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2009

Dominican Republic

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Table 1: Overview

Executive Summary

File Name	Content Type	Date Uploaded	Description	Uploaded By
Congressional Notification reviewed by Maria.doc	application/msword	12/2/2008		SPeguero

Country Program Strategic Overview

Will you be submitting changes to your country's 5-Year Strategy this year? If so, please briefly describe the changes you will be submitting.

[X] Yes [ ] No

Description:

In FY 2009 there are seven updates to the 5-Year Strategy that was submitted with the Dominican Republic (DR) FY 2008 MiniCop.

1) Implementation Delay. Due to the late arrival of PEPFAR funds and the impact of two mayor tropical storms (Noel and Olga), a significant number of the activities projected for FY07 and FY08 were not initiated. Full USG support to program activities will start in FY09.

2) CDC. As agreed in FY08, the CDC is in the process of establishing an independent office presence in the DR. An advance request for FY08 Compact funds was approved to cover the start-up administrative costs to establish the presence in FY09. Mayor accomplishments have been made in establishing an office following a request submitted by the Ministry of Health for technical assistance. Staff recruitment is currently underway.

3) Focus on Mobile Populations. Based on new information identified through the 2007 DHS, in FY09 CDC will focus its efforts on characterizing mobile populations in the country. This information will greatly enhance our understanding of the internal dynamics of the epidemics in the country and will help the USG develop tailored prevention interventions for this group.

4) New USAID Implementing Partner. USAID competitively awarded AED as the new contractor to implement HIV prevention activities in Regions V and VII. However, due to late startup of the contract, most targets were not reached. We expect to accelerate activities to meet targets during FY09.

5) USG/DR PEPFAR Coordinator. As agreed among the USG DR Team, a PEPFAR coordinator was identified and hired. This individual, a professional with more than 20 years of international public health experience, and with considerable HIV experience, will start in January 2009.

6) USAID/DR M&E staff position. USAID is in the process of hiring for the M&E position approved in FY08. Hiring has been delayed due to job classification for this locally-hired position.

7) New HIV Prevention Activity. In FY09, USAID will support an HIV prevention education program with the Mayor League Association that will involve out-of-school children and youth in the DR.

Ambassador Letter

File Name	Content Type	Date Uploaded	Description	Uploaded By
Ambassador Letter (11-12-08).pdf	application/pdf	11/12/2008		SPeguero

Country Contacts

Contact Type	First Name	Last Name	Title	Email
PEPFAR Coordinator	David	Losk	PEPFAR Coordinator	dlosk@usaid.gov
DOD In-Country Contact	Derek	Cromwell	USA Coast Warden	cromwelldl@state.gov
HHS/CDC In-Country Contact	Samuel	Martínez	In-country Technical Aid	smartinez@cdc.gov
Peace Corps In-Country Contact	Donald	Clark	Program and Training Officer	DClark@do.peacecorps.gov
USAID In-Country Contact	Angela	Lord	Health Officer	alord@usaid.gov
USAID In-Country Contact	María	Castillo	HIV/AIDS and TB Advisor	mcastillo@usaid.gov

U.S. Embassy In-Country Contact	Roland	Bullen	Deputy Chief of Mission	bullenrw2@state.gov
Global Fund In-Country Representative	Gustavo	Rojas	Executive Director	gmbc58@hotmail.com

Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2009?	$0
Does the USG assist GFATM proposal writing?	Yes
Does the USG participate on the CCM?	Yes

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2009

Prevention	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
End of Plan Goal				
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	19,263	160,000	179,263
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	231	1,169	1,400

Care (1)	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
		11,736	25,909	37,645
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	8,918	22,129	31,047
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	708	1,047	1,755
8.1 - Number of OVC served by OVC programs	0	2,818	3,780	6,598
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	70,930	310,558	381,488

Treatment	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
		0	11,000	11,000
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	0	11,000	11,000

Human Resources for Health	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
		0	0	0
End of Plan Goal	0			
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	0	0	0	0

2.2 Targets for Reporting Period Ending September 30, 2010

Prevention	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
End of Plan Goal			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	23,026	165,000	188,026
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	380	1,263	1,643

Care (1)	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
	12,406	32,477	44,883
End of Plan Goal			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	9,771	25,000	34,771
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	850	2,128	2,978
8.1 - Number of OVC served by OVC programs	2,635	7,477	10,112
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	85,236	372,670	457,906

Treatment	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
	0	15,000	15,000
End of Plan Goal			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	15,000	15,000

Human Resources for Health	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
	0	0	0
End of Plan Goal			
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	0	0	0

(1) Total Care represents number of OVC served by an OVC program during the reporting period and the number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care, including those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis(TB).

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8107.09
System ID: 11704
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: HIV PREVENTION FOR STREET KIDS IN MAJOR LEAGUES ACADEMY

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11715.09
System ID: 11715
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Grant
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: Strengthen MCH Services

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8101.09
System ID: 11701
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: TB/HIV co-infection

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8104.09
System ID: 11703
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: To Be Determined
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Twinning Region VII

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8102.09
System ID: 11702
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8862.09
System ID: 11705
Planned Funding($): $2,990,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Academy for Educational Development
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11740.09
System ID: 11740
Planned Funding($): $200,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Academy for Educational Development
New Partner: No

Mechanism Name: Strengthen HIV Prevention and Care in Armed Forces

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5987.09
System ID: 11706
Planned Funding($): $195,000
Procurement/Assistance Instrument: Contract
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: Armed Forces of the Dominican Republic
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Strengthen HIV Prevention and Care in Armed Forces

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11755.09
System ID: 11755
Planned Funding($): $40,000
Procurement/Assistance Instrument: Contract
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: Armed Forces of the Dominican Republic
New Partner: No

Mechanism Name: HHS/CDC Strategic Information

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11809.09
System ID: 11809
Planned Funding($): $500,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: HHS/Centers for Disease Control & Prevention
New Partner: No

Mechanism Name: Unallocated

Mechanism Type: Unallocated (GHCS)
Mechanism ID: 11943.09
System ID: 11943
Planned Funding($): $9,000,000
Procurement/Assistance Instrument:
Agency:
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner:

Mechanism Name: Twinning at Border (RFP)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5986.09
System ID: 11707
Planned Funding($): $300,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Partners in Health
New Partner: No

Sub-Partner: Ministry of Health, Dominican Republic
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes:

Mechanism Name: Program Management

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6017.09
System ID: 11708
Planned Funding($): $0
Procurement/Assistance Instrument: USG Core
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: Uniformed Services Univeristy of the Health Sciences/Center for Disaster and Humanitarian Assistance Medicine
New Partner: No

Mechanism Name: Program Management

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11756.09
System ID: 11756
Planned Funding($): $60,000
Procurement/Assistance Instrument: USG Core
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: Uniformed Services Univeristy of the Health Sciences/Center for Disaster and Humanitarian Assistance Medicine
New Partner: No

Mechanism Name: Measure/TA for M&E

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6012.09
System ID: 11745
Planned Funding($): $200,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: University of North Carolina
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Program Management

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6016.09
System ID: 11711
Planned Funding($): $0
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: Program Management

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11760.09
System ID: 11760
Planned Funding($): $405,000
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: USAID ICASS

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6075.09
System ID: 11709
Planned Funding($): $0
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: USAID ICASS

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11757.09
System ID: 11757
Planned Funding($): $35,000
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Agency for International Development
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID IRM

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6076.09
System ID: 11710
Planned Funding($): $20,000
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: USAID IRM

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11758.09
System ID: 11758
Planned Funding($): $0
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: HHS/CDC Strategic Information

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11831.09
System ID: 11831
Planned Funding($): $565,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: Management and Staffing

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6009.09
System ID: 11712
Planned Funding($): $939,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Peace Corps Overhead Costs

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6077.09
System ID: 11714
Planned Funding($): $0
Procurement/Assistance Instrument: USG Core
Agency: Peace Corps
Funding Source: GHCS (State)
Prime Partner: US Peace Corps
New Partner: No

Mechanism Name: Peace Corps Overhead Costs

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11759.09
System ID: 11759
Planned Funding($): $27,000
Procurement/Assistance Instrument: USG Core
Agency: Peace Corps
Funding Source: GHCS (State)
Prime Partner: US Peace Corps
New Partner: No

Mechanism Name: Yo Escojo

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5982.09
System ID: 11713
Planned Funding($): $174,000
Procurement/Assistance Instrument: USG Core
Agency: Peace Corps
Funding Source: GHCS (State)
Prime Partner: US Peace Corps
New Partner: No

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
5986.09	11707	Partners in Health	U.S. Agency for International Development	GHCS (USAID)	Ministry of Health, Dominican Republic	N	$0

Table 3.3: Program Budget Code and Progam Narrative Planning Table of Contents

Program Budget Code: 01 - MTCT Prevention: PMTCT

Total Planned Funding for Program Budget Code: $900,000

Program Area Narrative:

01-MTCT Prevention: PMTCT

Note: Due to late initiation of the new USAID contract with AED, FY07 USG funds were partially used to extend the CONECTA project one more year so that the two projects would overlap and the transition to the USG HIV/AIDS program to Region V and the border areas would be smoother. CDC and DOD also experienced delays in starting implementation. Therefore, FY09 is the first year for most USG support to be concentrated in Region V and the border areas. The border areas lack the basic infrastructure needed to support a comprehensive HIV/AIDS program, and hence FY08-09 funding will focus on improving infrastructure and strengthening NGOs.

Program Area Context/Services

In 2007, there were approximately 230,000 births in the Dominican Republic. For 2008 the DR's National Population Council (CONAPOFA) has projected that approximately 288,000 women will be pregnant during the year. Nearly all pregnant women in the DR receive some type of prenatal care before delivery. The 2007 DHS estimated that 98% of Dominican women had some type of prenatal care (31% by a primary care physician and 67% by an OB/GYN), one of the highest levels in Latin America. The DHS also reported that 94% of pregnant women had more than four prenatal visits and 97.5% delivered in a hospital (private facility 21% and public facility 77%). At present there are 180 public hospitals or health centers that provide prenatal care in the country, of which 131 (72%) has staff trained to provide complete PMTCT services. The 2007 DHS also reports that only 12% of children in the Dominican Republic are breast-fed exclusively for more than three months. As a response to this need, the MOH developed norms and guidelines to provide nutritional counseling and milk substitutes for the first six months for those mothers who will not or cannot exclusively breast feed.

For several years, the DR has been evaluating the provision of health care services. In 2001, the Dominican legislature approved two laws designed to ensure quality, equity and efficiency of health services in the country. Under this law, the actual provision of services is the responsibility of the regional level, supervised by the National Social Security Council. Complete implementation of this new model will begin in January 2009. This health care reform brings additional challenges in implementing and strengthening HIV/AIDS services since they will no longer be under the responsibility of the National AIDS Program, but under the Regional Service Direction in each region and coordination will occur within each Regional network independently.

In 2007, UNAIDS estimated the HIV seroprevalence among pregnant women to be 1.7% (5.9% in border areas and 3.4% in hospitals in Region V). Poverty and poor educational levels continue to be important factors among this group. The 2007 DHS showed that HIV prevalence among women without formal education was almost seven times higher than among women with higher education (2.6 percent and 0.4 percent, respectively) and three times higher than in the general population. Women in the bottom quintile also had an HIV prevalence almost five times higher than women in the top quintile (1.8 percent and 0.4 percent, respectively). The 2007 Sentinel Surveillance results will be available in early 2009.

The Dominican Republic has shown a strong commitment to the PMTCT program, allocating a significant amount (about 20 percent) of their HIV/AIDS funding to PMTCT activities. The program also recognizes and has clearly identified areas of potential weakness that need to be addressed in order to strengthen the PMTCT program. Although the country has made great strides in implementing a rapid testing program to screen all pregnant women, test results are been provided very late -- within a week to a full month later.

