and administration personnel made field visits to the southern region of the country, to conduct a rapid review of the administration and finance systems of the Area Development Programs (PDAs) of Visión Mundial that operate in Jimaní, and in Batey 6 in Barahona. In addition, a visit was to FUNDASUR in Barahona to review the support documentation for the Tuberculosis project expenses. A report containing the conclusions of these visits was submitted to the project director. Nevertheless, it is important to note that for both Visión Mundial and FUNDASUR, everything functions in accordance with the established parameters.

3.4.2 Visit to Lotes y Servicios

A visit was made to the Lotes y Servicios health center in Sabana Perdida, with the objective of verifying the office and medical equipment and furniture supplied for the activities of its HIV treatment center. The results were generally positive, with the equipment and furniture in order, with a few exceptions of damaged or broken equipment, and a few thefts, that fall outside of the directors' hands. These are considered to be normal occurrences within this type of institution.

3.5 Institutional Strengthening of NGOs

As has been noted in previous reports, CONECTA began an institutional strengthening process with the smallest organizations, especially those that work in the PLHA network. This process included the installation of computerized accounting systems, the creation of policies and procedures manuals, and training on the use of these systems.

While the process was satisfactorily completed in many of the organizations, others encountered some difficulties. In some cases, these difficulties were due to the lack of collaboration from the organization's personnel, and, in others, for the lack of coordination between the CONECTA-hired technicians and the personnel of the organizations.

Given the new USAID project contemplates a strong component for NGO institutional strengthening, CONECTA's efforts in this area are now concluded.

The organizations that have not been able to conclude the installation of the computerized system are Fundación GRUPO PALOMA and the Centro de Acciones Comunitarias en Salud (CACS-Bonao).

4 ANNEXES

4.1 Annex A: Quantitative Data July – September 2007



Proyecto Conecta
ONG con Sub-Acuerdos
Comunicación para Cambio de Comportamiento - Adolescentes

Reporte de Indicadores de Proceso

Período Julio - Septiembre 2007

Cód	Indicador	ONGs							TOTAL	
		Adoplafam	CEPROSH	IDDI	PRO-FAMILIA	VISION MUNDIAL Barahona	VISION MUNDIAL Indep.	VISION MUNDIAL El Seibo		COALICIÓN PRO-BATEYES
1	# de escuelas que apoyan actividades CCC en SSR/ITS/VIH/SIDA	3	0	5		5	3		27	43
2	# de OBC que apoyan actividades CCC en SSR/ITS/VIH/SIDA	6	0	5		0	1		50	62
3	# de entrenamientos a multiplicadores	1	1	2		0	0		51	55
4	# de hombres multiplicadores de 10-14 años entrenados	10	0	6		0	0		0	16
5	# de mujeres multiplicadoras de 10-14 años entrenadas	9	3	13		0	0		0	25
6	# de hombres multiplicadores de 15-19 años entrenados	18	2	23		0	0		1	44
7	# de mujeres multiplicadoras de 15-19 años entrenadas	28	16	29		0	0		1	74

8	# de hombres multiplicadores de 20-24 años entrenados	10	0	0	0	0	0	3	13	
9	# de mujeres multiplicadoras de 20-24 años entrenadas	3	0	0	0	0	0	8	11	
9	# de hombres multiplicadores de 24 o más años entrenadas							3	3	
9	# de mujeres multiplicadoras de 24 o más años entrenadas							35	35	
10	# total de multiplicadores de 10-24 entrenados	78	21	71	0	0	0	0	51	221
11	# de materiales sobre prevención de ITS y VIH/SIDA distribuidos	1,250	0	200		150	0		2,300	3,900
12	# de materiales sobre salud sexual reproductiva distribuidos	1,350	0	200		250	0		2,250	4,050
13	# total de materiales IEC distribuidos	2,600	0	400	0	400	0	0	4,550	7,950
14	# de manuales de capacitación distribuidos	0	0	0		0	270		0	270
15	# de hombres de 10-14 años de edad captados por el proyecto para CCC	209	0	113		8	24		217	571
16	# de mujeres de 10-14 años de edad captadas por el proyecto para CCC	179	0	132		21	23		289	644
17	# de hombres de 15-19 años de edad captados por el proyecto para CCC	507	0	82		5	25		537	1,156
18	# de mujeres de 15-19 años de edad captadas por el proyecto para CCC	674	0	95		9	25		801	1,604
19	# de hombres de 20-24 años de edad captados por el proyecto para CCC	9	0	13		1	22		338	383
20	# de mujeres de 20-24 años de edad captadas por el proyecto para CCC	3	0	14		1	26		406	450
19	# de hombres de 25 o más años de edad captados por el proyecto para CCC									0

20	# de mujeres de 25 o más años de edad captadas por el proyecto para CCC									0
21	# total de adolescentes de 10-24 captados por el proyecto para CCC	1,581	0	449	0	45	145	0	2,588	4,808
22	# de eventos IEC grupales sobre SSR y prevención de ITS/VIH/SIDA realizados	57	0	31	2	3	0		197	290
23	# de hombres de 10-14 años de edad alcanzadas por eventos IEC grupales sobre SSR y prevención ITS/VIH/SIDA	142	0	29	53	22	0		132	378
24	# de mujeres de 10-14 años de edad alcanzadas por eventos IEC grupales sobre SSR y prevención ITS/VIH/SIDA	125	0	80	73	13	0		174	465
25	# de hombres de 15-19 años de edad alcanzados por eventos IEC grupales sobre SSR y prevención ITS/VIH/SIDA	344	0	86	55	19	0		278	782
26	# de mujeres de 15-19 años de edad alcanzadas por eventos IEC grupales sobre SSR y prevención ITS/VIH/SIDA	514	0	139	91	7	0		415	1,166
27	# de hombres de 20-24 años de edad alcanzados por eventos IEC grupales sobre SSR y prevención ITS/VIH/SIDA	0	0	15	40	1	0		189	245
28	# de mujeres de 20-24 años de edad alcanzadas por eventos IEC grupales sobre SSR y prevención ITS/VIH/SIDA	0	0	18	73	0	0		257	348
27	# de hombres de 25 o más años de edad alcanzados por eventos IEC grupales sobre SSR y prevención ITS/VIH/SIDA									0
28	# de mujeres de 25 o más años de edad alcanzadas por eventos IEC grupales sobre SSR y prevención ITS/VIH/SIDA									0

29	# total de personas ambos sexos de 10-24 años alcanzados por eventos IEC grupales sobre SSR y prevención ITS/VIH/SIDA	1,125	0	367	385	62	0	0	1,445	3,384
30	# de hombres de 10-14 años alcanzados en contacto cara a cara	64	0	52		0	0		85	201
31	# de mujeres de 10-14 años alcanzadas en contacto cara a cara	94	0	129		0	0		115	338
32	# de hombres de 15-19 años alcanzados en contacto cara a cara	187	0	26		0	0		259	472
33	# de mujeres de 15-19 años alcanzadas en contacto cara a cara	285	0	41		0	0		386	712
34	# de hombres de 20-24 años alcanzados en contacto cara a cara	11	0	10		0	0		149	170
35	# de mujeres de 20-24 años alcanzadas en contacto cara a cara	10	0	19		0	0		249	278
34	# de hombres de 25 años o más alcanzados en contacto cara a cara									0
35	# de mujeres de 25 años o más alcanzadas en contacto cara a cara									0
36	# total personas de 10-24 años alcanzados en contacto cara a cara	651	0	277	0	0	0	0	1,243	2,171
37	# de personas 10-14 años alcanzados eventos IEC (grupales + cara a cara)	425	0	290	126	35	0	0	506	1,382
38	# de personas 15-19 años alcanzados eventos IEC (grupales + cara a cara)	1,330	0	292	146	26	0	0	1,338	3,132
39	# de personas 20-24 años alcanzados eventos IEC (grupales + cara a cara)	21	0	62	113	1	0	0	844	1,041
39	# de personas 25 o más años alcanzadas eventos IEC (grupales + cara a cara)	0	0	0	0	0	0	0	0	0

40	# de personas 10-24 años alcanzados eventos IEC (grupal + cara cara)	1,776	0	644	385	62	0	0	2,688	5,555
41	# de centros de salud que han convenido acuerdos para referencia a servicios de SSR de adolescentes y jóvenes	0	0	0	0		1	0	14	15
42	# de hombres 10-14 años alcanzados eventos IEC (nuevos + subsecuentes)	351	0	142	53	30	24	0	349	949
43	# de mujeres 10-14 años alcanzados eventos IEC (nuevos + subsecuentes)	304	0	212	73	34	23	0	463	1,109
44	# de hombres 15-19 años alcanzados eventos IEC (nuevos + subsecuentes)	851	0	168	55	24	25	0	815	1,938
45	# de mujeres 15-19 años alcanzados eventos IEC (nuevos + subsecuentes)	1,188	0	234	91	16	25	0	1,216	2,770
46	# de hombres 20-24 años alcanzados eventos IEC (nuevos + subsecuentes)	9	0	28	40	2	22	0	527	628
47	# de mujeres 20-24 años alcanzados eventos IEC (nuevos + subsecuentes)	3	0	32	73	1	26	0	663	798
46	# de hombres 25 o más años alcanzados eventos IEC (nuevos + subsecuentes)	0	0	0	0	0	0	0	0	0
47	# de mujeres 25 o más años alcanzadas eventos IEC (nuevos + subsecuentes)	0	0	0	0	0	0	0	0	0
	TOTAL	2,706	0	816	385	107	145	0	4,033	8,192
48	# de hombres 10-14 años alcanzados eventos IEC (nuevos + subsecuentes + cara a cara)	415	0	194	53	30	24	0	434	1,150
49	# de mujeres 10-14 años alcanzados eventos IEC (nuevos + subsecuentes + cara a cara)	398	0	341	73	34	23	0	578	1,447

50	# de hombres 15-19 años alcanzados eventos IEC (nuevos + subsecuentes + cara a cara)	1,038	0	194	55	24	25	0	1,074	2,410
51	# de mujeres 15-19 años alcanzados eventos IEC (nuevos + subsecuentes + cara a cara)	1,473	0	275	91	16	25	0	1,602	3,482
52	# de hombres 20-24 años alcanzados eventos IEC (nuevos + subsecuentes + cara a cara)	20	0	38	40	2	22	0	676	798
53	# de mujeres 20-24 años alcanzados eventos IEC (nuevos + subsecuentes + cara a cara)	13	0	51	73	1	26	0	912	1,076
52	# de hombres 25 o más años alcanzados eventos IEC (nuevos + subsecuentes + cara a cara)	0	0	0	0	0	0	0	0	0
53	# de mujeres 25 o más años alcanzadas eventos IEC (nuevos + subsecuentes + cara a cara)	0	0	0	0	0	0	0	0	0
	TOTAL	3,357	0	1,093	385	107	145	0	5,276	10,363



