## **Data Sheet**

**USAID Mission:** Dominican Republic **Program Title:** Family and Workforce Health Pillar: Global Health Strategic Objective: 517-010 Continuing Status: Planned FY 2005 Obligation: \$12,849,000 CSH **Prior Year Unobligated:** Proposed FY 2006 Obligation: \$10,548,000 CSH Year of Initial Obligation: 2002 **Estimated Year of Final Obligation:** 2007

**Summary:** USAID's program aims to improve access to quality health services in the Dominican Republic. It will support: HIV/AIDS treatment, care and prevention services; Tuberculosis (TB)/Directly Observable Treatment, Short-course (DOTS) services; reinforce maternal health and family planning services in selected public sector facilities; improve the sustainability of reproductive health nongovernmental organizations (NGOs); bolster the national vaccination program and the community management of rural potable water systems; strengthen the management capacity of health services in selected provinces; improve the capacity of the Dominican government to implement an effective and transparent health care decentralization strategy; and enhance the health policy environment for health sector reform.

All family planning assistance agreements will incorporate clauses that implement the President's directive restoring the Mexico City Policy.

## Inputs, Outputs, Activities:

FY 2005 Program: Reduce Transmission and Impact of HIV/AIDS (\$5,300,000 CSH). USAID will support HIV/AIDS prevention through NGOs that work with at-risk populations. USAID will help to strengthen the network of voluntary counseling and testing centers (VCT) and prevention of mother to child transmission programs and will work with the government and NGOs to develop a public-private sector network of HIV/AIDS treatment and care facilities and expand programs to train NGOs and persons and families living with HIV/AIDS to reduce the impact on orphans and vulnerable children. USAID will publicize a national mass media campaign against stigma and discrimination. USAID will continue to support the condom social marketing program and work with other donors to strengthen the information system for improved data quality. The principal contractors are Family Health International, Abt Associates, ALEPH and Population Services International.

Prevent and Control Infectious Diseases of Major Importance (\$1,298,000 CSH). USAID will continue to support expansion of the Dominican TB prevention and treatment program in coordination with other donors and the Global Fund for AIDS, Tuberculosis, and Malaria (GFATM). Contractors are Pan American Health Organization, the Tuberculosis Coalition, and Management Science for Health.

Support Family Planning Programs (\$820,000 CSH). USAID will support three family planning NGOs with financial and technical assistance. USAID will also support a government committee to identify solutions to problems of contraceptive method security. Principal contractors are Asociacion Pro-bienseatar de la Familia, Mujeres en Desarrollo, and Asociacion Dominincana de Planificacion Familiar.

Improve Child Survival Health and Nutrition (\$500,000 CSH). USAID will continue to provide support to the Government's National Vaccination Program and continue to support the

development of the National Rural Water Network nationally. Principal contractor is FHI.

Improve Maternal Health and Nutrition (\$1,300,000 CSH). USAID will assist public clinics and hospitals to reduce maternal mortality and expand activities to one additional municipal hospital, one maternity hospital, and one regional hospital. Principal contractor is FHI.

Build Health Systems Capacity (\$2,136,000 CSH). USAID will provide technical assistance to hospitals and primary care service networks in Region V (Southeastern provinces). The Government has indicated its intention to launch the family health insurance program where USAID's activities are focused. Principal contractor, currently in its final year, is Abt Associates.

**FY 2006 Program:** Reduce Transmission and Impact of HIV/AIDS (\$5,300,000 CSH). By 2006, resources from the GFATM grant would be providing anti-retroviral drugs to USAID-supported treatment programs, permitting rapid expansion of the number of HIV patients treated. USAID plans to begin the contracting process for the 2007 Demographic Health Survey. The contractors would remain the same.

Prevent and Control Infectious Diseases of Major Importance (\$1,143,000 CSH). USAID would continue to support the TB treatment and prevention activities underway. The Social Security Institution and prisons would be added to the program and, in collaboration with the GFATM, a center to treat patients having a multi-drug resistant strain of TB would be opened.

Support Family Planning Program (\$820,000 CSH). USAID would develop a revised assistance program to Reproductive Health NGOs, based on a 2004 external evaluation. USAID plans to work with the national committee for contraceptive security to initiate a strategy to maintain a continuous supply of methods. The contractors would remain the same.

Improve Child Survival Health and Nutrition (\$530,000 CHS). USAID would continue to provide support to the National Vaccination Program in Region V and strengthen the National Rural Water Network.

Improve Maternal Health and Nutrition (\$1,300,000 CSH). USAID would expand assistance to reducing maternal mortality to eight participating hospitals. The contractors would be the same.

Build Health Systems Capacity (\$2,292,000 CSH). USAID would support the implementation of the family health insurance program. The contract would be competitively bid and determined.

**Performance and Results:** USAID met most targets for HIV/AIDS, reproductive health, and child survival activities. With USAID support the country began to distribute anti-retroviral drugs. Over 700 persons are now on ARV therapy. The voluntary counseling and testing program was offered at 116 centers and over 55,300 persons received services, (84% above target), and 1675 orphans and vulnerable children received support. 122 facilities offered prevention of mother to child transmission (PMTCT) services, exceeding the target of 75, but because of the presidential election campaign, and strikes by doctors, surveillance activities were carried out in only 55 of 122 sites. Government data show that 812 women, well below the projected 1800, were diagnosed with HIV; and only 390 women, of a targeted 1720, were treated for PMTCT. The TB detection rate in our focus provinces reached 86% and the cure rate 79.9%, both exceeding the target of 60%. DPT3 vaccination coverage reached 78%, above the target of 75.5%. USAID is funding a survey to identify poor persons to be enrolled in the subsidized national family health insurance system.

By program completion in 2007, USAID expects that health data systems will improve. USAID will have evaluated the results in reducing the transmission and impact of HIV/AIDS on target populations. When the USAID-supported HIV/AIDS treatment centers are fully operational and anti-retroviral drugs are available, 5000 persons will be treated; 3700 women per year will be in the PMTCT program. Under an expanded tuberculosis program, the detection and cure rates will

reach a national average of 80% and 86% respectively. NGO and government contraceptive security will have improved, and the Government will assume responsibility for ensuring its sustainability. Continued support to six feeder hospitals and two maternity hospitals will result in improved service delivery and a decline in maternal mortality. Fifty-six facilities will provide reproductive health services to adolescents. USAID will have helped the country to increase its fully vaccinated rate and maintain DPT3 vaccination coverage at 85%. If the government launches the family health insurance program, with continued USAID assistance, over 250,000 Dominicans will have benefited by the end of 2007. The Dominican government will also replicate successful USAID health sector reform activities in other regions of the country.

## **US Financing in Thousands of Dollars**

## **Dominican Republic**

517-010 Family and Workforce Health	CSH
Through September 30, 2003	
Obligations	19,494
Expenditures	5,451
Unliquidated	14,043
Fiscal Year 2004	
Obligations	12,700
Expenditures	11,600
Through September 30, 2004	
Obligations	32,194
Expenditures	17,051
Unliquidated	15,143
Prior Year Unobligated Funds	
Obligations	0
Planned Fiscal Year 2005 NOA	
Obligations	12,849
Total Planned Fiscal Year 2005	
Obligations	12,849
Proposed Fiscal Year 2006 NOA	
Obligations	10,548
Future Obligations	13,289
Est. Total Cost	68,880