A 2007 USAID/UNICEF/PAHO evaluation identified that the PMTCT program was reaching only 19% of expected pregnant women. Preliminary FY2008 results show a slight improvement. Of all pregnant women in public hospitals, 52% received counseling and testing and their test results. There were 1,467 women identified with HIV infection, of which 1,281 (87%) received a complete course of antiretroviral prophylaxis. Although these figures reflect an improvement from previous years, it also shows a gap of approximately 2,200 women who may not have been detected (1.7% of 215,600) and placed on ARV prophylaxis in public hospitals.

Stigma continues to affect PMTCT program effectiveness in the DR. PLH networks are invaluable partners providing support at the community level. They offer emotional and psychological support, including strategies to disclose their health status to partners and encourage partner testing and involvement during and after pregnancy.

The USAID/UNICEF/PAHO evaluation also identified the following barriers to PMTCT: a weak health information system which results in under-reporting; problems with the quality of rapid tests which reduced the possibility of proper diagnosis; a weak supply chain management system; stigma and discrimination; and fear of disclosure to partners. USG partners also believe that various

weaknesses contribute to problems, including various gaps such as the lack of a structured program, of standardized training, of provider-initiated testing and counseling (PITC), of routine opt-out testing for pregnant women, and probably a lack of linkages with care and treatment.

The GODR is currently working on a new PMTCT cascade which includes rapid tests with same-day results, CD4 tests of pregnant women to determine ARV eligibility, ARV treatment for those with CD4 counts below 350 or triple therapy for those with CD4 counts over 350, Nevirapine for those women who only come to the hospital for delivery, normal birth or C-section in the 38th week, optional voluntary sterilization with informed consent, treatment prophylaxis for eight days or Nevirapine (8-12 hours after birth) administered to the baby and provision of milk substitute for the first six months of the baby's life. The implementation norms have not yet been carried out because the health teams require training and the procurement and logistics system must be modified in order to plan for greater quantities of ARVs, CD4 reagents and rapid tests kits.

Referrals and Leveraging

USG interventions in the DR complement the work funded by UNICEF, the GF and other donors in PMTCT. Each partner currently contributes to different components necessary for the program. For example, the GF provides ARVs, rapid test kits and milk substitutes for babies. The MOH provides human resources, hospital infrastructure, treatment for opportunistic infections (STIs, TB), and family planning, and also trains staff and monitors PMTCT activities through DIGECITSS. UNICEF is now supporting activities which link the PMTCT program to selected communities through a grant agreement with the networks of persons living with HIV/AIDS. Columbia University continues to provide technical assistance and support in La Romana. The NGO PROFAMILIA has also increased provision of triple therapy through its PMTCT programs from two to three clinics.

In FY09, USG will continue to strengthen PMTCT activities in Region V and the border areas. USG will also explore opportunities for wraparound breastfeeding awareness activities with the USAID Maternal and Child Health program. Although early infant diagnosis is currently being provided through the USAID/Clinton Foundation Pediatric AIDS Initiative, using FY08 funds the USG/CDC will provide TA and equipment to the National Reference Laboratory so that DNA PCR dry blood samples can be processed in the Dominican Republic.

FY09 USG Support

Overall, USG's FY09 activities are designed to strengthen the overall PMTCT program, facilitate same-day results, encourage opt -out testing, strengthen and reinforce the information system, establish a procurement and logistics system and ensure full reporting.

Because current legislation and norms require opt-in and signed informed-consent forms for HIV testing, USG partners have entered into discussion with the MOH about implementing the opt-out option as a pilot project in several hospitals sites in Region V and the border areas. In FY09 USG/USAID plans to provide support and implement these strategies in Region V and the border areas to demonstrate the feasibility of implementing an opt-out strategy nationwide.

In FY09, USAID and its sub-partners, Partners in Health and Columbia University, will strengthen PMTCT services in focus areas in order to increase the number of pregnant women who get tested, receive their results and have access to quality PMTCT, thus helping to avert new pediatric infections.

As the USG program transitions to the geographic focus set forth in the strategic plan, facilities outside the focus areas will receive only limited support in FY09. That support will include training on implementing policy changes, strengthening information management systems and reporting structures and facilitating the transition to the new health organizational structure. USAID support to facilities in the strategic plan's geographic focus regions includes programming to reduce the numbers of patients lost to follow-up by information systems strengthening and increasing the number of women and children receiving preventive treatment.

USAID will continue to fund indigenous NGOs to partner with health care facilities for pre- and post-test counseling and referrals for care and support services. With FY07/08 and supplemented with FY09 funding, USAID will provide Partners in Health (PIH) a grant for activities and a referral system in the Haitian Department d' Centre and the DR border provinces of Elías Piña and San Juan to ensure rapid testing at delivery and reduce the number of HIV+ Haitian women lost to follow-up after giving birth in the DR. FY08 and FY09 funds will be used to develop a similar grant with another organization on the northern part of the border. These funds will also be used to continue activities such as the development of a universal health card for clinicians to coordinate and track the care provided to patients receiving treatment in Haiti and the DR.

Procurement and supply of quality rapid tests (procured through the Global Fund grant) continues to be a serious problem. USG/USAID will respond to a request from the MOH to provide technical assistance to strengthen its procurement and logistics system.

Using FY08 funding, USG/CDC is in the process of providing TA and equipment to the National Reference Laboratory so that DNA PCR dry blood samples will be processed in the Dominican Republic. This will allow PEPFAR to support lab capacity building and an integrated approach of PMTCT, infant diagnosis and pediatric care and treatment.

Policy efforts continue to include the development, advocacy, and broad dissemination of: PMTCT guidelines and protocols; revised laboratory standard operating procedures for testing, confirmation and patient notification prior to delivery as well as PCR DNA testing of children born to HIV+ mothers; and no-cost provision of ARVs, triple therapy and other prenatal tests. USG/USAID will work with GODR, UNAIDS, the Clinton Foundation, AED, Columbia University and UNICEF to develop PMTCT policies on possible physician-initiated and opt-out testing, integration of other necessary pre-natal screening, CD4 testing and ARV

treatment for HIV+ pregnant women and their families, eliminating routine use of C-sections for HIV+ women, providing six-month supplies of breast milk substitute, and referrals for FP services and follow-up care. Through the NGOs funded by USG-USAID AED contract we will provide support to HIV+ pregnant women at the community level and referral to and from the community.

Sustainability

GODR provides the hospital infrastructure and staff to implement the PMTCT program nationally. In addition, PMTCT services are included in the package of services funded under the Social Security reform. The new Social Security program is being implemented in stages. However, as PMTCT norms are modified to provide differentiated treatment, the provision of ARVs and associated tests (CD4 and viral load) remains a concern as the costs of these services are not included in the family health insurance under the new Social Security system.

Challenges

The regionalization of services under the recently-adopted health organizational structure, which separates the provision of services from stewardship, will be a challenge for all programs that have implemented services in a vertical manner.

Outputs

A system established for collecting reliable PMTCT information in Region V and Region VII allowing data to be rolled up to the national level; PMPCT norms and protocols adopted by the Region V health network; A cross-border patient referral system established; Laboratories in the focus areas provide same day in support of PMPCT programs.

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 8862.09 **Mechanism:** N/A

Prime Partner: Academy for Educational Development **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (USAID) **Program Area:** Prevention: PMTCT

Budget Code: MTCT **Program Budget Code:** 01

Activity ID: 11866.28685.09 **Planned Funds:** $250,000

Activity System ID: 28685

Activity Narrative: To continue strengthening PMTCT services in Region V and the border areas.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18403

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18403	11866.08	U.S. Agency for International Development	Academy for Educational Development	8862	8862.08		$370,000
11866	11866.07	U.S. Agency for International Development	Academy for Educational Development	8881	8881.07		$190,000

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 8102.09 **Mechanism:** Twinning Region VII

Prime Partner: To Be Determined **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (USAID) **Program Area:** Prevention: PMTCT

Budget Code: MTCT **Program Budget Code:** 01

Activity ID: 18432.28679.09 **Planned Funds:** [redacted]

Activity System ID: 28679

Activity Narrative: To continue strengthening PMTCT services through twinning in Region VII.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18432

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18432	18432.08	U.S. Agency for International Development	To Be Determined	8102	8102.08	Twinning Region VII	[redacted]

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 8101.09

Mechanism: Strengthen MCH Services

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 18431.28677.09

Planned Funds: [redacted]

Activity System ID: 28677

Activity Narrative: To continue strengthening PMTCT services through the new MCH/CS contract to be awarded soon.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18431

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18431	18431.08	U.S. Agency for International Development	To Be Determined	8101	8101.08	Strengthen MCH Services	[redacted]

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 5986.09

Mechanism: Twinning at Border (RFP)

Prime Partner: Partners in Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 11869.28703.09

Planned Funds: $100,000

Activity System ID: 28703

Activity Narrative: To continue strengthening PMTCT services through twinning activities at the border provinces of Elias Pina and San Juan.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18413

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18413	11869.08	U.S. Agency for International Development	Partners in Health	8090	5986.08	Twinning at Border (RFP)	$150,000
11869	11869.07	U.S. Agency for International Development	Partners in Health	5986	5986.07	Twinning at Border (RFP)	$100,000

Program Budget Code: 02 - HVAB Sexual Prevention: AB

Total Planned Funding for Program Budget Code: $1,180,000

Program Area Narrative:

02-HVAB Sexual Prevention: AB

Note: Due to late initiation of the new USAID contract with AED, FY07 USG funds were partially used to extend the CONECTA project one more year so the two projects would overlap and the transition to the USG HIV/AIDS program to Region V and the border areas would be smoother. CDC and DOD also experienced delays in starting implementation. Therefore, FY09 is the first year for most USG support to be concentrated in Region V and the border areas. The border areas lack the basic infrastructure needed to support a comprehensive HIV/AIDS program, and hence FY08-09 funding will focus on improving infrastructure and strengthening NGOs.

Program Area Context/Services

According to the 2008 UNAIDS report on the Dominican Republic, HIV seroprevalence is an estimated 1.1% (.9%-1.2%), with 64,400 individuals (approximately 2,000 adults and 12,400 children) infected with HIV. Significant differences are found by geographic area and educational and socio-economic levels, with Regions V and VII having the highest prevalence rates, as do women with little or no education and people in the lowest socio-economic quintile. The 2007 DHS showed that HIV prevalence among women without formal education was almost 7 times higher than in women with higher education (2.6% and 0.4%, respectively) and 3 times higher than the general population. Women in the bottom wealth quintile had an HIV prevalence rate almost 5 times higher than women in the top quintile (1.8% and 0.4%, respectively). Although men still account for the majority of HIV cases, the male to female ratio is decreasing. DIGECITSS 2005 statistics indicate that young women aged 14-24 account for 71% of all new HIV/AIDS infections. A 2006 CDC assessment found that HIV incidence in young women ages 15-24 is almost twice that of males the same age.

Early sexual debut, multiple concurrent partners, cross-generational sex, MSM behavior and commercial/transactional sex all are driving forces of the DR HIV epidemic. The 2007 DHS reports that 15% of females and 24% of males initiated sex before age 15, and 46% of women report having had sexual relations prior to age 18. Of these sexually-active adolescents, 28%, 7% and 10% reported 2, 3 and 4 or more sexual partners respectively in the previous12 months. In two border cities, 28% of sexually-active adolescents reported having a first sexual relation before age ten. Such early sexual debut can be a characteristic of sexual abuse (not generally detected or considered, much less punished, in the DR), informal transactional sex and/or cross-generational sex, all of which put young people (especially young women) at greater risk of HIV/AIDS. Fully 23% of women ages 15-49 reported having had sex with partners at least ten years older than themselves, including 29% of women in the lowest economic quintile and over 30% of women living in Health Regions IV and VII. Having a partner ten or more years older than oneself is a major risk factor for HIV/AIDS among young women.