**Proyecto Conecta
ONG con Sub-Acuerdos
Comunicación para Cambio de Comportamiento - TRSX**

Reporte de Indicadores de Proceso

Período Julio - Septiembre 2007

Cód	Indicador	ONG		TOTAL
		COIN	CEPROSH	
1	# de negocios intervenidos por primera vez para prevención ITS/VIH/SIDA	9		9
2	# de negocios intervenidos subsecuetemente para prevención ITS/VIH/SIDA	90		90
3	# de entrenamientos a multiplicadoras pares	2		2
4	# nuevas multiplicadoras pares entrenadas	45		45
5	# de materiales sobre prevención de ITS y VIH/SIDA distribuidos	185		185
6	# de manuales de capacitación distribuidos	45		45
7	# de nuevas TRSX captadas por el proyecto para CCC	450		450
8	# de eventos IEC grupales sobre prevención de ITS/VIH/SIDA realizados	4		4
9	# de TRSX alcanzadas por eventos IEC grupales sobre prevención ITS/VIH/SIDA	0		0

10	# de TRSX alcanzadas en contacto cara a cara	50		50
11	Total de TRSX alcanzadas eventos IEC (grupales + cara a cara)	50	0	50
12	# de clientes alcanzados por eventos IEC grupales sobre prevención ITS/VIH/SIDA	290		290
13	# de clientes alcanzados en contacto cara a cara	60		60
14	Total de clientes alcanzados eventos IEC (grupales + cara a cara)	350	0	350
15	# de TRSX atendidas por primera vez para control de ITS	250		250
16	# de TRSX atendidas subsecuentemente para control de ITS	0		0
17	# de TRSX referidas para servicios de atención (PV, TV, COVIH)	24		24
18	# de eventos IEC grupales sobre prevención ITS/VIH/SIDA dirigidos a dueños de negocios e intermediarios	0		0
19	# de dueños de negocios e intermediarios alcanzados por primera vez en eventos IEC grupales sobre prevención ITS/VIH/SIDA	0		0
20	# de dueños de negocios e intermediarios alcanzados subsecuentemente en eventos IEC grupales sobre prevención ITS/VIH/SIDA (1)	0		0
21	# de condones distribuidos/vendidos en negocios de trabajo sexual	840		840
22	# de condones vendidos a hoteles y moteles	0		0
23	Total de condones distribuidos/vendidos (21+22)	840	0	840

(1) CEPROSH NO REGISTRA LOS DATOS DESGREGADOS POR PRIMERA VEZ Y SUB-SECUENTE



ONG con Sub-Acuerdos
Comunicación para Cambio de Comportamiento - HSH
Reporte de Indicadores de Proceso
Período Julio - Septiembre 2007

Cód	Indicador	Amigos Siempre Amigos (ASA)										
		Abril-Jun 2005	Jul-Sep 2005	Oct-Dic 2005	Ene-Mar 2006	Abr-Jun 2006	Jul-Sep 2006	Oct-Dic 2006	Ene-Mar 2007	Abr-Jun 2007	Jul-Sep 2007	Total Acumulado
1	# de lugares intervenidos por primera vez para prevención ITS/VIH/SIDA	0	0	0	0	0	0	0	0	0	0	0
2	# de lugares intervenidos subsecuentemente para prevención ITS/VIH/SIDA	8	8	9	8	10	8	7	7	0	0	65
3	# de entrenamientos a multiplicadores pares	0	0	0	0	0	0	0	0	1	0	1
4	# nuevos multiplicadores pares entrenados	0	0	0	0	0	0	0	0	27	0	27
5	# de materiales sobre prevención de ITS y VIH/SIDA distribuidos	1,030	458	458	161	120	2389	120	135	130	0	5,001
6	# de manuales de capacitación distribuidos	0	0	0	0	0	0	0	0	27	0	27
7	# de nuevos HSH captados por el proyecto para CCC	171	77	128	141	97	115	73	91	64	19	976
8	# de eventos IEC grupales sobre prevención de ITS/VIH/SIDA realizados	9	24	9	9	9	18	18	20	9	4	129
9	# de HSH alcanzados por eventos IEC grupales sobre prevención ITS/VIH/SIDA	378	458	381	330	350	395	289	295		40	2,916
10	# de HSH alcanzados en contacto cara a cara	1,079	658	592	561	454	1476	2100	459	481	351	8,211

11	# de HSH alcanzados eventos IEC (grupal + cara cara)	1,457	1,116	973	891	804	1,871	2,389	754	481	391	11,127
12	# de HSH referidos a servicios de atención ITS/VIH/SIDA	32	43	23	159	74	159	90	72	0	0	652



**Proyecto Conecta
ONG con Sub-Acuerdos
Apoyo al Programa Nacional para el Control de la Tuberculosis**



**Reporte de Indicadores de Proceso
Período Julio - Septiembre 2007**

COD	INDICADOR	ONG									TOTAL
		FUNDASUR	BRA Dominicana	IDDI	MUDE	ONE-RESPE	MOSCTHA	INDAJOVEN	FUDECO	CACS	
1	Número de personas nuevas entrenadas y sensibilizadas en el año en prevención, cuidado, tratamiento y movilización social en TB	205	8	35	0	7	0	30	123	45	453
2	Número de instancias comunitarias que están trabajando con un programa de movilización comunitaria para el PCTB	0	11	30	0	22	0	2	5	0	70
3	Número de miembros de la comunidad alcanzados por primera vez en el año por actividades de IEC sobre prevención y detección de TB	1192	2595	716	1232	734	3564	2152	3459	3387	19,031
4	Número de materiales educativos distribuidos	0	2595	0	0	0	567	1016	3241	0	7,419

5	Número de individuos sintomáticos respiratorios captados en el año por la acción de movilización social de las ONGS	105	64	20	34	16	6	150	92	47	534
6	Número de individuos sintomáticos respiratorios referidos en el año a los servicios de control de la TB	105	64	20	26	16	6	96	92	47	472
7	Número de actividades conjuntas TB y VIH/SIDA	-	2	0	0	4	4	13	18	1	42
8	Número de personas en tratamiento para la tuberculosis con VIH detectadas y seguidas en los servicios de atención de VIH/SIDA	-	3	-	0	2	0	0	1	0	6

Reporte de Indicadores de Proceso

Período Julio - Septiembre 2007

Cód	Indicador	ONG																			TOTAL	
		BRA	Esperanza y Caridad	PAN	PRO INFANCIA	ASOLSIDA	TÚ MUJER	VM Loma de Cabrera	VM Jimaní	CEPROSH Grupo Clara	CEPROSH Dajabón	REDOVIH	VISIÓN MUNDIAL Barahona	VISIÓN MUNDIAL EI Seibo	CEPROSH Puerto Plata	COALICIÓN PRO BATEYES	GRUPO PALOMA	ONE RESPE	FUNDASUR	FUDECO		HOGAR CREA
1	# de nuevas organizaciones comunitarias con acuerdos escritos para apoyar el programa de cuidado HNV	0	1	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	8	0	0	11
2	# de nuevos hogares de HNV de 0-17 años integrados al programa	0	19	0	23	0	11	2	1	13	6	0	7	7	31	0	0	12	19	0	0	132
3	# de nuevos HNV (0 a 17 años) inscritos y con plan de intervención	171	51	0	57	0	68	3	9	17	4	0	17	15	46	3	32	53	0	94	0	589
4	# de nuevos hogares de PVVS y afectados de 18 años y más integrados al programa	0	24	0	33	0	18	2	1	17	6	0	7	8	28	0	0	14	71	0	11	216
5	# de nuevos PVVS y afectados de 18 años en adelante inscritos y con plan de intervención	203	66	0	77	96	67	9	8	29	16	2	10	17	51	5	31	70	0	128	11	830
6	# de nuevos hogares de HNV beneficiados con apoyo económico	0	5	0	0	0	1	2	0	0	0	0	0	0	0	0	0	0	5	0	0	8
7	# de nuevos hogares de HNV beneficiados con alimentos	0	14	0	201	0	0	0	1	0	0	0	1	4	148	0	0	2	0	0	0	357
8	# de personas menores de 18 años que han recibido apoyo legal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

9	# de personas de 18 años y más que han recibido apoyo legal	0	0	0	0	0	1	0	0	0	0	21	0	0	0	0	0	0	0	0	0	22
10	# de personas de 0-17 años que han recibido vestimenta	0	7	40	0	0	0	0	0	0	150	0	8	33	0	0	0	2	0	0	0	233
11	# de personas de 18 años en adelante que han recibido vestimenta	0	0	34	0	0	0	0	0	0	165	39	4	30	0	0	0	4	0	0	0	276
12	# de visitas domiciliarias realizadas a familias beneficiarias del programa	0	102	887	1,129	0	3,144	20	149	43	42	0	25	53	50	0	0	1,003	69	0	0	6,614
13	# de personas 0-17 años que no continúan en el programa	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2
14	# de personas de 18 años y más que no continúan en el programa	0	4	0	1	0	0	0	4	4	0	3	1	0	0	0	0	1	7	0	11	32

3	# de nuevos HNV (0 a 17 años) inscritos y con plan de intervención (Por Sexo)	0																				
	Hombres	80	25	0	34	0	32	1	7	9	2	0	11	6	28	1	21	24	59	48	0	388
	Mujeres	91	26	0	23	0	36	2	2	8	2	0	6	9	18	2	11	29	75	46	0	386
	TOTAL	171	51	0	57	-	68	3	9	17	4	-	17	15	46	3	32	53	134	94	0	774

5	# de nuevos PVVS y afectados mayores de 18 años en adelante inscritos y con plan de intervención (Por Sexo)																					
	Hombres	92	29	0	41	31	25	5	4	13	6	1	4	9	23	3	15	24	60	56	9	450
	Mujeres	111	37	0	36	65	42	4	4	16	10	1	6	8	28	2	16	46	105	72	2	611
	TOTAL	203	66	0	77	96	67	9	8	29	16	2	10	17	51	5	31	70	165	128	11	1,061

4.2 Annex B: Materials Produced/Reproduced July – September 2007

TRIMESTRE JULIO-SEPTIEMBRE, 2007
MATERIAL EDUCATIVO DISTRIBUIDO, SEGUN AREA PROGRAMATICA

VIH/SIDA
SERVICIOS

TITULO	TIPO DE MATERIAL	POBLACION	LUGAR	CANTIDAD

VIH/SIDA
ATENCION COMUNITARIA Y DOMICILIAR

TITULO	TIPO DE MATERIAL	POBLACION	LUGAR	CANTIDAD
Cuídate a ti mism@	Brochures		Coalición Pro-bateyes	500
Las Relaciones Sexuales y el Virus del SIDA	Brochures		Coalición Pro-bateyes	500
Embarazo en adolescente	Brochures		Coalición Pro-bateyes	500

