

Data Sheet

USAID Mission:	Dominican Republic
Program Title:	Improved Health Services and Systems
Pillar:	Global Health
Strategic Objective:	517-010
Proposed FY 2004 Obligation:	\$13,850,000 CSH
Prior Year Unobligated:	\$0
Proposed FY 2005 Obligation:	\$12,504,000 CSH
Year of Initial Obligation:	FY 2002
Year of Final Obligation:	FY 2007

Summary: The health program increases access to and utilization of improved quality health services in the Dominican Republic. Funding will support: HIV/AIDS prevention and care services; tuberculosis/directly observed therapy (DOTS) services; reproductive health and family planning services; the national vaccination program; rural community management of potable water systems; health care decentralization; and health sector reform.

Inputs, Outputs, Activities:

FY 2004 Program:

HIV/AIDS prevention and mitigation (\$6,160,000 CSH). USAID will fund a comprehensive set of HIV/AIDS prevention and mitigation programs including: consolidation of 74 voluntary HIV/AIDS counseling and testing centers; programs to prevent mother to child transmission of HIV/AIDS (MTCT); expansion of treatment, care, and support services for persons living with HIV/AIDS; and activities to mitigate the impact of HIV/AIDS on orphans and vulnerable children and their families. USAID will support HIV/AIDS prevention through the "ABC" approach (abstinence, be faithful and condom usage) and fund a condom social marketing program. USAID will fund training and technical assistance for more than 60 non-governmental organizations (NGOs) to improve the quality and availability of services for persons living with HIV/AIDS. USAID will expand the DOTS (tuberculosis treatment) strategy nationwide and integrate tuberculosis services into HIV/AIDS voluntary counseling and testing centers, MTCT prevention programs, and community- and home-based care facilities. Principal contractors are Family Health International (FHI), Abt Associates (Abt) (sub), and ALEPH (sub).

Reproductive health services (\$2,100,000 CSH). USAID will continue to provide financial and technical assistance to three local family planning NGOs (Profamilia, MUDE, and ADOPLAFAM) to enable them to provide quality reproductive health services to poor and vulnerable population groups while becoming financially viable institutions. USAID will also fund an external evaluation of this activity to determine future directions. In the public sector, USAID will fund technical assistance to improve the quality of maternal health and birthing services in the two major maternity hospitals and five municipal "feeder" hospitals in Santo Domingo, as well as two regional hospitals. Assistance will improve medical students' obstetric/maternal health rotation to strengthen these skills in future physicians. Principal contractors are FHI (prime), Abt (sub), and ALEPH (sub).

Child survival services (\$500,000 CSH). USAID will continue to focus on two important areas of the government's National Vaccination Program, which seeks to fully vaccinate children under the age of five from the most common childhood diseases: 1) strengthening the geographic coverage and incidence of routine vaccinations (including the cold chain, by supplying approximately 40 refrigerators in rural clinics); and 2) community mobilization. Community mobilization supports sustainability by involving the community in announcing, promoting and encouraging its members to take children to the vaccination post, usually a public health clinic or hospital. In water and sanitation, USAID will continue working with the National Water Authority to strengthen the total community participation model, which focuses on mobilizing community involvement to achieve sustainability for rural water and sanitation programs.

USAID supports the development of a network of water committees as advocates for this model, and will continue to train technical personnel from NGO partners on behavior change who can act as community consultants on how to use clean water and latrines effectively - such as washing hands, cleaning children's hands, and washing and cleaning food. Additionally, USAID will provide financial assistance for a water and sanitation revolving fund for educational materials. Principal contractors are FHI (prime), Abt (sub), ALEPH (sub), and Environmental Health Project (prime).

Health sector reform (\$3,200,000 CSH). During FY 2004, the 17 demonstration projects laying the foundation for health sector reform - including 49 primary care clinics, 14 public hospitals, five provincial health directorates and the new social security institutions - will be in full implementation. These demonstration projects help identify, develop, and implement appropriate solutions to the management problems facing health care institutions in the eastern part of the DR. Use of these management tools will enable health care institutions use limited resources more efficiently, thus improving access to and quality of services. USAID will support the start-up of the family health insurance system by assisting with enrollment of approximately 150,000 poor Dominicans, who will then be entitled to a basic package of quality health services. USAID will provide technical assistance and computerized programs to help identify eligible families. Additionally, two new cohorts for the graduate program in social security health services management will begin; these and 30 additional participants in the program will form a critical mass to help lead the health sector reform process. USAID will also fund an evaluation of the impact of its health sector reform strategy. The principal contractor is Abt Associates.

FY 2005 Program:

HIV/AIDS prevention and mitigation (\$6,160,000 CSH). USAID expects to further strengthen and expand HIV/AIDS prevention, care and treatment services and improve tuberculosis detection and cure rates. FHI will remain the prime contractor.

Reproductive health services (\$2,100,000 CSH). USAID plans to continue to support improvement of maternal health services in the nine participating hospitals as described above. Support to the NGOs (described above) is contingent upon recommendations of the external evaluation. FHI will remain the prime contractor. All family planning assistance agreements will incorporate clauses that implement the President's directive restoring the Mexico City policy.

Child survival services (\$500,000 CSH). USAID expects to continue programs that strengthen routine coverage and supervision of the vaccination program as well as the data collection process. USAID plans to continue to support the total community participation model in new rural water systems as well as activities that promote behavior changes to improve hygiene. FHI will remain the prime contractor.

Health sector reform (\$3,200,000 CSH). An evaluation of the impact of USAID's health sector reform strategy will help define follow-on activities. A new implementation mechanism will be identified early in FY 2005 and contracts may be recompeted.

Performance and Results: USAID-supported programs continue to help improve health indicators. According to the 2002 Demographic and Health Survey, infant mortality dropped from 47 deaths per 1000 births (in 1996) to 31; maternal mortality fell from an estimated 229 deaths per 100,000 live births (1996) to 178; the total fertility rate is now 3.0 children per woman (from 3.2 in 1996); and the contraceptive prevalence rate (modern methods) is 65.8% (up from 59.2% in 1996). The HIV seroprevalence rate is estimated at 1.0% of the adult population.

With continued progress, USAID expects that by FY 2007, tuberculosis detection and cure rates should reach 85% and 75% respectively; 80% of HIV-infected pregnant women will participate in the MTCT prevention program; the vaccinate rate for the diphtheria, pertussis, tetanus immunization series will reach 80%; and 80% of the poor population in the eastern region will have access to health care services. As a result, USAID expects that (as measured by the 2007 Demographic and Health Survey), the HIV prevalence rate will remain stable at 1%; infant mortality will remain at 31 (or may drop slightly); the total fertility rate will drop to 2.9; and maternal mortality will be significantly reduced.

US Financing in Thousands of Dollars

Dominican Republic

517-010 Improved Health Services and Systems	CSH
Through September 30, 2002	
Obligations	6,895
Expenditures	147
Unliquidated	6,748
Fiscal Year 2003	
Obligations	12,599
Expenditures	5,304
Through September 30, 2003	
Obligations	19,494
Expenditures	5,451
Unliquidated	14,043
Prior Year Unobligated Funds	
Obligations	0
Planned Fiscal Year 2004 NOA	
Obligations	12,700
Total Planned Fiscal Year 2004	
Obligations	12,700
Proposed Fiscal Year 2005 NOA	
Obligations	11,354
Future Obligations	0
Est. Total Cost	43,548