MARPs in the DR include persons engaged in prostitution, MSM, people living in and around bateyes, migrant populations, both internal migration as well as migrants from Haiti and prison inmates. DR has an estimated 187,000 female and an unknown number of male prostitutes. In a 2005 study, 99% of female prostitutes reported using a condom in the last sex act with a new client and 95% with a regular client. However, only 58% used a condom the last time they had sex with a trusted partner. An estimated 6-9% of the adult male population engages in MSM behavior, although only 3% of adult males admit to having had a same-sex relation. As in many Latin American countries MSM behavior is stigmatized and therefore may be underreported. Approximately 4% of patients attending STI clinics are HIV+. HIV prevalence in the batey population is 3.2, with 8.7% in men aged 40-44 and 8.9 in women aged415-49. The DR has 600,000 to one million undocumented Haitian immigrants and residents, including those working in DR hotels, agricultural sector, construction and other industries that are considered to be at high risk of acquiring STIs and HIV.

Certain segments of the general population engage in high-risk behaviors. While data suggest that the general adult population knows the health benefits of reducing the number of sex partners, 1 in 5 men in union has outside partner(s), and in young

couples aged 15-19, 1 in 3 men has outside partner(s). In one study, 2% of women of reproductive age and 27% of men aged 15-59 admitted having an average of two or more partners during the last twelve months. For men aged 25-29, that number climbs to 50%. Men used condoms only 50% of the time with a casual partner and women of all ages did so only 3% of the time. While HIV prevalence rates in the Dominican Armed Forces (FFAA) are unknown, most of the military population falls within the vulnerable or “at risk” population for STIs and HIV.

The PSI social marketing program, once funded by USAID/DR and now by KfW, has distributed through NGOs more than 62 million PANTE condoms through retail shops, brothels and other sex sites throughout the country. Social marketing of condoms has also begun in bateyes, using NGOs supported by USAID and trained by PSI. GODR, through COPRESIDA and its GF grant, imported 2 million no-logo condoms for distribution in prisons, the Armed Forces and at VCT sites. Approximately 400,000 more condoms will be distributed through PROFAMILIA’s social marketing family planning program. KfW has assumed procurement and distribution of PANTE condoms, though it is asking USAID to share costs in FY09 and FY10.

During FY08, USG/USAID-funded NGOs provided AB prevention messages and support to 20,746 youth and adolescents and to 46,183 MARPS including SWs and their clients and referred them to STI/HIV services, including VCT.

Leveraging/Linkages

USAID originally funded a condom social marketing program with PSI that included condom distribution in non-traditional outlets and a very successful mass media campaign (trusted partner). KfW took over this project in July 2007 and developed a soap opera. In FY09 USG/USAID will share costs of this program with KfW. The GF grant will support a mass media prevention campaign in FY09. GF and MOH funds ensure that people engaged in HIV/AIDS risk behaviors in the USG focus geographic areas have access to government prevention messages and health programs for HIV/AIDS, STI, OI and TB counseling and testing, care and treatment. COPRESIDA, using GF grants, sponsors a life skills training program in public schools through an agreement with the Ministry of Education (MOE). UNICEF is evaluating that program. Local NGOs provide HIV/AIDS and STI prevention messages for out-of-school youth and also integrate HIV/AIDS prevention activities with family planning for adults and older adolescents. USAID’s Rule of Law Project strengthens legal services for victims of domestic violence and sexual abuse. A new Global Development Alliance being formed between USAID/DR and Major League Baseball (MLB) will leverage MLB resources from players, teams and fans to reach at-risk Dominican youth with AB messaging for 12-14 year olds and ABC messages after age 15. USAID will provide $150,000 in HIV/AIDS funding to be matched by MLB. USG also promotes corporate social responsibility related to HIV/AIDS and has succeeded in getting 8 corporations to develop anti-stigma and discrimination workplace policies.

FY09 USG Support

In FY09, using results from the UNICEF evaluation, USG/USAID will continue to work with MOH and MOE to improve the life skills program in public schools. That program addresses AIDS awareness, AB education, and prevention of gender-based violence, cross-generational sex and sexual abuse/coercion. Youth identified at risk for HIV/AIDS are referred to other prevention programs and to health services, as appropriate. This program has been piloted in the border area and Region V, where early sexual debut is common and 79-87% of children attend primary school. The program will be coordinated with similar initiatives on the Haitian side of the border by USAID/Haiti. As a wraparound activity, USG will support extracurricular activities, such as sports, to promote healthy behaviors, reduce risky behaviors and link with community organizations. USG will also help integrate this curriculum into private schools, including faith-based ones. Public and private school teachers and administrators will be trained to implement the life skills program effectively in primary schools, supervise, monitor and evaluate the system and make referrals for health, community and other services.

NGOs will continue using community outreach to reach batey residents and migrants, especially men, in Region V and the border areas and to support the mass media campaign messages at the community level. They conduct peer education, group education exercises, and one-on-one sessions, and work with PSI as social marketing condom distributors. They address harmful social norms, partner reduction, gender-based violence, and transactional and cross-generational sex. Empowerment of girls/women is promoted to help them have a stronger voice in their sexual lives and thus prevent disease. USG also supports coordination of cross-border work with migrants, market ladies, traders and SWs. Because of the challenges of reaching highly mobile populations, workplace behavior change activities (e.g. at construction, tourist and agricultural sites, including bateyes) will help reach them effectively. USG will continue to solicit employer involvement to increase corporate social responsibility.

In FY09, USG/USAID will continue to support indigenous NGOs to take AB messages to street children and youth outside the school system. Trained peer educators teach about HIV/AIDS and provide a link between street children and counseling, testing, care, treatment and OVC programs.

In FY09, Peace Corps will continue to target sexually-active adolescents with ABC messages and community activities implemented by NGOs and PC volunteers through the Escojo Mi Vida (I Choose Life) program. This effort supports local public and private organizations to teach youth about healthy decision- making, prevent HIV/AIDS/STI infections and reduce teen pregnancy. Escojo works primarily with low-income and at-risk youth in marginalized rural and urban communities to promote healthy sexual decisions among individuals and groups formed by volunteers. Sexual and reproductive health training will continue to be provided to peer educators who then work with their fellow adolescents to transmit abstinence and other prevention messages. Peace Corps volunteers provide community education on correct, consistent condom use, and sensitize community members with anti-stigma and discrimination messages.

USG will also continue to support the "100% Condom Strategy" carried out by partner NGOs targeting prostitutes, their clients and business owners in areas with commercial sex activity in Region V and the border areas. At these sites, they promote correct and consistent condom use, distribute condoms, encourage decreased use of alcohol and other drugs, promote HIV and STI screening, conduct education activities and distribute prevention information. These NGOs also train sex workers and other women in condom negotiation skills. NGOs also provide referrals to HIV counseling and testing, care and treatment services. In

the geographic focus areas, USG will continue to support NGOs providing prevention outreach to MSM, including peer-to-peer counseling in gay bars and other outlets, and referrals to STI and HIV services.

In addition to promoting condom availability and use, in FY09 USG/USAID will continue to work with GODR to develop and implement a national condom policy stipulating responsibilities of the GODR and the commercial sectors to comply with national AIDS legislation (e.g., no taxes on condoms), while also providing access to condoms for MARPS. Policy development will include projecting the quantity of condoms required by each target population and establishing responsibilities for financing, procuring and distributing condoms within the public sector.

In FY09, DOD will train master trainers and peer educators and provide ABC messages to officers and enlisted personnel in the Dominican Armed Forces (FFAA). Personnel in leadership positions will also be trained and encouraged to integrate prevention education into their military training curricula. DOD will work with the FFAA to adopt an aggressive prevention program to reduce STIs and HIV/AIDS via promoting safer sexual practices, including abstinence and easy access to condoms, partner reduction, educating the military to be more supportive and compassionate towards PLH, and training FFAA in behavior change communications that also address gender norms. Recruits, personnel stationed on the border and individuals in military training institutions will be targeted. To support these activities, education materials will be produced or adapted. HIV/AIDS awareness and prevention education will be integrated into standard training for all FFAA recruits, enlisted and officers.

In FY2007, USG supported a BSS+ study to gather information on SWs, IDUs and MSM. When results from the BSS+ are available, USG will use this information to design prevention activities targeting these hard-to-reach populations. Such activities will include condom and other promotion messages delivered and disseminated through social networks. The activities will also build capacity for conducting future behavioral surveillance and provide good data on prevention behaviors in the most at-risk populations

Sustainability

Both high profile and popular public information campaigns and song contest are attractive to other donors as shown by past collaboration. In 2006 the MOH used its own resources to air a number of spots produced by USAID on reducing stigma and discrimination. The MOE is responsible for providing health and life skills education to youth. USG will work closely with the MOE, in collaboration with COPRESIDA, UNICEF and other donors, to improve the AB strategy module, support teacher training and implement the module in public primary and secondary schools. Once it has been introduced and teachers have been trained, USG in collaboration with COPRESIDA will train MOE school district supervisors so they can monitor the quality of the health education provided, and, if necessary, retrain teachers. The approval and implementation of a national condom policy is key to ensuring sustainable availability of condoms.

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 11715.09
Mechanism: HIV PREVENTION FOR STREET KIDS IN MAJOR LEAGUES ACADEMY
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 28753.09
Planned Funds: [redacted]
Activity System ID: 28753
Activity Narrative: HIV AB prevention for street children through the Major League Academy NGO grant.
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 8862.09
Mechanism: N/A
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Sexual Prevention: AB

Budget Code: HVAB
Program Budget Code: 02
Activity ID: 28841.09
Planned Funds: $225,000
Activity System ID: 28841
Activity Narrative: AB Prevention with out-of-school children through NGOSs.
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5987.09
Mechanism: Strengthen HIV Prevention and Care in Armed Forces
Prime Partner: Armed Forces of the Dominican Republic
USG Agency: Department of Defense
Funding Source: GHCS (State)
Program Area: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 11870.28697.09
Planned Funds: $15,000
Activity System ID: 28697
Activity Narrative: AB education in the Armed Forces.
New/Continuing Activity: Continuing Activity
Continuing Activity: 18404

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18404	11870.08	Department of Defense	Armed Forces of the Dominican Republic	8088	5987.08	Strengthen HIV Prevention and Care in Armed Forces	$15,000
11870	11870.07	Department of Defense	Armed Forces of the Dominican Republic	5987	5987.07	Strengthen HIV Prevention and Care in Armed Forces	$14,000

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 8862.09
Mechanism: N/A
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 11871.28686.09
Planned Funds: $100,000
Activity System ID: 28686
Activity Narrative: To continue strengthening AB Prevention in MOH youth services.
New/Continuing Activity: Continuing Activity
Continuing Activity: 18393

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18393	11871.08	U.S. Agency for International Development	Academy for Educational Development	8862	8862.08		$325,000

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 8862.09
Mechanism: N/A
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 18433.28687.09
Planned Funds: $350,000
Activity System ID: 28687
Activity Narrative: To continue providing AB education to adults.
New/Continuing Activity: Continuing Activity
Continuing Activity: 18433

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18433	18433.08	U.S. Agency for International Development	Academy for Educational Development	8862	8862.08		$540,000

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 8862.09
Mechanism: N/A
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 11872.28688.09
Planned Funds: $315,000
Activity System ID: 28688
Activity Narrative: To continue implementing Life Skills Program in public and private schools.
New/Continuing Activity: Continuing Activity
Continuing Activity: 18394

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18394	11872.08	U.S. Agency for International Development	Academy for Educational Development	8862	8862.08		$100,000

Program Budget Code: 03 - HVOP Sexual Prevention: Other sexual prevention

Total Planned Funding for Program Budget Code: $714,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 8862.09
Mechanism: N/A
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 11877.28689.09
Planned Funds: $150,000
Activity System ID: 28689
Activity Narrative: To continue Other Prevention activities with MARPS in Region V
New/Continuing Activity: Continuing Activity
Continuing Activity: 18396

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18396	11877.08	U.S. Agency for International Development	Academy for Educational Development	8862	8862.08		$180,000
11877	11877.07	U.S. Agency for International Development	Academy for Educational Development	8881	8881.07		$150,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 8862.09
Mechanism: N/A
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 11876.28690.09
Planned Funds: $100,000
Activity System ID: 28690

Activity Narrative: To continue Other Preventionin Region VII.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18395