**VIH/SIDA
COMUNICACIÓN PARA CAMBIO DE COMPORTAMIENTO**

TITULO	TIPO DE MATERIAL	POBLACION	LUGAR	CANTIDAD
Cuídate a ti mism@	Brochures		ADOPLAFAM-MUDE	300
Solo tú decides	Brochures		ADOPLAFAM-MUDE	200
Las Relaciones Sexuales y el Virus del SIDA	Brochures		ADOPLAFAM-MUDE	300
Solo para jóvenes higiene de los genitales.	Brochures		ADOPLAFAM-MUDE	300
Embarazo en adolescente	Brochures		ADOPLAFAM-MUDE	200
Las Relaciones Sexuales y el Virus del SIDA	Brochures		PROFAMILIA	500
Higiene de los Genitales	Brochures		PROFAMILIA	300
Embarazo en adolescentes	Brochures		PROFAMILIA	200
Cuídate a ti mism@	Brochures		PROFAMILIA	200
Solo tú decides	Brochures		PROFAMILIA	100
Cuídate a ti mism@	Brochures		Batey 6	400
Embarazo en adolescente	Brochures		Batey 6	400
Higiene de los genitales	Brochures		Batey 6	400
Cuídate a ti mism@	Brochures		Visión M. El Seibo	400
Embarazo en adolescente	Brochures		Visión M. El Seibo	400
Higiene de los genitales	Brochures		Visión M. El Seibo	400
Las Relaciones Sexuales y el Virus del SIDA	Brochures		CEPROSH-Dajabón	300
Solo para jóvenes higiene de los genitales	Brochures		CEPROSH-Dajabón	300
Cuídate a ti mism@	Brochures		CEPROSH-Dajabón	83
Embarazo en adolescentes	Brochures		CEPROSH-Dajabón	238
Manténte saludable, protege tu salud	Brochures		CEPROSH-Dajabón	43
Proveedores de servicios	Afiches		CEPROSH-Dajabón	28
Versión Niños	Afiches		CEPROSH-Dajabón	55
Versión Jóvenes	Afiches		CEPROSH-Dajabón	85

SALUD REPRODUCTIVA

TITULO	TIPO DE MATERIAL	POBLACION	LUGAR	CANTIDAD
Solo tú decides	Brochures		CONAPOFA	6,000
Cuídate a ti mism@	Brochures		CONAPOFA	5,400
Cuídate a ti mism@	Brochures		DIGEMIA-PRONAISA	9,000
Solo tú decides	Brochures		DIGEMIA-PRONAISA	4,800
Solo para jóvenes, higiene de los genitales.	Brochures		DIGEMIA-PRONAISA	24,000
Embarazo en adolescente	Brochures		DIGEMIA-PRONAISA	6,000
Manténte saludable	Brochures		DIGEMIA-PRONAISA	12,000

TUBERCULOSIS

TITULO	TIPO DE MATERIAL	POBLACION	LUGAR	CANTIDAD

INMUNIZACIONES

TITULO	TIPO DE MATERIAL	POBLACION	LUGAR	CANTIDAD

AGUA Y SANEAMIENTO

TITULO	TIPO DE MATERIAL	POBLACION	LUGAR	CANTIDAD

4.3 Annex C: Trainings Conducted July – September 2007

CAPACITACIONES DE 2 DIAS O MAS
PROYECTO CONECTA - CAPACITACIONES TRIMESTRE JULIO-SEPTIEMBRE 2007

Sub-componente	Tipo de Actividad	Nombre de la Actividad	Grupo Meta	Fecha Inicio	Fecha Finalización	Lugar de Celebración	Facilitadores	# Participantes	MASC	FEM
VIH/SIDA		7	Capacitaciones					112	46	66
VIH/SIDA	Taller	Taller para reforzamiento de los comités de bioseguridad de los hospitales de Monte Plata.		8/7/2007	8/8/2007	Hotel Lina, Santo Domingo.	Dolores Rodríguez.	28	9	19
VIH/SIDA	Taller	Reforzamiento de los comités de bioseguridad de los hospitales Guanatico, Villa Isabela y Los Hidalgos, Puerto Plata.	Proveedores de Servicios de Salud	9/6/2007	9/7/2007	Ayuntamiento de Los Hidalgos, Puerto Plata.		34	16	18
VIH/SIDA	Taller	Taller para reforzamiento de los equipos de bioseguridad, Guanatico, Los Hidalgos y Villa Isabela		9/6/2007	9/7/2007	Ayuntamiento Los Hidalgos	Dolores Rodríguez	0		

VIH/SIDA	Reunión	Fortalecimiento del sistema de información relativo al VIH/SIDA, Ramón Santana		9/18/2007	9/19/2007	Ramón Santana		0		
VIH/SIDA	Taller	Movilización de recursos para nuevas instituciones.		9/26/2007	9/28/2007	Salón Aries, Hotel Barceló Lina.-	Angela de León	11	7	4
VIH/SIDA	Taller	Taller para reforzamiento temático y de gestión para consejeros de hospitales apoyados por CONECTA.		10/19/2007	10/20/2007	Hotel Don Juan, Boca Chica.	Xiomara Aquino-DIGECITSS. Sunny Guerrero-Consultora externa.	18	4	14
VIH/SIDA	Taller	Participación en el taller para formación de facilitadores para el PNRTV	Proveedores de Servicios de Salud	10/24/2007	10/27/2007	Hotel Coral Costa Caribe	Pedro Guerrero	21	10	11
SALUD REPRODUCTIVA		2	Capacitaciones					54	18	36
Salud Reproductiva	Curso	Curso Cuidados Obstétricos de Emergencia COEm		7/2/2007	7/7/2007	HOSPITAL CABRAL Y BAEZ	Dra. Yuderka Lerebous	16	9	7

Salud Reproductiva	Taller	Taller Formación Básica en Salud Reproductiva y Técnicas de Educación de Pares.		8/30/2007	8/31/2007	Salón de conferencias Solidaridad Fronteriza, Dajabón	Dr. Victor Moya Lic. Juana Tejada Dra. Angela Polanco Multiplicador Miguel Antonio Lic. Rumalda Tejada Lic. Carmen Minaya Lic. Maria Rodríguez	38	9	29
INMUNIZACIONES		3	Capacitaciones					82	8	74
Inmunizaciones	Taller	Curso de normas PAI dirigido a trabajadores de los puestos de vacunación de la provincia de LA ROMANA	Personal del Ministerio de Salud	8/7/2007	8/8/2007	LA ROMANA	Rosa Santos	26	6	20
Inmunizaciones	Taller	Curso de normas PAI dirigido a trabajadores de los puestos de vacunación de la provincia de S.P.M.	Personal del Ministerio de Salud	8/9/2007	8/10/2007	San pedro de macoris	Rosa Santosmiguelia Landerforth	37	2	35
Inmunizaciones	Taller	Curso de normas PAI dirigido a trabajadores de los puestos de vacunación de la provincia de S.P.M.	Personal del Ministerio de Salud	9/26/2007	9/27/2007	San pedro de Macoris	Rosa Santos Miguelia Landerforth	19	0	19
TUBERCULOSIS		6	Capacitaciones					189	41	148
Tuberculosis	Taller	taller de capacitacion en movilizacion social en Tb a promotores SESPAS Monseñor Noel	Multiplicadores Líderes	7/5/2007	7/6/2007	Distrito escolar Bonao	Scarlett Sanchez Jose de La Rosa Virginia Pacheco	30	1	29

Tuberculosis	Taller	Taller para nuevos multiplicadores del área de Rabo de Chivo y La Minita de CACS-BONAO	Educadores	7/13/2007	7/14/2007	Salón de conferencia de la Cooperativa de Ahorros y Prestamos BONAO.		37	7	30
Tuberculosis	Taller	Taller de Alianzas y Redes para la sostenibilidad en TB/VIH en el area de impacto de MUDE.	Educadores	7/17/2007	8/17/2007	BIMI STOP Hato Mayor	-José Antonio de la Rosa -Dra. Ircania Pacheco	32	8	24
Tuberculosis	Taller	Taller de Alianzas y Redes para la sostenibilidad en TB/VIH en el area de impacto de ONE RESPE.	Educadores	7/19/2007	8/19/2007	Sala de conferencias de ONE RESPE Santiago	-José Antonio de la Rosa -Elena Tejeda	33	5	28
Tuberculosis	Taller	Taller de capacitación a nuevos promotores para el area de Banica (FUDECO)	Educadores	8/16/2007	8/17/2007	Area II de capacitación de FUDECO (Mata Yaya)	Juan José Mendez Figueroa de PNCT	31	11	20
Tuberculosis	Taller	capacitacionen movilizacion social en TB a promotores SESPAS Area I de salud	Líderes Comunitarios	7/11/2007	7/12/2007	Salon Hogar sgarada familia	Scarlett Sanchez Juan mendez Jose De La Rosa Maria Dominguez	26	9	17
TOTAL DE CAPACITACIONES:		18				TOTAL DE PERSONAS CAPACITADAS:	437	113	324	

TODAS LAS CAPACITACIONES
PROYECTO CONECTA - CAPACITACIONES TRIMESTRE JULIO-SEPTIEMBRE 2007

Sub-componente	Tipo de Actividad	Nombre de la Actividad	Grupo Meta	Fecha Inicio	Fecha Finalización	Lugar de Celebración	Facilitadores	# Participantes	MASC	FEM
VIH/SIDA			8	Capacitaciones				129	50	79
VIH/SIDA	Taller	Taller para reforzamiento de los comités de bioseguridad de los hospitales de Monte Plata.		8/7/2007	8/8/2007	Hotel Lina, Santo Domingo.	Dolores Rodríguez.	28	9	19
VIH/SIDA	Taller	Taller sobre uso de la información en la toma de decisiones, San Pedro y La Romana		8/9/2007	8/9/2007	Hotel Howard Jhonson, San Pedro de Macorís		17	4	13
VIH/SIDA	Taller	Reforzamiento de los comités de bioseguridad de los hospitales Guanatico, Villa Isabela y Los Hidalgos, Puerto Plata.	Proveedores de Servicios de Salud	9/6/2007	9/7/2007	Ayuntamiento de Los Hidalgos, Puerto Plata.		34	16	18

VIH/SIDA	Taller	Taller para reforzamiento de los equipos de bioseguridad, Guanatico, Los Hidalgos y Villa Isabela		9/6/2007	9/7/2007	Ayuntamiento Los Hidalgos	Dolores Rodríguez	0		
VIH/SIDA	Reunión	Fortalecimiento del sistema de información relativo al VIH/SIDA, Ramón Santana		9/18/2007	9/19/2007	Ramón Santana		0		
VIH/SIDA	Taller	Movilización de recursos para nuevas instituciones.		9/26/2007	9/28/2007	Salón Aries, Hotel Barceló Lina.-	Angela de León	11	7	4
VIH/SIDA	Taller	Taller para reforzamiento temático y de gestión para consejeros de hospitales apoyados por CONECTA.		10/19/2007	10/20/2007	Hotel Don Juan, Boca Chica.	Xiomara Aquino-DIGECITSS. Sunny Guerrero-Consultora externa.	18	4	14
VIH/SIDA	Taller	Participación en el taller para formación de facilitadores para el PNRTV	Proveedores de Servicios de Salud	10/24/2007	10/27/2007	Hotel Coral Costa Caribe	Pedro Guerrero	21	10	11
SALUD REPRODUCTIVA		3	Capacitaciones					56	18	38

Salud Reproductiva	Curso	Curso Cuidados Obstétricos de Emergencia COEm		7/2/2007	7/7/2007	HOSPITAL CABRAL Y BAEZ	Dra. Yuderka Lerebous	16	9	7
Salud Reproductiva	Reunión	Capacitar a la encargada del departamento el el programa de digicacion de los expedientes clinicos.	Empleados del Gobierno	7/31/2007	7/31/2007	Hospital de Villa Mella		2	0	2
Salud Reproductiva	Taller	Taller Formación Básica en Salud Reproductiva y Técnicas de Educación de Pares.		8/30/2007	8/31/2007	Salón de conferencias Solidaridad Fronteriza, Dajabón	Dr. Victor Moya Lic. Juana Tejada Dra. Angela Polanco Multiplicador Miguel Antonio Lic.Rumalda Tejada Lic. Carmen Minaya Lic. Maria Rodríguez	38	9	29
INMUNIZACIONES		5	Capacitaciones					127	10	117
Inmunizaciones	Taller	Curso de normas PAI dirigido a trabajadores de los puestos de vacunación de la provincia de LA ROMANA	Personal del Ministerio de Salud	8/7/2007	8/8/2007	LA ROMANA	Rosa Santos	26	6	20
Inmunizaciones	Taller	Curso de normas PAI dirigido a trabajadores de los puestos de vacunación de la provincia de S.P.M.	Personal del Ministerio de Salud	8/9/2007	8/10/2007	San pedro de macoris	Rosa Santosmiguelia Landerforth	37	2	35

Inmunizaciones	Taller	Encuentro con trabajadoras de los PFV de LA ROMANA	Personal del Ministerio de Salud	8/14/2007	8/14/2007	DPS, de la Romana	Rosa Santos	20	0	20
Inmunizaciones	Taller	Curso de normas PAI dirigido a trabajadores de los puestos de vacunación de la provincia de la Altagracia.	Personal del Ministerio de Salud	9/13/2007	9/13/2007	La Altagracia	Rosa Santos	25	2	23
Inmunizaciones	Taller	Curso de normas PAI dirigido a trabajadores de los puestos de vacunación de la provincia de S.P.M.	Personal del Ministerio de Salud	9/26/2007	9/27/2007	San Pedro de Macoris	Rosa Santos Miguelia Landerforth	19	0	19
AGUA Y SANEAMIENTO		1	Capacitación					28	17	11
Agua	Taller	Taller "Uso y manejo de materiales de IEC sobre agua y saneamiento básico".		9/26/2007	9/26/2007	Salón Aries, Hotel Barceló Lina	Rosa Margarita Aybar Carlos Ureña	28	17	11
TUBERCULOSIS		12	Capacitaciones					382	78	304
Tuberculosis	Taller	taller de capacitación en movilización social en Tb a promotores SESPAS Monseñor Noel	Multiplicadores Líderes	7/5/2007	7/6/2007	Distrito escolar Bonao	Scarlett Sanchez Jose de La Rosa Virginia Pacheco	30	1	29
Tuberculosis	Taller	Taller para nuevos multiplicadores del área de Rabo de Chivo y La Minita de CACS-BONAO	Educadores	7/13/2007	7/14/2007	Salón de conferencia de la Cooperativa de Ahrrros y Prestamos		37	7	30

						BONAO.				
Tuberculosis	Taller	Taller de Alianzas y Redes para la sostenibilidad en TB/VIH en el area de impacto de MUDE.	Educadores	7/17/2007	8/17/2007	BIMI STOP Hato Mayor	-José Antonio de la Rosa -Dra. Ircania Pacheco	32	8	24
Tuberculosis	Taller	Taller de Alianzas y Redes para la sostenibilidad en TB/VIH en el area de impacto de ONE RESPE.	Educadores	7/19/2007	8/19/2007	Sala de conferencias de ONE RESPE Santiago	-José Antonio de la Rosa -Elena Tejeda	33	5	28
Tuberculosis	Taller	Capacitacion en Movilizacion social en tuberculosis a promotores SESPAS Area IV de salud	Líderes Comunitarios	7/20/2007	7/20/2007	Salon Fundacion activo 20-30	Scarlett Sanchez Jose De La Rosa Lucia Morrobel	24	11	13
Tuberculosis	Taller	comunicacion para Cambio de Comportamiento, estigma y discriminacion Tb y VIH y la red taes de enfermeria	Proveedores de Servicios de Salud	8/10/2007	8/10/2007	Salon CURSA, Barahona	Angelmidia De La Cruz Scarlett Sanchez Josefina heredia Dario Penna	34	0	34
Tuberculosis	Taller	Taller de capacitación a nuevos promotores para el area de Banica (FUDECO)	Educadores	8/16/2007	8/17/2007	Area II de capacitación de FUDECO (Mata Yaya)	Juan José Mendez Figueroa de PNCT	31	11	20
Tuberculosis	Taller	Capacitacion en movilizacion social en TB a promotores de SESPAS area V de salud	Proveedores de Servicios de Salud	9/6/2007	9/6/2007	Salon Consejo Nacional de drogas, Sto. Dgo.	Scarlett Sanchez Marcia Reyes	33	11	22
Tuberculosis	Taller	Cuidados paliativos y atencion domiciliaria a PVVS y coinfeccion TB/VIH a CACS- Monsenor Noel	Líderes Comunitarios	9/17/2007	9/17/2007	Salon Banco de la vivienda, Bonao	Scarlett Sanchez Jose De La Rosa	31	4	27
Tuberculosis	Taller	Jornada sobre Comunicacion para cambio de comportamiento, estigma y discriminacion en TB y VIH, Hosp. Alejandro cabral	Proveedores de Servicios de Salud	9/21/2007	9/21/2007	Salon conferencias Hosp Alejandro cabral, San Juan	Scarlett Sanchez Juan Mendez Jose De La Rosa	52	5	47

Tuberculosis	Taller	Cuidados paliativos y atencion domiciliaria a PVVS y coinfeccion TB/VIH, INDAJOVEN, area 1 de salud.	Líderes Comunitarios	9/27/2007	9/27/2007	Salon UTESA, sector Ozama	Scarlett Sanchez Jose De La Rosa Yudelis Gonzales	19	6	13
Tuberculosis	Taller	capacitacionen movilizacion social en TB a promotores SESPAS Area I de salud	Líderes Comunitarios	7/11/2007	7/12/2007	Salon Hogar sgarada familia	Scarlett Sanchez Juan mendez Jose De La Rosa Maria Dominguez	26	9	17
TOTAL DE CAPACITACIONES:		29				TOTAL DE PERSONAS CAPACITADAS:	722	173	549	

Annex D

Indicators and tables

I. HIV/AIDS

I.A EPIDEMIOLOGICAL AND POLITICAL ENVIRONMENT INDICATORS

INDICATOR	BASE LINE (2002)	YEAR	2003	2004	2005	2006	2007
1. HIV seroprevalence rate for pregnant women 15-24 years	N.D.	TARGET	N.A	N.A	N.A	N.A	N.A
		RESULT	N.D.	1.4%	2.0%	(1)	(2)

Source: National Sentinel Surveillance Survey

COMMENTS:

1. No reliable data were gathered by the National Epidemiological Surveillance Program in 2002 and 2003 for this indicator.
2. 2004 and 2005 results were taken from the final Sentinel Surveillance Survey report, which were finalized in July 2005 and 2006.
3. At the Final Sentinel Surveillance Survey Workshop hold on October 2007, did not present the mean prevalence of HIV for pregnant women from 15 to 24 years old (1). They presented the prevalence by Sentinels places.
4. Data for 2007 would be available at the end 2008 (2).

INDICATOR	BASE LINE (2002)	YEAR	2003	2004	2005	2006	2007	2008
2. HIV seroprevalence for sex workers	N.D.	TARGET	N.A	N.A	N.A	N.A	N.A	NA
		RESULT	N.D	3.5%	3.6%	2.7	(1)	

Source: National Sentinel Surveillance Survey

COMMENTS:

1. No reliable data were gathered by the National Epidemiological Surveillance Program in 2002 and 2003 for this indicator.
2. 2004 and 2005 results are taken from the final Sentinel Surveillance Survey report, which were finalized in July 2005 and 2006.
3. 2006 results were taken from the slides present at the Final Sentinel Surveillance Survey Workshop hold on October 2007.
4. Data for 2007, maybe, will be at end 2008.

I. B HIV/AIDS SERVICES

I. B.1. PMTCT

INDICATOR	BASE LINE (2002)	YEAR	2003	2004	2005	2006	2007	2008
3. Number of USAID-supported health facilities offering PMTCT services	69	TARGET	N.A.	N.A.	75	75	75	T: 75 A: 15 B: 60
		RESULT	69	100	82	A:32 B:47 T:79	A:32 B:47 T:79	

A: Direct Support (Downstream) B: Indirect Support (Upstream)

Sources: DIGECITSS and Conecta

COMMENTS:

1. The 2002 base line and the 2003 and 2004 results correspond to numbers provided by DIGECITSS for the National PMTCT Program for a period when Conecta was providing support at the central level and thus this support was benefiting all facilities of the National Program.
2. In March 2005, Conecta refocused USAID support to individual provinces and hospitals and targeted 75 facilities for support in PMTCT for the years 2005 – 2007. These are divided into 30 hospitals that are receiving Level A support (direct technical assistance and supervision from Conecta) and 45 hospitals that are receiving Level B support (training, technical assistance and supervision from DIGECITSS with Conecta support).
3. In 2005 Level B support was provided to an additional 7 hospitals, bringing the total number of facilities with USAID assistance to 82.
4. In 2006, Level A support was provided to an additional 2 hospital at Bahoruco province (Los Ríos and Villa Jaragua) and Level B support was provided to 47 public facilities, excluding two ONGs (Jesús Te Ama and Evangelina Rodríguez Clinic), three hospitals were the VCT and PMTCT programs were no working San José de Ocoa, Villa Altagracia y San José de las Matas).
5. To September 2007, Conecta provides support for the strengthening of PMTCT services in 79 health facilities.
6. Evaluations conducted to a sample of 23 Type A Hospitals and 37 Type B, to determine their compliance with quality PMTCT standards showed that 40 Hospitals scored 100%, 5 from 80% to 90%, 12 from 70 to 79% and 3 under 70%.
7. See table I.B.1.1.

INDICATOR	BASE LINE (2002)	YEAR	2003	2004	2005	2006	2007	2008
4. Number of women with known HIV infection among those seen at PMTCT sites within the past year	414	TARGET	N.A	N.A	1,402	1,682	2,243	NA
		RESULT	636	1,571	1,390	1,121	T: 1,261 A: 279 B: 989	

A: Direct Support (Downstream) B: Indirect Support (Upstream)

Sources: DIGECITSS and Conecta

COMMENTS:

1. Base line data and results for 2003 and 2004 correspond to numbers reported by DIGECITSS for the National PMTCT Program and were not verified by Conecta. The 2005 and 2006 results were collected in a joint Conecta and DIGECITSS data collection and analysis effort.
2. For the years 2005-2007, Conecta will be reporting on this indicator from only the sites with USAID support.
3. The 1,121 pregnant women who tested positive for HIV in 2006 represent 1.4% of the total number tested in PMTCT sites, compared to 1.9% who tested positive in 2005.
4. This data from health facilities during the period of October 2006 to September 2007, includes information from 67 of 79 health facilities that should have reported.
5. The current total of women with HIV (1,261) is 56% of the overall 2007 target (2,243), but represents an increase of 12.5% compared with the 2006 result (1,121).
6. See Table I.B.1.5.