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18395	11876.08	U.S. Agency for International Development	Academy for Educational Development	8862	8862.08		$180,000
11876	11876.07	U.S. Agency for International Development	Academy for Educational Development	8881	8881.07		$175,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5987.09

Mechanism: Strengthen HIV Prevention and Care in Armed Forces

Prime Partner: Armed Forces of the Dominican Republic

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 11875.28698.09

Planned Funds: $40,000

Activity System ID: 28698

Activity Narrative: To continue Other Prevention Activities in the ARmed Forces

New/Continuing Activity: Continuing Activity

Continuing Activity: 18405

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18405	11875.08	Department of Defense	Armed Forces of the Dominican Republic	8088	5987.08	Strengthen HIV Prevention and Care in Armed Forces	$20,000
11875	11875.07	Department of Defense	Armed Forces of the Dominican Republic	5987	5987.07	Strengthen HIV Prevention and Care in Armed Forces	$24,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 8107.09

Mechanism: N/A

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 28843.09

Planned Funds: [redacted]

Activity System ID: 28843

Activity Narrative: To implement Other Prevention Activities with out-of-school children in Major League Academys in the DR.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 8107.09 **Mechanism:** N/A

Prime Partner: To Be Determined **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (USAID) **Program Area:** Sexual Prevention: Other sexual prevention

Budget Code: HVOP **Program Budget Code:** 03

Activity ID: 28844.09 **Planned Funds:** [redacted]

Activity System ID: 28844

Activity Narrative: To support Other Prevention Twinning Activities with MAARPS in Region VII

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5982.09 **Mechanism:** Yo Escojo

Prime Partner: US Peace Corps **USG Agency:** Peace Corps

Funding Source: GHCS (State) **Program Area:** Sexual Prevention: Other sexual prevention

Budget Code: HVOP **Program Budget Code:** 03

Activity ID: 11878.28750.09 **Planned Funds:** $174,000

Activity System ID: 28750

Activity Narrative: To continue Yo Escojo Program with youth in communities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18425

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18425	11878.08	Peace Corps	US Peace Corps	8098	5982.08	Yo Escojo	$120,000
11878	11878.07	Peace Corps	US Peace Corps	5982	5982.07	Yo Escojo	$103,000

Program Budget Code: 04 - HMBL Biomedical Prevention: Blood Safety

Total Planned Funding for Program Budget Code: $0

Program Area Narrative:

N/A

Program Budget Code: 05 - HMIN Biomedical Prevention: Injection Safety

Total Planned Funding for Program Budget Code: $0

Program Budget Code: 06 - IDUP Biomedical Prevention: Injecting and non-Injecting Drug Use

Total Planned Funding for Program Budget Code: $0

Program Budget Code: 07 - CIRC Biomedical Prevention: Male Circumcision

Total Planned Funding for Program Budget Code: $0

Program Budget Code: 08 - HBHC Care: Adult Care and Support

Total Planned Funding for Program Budget Code: **$525,000**

Program Area Narrative:

08-HBHC Care: Adult Care and Support

Note: Due to late initiation of the new USG/USAID contract with AED, FY07 funds were partially used to extend the CONECTA project one more year so that the two projects would overlap and the transition to the USG HIV/AIDS program to Region V and the border areas would be smoother. Therefore, FY08 is the first year that USG's support is concentrated in Region V and the border areas. The border areas lack the basic infrastructure needed to support a comprehensive HIV/AIDS program, and hence FY08 funding will focus on improving infrastructure and strengthening NGOs. It is expected that our FY09 downstream and upstream targets will decrease from those for FY07.

Program Area Context/Services

The 2008 UNAIDS report estimates that there are 62,000 individuals (approximately 52,000 adults and 2,700 children) in the DR infected with HIV or 1.1% of the population. Also, UNAIDS estimates that 28,000 PLHs are in need of ARVs. Prevalence appears to be higher in rural than in urban areas. The 2007 DHS suggests that only 20.5% of women and 18.6% of men have been tested and know their serostatus. The National AIDS Reporting System (DIGECITTS) states that, as of September 30, 2008, 10,504 PLHs (9,709 adults and 795 children) are receiving ARV treatment and an additional 11,385 HIV-infected patients are receiving basic care (11,155 adult and 230 children) through 67 integrated care units (ICUs). Therefore, only 38% of all the PLH in need have access to ARVs. Support for TB treatment for HIV/TB co-infected individuals, as well as for TB prophylaxis, are provided through a USG/USAID grant to PAHO/DR and the GF grant for TB. TB/HIV is discussed in the TB/HIV section.

USAID, in collaboration with the Clinton Foundation, Columbia University and the Global Fund grant have provided support to the National AIDS Program (DIGECITSS) at the central level in order to train health teams, review norms and implement the reporting system, SIAI (Sistema de Información de Atención Integral). In addition, USAID has provided direct support, (equipment, staff training, and administrative costs) to NGO and FBO clinics that provide comprehensive care and ARVs funded through the Global Fund grant. Approximately, 6,476 adults and children have received ARVs and other services in public hospitals, NGOs and FBOs that have received direct support from USAID. As of March 30, 2008, approximately 13,270 PLHs were receiving emotional, psychological and social support and home-based care (HBC) provided by NGOs and FBOs supported by USG/USAID through the CONECTA project whose support to NGOs ended March 30, 2008. The change in contractor in the second semester of FY08

delayed some home-based care (HBC) coverage attributable to the project. Through bridge grants provided by the USG/USAID AED contract, 1,157 PLHs and their families were reached with HBC as of September 30, 2008. We do not know how many of those who had been covered by USG services accessed the services provided by the ICUs to which they were referred. As USG moves to a more focused geographic approach and provides two-year grants to14 NGOS, an estimated 3,117 PLHs and their families will receive HB and other care services during 2009.

Leveraging

With GF financing, COPRESIDA provides all ARV and opportunistic infection treatment in the DR, including to NGO/FBO clinics supported by the USG. MOH funds most of the public health teams that provide those services. The Clinton Foundation funds 12 integrated care units in public hospitals and NGOs clinics. Health teams providing services out of NGO and FBO clinics are, in some cases, contracted by MOH with complementary support from Columbia University with funding from the Fundacion MIR. .

FY09 USG Support

In FY09, USG/USAID, via AED and its partners, will continue to work with NGOs, FBOs and PLH networks to expand their capacity to provide clinical services and broad-based care, treatment and support in the USG focus areas, using institutional, community, and home-based approaches. Three NGO/FBO clinics have already been given two-year grants to expand their services to better offer comprehensive care. Several additional ones will be similarly adapted in FY09. Under the AED contract, USG/USAID will continue to support the NGO CEPROSH in its work in bateyes (sugar plantations) and with MARPs in Puerto Plata in Region 2 which is outside the USG target area. However, CEPROSH is an important service provider that offers an integrated care unit that provided comprehensive HIV/AIDS services to 1,212 adults and children in FY2008.

With the purchase of the two mobile clinics with FY07 funds, USAID will provide diagnosis, treatment and care services to populations in hard to reach areas, such as bateyes, and with MARPS. In addition to clinical services, NGOs and FBOs provide community and home-based care, including emotional, psychological, spiritual and social support, prevention messages for HIV positive patients, ARV adherence, home-based care (including food preparation, home hygiene and care for bedridden patients), prevention of negligence or abuse, support to identify additional services identified by PLHs within and beyond the community (such as dental care, legal documentation, and access to the national health insurance), legal advice and income-generating support.

With some adjustments to make it relevant to the Dominican scene, in FY09 AED sub-partner Cicatelli Associates will implement a community and home-based care model originally developed in Guyana. Since community and home-based care is not a high priority for the GODR, and the public sector, including hospitals, rarely provides care and support services, nurses in rural clinics or provincial hospitals near communities where USG-supported NGOs work will train and supervise NGO staff to provide support at the community level to provide HBC to bedridden patients and refer them to hospitals, as needed. This will also help improve the friendliness of clinic services for HIV positive people, thus ensuring that they have easier access to services offered at public hospitals and clinics for treatment and care of opportunistic infections, TB diagnosis and treatment, PMTCT services, HIV counseling and tests, ARVs and ARV adherence. The nurses will also train PLHs in self-help, integrate them into support groups and provide nutritional and legal support, as needed. In early FY09, two-year grants were awarded to 14 NGOs, including networks of PLHs, to provide this comprehensive care at the community level for the infected and affected populations. This activity is being initiated with FY07 funding, with FY09 money being used to continue and scale up this activity. See the Pediatric Care section for more information on reaching children and their families through the community and home-based care services.

Using both FY08 and FY09 funding, USG/USAID will continue to support cross-border work, including sharing patient information, referrals for diagnostic and routine testing, treatment and follow-up, including services for children. USG/USAID through AED/Columbia University provides monitoring and TA to ensure that health clinics within USG areas of work supply pain and OI medications as stipulated in national norms. In addition, USG/USAID, through MEASURE, will continue to monitor and evaluate program indicators for care and treatment offered by DOD, PC and GODR programs that do not receive direct support from USAID. USG continues to engage the MOH in policy discussions to encourage evaluation and priority for care and support services.

Referrals/Linkages

The adult diagnosis and treatment depends on GODR clinics and staff. USG, local partners and donors continue to advocate for implementing the anti-discrimination laws related to HIV status, engage in a broad discussion of food security options, and for inclusion and priority treatment of PLHs and TB patients under the existing GODR “Comer es Primero” (“Eating is Most Important”) program and the national health insurance.

Sustainability

Leveraging support for care from other international donors (except UNICEF) has been difficult. COPRESIDA, through the GF grant, provides limited support in this area. Nonetheless, USAID was successful in its efforts to include a care component in the 2007 – 2015 National Strategic Plan (PEN) and as result in the recently approved Round 2 GF Rolling Continuation Channel, funding for community and home-based care has been included. Moreover, because care programs in the DR depend heavily on NGOs and FBOs with scarce or limited financial resources, this program will only become sustainable in the near future if the GODR, through the GF grant, provides support. USAID and its local partners will also continue to advocate for a GODR policy on care as a foundation for building long-term sustainability.

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 5986.09
Mechanism: Twinning at Border (RFP)
Prime Partner: Partners in Health
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 11895.28705.09
Planned Funds: $100,000
Activity System ID: 28705
Activity Narrative: To continue twinning adult care in border provinces of Elias Pina and San Juan.
New/Continuing Activity: Continuing Activity
Continuing Activity: 18415

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18415	11895.08	U.S. Agency for International Development	Partners in Health	8090	5986.08	Twinning at Border (RFP)	$125,000
11895	11895.07	U.S. Agency for International Development	Partners in Health	5986	5986.07	Twinning at Border (RFP)	$100,000

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 8102.09
Mechanism: Twinning Region VII
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 18437.28681.09
Planned Funds: [redacted]
Activity System ID: 28681
Activity Narrative: To continue twinning adult care in Region VII
New/Continuing Activity: Continuing Activity
Continuing Activity: 18437

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18437	18437.08	U.S. Agency for International Development	To Be Determined	8102	8102.08	Twinning Region VII	[redacted]

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 8862.09
Mechanism: N/A
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)
Program Area: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 11880.28691.09
Planned Funds: $250,000
Activity System ID: 28691
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 18398

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18398	11880.08	U.S. Agency for International Development	Academy for Educational Development	8862	8862.08		$150,000
11880	11880.07	U.S. Agency for International Development	Academy for Educational Development	8881	8881.07		$200,000

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 8862.09
Mechanism: N/A
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 11881.28692.09
Planned Funds: $100,000
Activity System ID: 28692
Activity Narrative: To continue providing Adult Care in Region VII
New/Continuing Activity: Continuing Activity
Continuing Activity: 18397

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18397	11881.08	U.S. Agency for International Development	Academy for Educational Development	8862	8862.08		$150,000
11881	11881.07	U.S. Agency for International Development	Academy for Educational Development	8881	8881.07		$200,000

Program Budget Code: 09 - HTXS Treatment: Adult Treatment

Total Planned Funding for Program Budget Code: $0

Program Budget Code: 10 - PDCS Care: Pediatric Care and Support

Total Planned Funding for Program Budget Code: $200,000

Program Area Narrative:

10-PDCS Care: Pediatric Care and Support

Note: Due to delays in starting the new USG/USAID contract with AED, the transition of the USG HIV/AIDS program to the limited geographic focus is just now taking place. During FY09 this USG concentration of support will be consolidated in Region V and the border areas. The border areas lack the basic infrastructure necessary to support a comprehensive HIV/AIDS program, and hence increased funding will be dedicated to infrastructure there in FY09.