INDICATOR	BASE LINE (2002)	YEAR	2003	2004	2005	2006	2007	2008
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5. Number of HIV-positive women attending antenatal clinics receiving ARV therapy to prevent MTCT	176	TARGET	N.A	N.A	1,122	1,346	1,794	T: 2,152 A: 672 B: 1,480
		RESULT	224	658	575	702	T:690 A:159 B:531	

A: Direct Support (Downstream) B: Indirect Support (Upstream)

Sources: DIGECITSS and Conecta

COMMENTS:

1. Base line data are taken from the USAID November 2003 SAR. Results for 2003 and 2004 correspond to numbers reported by DIGECITSS for the National PMTCT Program and were not verified by Conecta. The 2005, 2006 and 2007 results were collected in a joint Conecta and DIGECITSS data collection and analysis effort.
2. The data from health facilities during the period of October 2006 to September 2007, includes information from 67 of 79 health facilities that should have reported.
3. These data is to calculate the next indicator.
4. See Table I.B.1.6.

INDICATOR	BASE LINE	YEAR	2003	2004	2005	2006	2007	2008
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	(2002)							
6. Percentage of HIV+ women with a complete course of ARV to prevent MTCT	42.5%	TARGET	N.A	N.A	80%	80%	80%	
		RESULT	35%	41.8%	41.4%	62.6%	T: 55% A: 57% B: 54%	

A: Direct Support (Downstream) B: Indirect Support (Upstream)
Sources: DIGECITSS and Conecta

COMMENTS:

1. The base line percentage is based on the number of pregnant women (176) receiving ARV reported in the November 2003 SAR.
2. Results for 2003 and 2004 correspond to numbers reported by DIGECITSS for the National PMTCT Program and were not verified by Conecta. The 2005 and 2006 results were collected in a joint Conecta and DIGECITSS data collection and analysis effort.
3. Regarding 2006, there is a decrease of seven points, (62% to 55%) for this period. The difference could be explained in some weakness in the information system of DIGECITSS. As for 2006, the data was collected directly from the official source which is the DIGECITSS's database. To complete some of the lacking information Conecta collected it from the primary source (hospitals).
4. See Tables I.B.1.5 and I.B.1.6.

INDICATOR	BASE LINE	YEAR	2003	2004	2005	2006	2007	2008
7. Number of newborns who received Niverapine in USAID-supported PMTCT services	N.D	TARGET	N.A	N.A	N.A	N.A	N.A	NA
		RESULT	N.D.	716	585	732	803	

Source: DIGECITSS and Conecta

COMMENTS:

1. 2004 results correspond to numbers reported by DIGECITSS for the National PMTCT Program and were not verified by Conecta.
2. The 2005 and 2006 results were collected in a joint Conecta and DIGECITSS data collection and analysis effort. Data disaggregated by gender was not available in the hospital registries; nor were multiple births registered.
3. At September 2007, the data represents an increase of 10.2% compared to the number of newborn receiving ARV in 2006 (732).
4. See Table I.B.I.7

I. B.2. VCT

INDICATOR	BASE LINE (2002)	YEAR	2003	2004	2005	2006	2007	2008
8. Number of VCT centers with USAID assistance	75	TARGET	N.A.	N.A.	75	75	75	A:15 B: 60 T: 75
		RESULT	85	100	86	A:32 B:47 T:79	A:32 B:47 T:79	

A: Direct Support (Downstream) B: Indirect Support (Upstream)

Sources: DIGECITSS, IMPACT and Conecta

COMMENTS:

1. Base line data and the results for 2003 and 2004 correspond to numbers reported by DIGECITSS and IMPACT/RedPAV for those years.
2. In March 2005, Conecta refocused USAID support to individual provinces and hospitals and targeted 75 facilities for support in VCT services for the years 2005 – 2007. These are divided into 30 facilities that are receiving Level A support (direct technical assistance and supervision from Conecta) and 45 facilities that are receiving Level B support (training, technical assistance and supervision from DIGECITSS with Conecta support).
3. In 2005 Level B support was provided to an additional 11 VCT services, bringing the total number of VCT services with USAID assistance to 86.
4. In 2006, Level A support was provided to an additional 2 VCT services in Municipal Hospitals at Bahoruco province (Los Ríos and Villa Jaragua) and Level B support was provided to 47 VCT services in the same number of public facilities, excluding five NGOs (Jesús Te Ama and Evangelina Rodríguez Clinic in Santo Domingo, Instituto Dermatológico in Puerto Plata, Esperanza y Caridad Clinic in San Pedro de Macorís and Centro Integral Bella Vista in Santiago), four municipal hospitals where the VCT and PMTCT programs were no working (Maria Trinidad Sánchez, San José de Ocoa, Villa Altagracia y San José de las Matas).
5. To September 2007, Conecta provides support for the strengthening of VCT services in 79 health facilities (including 3 NGOs: Clínica Esperanza y Caridad, BRA Dominicana y CEPROSCH). Evaluations conducted at 28 Type A and 37 Type B services, to determine their compliance with quality VCT standards show that 29 scored 100%, 13 from 80% to 90%, 12 from 70 to 79% and 11 under 70%.
6. See Table I.B.2.1.

INDICATOR	BASE LINE	YEAR	2003	2004	2005	2006	2007	2008
9. Number of persons who received pre-test counseling at USAID-supported VCT sites	N.A	TARGET	N.A	N.A	N.A	N.A	N.A	
		RESULT	32,099	58,767	PW: 58,258 NPW: 17,467 M: 8,259 Total: 83,984	PW: 59,858 NPW: 20,070 M: 12,003 T: 91,931	A: 24,405 PW: 15,175 NPW: 5,979 Men: 3,251 B: 78,286 PW: 55,424 NPW: 14,798 Men: 8,064 T: 102,691 PW: 70,599 NPW: 20,777 Men: 11,315	

A: Direct Support (Downstream)

B: Indirect Support (Upstream)

Sources: DIGECITSS, IMPACT and Conecta

PW: Pregnant Women

NPW: Non Pregnant Women

M: Men

COMMENTS:

1. Results for 2003 and 2004 are taken from final IMPACT/RedPAV reports for those years. They do not correspond to numbers in the USAID SARs for those years, because only partial data were available to be reported to USAID at the time.
2. The 2005, 2006 and 2007 data were collected in a joint Conecta and DIGECITSS effort.
3. See Tables I.B.1.2, I.B.2.2, I.B.1.4 and I.B.2.4.

INDICATOR	BASE LINE	YEAR	2003	2004	2005	2006	2007	2008
10. Number of persons who received HIV test results in post-test counseling at USAID-supported VCT sites	N.A	TARGET	N.A	N.A	45,000	60,000	75,000	A: 21,400
		RESULT	23,173	43,160	T: 58,867 PW:39,539 NPW:12,723 M: 6,605	T:62,865 PW: 43,429 NPW: 12,761 M: 6,675	A: 18,193 PW: 12,208 NPW: 3,951 Men: 2,034 B: 52,259 PW: 33,386 NPW:12,151 Men: 6,722 T: 70,452 PW: 45,594 NPW: 16,102 Men: 8,756	

A: Direct Support (Downstream) B: Indirect Support (Upstream)

Source: DIGECITSS, IMPACT and Conecta

PW: Pregnant Women

NPW: Non Pregnant Women

COMMENTS:

1. Results for 2003 and 2004 are taken from final IMPACT/RedPAV reports for those years. They do not correspond to numbers in the USAID SARs for those years, because only partial data were available to be reported to USAID at the time.
2. The 2005, 2006 and 2007 results were collected in a joint Conecta and DIGECITSS data collection and analysis effort.
3. In 2005, the persons receiving post-test counseling represent 50.1% of those tested in these centers and in 2006 represent the 44%.
4. At september 30, 2007 the current total of individuals receiving HIV test results in a post-counseling session (70,452) is 94% of the target.
5. See Tables I.B.1.2, I.B.2.2, I.B.1.4 and I.B.2.5.

INDICATOR	BASE LINE	YEAR	2003	2004	2005	2006	2007	2008
11. Number of HIV cases detected at USAID-supported VCT sites.	N.A	TARGET	N.A	N.A	N.A	N.A	N.A	NA
		RESULT	1,495	2,843	PW: 1,390 NPW: 1,208 M: 1,040 Total: 3,638	PW: 1,121 NPW: 1,143 M: 1,091 T: 3,355	A: 1,107 PW: 279 NPW: 405 Men: 423 B: 2,750 PW: 982 NPW: 903 Men: 865 T: 3,857 PW: 1,261 NPW: 1,308 Men: 1,288	

A: Direct Support (Downstream) B: Indirect Support (Upstream)
Sources: DIGECITSS, IMPACT and Conecta PW: Pregnant Women
NPW: Non Pregnant Women

COMMENTS:

1. Results for 2003 and 2004 are taken from final IMPACT/RedPAV reports for those years. They do not correspond to numbers in the USAID SARs for those years, because only partial data were available to be reported to USAID at the time.
2. The 2005 and 2006 results were collected in a joint Conecta and DIGECITSS data collection and analysis effort.
3. The 3,638 HIV cases detected in 2005 represent 3.09% of total number of persons tested in these facilities and in 2006 the 2.4%.
4. At 2007, these results represent 1.78% of the PW examined, 6.2% of the NPW examined, 11.38% of the men examined and 3.7% of the total individuals examined. The result for PW is very similar to the prevalence for pregnant women in the Sentinel Surveillance Study 2006. For the others groups (other women and men) the high prevalence could mean that only high risk population is been reached by this services, because this is not a representative sample of the general population.
5. See Tables I.B.1.5 and I.B.2.3.

I. B.3. ARV TREATMENT SERVICES

INDICATOR	BASE LINE (2002)	YEAR	2003	2004	2005	2006	2007	2008
12. Number of persons on ARV treatment	110	TARGET	200	700	3,000	5,500	8,000	B: 9,000
		RESULT	N.D	390	Adults: 1,899 Children: 193 Total: 2,092	Adults: 3,987 Children: 345 Total: 4,332	Adults: 6,949 Children: 516 Total: 7,465	

Source: DIGECITSS monthly reports

COMMENTS:

1. The 2002 base line number, as reported in the USAID 2003 SAR, represents persons under treatment in private clinics before the National AIDS Program was offering services. Results for 2004, 2005 and 2006 are taken from DIGECITSS reports. Whereas they are disaggregated for age, they are not disaggregated by gender.
2. In addition to the persons on ARV treatment under the National Program in 2006, another 7,718 HIV+ persons are receiving regular checkups and non-ARV treatment for a total of 12,050 persons registered in AIDS treatment and care centers.
3. At september 2007, the total of HIV+ individuals receiving ARV treatment or follow up services (7,465) is 93.31% of the 2007 target (8,000). In addition to the person on ARV treatment, 10,449 HIV+ patients are receiving non ARV Treatment for : 17,914 in 58 care and treatment units
4. See Table I.B.3.I.

I. C. HIV/AIDS COMMUNITY PROGRAMS

I.C.I. OVC

INDICATOR	BASE LINE (2002)	YEAR	2003	2004	2005	2006	2007	2008
13. Total number of OVC programs supported by USAID	3	TARGET	N.A.	6	17	17	17	
		RESULT	5	8	13	17	17	

Source: Conecta

COMMENTS:

1. The base line and results for 2003 y 2004 correspond to numbers taken from the USAID November SARs of those years, when both Promundo and Conecta were working with OVC.
2. As part of the March 2005 Conecta project refocusing effort, the criteria for what constitutes an OVC program were defined and operationalized. The number for 2005, 2006 and 2007 represents the number of programs functioning under these new parameters.
3. The target was reached as of Sep, 2007, upon completion of the NGO sub-agreements.
4. See Table I.C.I.I.

INDICATOR	BASE LINE (2002)	YEAR	2003	2004	2005	2006	2007	2008
14. Number of OVC receiving care and support	200	TARGET	277	1,640	2,862	5,438	8,500	

		RESULT	250	1,124	M: 152 F: 152 Total: 304	M: 2,919 F: 2,782 T: 5,701	T: 8,474	
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Source: Conecta

COMMENTS:

1. The base line and results for 2003 and 2004 correspond to numbers taken from the USAID November SARs of those years, when both Promundo and Conecta were working with OVC.
2. As part of the March 2005 Conecta project refocusing effort, the criteria for what constitutes a total package of care and support for an OVC were defined and operationalized. The numbers for 2005 and 2006 represent the OVC (0-18 years) who have been registered under a USAID-supported OVC program and have an individual intervention plan developed for them under the new OVC program criteria.
3. The 17 NGO OVC programs receiving USAID/Conecta support have targets in their sub-agreements totaling 8,670 OVC. As of September 30, 2006, the NGOs have developed individual intervention plans for 5,701.
4. As of September 2007, 99.7% of the target had been reached.
5. # of OVC ever enrolled in program (Jul 2005 to September 2007): 8,523
6. # of OVC newly enrolled during reporting period (2007): 2,822
7. # of OVC receiving services at end of reporting period; 8,474
8. See Table I.C.I.I

INDICATOR	BASE LINE (2002)	YEAR	2003	2004	2005	2006	2007
15. Number of community initiatives/community organizations receiving support to care for OVC (in the previous 12 months)	5	TARGET	5	6	9	20	60
		RESULT	N.D	10	6	71	92

Source: CONECTA

COMMENTS:

1. The base line and 2004 results correspond to numbers taken from the USAID November SARs of those years, when both Promundo and Conecta were working with OVC.
2. As part of the March 2005 Conecta project refocusing effort, the criteria for what constitutes a community initiative receiving support to care for OVC were defined and operationalized. The number for 2005 and 2006 represents the number of community initiatives under these new parameters.
3. To Sept 30, 2007, a total of 92 community initiatives were receiving support for OVC care, surpassing the 2007 project target.
4. See Table I.C.I.I.

I. C.2. COMMUNITY AND HOME-BASED CARE

INDICATOR	BASE LINE (2004)	YEAR	2003	2004	2005	2006	2007	2008
16. Total number USAID-assisted community and home based care programs	10	TARGET	N.D	18	17	17	17	
		RESULT	N.D	10	15	20	20	

Source: Conecta

COMMENTS:

1. As part of the March 2005 Conecta project refocusing effort, the criteria for what constitutes a community and home-based care program were defined and operationalized. The numbers for 2005, 2006 and 2007 represent the number of NGO programs under these new parameters.
2. At september 30, 2007 The target was surpassed.
3. See Table I.C.I.I

INDICATOR	BASE LINE (2002)	YEAR	2003	2004	2005	2006	2007	2008
17. Number of individuals reached by community and home-based programs	2,500	TARGET	N.D	2,500	2,710	5,771	10,000	
		RESULT	N.D	531	M: 99 F: 193 T: 292	M:3,209 F:4,190 T:7,399	T:12,378	

Source: Conecta

COMMENTS:

1. As part of the March 2005 Conecta project refocusing effort, the criteria for what constitutes a total package of community and home-based care for PLWHA and their families were defined and operationalized. The numbers for 2005 and 2006 represent the number of adults (19 years and over) who have been registered by the NGOs that provide community and home-based care under Conecta and also have an individual intervention plan developed for them under these new parameters.
2. The 20 NGO community and home-based care programs receiving USAID/Conecta support have beneficiary targets in their sub-agreements totaling 11,356 PLWHA and family members. From October, 2005 to September 30, 2006, the NGOs have developed individual intervention plans for 7,399.
3. At September 30, 2007 The 2007 target was exceeded by 2,378 individuals reached.
4. # of PVVS ever enrolled in program (Jul 2005 to September 2007): 12,641
5. # of PVVS newly enrolled during reporting period (2007): 5,242
6. # of PVVS receiving services at end of reporting period; 12,378
7. See Table I.C.I.1

I. D OTHER PEPFAR INDICATORS

INDICATOR	BASE LINE 2006	YEAR	2007	2008
		TARGET	25,000	5,000
18. Number of new individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful, by sex		RESULT	T: 28,675 F: 16,177 M: 12,498	

COMMENTS:

1. The target was surpassed, (114.7%). All of these individuals are adolescents and young people (10-24)

INDICATOR	BASE LINE 2006	YEAR	2007	2008
		TARGET	23,000	4,000
19. Number of Subsequent individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful, by sex		RESULT	T: 29,206 F: 17,007 M: 12,199	

COMMENTS:

1. The target was surpassed, (126.9%). All of these individuals are adolescents and young people (10-24)

INDICATOR	BASE LINE 2006	YEAR	2007	2008
		TARGET	37,000	8,000
20. Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful, by sex		RESULT	T: 46,776 F: 24,026 M: 22,750	

COMMENTS:

1. The target was surpassed, (126.4 %) These individuals include: MSM, Sex Workers, Clients, people living in Bateyes and young people.

INDICATOR	BASE	YEAR	2007	2008
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	LINE 2006			
21. Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful		TARGET	1,200	0
		RESULT	1,238	

COMMENTS:

- The target was reached, (103%). This indicator includes BCC NGO's staff and NGO's facilitators training focalized in AB.

INDICATOR	BASE LINE 2006	YEAR	2007	2008
22. Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		TARGET	1,500	0
		RESULT	1,495	

COMMENTS:

- The target was reached, (99.7 %). Incluye capacitaciones hechas a multiplicadores, educadores pares, mensajeras de salud.

INDICATOR	BASE LINE 2006	YEAR	2007	2008
23. Number of health workers newly trained or retrained in the provision of PMTCT services		TARGET	220	180
		RESULT	231	

COMMENTS:

- The target was reached.

INDICATOR	BASE LINE	YEAR	2007	2008
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	2006			
24. Number of individuals trained to provide HIV palliative care (excluding TB/HIV)		TARGET	391	150
		RESULT	2,037	

COMMENTS:

1. The target was surpassed (520%)

INDICATOR	BASE LINE 2006	YEAR	2007	2008
25. Number of providers/caretakers trained in caring for OVC		TARGET	198	149
		RESULT	879	

COMMENTS:

1. The target was surpassed (444%)

INDICATOR	BASE LINE 2006	YEAR	2007	2008
26. Number of individuals trained in counseling and testing.		TARGET	73	50
		RESULT	182	

COMMENTS:

1. The target was surpassed (444%)

INDICATOR	BASE LINE 2006	YEAR	2007	2008
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27. Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		TARGET	51	10
		RESULT	13	

COMMENTS:

- I. There are 13 persons supported to participate in a DIPLOMADO at the UASD.

INDICATOR	BASE LINE 2006	YEAR	2007	2008
28. Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		TARGET	100	60
		RESULT	503	

COMMENTS:

- I. The target was surpassed, (503%). The information includes NGO's staff, community workers, volunteers and Health services providers

INDICATOR	BASE LINE 2006	YEAR	2007	2008
29. Number of individuals trained in HIV-related stigma and discrimination reduction		TARGET	1,200	0
		RESULT	2,445	

COMMENTS:

- I. The target was surpassed, (203.7%). The information includes NGO's workers, community workers and volunteers and Health services providers, general population, school workers.

INDICATOR	BASE LINE 2006	YEAR	2007	2008
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30. Number of individuals trained in HIV-related policy development		TARGET	300	150
		RESULT	301	

COMMENTS:

1. The target was reached.

INDICATOR	BASE LINE 2006	YEAR	2007	2008
31. Number of individuals trained in HIV-related institutional capacity building		TARGET	124	150
		RESULT	365	

COMMENTS:

1. Including PLWHA, NGO's staff, health service providers (Hospitals and DPS).

INDICATOR	BASE LINE 2006	YEAR	2007	2008
32. Number of individuals trained in HIV-related community mobilization for prevention care and/or treatment		TARGET	1,200	0
		RESULT	1,969	

COMMENTS:

1. The target was surpassed, (164%).

INDICATOR	BASE LINE 2006	YEAR	2007	2008
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33. Number of local organizations provided with technical assistance for strategic information activities		TARGET	22	22
		RESULT	22	

COMMENTS:

- I. This data include 21 NGOs and the MOH

INDICATOR	BASE LINE 2006	YEAR	2007	2008
34. Number of local organization provided with technical assistance for HIV-related policy development		TARGET	07	07
		RESULT	28	

COMMENTS:

- I. This data includes NGOs, GO and the AIDS NGOs Coalition

INDICATOR	BASE LINE 2006	YEAR	2007	2008
35. Number of local organization provided with technical assistance for HIV-related institutional capacity building		TARGET	22	22
		RESULT	22	

COMMENTS:

- I. The data include 21 NGOs and the MOH

II. TUBERCULOSIS

INDICATOR	BASE LINE	YEAR	2003	2004	2005	2006	2007
36. Tb detection rate	26%	TARGET	70%	70%	70%	70%	70%
		RESULT	33%	32%	27%	30.9%	34.1% (1)

Source: Evaluación del PNCT, 1er. semestre del 2006.

COMMENTS:

1. Results for 2003, 2004, 2005, 2006 and 2007 are taken from the report on the external evaluation of the PNCT.
2. These data is from January to June 2007 (1).

INDICATOR	BASE LINE	YEAR	2003	2004	2005	2006	2007
37. Tb cure rate using DOTS	60.1%	TARGET	85%	85%	85%	85%	85%
		RESULT	72.5%	74.7%	78.9%	80%	(1)

Source: PAHO and PNCTB reports

COMMENTS:

1. Data for this indicator will be reported to USAID by PAHO and the PNCT.
2. Results for 2003, 2004, 2005 and 2006 are taken from the report on the external evaluation of the PNCT.
3. As of December 31, 2006, 84.7% of the population completed TB treatment (DOTS).
4. The data for 2007 will be available on February 2008 (1).