Program Area Context

The 2007 National Estimates suggest that 2,719 children are living with HIV (1,328 boys and 1,391 girls). The National AIDS Program Reporting System (DIGECITTS) states that, as of September 30, 2008, 795 children are receiving ARV treatment and an additional 230 children are getting basic care through 27 of the 67 integrated care units (ICUs) that provide pediatric services. A 2007 PAHO/UNICEF evaluation also estimated that at least 600 of these HIV positive children will eventually require ARV treatment. This number only reflects cumulative cases and does not include children born to mothers undiagnosed through the PMTCT program. In 2006, 433 children died because of late diagnosis of HIV. The Clinton Foundation and USG/USAID, in collaboration with Columbia University, have provided training to staff in six public hospitals and NGO clinics to improve the diagnosis and treatment of children with HIV.

Weaknesses in PMTCT service provision impact children born to HIV+ mothers and the proportion of pediatric infections identified. DNA PCR tests necessary to identify children infected with HIV have only been provided through the USAID/Clinton Foundation Pediatric AIDS Initiative. However, USG/CDC is in the process of providing TA and equipment to the National Reference Laboratory so that DNA PCR dry blood samples will be processed in the Dominican Republic. This will allow PEPFAR to support laboratory capacity building and an integrated approach of PMTCT, infant diagnosis and pediatric care and treatment. See the PMTCT and laboratory sections for additional information on this.

Recently updated PMTCT norms that establish new treatment regimens for pregnant women and their children have not yet been put into effect in most hospitals. At present, when the PMTCT program diagnoses an HIV positive pregnant woman, treatment prophylaxis is provided for 8-days of ARVs or Nevirapine is administered to the baby 8-12 hours after birth. A milk substitute is offered by the GODR for the first six months of the baby's life.

Leveraging

USG interventions complement the work funded by UNICEF, the GF and other donors in pediatric care and treatment, where each provides components necessary for the program. For example, the GF provides ARVs, rapid test kits and milk substitutes for babies, MOH the cost of human resources, hospital infrastructure, treatment for opportunistic infections and other costs associated with the pediatric care and treatment services, as well training and monitoring of pediatric care and treatment activities through DIGECITSS. UNICEF supports selected hospitals' activities linking the PMTCT program to the communities through a grant agreement with networks of persons living with HIV/AIDS (PLH). Columbia University continues to provide technical assistance and support to a clinic in La Romana and is one of the sub-grantees of the new USG/USAID contract signed with the Academy for Educational Development (AED). Pediatric ARVs are supplied by the Clinton Foundation and used in USG-sponsored services.

FY09 USG Support

In FY09, USG will continue to provide technical assistance to DIGECITSS to develop model pediatric diagnosis, care, treatment and support services to all ICUs and public hospitals as well as in NGO/FBO clinics. Through USAID support to AED and Partners in Health (PIH), with technical assistance from Columbia University, USG will expand pediatric services to those public hospitals and NGO/FBO clinics and community programs in selected health regions and the border area with Haiti, the focus of all USG HIV/AIDS programs. USG/USAID and these same sub-partners will also strengthen PMTCT services in these focus areas in order to increase the number of pregnant women who have access to quality PMTCT and thus avert pediatric infections. Model programs implemented in the focus geographic areas will be replicated elsewhere, with support from the Global Fund, thus demonstrating to the GODR the best practices which we hope will lead to improved policies and programs nationally. In FY09, children and their families or care providers will also continue to be reached through the community and home-based care services offered by the USG-supported NGOs and FBOs that provide emotional and other support, referrals for immunization and other health services, educational assistance, nutritional support services, economic support, donated clothing and legal assistance to obtain birth certificates, identity cards and protect inheritances. Using both FY08 and FY09 funding, USG will continue to support cross-border work, including sharing patient information, referrals, treatment and follow-up, including services for children. Efforts will continue to screen children born to HIV positive mothers and refer them to the pediatric AIDS services available in 29 integrated care units (ICUs) and pediatric services on both sides of the border.

In FY09, with CDC TA support, USG/USAID/AED will design early infant diagnosis systems for collection, storage sample transportation, diagnosis, results, and follow-up with care and treatment, as appropriate. It will also ensure that health personnel

are trained in taking droplet samples, storage, mailing, getting results and finding parents. They will also be trained to apply and follow pediatric norms appropriately. The laboratory network being built during the year will help support this work. The results from the USG-supported pediatric AIDS project will provide information needed to develop and implement national norms and services to ensure children of all ages receive services.

The 2007 DHS reports that only 12% of children in the Dominican Republic are breast-fed exclusively for more than three months. The MOH developed norms and guidelines to provide nutritional counseling and GF-provided milk substitutes for the first six months for those mothers who will not or cannot exclusively breast feed. In FY09, USG will strengthen this intervention in Region V and the border areas. USG also will explore opportunities for wraparound breastfeeding awareness activities with USAID's Maternal and Child Health program.

Sustainability

GODR provides the hospital infrastructure and staff to implement the government's pediatric AIDS services. Regular pediatric services are also included in the package of services funded under the new Social Security reform. However, ARVs and special diagnosis tests are not provided under this program. The new Social Security program is being implemented in stages, and is currently operating in all Health Regions (including Region V) with over 1,000,000 affiliates. However, as PMTCT norms are modified to provide differentiated treatment, the provision of ARVs and associated tests (CD4 and viral load) remains a concern as the costs of these services are not included in the family health insurance under the new Social Security system. USG and its local and international partners will advocate for those to be included.

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID:	8862.09	**Mechanism:**	N/A
Prime Partner:	Academy for Educational Development	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Care: Pediatric Care and Support
Budget Code:	PDCS	**Program Budget Code:**	10
Activity ID:	28846.09	**Planned Funds:**	$200,000
Activity System ID:	28846		
Activity Narrative:	To provide Pediatric Care and Support.		
New/Continuing Activity:	New Activity		
Continuing Activity:			

Program Budget Code: 11 - PDTX Treatment: Pediatric Treatment

Total Planned Funding for Program Budget Code: $0

Program Budget Code: 12 - HVTB Care: TB/HIV

Total Planned Funding for Program Budget Code: $250,000

Program Area Narrative:

12-HVTB Care: TB/HIV
Program Area Context
The Dominican Republic has one of the highest tuberculosis (TB) burdens in Latin America and is one of eight priority countries identified by WHO/PAHO for TB control. The US Centers for Disease Control and Prevention report that in 2007 people born in the Dominican Republic ranked 16th among patients diagnosed with TB in the United States (neighboring Haiti is 6th).
HIV prevalence among TB patients in different regions of the DR ranges from 0-20%, with a national average of 9% in 2005. National figures show declines in HIV prevalence among TB patients although WHO has not documented this downward trend; WHO estimated that the HIV prevalence among DR TB patients was 17% in 2004. An estimated 6.6% of TB patients in 2002 had multi-drug-resistant (MDR) TB, one of the highest rates in Latin America. A new study on TB MDR is currently underway, and is expected to be completed by December 2008. Results from this study will be applied to FY09 programming.
Several organizations have been working since 2001 to strengthen the National TB Program (PNCT for its Spanish name, Programa Nacional de Control de la Tuberculosis). At that time, USAID supported three mechanisms to provide support to the National TB Program: a direct grant to the Pan American Health Organization (PAHO); a field support grant to The Tuberculosis Coalition for Technical Assistance (TBCTA) and later to the Tuberculosis Control Assistance Program (TBCAP); and a field support grant to Management Sciences for Health's (MSH) Rational Pharmaceutical Management Project (RPM+) and later to its Strengthening Pharmaceutical Systems project (SPSS). All of these contributed to improving PNCT program performance. By 2006, the PNCT achieved the global targets of 70% case detection and 85% treatment success. Another important program success has been increasing the numbers of persons with TB who are tested for HIV. In May 2007, the sixth monitoring visit of the PNCT was completed and recommended that: surveillance activities could be strengthened; information should be gathered and analyzed on whether or not individual TB patients are offered and receive HIV tests; and surveillance data should be better used to monitor and evaluate program performance.
Since 2002, TB/HIV co-infection programming has been funded exclusively by non-PEPFAR USAID child survival health (CSH)/TB money. In FY2008 funding for TB/HIV activities was included in the FY2008 Mini-COP for the first time. Those funds were key to enabling a more focused approach to strengthening TB treatment for co-¬infected persons. With FY2008 funds, USAID provided support and TA to strengthen a functional patient referral system for TB/HIV co-infected patients.
Leveraging
As noted above, USG/USAID has provided funding and technical assistance to the National TB Program (PNCT) through grants to PAHO and two centrally-funded projects. The PAHO grant ended September 30, 2008, though an extension of this project is being considered in order to provide services for TB MDR patients in coordination with GF/PROFAMILIA. Due to the successes achieved and the need to expand the worldwide STOP TB Strategy, the Dominican Republic has obtained two grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) to implement the Stop TB Strategy in 18 provinces and to support services to treat TB MDR. Principal recipient of the GF TB grant is the NGO PROFAMILIA. USG/USAID-DR and PROFAMILIA/GF have funded social mobilization as well through local and regional NGOs. PEPFAR support for TB/HIV program improvements can be leveraged with these other organizations to ensure maximum impact.
FY09 USG Support
In coordination with current TB partners (PAHO, TBCAP, GF, MSH/SPSS, and the MOH) and private-sector service providers, USG/USAID will address TB/HIV priorities by providing technical assistance to the NTP program and supporting a variety of activities, including: training personnel to follow current guidelines to report accurately and completely on HIV infection among TB patients, TB among HIV patients, mortality and MDR and XDR TB cases in order to facilitate HIV-infected TB patient management, HIV surveillance in TB patients, and M&E of essential program functions and outcomes; these trained personnel will then serve as national trainers for a second tier of TB/HIV personnel in HIV counseling, testing, and referral of HIV-infected patients to appropriate health services; strengthening TB and HIV diagnostic capacity (including the capability to perform TB cultures and drug susceptibility testing for detecting MDR TB and XDR TB); continuing to facilitate the formation of a functional national TB/HIV collaborative entity to oversee TB/HIV collaborative policies and activities; supporting improvement of TB/HIV monitoring and evaluation capacity by strengthening national and local TB DOTS programs; expanding surveillance data gathering to include information on testing for HIV among TB patients and for testing for TB among HIV patients, and by building analytic capacity at the local and national levels; supporting (technically and financially) the establishment of a national TB/HIV surveillance system and an updated assessment and evaluation of TB/HIV surveillance and of TB DOTS programs. USG will also support bi-national TB/HIV activities. USG/CDC will provide support for these activities (see SI section).

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 8104.09 **Mechanism:** TB/HIV co-infection

Prime Partner: To Be Determined **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (USAID) **Program Area:** Care: TB/HIV

Budget Code: HVTB **Program Budget Code:** 12

Activity ID: 18434.28682.09 **Planned Funds:** [redacted]

Activity System ID: 28682

Activity Narrative: Integrating TB/HIV screening and services into TB Program.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18434

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18434	18434.08	U.S. Agency for International Development	Tuberculosis Control Assistance Project	12086	12086.08	TB- CAP	$256,000

Program Budget Code: 13 - HKID Care: OVC

Total Planned Funding for Program Budget Code: $350,000

Program Area Narrative:

13-HKID Care: OVC

Note: Due to late initiation of the new USAID contract with AED, FY07 USG funds were partially used to extend the CONECTA project one more year so that the two projects would overlap and the transition to the USG HIV/AIDS program to Region V and the border areas would be smoother. CDC and DOD also experienced delays in starting implementation. Therefore, FY09 is the first year for the majority of USG support to be concentrated in Region V and the border areas. The border areas lack the basic infrastructure needed to support a comprehensive HIV/AIDS program, and hence FY08-09 funding will focus on improving infrastructure and strengthening NGOs.

Program Area Context/Services

DR does not have reliable data on the numbers of orphans and vulnerable children in the country and estimates about their numbers vary widely. The 2007 DHS estimates that there are 120,000 orphans under age 15 in the DR and 439,650 other children who do not live with either of their parents but with relatives or other caregivers. Approximately 58,000 of these children have been identified as orphaned, or at risk of becoming orphaned, due to AIDS ("Vulnerable Children at Risk of being Orphaned and Displaced by AIDS in the Dominican Republic," USAID/PROMUNDO, 2002). Of these, 6,425 children have mothers with AIDS, while 48,684 children have HIV+ mothers who have not yet acquired AIDS. The PROMUNDO study also reported that sixty percent, or 12,316, of children orphaned or at risk of being orphaned live in Santo Domingo. Estimates of the number of children living with HIV/AIDs show considerable differences. For example, CDC estimates that there are approximately 11,000 children living with HIV/AIDS in the DR, while the 2007 National Estimates suggest that 2,719 children are living with HIV. The 2007 PAHO/UNICEF evaluation estimated that approximately 800-2007 children per year were not protected due to the weak PMTCT services that only provided complete Nevirapine prophylaxis to 12% of HIV+ pregnant women who delivered in the public sector. Little is known about the status of these children, their caretakers, their welfare or their quality of life. There is no current system in the DR for tracking orphans to ensure a continuum of welfare and other services. One of every 47 women nationally may be burdened by the additional responsibilities and costs of caring for orphaned children. In 2007, The National Council for Children (CONANI), UNICEF and COPRESIDA developed a policy to protect children (including those who are HIV+ or at risk of being orphaned because of AIDS) and their caretakers. Although COPRESIDA finances some community-level activities for these children with GF money, to date no programs based on this policy have been implemented at the national level.

Many children in the DR are vulnerable to HIV/AIDS. According to the 2007 DHS report, 15 percent of females and 24 percent of males initiated sex before age 15. Young women engaging in early sex are generally those with no or little schooling and in the lowest wealth quintile. Some young adolescents initiate sexual intercourse as early as 12 years of age in the bateyes (sugar plantations), and even younger than 10 years of age in areas along the border with Haiti. Such early sexual debut is a characteristic of sexual abuse (not generally detected or considered, much less punished, in the DR), informal transactional sex and/or cross-generational sex, all of which put young people (especially young women) at a greater risk of HIV/AIDS. Fully 23% of women 15-49 years old reported having had sex with partners at least ten years or more older than themselves, including 29% of women in the lowest economic quintile and over 30 per cent of women living in Health Regions IV and VII. Having a partner ten or more years older than oneself is a major risk factor for HIV/AIDS among young women.

Through March 30, 2008, via the CONECTA project, USG/USAID supported 18 NGOs/FBOs that ran 20 OVC programs in 87 communities. These organizations provided direct care and support services to 8,837 OVC and trained 139 providers and caregivers to care for OVC. In addition, 467 OVC were reached through the USAID/AED bridge grants. USG-supported OVC services include providing health supplies and care, emotional and psychological counseling, educational assistance (including tuition), economic support for clothing, food and nutritional support, referral to health services for immunizations, support for caregivers and communities, legal services to secure birth registration, and training caregivers on providing a better health and nutritional environment for their charges. Some NGOs provide small loans to families affected by AIDS to develop income-generating activities. In FY09 we expect a temporary decrease in OVCs receiving USG support due to the conclusion of USG-supported OVC services in areas outside Region V and the Haiti-DR border areas, and the need for time to start up OVC support activities in the geographic focus areas. Although USG is concluding support for OVC services outside the focus regions with FY07-08 funding, we are committed to continuity of OVC services in these areas and will work to ensure that these services continue with support from non-USG sources. We expect the same level of OVC services will continue, but without USG support. In the future, OVCs receiving such services will not be counted in the USG-supported indicators.

Leveraging/Linkages

USG will continue to coordinate with the Ministry of Education to ensure orphans and vulnerable children are enrolled in and attend school. Work with adolescent OVC includes ensuring that they continue in school or are referred to technical training programs offered by the Instituto de Formación Técnica (INFOTEP), a technical GODR institution supported by the German Development Bank (KfW). USG/USAID will work closely with NGOs and MOH service providers to provide health care to these OVC, and USG will continue to work closely with NGOs and hospitals in Region V and the border areas to develop and strengthen VCT programs for at-risk adolescents. Linkages are promoted between OVC and other interventions, such as ICUs, pediatric services, PMTCT and income-generating activities. USG will work closely with USAID's Rule of Law activities to increase attention to OVC issues through human rights work. As a wrap-around activity, USAID's democracy and governance program will support the training of prosecutors and judges to integrate knowledge and enforcement of child protection legislation developed with USG support (see below). Given that OVC are included in the new National Strategic Plan, USG and its partners are advocating with COPRESIDA to ensure that GF monies provide support to NGOs working with OVC and their caretakers. Additionally, USG will promote linkages between DR-side services and NGOs working with OVC in Haiti, including distribution of referral materials in Creole. Legal services are provided to OVC, their families and caretakers by specialized legal groups, including JSI/Promundo, with JICA funds, Spanish Cooperation, the Jesuits and other FBOs. This is especially important given that UNICEF reports that 26 percent of the poorest children in the DR do not have birth certificates, something required to get into school. These organizations also provide selected other services for OVC, their families and caregivers.

FY09 USG Support

Much of the USG's FY09 OVC resources will be concentrated in Region V and the DR-Haitian border area where OVC services are currently extremely limited. USG support will initially be used to identify and train NGOs/ FBOs willing to work with OVCs in the focus areas and to develop and implement plans of action for that OVC work. The NGOs/FBOs, in turn, will identify HIV+ children and OVC in the target areas and apply the USG program-developed OVC model of care which follows PEPFAR OVC guidance. It includes: ensuring a complete basic well-child package of care, supplemental feeding for those with poor nutritional status, sports and other activities, and referrals for pediatric care. School-age children receive basic school uniforms and supplies. Adolescent OVC are helped to continue in school or technical training programs, educated in HIV/AIDS prevention and, if sexually active, referred for CT, family planning and other health services, as needed. Child advocates will be trained to support these activities and ensure OVC receive the services and supplies meant for them. Support will also be provided to families caring for OVC including, if appropriate, training in income-generating activities. Legal services are provided by NGOs that specialize in legal issue. USG will also develop NGO capacity to build and strengthen community support networks for OVC. USG, the Clinton Foundation (through its pediatric AIDS initiative), COPRESIDA and Columbia University are implementing a pediatric AIDS pilot project to provide early diagnosis, care and treatment to children born to HIV+ mothers. See Pediatric Care and Support for more information.

In FY09, USG will conduct surveillance activities targeted at out-of-school youth, including OVC, particularly in the border regions, to assess current risk behaviors, access to prevention and care services and to estimate the HIV prevalence in this population. This activity will be conducted with CDC, local MOH, and NGO participation. Monitoring and evaluation of USG-supported OVC activities will be carried out by the Measure Project and by AED via its support to USG-supported NGOs. CDC will conduct M&E on the CDC-led activities.

Currently the system for supporting child victims of sexual abuse is weak and in many cases sexual abuse goes undetected. In FY09, USG/USAID will work with GODR and CONANI to develop and implement a plan of action to support victims of sexual abuse. USAID's democracy and governance program will support the training of prosecutors and judges to enforce child protection legislation. NGOs/FBOs will be trained to inform communities about sexual abuse and how to denounce it. Further, information and materials on sexual abuse will be provided to teachers and school administrators as part of the education program to be implemented by the MOE and the MOH. Age-appropriate sexual abuse awareness information will be included in the learning materials.

Sustainability

Community activities supporting OVC are not sustainable alone. Direct support from international donors is required, as OVC are generally unable to advocate for their own needs. Therefore, sustainability of this program will be measured by the involvement of local and international donors. Continuing with advances made in FY08, USG will focus on increasing the capacity of indigenous organizations to deliver these services independently of continued external support. Private sector support for OVC programming will be fostered by promoting social responsibility in the DR. Religious organizations may play a key role in supporting OVC

programs, as demonstrated by the vigorous response and participation of FBOs in an OVC pilot project with PROMUNDO. USG will work with GODR's social cabinet and CONANI to develop a social responsibility agenda for OVC.

Enforcement of existing child protection legislation is inconsistent and the current AIDS law does not address children's issues. CONANI focuses on supporting orphanages rather than helping children remain with their families or a formal foster care program. Under the leadership of PLH NGOs, USG and other stakeholders are currently discussing changes to the law to include orphans and children who are vulnerable due to HIV/AIDS. It is anticipated that this will contribute to greater stability for the child, move away from institutional care, and ensure greater sustainability of OVC programs.

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 8862.09 **Mechanism:** N/A

Prime Partner: Academy for Educational Development **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (USAID) **Program Area:** Care: OVC

Budget Code: HKID **Program Budget Code:** 13

Activity ID: 11884.28693.09 **Planned Funds:** $175,000

Activity System ID: 28693

Activity Narrative: To continue providing care and support to OVC (street children).

New/Continuing Activity: Continuing Activity

Continuing Activity: 18400

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18400	11884.08	U.S. Agency for International Development	Academy for Educational Development	8862	8862.08		$179,000
11884	11884.07	U.S. Agency for International Development	Academy for Educational Development	8881	8881.07		$165,657

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 8862.09 **Mechanism:** N/A

Prime Partner: Academy for Educational Development **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (USAID) **Program Area:** Care: OVC

Budget Code: HKID **Program Budget Code:** 13

Activity ID: 11883.28694.09 **Planned Funds:** $175,000

Activity System ID: 28694

Activity Narrative: To continue providing care and support for OVC in the communities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18399

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18399	11883.08	U.S. Agency for International Development	Academy for Educational Development	8862	8862.08		$175,000
11883	11883.07	U.S. Agency for International Development	Academy for Educational Development	8881	8881.07		$164,000

Program Budget Code: 14 - HVCT Prevention: Counseling and Testing

Total Planned Funding for Program Budget Code: $350,000

Program Area Narrative:

14- HVCT Care: Counseling and Testing

Note: Due to late release of FY07 PEPFAR funding, many planned activities have not yet taken place. In addition, delays in the start of implementing the new USG/USAID contract with the Academy of Educational Development (AED), the transition of the USG HIV/AIDS program to the limited geographic focus areas is just now taking place. During FY09 this USG concentration of support will be consolidated in Region V and the border areas. The border areas lack the basic infrastructure necessary to support a comprehensive HIV/AIDS program, and hence increased funding will be dedicated to infrastructure there in FY09. It is expected that FY09 downstream targets will decrease from those for FY08, while upstream targets for FY09 will increase.

Program Area Context/Services

In 2002, USAID helped establish 45 counseling and testing (CT) centers in the DR. Currently there are 131 CT centers which provided counseling and testing to 347,943 people during FY08. Of these, 76,645 were pregnant women. For the six-month period of October 2007 to March 2008, the 79 centers supported by USG/USAID through the CONECTA project reported testing 45,599 people. Of these, 20,030 were pregnant women who received pre- and post-test counseling. Since the end of the CONECTA project, although USG no longer provides technical or financial support to these centers, they continue functioning in GODR and NGO hospitals and clinics. In FY09, the new USG contractor, AED, will concentrate its support on CT services in Region V and the border areas. USG can only verify the reporting on the CT centers in which it has a role and does not have full confidence in the reporting from other centers. These national reporting problems underline the need to reinforce information systems and ensure full and accurate reporting. In FY09, USG will explore laboratory-based HIV case reporting and HMIS.