INDICATOR	BASE	YEAR	2003	2004	2005	2006	2007
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	LINE						
38. Joint TB and HIV/AIDS program planning	N.A	TARGET	N.A	N.A			
		RESULT	N.A	N.A	(1)	(2)	(3)

Source: Conecta

COMMENTS:

1. The parameters and criteria for this indicator have not yet been defined; this will be done in collaboration with DIGECITSS and the PNCT in November 2005. However, the National TB Control Program reported to Conecta that 5 joint planning events took place with DIGECITSS in 2005.
2. In 2006, the ONG's reported to Conecta 106 joint activities HIV and TB (2).
3. This is a qualitative indicator that evaluates the joint planning actions between the National TB Control Program and the STI and HIV/AIDS Control Program. Its result should be made jointly between the two programs. To support coordination between the programs, the Conecta-supported NGOs that realize social mobilization activities in support of the National TB Control Program, at both the provincial and local levels (trainings, coordination meetings, etc.). Also, joint planning and evaluation activities between the National TB Control Program and DIGECITSS have been promoted (3).

INDICATOR	BASE LINE	YEAR	2003	2004	2005	2006	2007
39. Intensity TB Case finding among PLWHA	N.A	TARGET	N.A	N.A	NA	NA	
		RESULT	N.A	N.A	NA	NA	(1)

COMMENTS:

1. At date, no information is available for this indicator.

INDICATOR	BASE LINE	YEAR	2003	2004	2005	2006	2007
40. Number of HIV+ persons in TB treatment referred to HIV/AIDS integrated care and treatment services	N.A	TARGET	N.A	N.A	NA	NA	NA
		RESULT	N.A	N.A	(1)	(1)	(1) (3)

Source: PNCT

COMMENTS:

1. Conecta was working with the National Program to strengthen referral processes and systems, but they don't have any form to report the data. At date, no information is available for this indicator.
2. In 2006, the nine NGO's support by Conecta reported 69 HIV+ persons in TB treatment referred to Integrated Units Care for treatment services.
3. The information provided by the National TB Program is that a total of 2,778 PLHA had been referred to the TB Program and 26% are currently receiving TB prophylaxis (3).

INDICATOR	BASE LINE	YEAR	2003	2004	2005	2006	2007
41. Number of TB cases detected in HIV+ persons	231	TARGET	N.A	N.A	NA	NA	NA
		RESULT	ND	ND	ND	52	

Source: DIGECITSS

COMMENTS:

1. At September 2006, the Integrated Care Unit Information System can not identify if the TB Cases were detected in HIV+ persons or the persons were infected by TB when visited for first time the Unit. The data from 6 of 46 Integrated Care Unit, reflects that 52 co-infected (TB and HIV).
2. The information provided by the National TB Program is that 73% of individuals on TB treatment had received an HIV test. Of these, 12% tested positive for HIV.

INDICATOR	BASE LINE	YEAR	2003	2004	2005	2006	2007
42. Number of persons in TB treatment, who are HIV+	231	TARGET	N.A	N.A			
		RESULT	274	234	269	159 (1)	

Source: PNCT

COMMENTS:

1. Results from for 2003, 2004, 2005 and 2006 are taken from the report on the external evaluation of the PNCT.
2. The data is for January to June 2006 (1).

INDICATOR	BASE LINE	YEAR	2003	2004	2005	2006	2007
43. Number of people trained in DOTS with USG Funds	N.A	TARGET	N.A	N.A	N.A	N.A	250
		RESULT	N.A	N.A	M: 51 F: 152 Total: 203	M:46 F: 123 T: 169	440

Source: Conecta

COMMENTS:

1. The target was surpassed (176%).

III. REPRODUCTIVE HEALTH

IR 2: Sustainable, effective RH/FP services provided by public and private sectors.

III. A FAMILY PLANNING

INDICATOR	BASE LINE (2004)	YEAR	2003	2004	2005	2006	2007 (I)	2008 (I)
44. Couple years protection in public hospitals	1,988	TARGET	N.A	N.A	7,533	8,132	50,000	50,000
		RESULT	N.D.	1,988	154,790	196,778	47,737	

Source: CONAPOFA

COMMENTS:

1. 2004 results and targets for 2005 and 2006 represents CYPs derived from contraceptives donated by USAID.
2. 2005, 2006 and 2007 results represent total number of CYPs delivered in the public sector as reported by CONAPOFA.
3. The target for 2007 and 2008 was setting in 50,000 CYP at the seven hospitals supported with USAID (I).
4. CONAPOFA's report reflects **159.509** as the total number of couple year of protection from family planning methods distributed during October 2006 to September 2007. Of this total **47,737** were distributed to the Hospitals supported by Conecta. It mean 95% of 2007 target.
5. See Table III.A.I

INDICATOR	BASE LINE	YEAR	2003	2004	2005	2006	2007
45. Contraceptive Prevalence Rate	N.A	TARGET	NA	NA	NA	NA	70%
		RESULT	NA	NA	NA	NA	(I)

Source: DHS, 2002 and 2007

COMMENTS:

1. Data for this indicator was gathered through the DHS 2007 but the data isn't available.

III. B OBSTETRIC CARE SERVICES

INDICATOR	BASE	YEAR	2003	2004	2005	2006	2007
-----------	------	------	------	------	------	------	------

	LINE						
46. Number of public sector facilities with USAID-assisted obstetric services	N.A	TARGET	7	7	7	7	7
		RESULT	3	4	7	7	7

Source: Conecta

COMMENTS:

1. The target was reached last year. The seven health facilities supported by Conecta have maintained or improved their previous standards.
2. Currently, all the centers scored 90% or more of quality standards (the score should be above 70%). Although the target has been achieved, Conecta will continue to provide support to these centers.
3. In coordination with REDSALUD, from January 2007 five (5) new hospitals are been supported by CONECTA project: Regional Hospital Dr. Antonio Musa, Provincial Hospital Nuestra Sra. De la Altagracia, Municipal Hospital Dr. Alejo Martínez of Ramón Santana, Municipal Hospital of Miches and the Municipal Hospital of Guaymate, we hope that also these five centers will reach 100% compliance with quality standards.
4. See Table III.B.1

INDICATOR	BASE LINE	YEAR	2003	2004	2005	2006	2007	2008
47. Number of antenatal care (ANC) visits by skilled providers from USG supported assisted facilities.	N.A	TARGET	N.A	N.A	NA	NA	135,000	135,000
		RESULT	N.D	N.D	NA	NA	136,986	

Source: Hospital

COMMENTS:

1. This is a new indicator.
2. The target was surpassed. These data correspond to twelve hospitals supported by CONECTA.
3. See Table III.B.2

INDICATOR	BASE LINE	YEAR	2003	2004	2005	2006	2007
48. Percentage of women who received post-abortion care using Manual Vacuum Aspiration (MVA) technique in USAID-supported hospitals	N.D	TARGET	N.A	N.A	40%	60%	60%
		RESULT	N.D	N.D	N.D.	48.8%	45.4%

Source: Hospital

COMMENTS:

1. This indicator is new and the hospitals began recording this information in September 2005. At September 30, 2006, 48.8% of PAC interventions were undertaken with MVA.
2. For october, 2006 to September, 2007 the target wasn't reached. Up to September 2007 the results for each of the seven supported Hospitals are:

Maternidad San Lorenzo de los Mina: 79.8%
 Francisco A Gonzalvo: 66.2%
 H. M Los Alcarrazos II: 50%
 H. Municipal Engombe: 21.2%
 H.M El almirante 8.8%
 H.M Villa Mella: 5.3%
 Nuestra Señora de la Altagracia: 2.9%

3. One of the biggest problems to explain those results is the low disposal of Kits to perform the procedure. Most of the Hospitals don't have enough kits to guarantee the continue application of the procedure. Another situation is the weakness in the information system in some Hospitals specifically in Los Mina and Nuestra Señora de la Altagracia.

INDICATOR	BASE LINE	YEAR	2003	2004	2005	2006	2007	2008
48. Percentage of births performed using active management of third stage of labor in USAID-supported obstetric services	N.A	TARGET	N.A	N.A	40%	60.0%	60.0%	60%
		RESULT	N.D	N.D	N.D.	44.4%	66.5%	

Source: Hospital and CONECTA reports

COMMENTS:

1. This indicator is new and the hospitals began recording this information in September 2005.
2. The target (60%) was reached as expected.
3. See Table III.B.4.

INDICATOR	BASE LINE	YEAR	2003	2004	2005	2006	2007	2008
49. Number of people trained in maternal/newborn health through USG-supported programs	N.D	TARGET	N.A	N.A	N.A	N.A	460	0
		RESULT	N.A	N.A	M: 63 F: 198 Total: 261	M: 36 F: 17 T: 53	M: 106 F: 328 T:434	

Source: Conecta

COMMENTS:

1. The target was almost reached (94.4%).
2. See Table III.B.5

III. C ADOLESCENTS

INDICATOR	BASE LINE (2003)	YEAR	2003	2004	2005	2006	2007
50. Number of facilities supported by USAID providing RH/FP services to adolescents	43	TARGET	N.A.	N.A.	18	18	18
		RESULT	N.A.	N.A.	18	18	18

Source: PRONAIISA and Conecta

COMMENTS:

1. The base line number corresponds to the number of adolescent centers reported by PRONAIISA in 2003.
2. For the years 2005-2007, 18 adolescent services are targeted for improvement, including 3 NGO facilities (World Vision/Batey 6, Profamilia and Activo 20-30) and 15 in public sector hospitals.
3. PRONAIISA reports a total of 6 adolescent facilities functioning at October 30, 2006.
4. The criteria for counting facilities offering RH/FP services to adolescents have been redefined by USAID/Conecta in order to measure service quality. All 18 of the centers were evaluated in September 2007; accordingly twelve (12) facilities comply with 100% of the criteria and six (6) with 90%.
5. See Table III.C.1.

INDICATOR	BASE LINE	YEAR	2003	2004	2005	2006	2007	2008
51. Number of adolescent RH/FP clients who received preventive services in USAID-supported facilities	N.D	TARGET	N.A.	N.A.	10,000	12,000	14,000	14,000
		RESULT	N.D	N.D	6,883	13,167	14,753	

Source: Adolescent Units Support by USAID/CONNECTA.

COMMENTS:

1. Preventive services are defined as educational activities, emotional support counseling and family planning services.
2. The target was surpassed.
3. See Table III.C.2

INDICATOR	BASE LINE	YEAR	2003	2004	2005	2006	2007	2008
-----------	-----------	------	------	------	------	------	------	------

52. Number of adolescent RH/FP clients who received pre-natal, gynecological, obstetric or post-abortion care in USAID-supported services	N.A	TARGET	N.A	N.A	10,000	15,000	15,000	15,000
		RESULT	N.A	N.A	10,863	15,613	15,294	

Source: Adolescents Units support by USAID/CONNECTA.

COMMENTS:

- I. The target was surpassed. See Table III.C.3

INDICATOR	BASE LINE	YEAR	2003	2004	2005	2006	2007	2008
53. Number of people trained in family planning Reproductive Health with USG funds	N.A	TARGET	N.A	N.A	N.A	N.A	200	250
		RESULT	N.A	N.A	0	M: 27 F: 13 T: 40	M: 51 F: 100 T: 151	

Source: Conecta

COMMENTS:

- In 2006, a total of 8 training events on Family Planning were doing: two of them were from three days and over. Six training events were less than three days and were trained 280 persons (236 female and 44 men).
- See Table III.C.4.