HIV testing is routinely performed in most health facilities, but health centers have not established a standardized laboratory diagnosis algorithm that includes lists of authorized rapid tests to provide same-day results and quality control systems. The existing system calls for free testing for pregnant women and a US$6 fee for others. While HIV tests are covered under the new national health insurance plan, additional tests for HIV+ individuals are not. Many people tested do not return for test results that require wait times as long as a month. Rapid test kits are purchased by COPRESIDA with GF money. Hospitals purchase supplemental tests without any guidance as to which supplemental tests have been approved by MOH. In addition, test procurement is often based on funding availability and some regions experience stock-outs. In Region V, USG/USAID-supported laboratories improved their tracking of test kits and medical supplies, thus improving the testing services. USG/USAID supported health personnel training to improve their capacity to offer quality counseling and testing services. Many counseling services are overwhelmed by the number of patients and lack adequate space for confidential pre- and post-test counseling. Most CT services associated with PMTCT provide group pre-counseling and individual counseling post-test. Health services that received USG support in the past provide appropriate space for privacy and user-friendly quality CT. Some hospital and NGO clinic CT units have contracted and trained PLH to provide emotional support and links to community-based support groups financed by USG/USAID and COPRESIDA.

Leveraging/Linking

In FY09, USG will continue to collaborate with PAHO to advocate with COPRESIDA and DIGECITSS to develop policies to validate and procure quality rapid and supplemental testing supplies to be used nationally. CDC will provide current technical background and scientific information to inform policy and decision makers to ensure the use of quality products. In collaboration with PAHO and UNAIDS, USG will oversee implementation of these policies once they are enacted. USG will continue to leverage support from COPRESIDA and the MOH to strengthen CT service quality in public-sector hospitals outside the targeted regions. We will work closely with DIGECITSS and the Provincial Health Directors in those provinces to continue providing appropriate TA and supervision. Results of a planned gap analysis in Region V will likely support the need for USAID to continue advocating for partners to establish new sites nationally and in Region V. USG and its local partners also will continue to advocate for the

national health insurance to cover the costs of tests needed by PLH, including CD4 and viral load that are not currently included in that insurance.

FY09 USG Support

During FY09, USG will strengthen and scale up the access to and quality of CT activities in government hospitals and NGO clinics in the focus geographic areas, improve laboratory ability to provide test results in a timely manner, train staff in VCT, and test model policies with the aim of getting the GODR to enact and apply similar policies. In FY09 USG will also continue to support NGOs and PLH organizations working in the selected regions to mobilize communities to encourage preventive behaviors and seek CT, provide post-test counseling, and facilitate active referrals for care and treatment, while also combating barriers to CT access such as stigma and discrimination. Since March 2008, the new USG partner, AED, has been in charge of these activities, with grants agreements signed with 14 NGOs in early FY09. Additionally, USG will continue to support trained PLH to provide emotional support and links to community based support groups. HIV+ individuals are also referred to TB testing and, in turn and as appropriate, to TB treatment and other services. Individuals with negative test results, either in clinics or a mobile unit, are provided with prevention information, including contact information for prevention and other community programs.

Using FY07 funds, USG will set up two mobile CT units that will target work places, sex workers, bateyes (sugar plantations) and migrant populations in Region V and the border areas, thus reaching people who might not otherwise have access to CT. HIV+ patrons of the mobile VCT units are referred to the nearest facility providing treatment and care. In certain communities, particularly in bateyes in the selected regions, USG will continue to support NGOs such as ADOPLAFAM, MUDE, World Vision, IDDI (Instituto Dominicano para el Desarrollo Integral), and new partners identified to promote CT and STI services and provide information on service availability by distributing educational materials, promoting healthy lifestyles and encouraging testing. USG will also continue to support routine testing and counseling via organizations that work with sex workers, such as COIN and CEPROSH, linking these organizations to service delivery networks so they can work together in Region V and the border areas.

Street children and children and adolescents in bateyes have been identified as MARPs in the DR. With FY09 funds, USG will continue to support NGOs that work with street children and work closely with NGOs and hospitals in Region V and the border areas to develop and strengthen CT programs for at-risk children and adolescents. During FY09, AED will bring in a consultant to assess the needs, current programs, and recommend actions needed to improve the HIV prevention and CT work with street children

In FY09, USG will also strengthen laboratory systems in focus areas via an integrated system connecting laboratories, clinics and community services to provide accurate data and improve communications among these entities with the objective of ensuring that people return for their results, receive any care and treatment needed, and are linked with community-based services in their communities. These systems will identify people who need to be followed up for further counseling and referrals. With FY08 funding, USG will also help strengthen labs at the national level, e.g., by helping them implement rapid testing algorithms within the CT context, and work with PAHO and the GODR to improve policies related to CT and laboratories. See the laboratory section for more information.

CT policy barriers mostly relate to lack of privacy and informed consent, same-day or timely delivery of laboratory results and specialized counseling services for most vulnerable populations. At this time, all HIV testing requires affirmative “opt-in” consent. Opt-out is illegal in the DR as per the 1993 AIDS Law. In FY09, USG will continue to work with PAHO and the GODR to address policies at the national level so that same-day results, provider initiated and opt-out testing can be included in government services. With MOH approval, USG will strengthen the health management information system (HMIS) and implement pilot projects in its geographic focus areas to demonstrate the feasibility of provider-initiated testing and opt-out possibilities. We expect that successful implementation will help the GODR change its policies and implement these changes nationally. See HSS section for more information.

In FY09, DOD will support counseling and testing for all members of the Dominican Armed Forces (FFAA) who seek to know their HIV status. DOD will help strengthen counseling and testing services in the FFAA’s primary care units, where other services of the new social security system of the FFAA have been incorporated. The FFAA will explore such possible settings for CT services as stand-alone and integrated CT services within clinical settings, and mobile CT. This funding will also support minor renovations of prospective CT centers, training staff to provide counseling and testing, and training supervisory staff to ensure minimum quality standards for services. Linkages to care and support for HIV positive individuals will be emphasized and strengthened.

Sustainability

GODR has supported CT services since their inception in 2002. In most cases, CT services are integrated into facilities offering PMTCT services, including most public hospitals and NGO clinics in the country. MOH continues providing CT services that were originally funded by USG. The Dominican NGOs ADOPLAFAM and PROFAMILIA continue to provide youth-friendly prevention programs for adolescents and referral services for CT that used to receive USG funding, but require no additional support. USG will work with the NGOs that have received small grants to improve sustainability of their programs. While HIV testing is included in the new family health insurance plan, additional tests for HIV+ individuals are not. As the initial enrollment of poor Dominicans increases gradually in the family health insurance, more people will have access to CT, and the related costs for those enrolled will be covered by the new Social Security system.

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 8862.09
Mechanism: N/A
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Prevention: Counseling and Testing
Budget Code: HVCT
Program Budget Code: 14
Activity ID: 11888.28695.09
Planned Funds: $200,000
Activity System ID: 28695
Activity Narrative: Strengthen VCT services for vulnerable population in Region V, VII and the border areas.
New/Continuing Activity: Continuing Activity
Continuing Activity: 18401

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18401	11888.08	U.S. Agency for International Development	Academy for Educational Development	8862	8862.08		$223,425
11888	11888.07	U.S. Agency for International Development	Academy for Educational Development	8881	8881.07		$245,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5987.09
Mechanism: Strengthen HIV Prevention and Care in Armed Forces
Prime Partner: Armed Forces of the Dominican Republic
USG Agency: Department of Defense
Funding Source: GHCS (State)
Program Area: Prevention: Counseling and Testing
Budget Code: HVCT
Program Budget Code: 14
Activity ID: 11889.28699.09
Planned Funds: $50,000
Activity System ID: 28699
Activity Narrative: To continue strengthening VCT services in the ARmed Forces.
New/Continuing Activity: Continuing Activity
Continuing Activity: 18406

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18406	11889.08	Department of Defense	Armed Forces of the Dominican Republic	8088	5987.08	Strengthen HIV Prevention and Care in Armed Forces	$15,000
11889	11889.07	Department of Defense	Armed Forces of the Dominican Republic	5987	5987.07	Strengthen HIV Prevention and Care in Armed Forces	$15,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5986.09
Mechanism: Twinning at Border (RFP)
Prime Partner: Partners in Health
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Prevention: Counseling and Testing
Budget Code: HVCT
Program Budget Code: 14
Activity ID: 11886.28704.09
Planned Funds: $100,000
Activity System ID: 28704
Activity Narrative: To provide VCT twinning services in the border provinces of Elias Pina and San Juan.
New/Continuing Activity: Continuing Activity
Continuing Activity: 18414

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18414	11886.08	U.S. Agency for International Development	Partners in Health	8090	5986.08	Twinning at Border (RFP)	$75,000
11886	11886.07	U.S. Agency for International Development	Partners in Health	5986	5986.07	Twinning at Border (RFP)	$100,000

Program Budget Code: 15 - HTXD ARV Drugs

Total Planned Funding for Program Budget Code: $0

Program Area Narrative:

USG does not plan to provide ARV drugs in FY09 since all ARVs drugs are supplied through the Global Fund Grant with COPRESIDA.

Program Budget Code: 16 - HLAB Laboratory Infrastructure

Total Planned Funding for Program Budget Code: $250,000

Program Area Narrative:

16-HLAB: Laboratory Infrastructure

Note: Due to late release of FY08 PEPFAR funding, many planned activities have not yet taken place. Most activities planned for FY08 will actually be carried out in FY09, using FY08 funds. The narrative below primarily reflects plans only for FY09-financed activities. This narrative also assumes that FY08 planned activities will occur concurrently with the initiation of FY09 activities.

Program Area Context/Services

The Dominican Republic's laboratory infrastructure faces several urgent challenges. At the present time, there are 256 public laboratories doing rapid HIV testing, six laboratories with CD4 testing capacity (four public and two private) and two laboratories with PCR capacity (one public and one private). Although most of the pieces are in place, the DR continuously faces serious issues with procurement, distribution of materials and reagents and equipment repairs. Maintaining international standards of good practice and adherence is often complicated by irregular electricity, lack of staff and poor water supply. There is no standardized national quality assurance and quality control system. Also, there is no information system that would allow the

laboratory network to communicate, document and analyze the data currently been produced. All logs are maintained manually and their use is not consistent, which hinders any efforts to establish a standardized national reporting process.

As identified during two CDC assessment of the DR's laboratory infrastructure in 2006 and 2008, no national HIV testing algorithm is in place. The need for this algorithm became especially apparent when in 2008 the country faced significant problems with the performance of a nationally distributed HIV antibody rapid test. At the request of the Ministry of Health, CDC conducted an Epi-Aid and provided specific recommendations to assist the DR to avoid and detect this type of situation in the future.

To screen the general population and high risk groups, the GODR has been using rapid HIV tests, but they have not been able to take full advantage of this technology and rapid test results are usually given a week to a month after testing. Test kits are purchased by COPRESIDA through a GF grant, but test procurement is often based on funding availability and some regions have experienced several stock-out periods. To avoid this situation, some hospitals purchase supplemental tests, but this is taking place without any clear guidance from the MOH as to which supplemental tests have been validated and approved. In Region V, USG/USAID-supported laboratories have improved their tracking of test kits and medical supplies, thus improving the testing services. USG/USAID has also supported training for health personnel to improve their capacity to offer quality services.

There is no network among the laboratories for transporting blood samples and reporting results. In addition, no quality control program has been implemented. To ensure that CD4 tests were sent to the PROFAMILIA laboratory in the north of the DR for processing, the Clinton Foundation agreed to finance the development and implementation of a network for transporting blood samples. Clinton Foundation funding for this activity ends in March 2009, when USG/USAID/AED will take over. USG/USAID will replicate this activity in region V where the Columbia/Clinica de la Familia MIR is processing CD4s tests for patients in Health Region V. We expect to gather lessons learned from this activity and expand the network as funding becomes available.

The GODR underestimated the number of CD4 tests needed for 2008, and contracted for approximately 4,000 tests per year when nearly 36,000 were actually needed. To assist the GODR, USAID and Columbia University through the PROFAMILIA grant and Fundación MIR, have made CD4 testing available to a significant number of patients, though many more still need them.