III. D POLITICAL ENVIRONMENT

INDICATOR	BASE LINE (2003)	YEAR	2003	2004	2005	2006	2007
54. Supportive environment for RH/FP	46%	TARGET	N.A	N.A	63%	75%	83%
		RESULT	46%	79%	87.5%	87.5%	91.6%

Source: Conecta

COMMENTS:

1. This indicator represents the score on a composite index of critical elements that contribute to a supportive environment for reproductive health and family planning programs.
2. The target was reached as expected.
3. See Table III.D.I.

IV. CHILD SURVIVAL

IR3: Increased use of selected, effective child survival services.

IV. A IMMUNIZATION

INDICATOR	BASE LINE (2002)	YEAR	2003	2004	2005	2006	2007
55. Fully Vaccinated		TARGET	NA	NA	NA	NA	40%
		RESULT	NA	NA	NA	NA	(1)

Source: DHS 2002 and 2007.

COMMENTS:

1. Data for this indicator was gathered though the DHS 2007 but to date it is not available.

INDICATOR	BASE LINE (2002)	YEAR	2003	2004	2005	2006	2007	2008
56. DPT3 Coverage (0 thru 12 months)	72.8%	TARGET			79.5%	80.5%	81.5%	21,000
		RESULT	68.7%	73%	86.6%	89.2	61%	

Source: SESPAS/PAI

COMMENTS:

1. Annual immunization coverage data from the National EPI covers the 12-month period from January to December of each year. Thus it is not possible to provide a complete coverage rate for the current year in October.
2. The base line and results for 2004, 2005 and 2006 correspond to data for those years from the National Expanded Program on Immunization (EPI).
3. This data includes DPT3 + Penta3 up to September 30th and represents 137,880 from a total of 226,169 children under one year old to be vaccinated in the whole year.
4. See Table IV.A.1.

INDICATOR	BASE LINE	YEAR	2003	2004	2005	2006	2007
-----------	-----------	------	------	------	------	------	------

57. Number of fixed vaccination sites supported by USAID	70	TARGET	70	70	70	70	70
		RESULT	70	70	70	70	78

Source: Conecta

COMMENTS:

1. All sites supported by USAID are in Region V.
2. At September 2007, 78 all Conecta-supported fixed vaccination sites supported by CONECTA Project were evaluated.
3. In accordance with evaluation criteria defined for this indicator, when a fixed vaccination site complies with 90% or more, the service is considered to be improved. At the date, all fixed vaccination sites comply with 100%.
4. In addition, Conecta project had supported seven (7) mobile vaccination sites.
5. The monitoring instrument that Conecta uses has a greater number of criteria and is more demanding than the accreditation instrument used by EPI. By that all Conecta supported fixed vaccination sites are ready to be accredited.
6. See Table IV.A.2.

INDICATOR	BASE LINE	YEAR	2003	2004	2005	2006	2007
58. Number of people trained in immunization	N.A	TARGET	N.A	N.A	N.A	N.A	N.A
		RESULT	N.A	N.A	0	M:01 F:29 T:30	T: 441

Source: Conecta

COMMENTS:

1. See Table IV.A.3

IV. B POTABLE WATER

INDICATOR	BASE LINE	YEAR	2003	2004	2005	2006	2007
59. Number of potable water systems operated and maintained by the communities served with USAID support	9	TARGET	N.A	N.A	9	9	9
		RESULT	N.A	9	9	9	7

Source: Conecta

COMMENTS:

1. Although support continued to the 9 communities of Hato Mayor, 100% of criteria have not been met. This is due to two reasons: 1) the impossibility of assisting the communities from a legal standpoint with their incorporation; and 2) water systems are out-of-order in 2 communities due to robbery or damage.
2. See Table IV.B.1.

INDICATOR	BASE LINE (2004)	YEAR	2003	2004	2005	2006	2007
60. Number of communities operating with the total community management system under INAPA	16	TARGET	N.A	N.A	16	26	32
		RESULT	N.A	16	7/32	17/55	32/90

Source: INAPA and Conecta

COMMENTS:

1. The base line corresponds to the number of communities reported by INAPA in 2004 as operating under community management in the entire country.
2. To be considered a community operating with the Total Community Management System must comply with all 3 out of minimum 9 criteria.
3. Of 90 communities evaluated by INAPA in September, 2007, 32 achieved a score of 100% on evaluation criteria.
4. See Table IV.B.2 for additional data.

INDICATOR	BASE LINE (2004)	YEAR	2003	2004	2005	2006	2007
61. Number of water committees or water management institutions participating in the National Water Network (REDAR)	32	TARGET	N.D	N.D	40	45	50
		RESULT	N.D	32	70	171	189

Source: REDAR

COMMENTS:

1. The 2005 results represent the number of committees that participated in the founding assembly of REDAR. In 2004, 32 committees were working towards the formal constitution of REDAR.
2. At October 2006, the number of committees participating in REDAR is four times the goal for the year.
3. At September 2007, the target had been surpassed (278%).
4. See Table IV.B.3 for additional data.

INDICATOR	BASE LINE	YEAR	2003	2004	2005	2006	2007
62. Number of people trained in water and sanitation.	N.A	TARGET	N.A	N.A	N.A	N.A	N.A
		RESULT	N.A	N.A	M: 34 F: 30 Total: 64	M: 34 F: 105 T:139	T:86

Source: Conecta

COMMENTS:

1. See Table IV.B.4 for additional data.

INDICATOR	BASE LINE	YEAR	2003	2004	2005	2006	2007
63. Number of people in target areas with improved access to adequate safe water supply that meets sustainability standards as a result of USAID assistance.	N.A	TARGET	N.A	N.A	N.A	N.A	N.A
		RESULT	N.A	N.A	M: 1,264 F: 1,194 T: 2,468	M:1,427 F: 1,187 T: 2,614	M:1,600 F:1,168 T:2,769

Source: INAPA and Conecta

COMMENTS:

1. Data for 2005 were from community water committees and in 2006 these data were updated by a community Census.
2. 2007 data were update by population projection.

INDICATOR	BASE LINE	YEAR	2003	2004	2005	2006	2007
64. Number of people in target areas with improved access to adequate sanitation that meets sustainability standards as a result of USAID assistance	N.A	TARGET	N.A	N.A	N.A	N.A	N.A
		RESULT	N.A	N.A	M: 781 F: 734 T: 1,514	M: 1,310 F: 1,089 T: 2,399	M:2,197 F:1,603 T:3,801

Source: INAPA and Conecta

COMMENTS:

1. Data for 2005 were from community water committees and in 2006 these data were updated by a community Census.
2. 2007 data were update by population projection.

V. STRATEGIC OBJECTIVE INDICATORS

INDICATOR	BASE LINE	YEAR	2003	2004	2005	2006	2007
65. National HIV seroprevalence rate (in general population*)	1%	TARGET	N.A	N.A	N.A	N.A	1%
		RESULT	N.A	N.A	N.A	N.A	0.8%

*/ Women from 15 to 49 years old and men from 15 to 59 years old.

Source: DHS-2002 and 2007. Preliminary Report

INDICATOR	BASE LINE	YEAR	2003	2004	2005	2006	2007
66. HIV seroprevalence rate in pregnant women	1%	TARGET	N.A	N.A	N.A	N.A	NA
		RESULT	N.A	N.A	N.A	N.A	1.7%

Source: Sentinel Surveillance Study 2006.

COMMENTS:

1. There is no 2007 target for the indicator.
2. According to the Sentinel Surveillance Study 2006, that was performed in 13 sites shows prevalence in pregnant women is 1.7%. For pregnant women the range is between 0.3% to 5.2%.

INDICATOR	BASE LINE	YEAR	2003	2004	2005	2006	2007
67. National HIV seroprevalence rate for 15-24 age group	0.74 F 0.44 M	TARGET	N.A	N.A	N.A	N.A	0.74 F 0.44 M
		RESULT	N.A	N.A	N.A	N.A	0.30

Source: DHS-2002 and 2007. Preliminary Report

INDICATOR	BASE LINE	YEAR	2003	2004	2005	2006	2007
68. HIV seroprevalence in bateyes	5%	TARGET	N.A	N.A	N.A	N.A	5%
		RESULT	N.A	N.A	N.A	N.A	(1)

(1) This data is from DHS-2007, but to date no data is available.

Source: DHS 2002 and 2007.

INDICATOR	BASE LINE	YEAR	2003	2004	2005	2006	2007
69. Condom use in last sex encounter	25.2 F 50.3 M	TARGET	N.A	N.A	N.A	N.A	25.2 F 50.3 M
		RESULT	N.A	N.A	N.A	N.A	39.7 F 67.0 M

Source: DHS-2002 and 2007. Preliminary Report

INDICATOR	BASE LINE	YEAR	2003	2004	2005	2006	2007
70. Percentage of population 15 -49 with multiple partners in the last year	3.2% F 27.1% M	TARGET	N.A	N.A	N.A	N.A	3.2 F 27.1 M
		RESULT	N.A	N.A	N.A	N.A	4.0 F 29.1 M

Source: DHS-2002 and 2007. Preliminary Report.

INDICATOR	BASE LINE	YEAR	2003	2004	2005	2006	2007
71. Number of sexual partners in last 12 months in population of 15-24 years	1 F 2 M	TARGET	N.A	N.A	N.A	N.A	1 F 2 M
		RESULT	N.A	N.A	N.A	N.A	(1)

(1) This data is from DHS-2007, but to date no data is available.

Source: DHS 2002 and 2007.

INDICATOR	BASE LINE	YEAR	2003	2004	2005	2006	2007
72. Median age at first sex among young men and women	16 F 15 M	TARGET	N.A	N.A	N.A	N.A	16 F 15 M
		RESULT	N.A	N.A	N.A	N.A	(1)

(1) Data for this indicator were gathered through DHS 2007, but to date no data is available.

INDICATOR	BASE LINE (2003)	YEAR	2003	2004	2005	2006	2007	2008
73. AIDS environmental index (API)	63%	TARGET	N.A	N.A	73%	N.A	75%	
		RESULT	63%	N.A	68%	N.A	(1)	

(1) Next evaluation of API progress will be in 2008.

INDICATOR	BASE LINE	YEAR	2003	2004	2005	2006	2007
74. Fertility rate	3.0	TARGET	N.A	N.A	N.A	N.A	3.0
		RESULT	N.A	N.A	N.A	N.A	(1)

(1) Data for this indicator were gathered through DHS 2007, but to date no data is available.

Source: DHS, 2002 and 2007.

INDICATOR	BASE LINE	YEAR	2003	2004	2005	2006	2007
75. Infant mortality rate	31/1000 NV	TARGET	N.A	N.A	N.A	N.A	31/1000 N.V
		RESULT	N.A	N.A	N.A	N.A	(1)

(1) Data for this indicator were gathered through DHS 2007, but to date no data is available.
Source: DHS, 2002 and 2007.