The lack of a laboratory network and limited manpower has also had a negative impact on PLH access to quality clinical management. Although the GODR through COPRESIDA provides viral load testing at the National Laboratory, this system has not been consistent. Logistical challenges, problems in procuring reagents and costly equipment repairs have severely hindered the provision of this service. During 2008, approximately 1,300 DNA PCR tests for infant diagnosis were provided through the USAID/Clinton Foundation agreement. No local capacity to conduct this test existed and samples were sent to a laboratory in South Africa. Through the Columbia University/ Fundacion MIR agreement, infant diagnosis has continued to be provided in Region V. During FY09, with USG/CDC support, the necessary equipment and training will be put in place at the National Laboratory. Again, with USG support, a network for sending dry blood samples and returning results to the families will be developed.

The DR needs to enforce national policies that support a quality assured, tiered network of laboratory services that reflect local patient referral networks and re-enforce good clinical practices. These policies and ensuing practices should be updated to reflect the ongoing national health reform process. Additionally, a national strategic plan that provides an accelerated timeline for improving public health laboratory infrastructure and practices must be adopted.

Leveraging/Referrals

CDC is currently working with the DOD to build a cold storage room for the National Laboratory. It is expected that this room will be built by April 2009. In collaboration with the Clinton Foundation, COPRESIDA will purchase rapid test kits that will be distributed by the MOH to public hospitals and NGOs working with USG throughout the country. USG/USAID will continue to use CSH/Infectious disease funds to strengthen TB laboratory networks, including HIV screening of TB patients. Current USG support includes AMR work.

In FY2009, USG will continue to work closely with GF's principal recipient, COPRESIDA, and the MOH to leverage support for laboratory activities in the DR. USG will also leverage support from COPRESIDA, through the Global Fund to establish the HIV laboratory network and strengthen the surveillance system. UNICEF and UNAIDS have provided TA and financial support to strengthen HIV surveillance.

FY09 USG Support

The success of provincial programs for prevention, care and treatment requires early detection and the establishment or reinforcement of on-going local referral networks both within public and NGO/FBO implementing partners. Cumulatively, these local networks will provide the support structures for re-establishing the country's national network of tiered laboratory services. They are also an efficient mechanism for referrals for complex testing and validation of new technologies or testing algorithms in the absence of a national network.

To give some continuity to the only HIV laboratory network that is currently operational in the country, in FY09 USG/USAID will take over the funding of a network funded by the Clinton Foundation in 2008. The USG will gather lessons learned from this network and assess how it can be expanded and implemented through the country. During this process, the USG will continue to work with the GODR to train staff and transfer the management and maintenance of the established network.

The USG/USAID will provide technical assistance to COPRESIDA to strengthen their existing supply chain. Building on the lessons learned through the technical assistance provided to the TB program, we expect to structure and systematize the fragile supply chain management system, overcome stock outs and minimize changes with supply and demand.

USG/USAID and Columbia University through the PROFAMILIA grant and Fundación MIR, will continue to make CD4 testing available to patients in Region V. Through PROFAMILIA, USG/USAID will continue to make CD4 testing available to the GODR as needed. It is expected that at least 10,000 CD4 tests will be conducted by PROFAMILIA. In addition USAID, through a grant agreement with Partners in Health (PIH) for twinning activities, will provide access to laboratory tests for people living near the border. USG/USAID will continue to work in the geographic focus areas to improve laboratory infrastructure and make emergency funds available for test supplies.

To expand the availability of HIV testing for high risk populations, in FY09 (with FY07 funds) USG/USAID will acquire two customized vans that will be used as mobile units for counseling and testing and for transporting the blood samples required for CD4 tests. With these vans, the MOH and NGOs will be able to access hard to reach populations and areas where people do not normally have access to VCT services. The mobile units will prioritize work in the USG geographical focus areas.

In FY2009, with FY07 and FY08 funds, DOD will strengthen laboratory facilities by providing commodities, equipment and training to the Dominican Armed Forces (FFAA) to support HIV/AIDS-related activities. Laboratory standards to enhance reporting and quality assurance/quality control will be supported and aim to create linkages to other national lab referral systems. To expand CD4 testing within the DR's military network, DOD will provide a CD4 machine to the Armed Forces Central Hospital, using FY08 funds. It is expected that at least 5,000 CD4 tests will be conducted through this mechanism.

As noted above, to build the capacity of the National Laboratory to receive and store blood samples from other facilities, in April 2009 the DOD, in collaboration with the CDC, will build a cold room. This room will provide enough space to accommodate existing refrigerators and sufficient space for new units. Having a cold room will allow closer monitoring and supervision, reduce the maintenance and financial burden of existing generators which feed the refrigerators during power outages, and clear much needed space for other laboratory equipment.

Sustainability

As the health sector reform timeline is defined and the lab services are strengthened, diagnostic services will become more sustainable. However, as noted, basic health packages under the new Social Security law do not recognize the costs of specialized diagnostic tests and laboratory services associated with these and do not include specialized tests such as CD4s, viral load or PCR DNA. In addition, public sector surveillance responsibility is not included in the costs associated with the basic health packages. USG and its national and international partners will advocate for changing this situation.

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID:	8862.09	**Mechanism:**	N/A
Prime Partner:	Academy for Educational Development	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Laboratory Infrastructure
Budget Code:	HLAB	**Program Budget Code:**	16
Activity ID:	28852.09	**Planned Funds:**	$50,000
Activity System ID:	28852		
Activity Narrative:	To provide access to diagnostic tests (CD4) through PROFAMILIA.		
New/Continuing Activity:	New Activity		
Continuing Activity:			

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID:	5987.09	**Mechanism:**	Strengthen HIV Prevention and Care in Armed Forces
Prime Partner:	Armed Forces of the Dominican Republic	**USG Agency:**	Department of Defense
Funding Source:	GHCS (State)	**Program Area:**	Laboratory Infrastructure
Budget Code:	HLAB	**Program Budget Code:**	16
Activity ID:	11902.28700.09	**Planned Funds:**	$50,000
Activity System ID:	28700		

Activity Narrative: To continue strengthening laboratory infrastructure in the Armed Forces.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18407

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18407	11902.08	Department of Defense	Armed Forces of the Dominican Republic	8088	5987.08	Strengthen HIV Prevention and Care in Armed Forces	$115,000
11902	11902.07	Department of Defense	Armed Forces of the Dominican Republic	5987	5987.07	Strengthen HIV Prevention and Care in Armed Forces	$30,000

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 8862.09 **Mechanism:** N/A

Prime Partner: Academy for Educational Development **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (USAID) **Program Area:** Laboratory Infrastructure

Budget Code: HLAB **Program Budget Code:** 16

Activity ID: 18566.28696.09 **Planned Funds:** $150,000

Activity System ID: 28696

Activity Narrative: Support to laboratories infrastructure in Region V and border areas.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18566

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18566	18566.08	U.S. Agency for International Development	Academy for Educational Development	8862	8862.08		$100,000

Program Budget Code: 17 - HVSI Strategic Information

Total Planned Funding for Program Budget Code: $1,605,000

Program Area Narrative:

17-HVSI Strategic Information

Overview

Since the early 1990's, the DR has conducted sentinel surveillance in clinics that provide antenatal services (ANC) and treatment for sexually transmitted infections (STI), including for both male and female sex workers, in collaboration with USG and other donors. Multiple demographic and health surveys (DHS) and behavioral surveillance surveys (BSS) have been conducted in the

last decade, and a monitoring and evaluation (M&E) system is in place (with limited success in gathering accurate data) for the prevention of mother-to-child transmission (PMTCT) and tuberculosis (TB) programs.
Surveys have formed the backbone of the HIV surveillance system in the DR and taken together reveal that the DR's HIV epidemic can be regarded convincingly as driven primarily by loosely characterized subpopulations, living in specific geographic areas, with particular socio-demographic characteristics and/or engaging in risky behavior. Mobile populations are the least well characterized. The survey-driven HIV surveillance system in the DR, however, suffers from systemic deficiencies, not the least of which is sustainability -- the country relies largely on donor funding to sustain the system, and the collected data are not widely utilized for sound decision-making. Other challenges to the HIV surveillance system in the DR include deficiencies in technical and human capacity to perform epidemiological, routine and laboratory surveillance. At the same time, low salaries impede staff recruitment and retention and lead to poor program planning, standardization, and management.
In October 2006 CDC assessed the DR surveillance system. Based on assessment recommendations, CDC developed a two-year work plan to be implemented in FY07 and FY08. Because PEPFAR funds were not available until late in the second quarter of FY08, most activities will be implemented in FY09.
Leveraging
USG/USAID, in collaboration with GODR, conducted a DHS study in FY2007, with USG/USAID contributing about two-thirds of the cost, while COPRESIDA, using World Bank (WB) funds, contributed the rest. USG also partially funded over-sampling in the Bateyes (sugar plantations) in order to have more in-depth information about HIV/AIDS there. In addition, USG/USAID through CDC contributed money to provide technical support for a BSS focused on female sex workers, drug users, and men who have sex with men (also supported by COPRESIDA, the WB, the Global Fund (GF), SESPAS/DIGECITSS (GODR Secretariat for primary healthcare delivery/Epidemiology unit) and other donor agencies, such as UNICEF. The USG in collaboration with UNAIDS, UNICEF and PAHO has, for many years, also supported ante-natal clinic/sexually transmitted infection (ANC/STI) sentinel surveillance. The 2007 change in sites from the ones that had been surveyed for more than ten years may have affected the accuracy of results since then. In the area of TB/HIV, USG/USAID, in collaboration with PAHO/WHO, TB CAP and other partners, has supported the development and implementation of a national strategic plan that emphasizes improving the DOTS strategy in the DR, electronic data capture systems, and addresses MDR TB.
FY '09 USG Support
In collaboration with the GODR and other partners already supporting these types of activities, the USG/CDC Team will focus significant resources in the coming years on supporting the development of a robust national routine surveillance system for near-real-time collection of HIV epidemiological and monitoring and evaluation (M&E) information from routinely-provided clinical and laboratory services and special surveys, e.g., prevention of mother-to-child transmission program (PMTCT), facilities screening for and/or providing care and treatment services for people with HIV (including children) and/or affected by STIs, opportunistic infections (e.g., TB, fungal infections) and other clinical conditions associated with HIV (e.g., cervical cancer and non-Burkitt's lymphoma), and BSS. This national routine HIV-related surveillance system (which includes behavioral surveillance), will be strengthened (irrespective of the technology currently in use) by enhancing facility capacity to record, report, analyze, and utilize strategic information for program improvement and systematic surveillance of the index condition (e.g., PMTCT, TB, HIV transmission-associated behaviors).
Behavioral surveillance system: The USG/CDC Team will develop a behavioral surveillance system that will address most-at-risk and vulnerable populations (MARP)--including mobile populations (e.g., DR-Haiti border, people living in Bateyes and in tourist areas, and working in the construction industry), ethnic populations, and those residing in Health Regions V and VII, all of which appear to be significantly impacting the HIV epidemic in the DR at present.
Strategic information collected as a result of carefully-designed behavioral surveys and routine services provided to MARP will serve to inform the country's HIV epidemic and "surgically" target and evaluate prevention interventions in these populations. In this sense, it will play a role similar to the routine sentinel surveillance and M&E information system described below, but specifically for MARP. This strategy will have an approximate five-year time horizon that will commence with establishing a baseline framework of the MARP HIV situation in the DR. This baseline framework will be constructed through a triangulation exercise utilizing existing behavioral and demographic data about these populations and through prospective behavioral surveys complement the "picture." Eventually, this system should be able to inform HIV surveillance and policy primarily through routinely-collected information about MARP. Such evidence-based policy decisions may take the form of specialized services for identified at-risk populations (e.g., mobile health units), the establishment of facilities that increase access of MARP to services through reduced stigma, and prevention messages tailored to specific MARP.
In FY09, the USG/CDC Team will execute a formative assessment and BSS among mobile populations in the DR with the objectives of: describing and better understanding the context in which risk behaviors take place, including patterns of sexual networking that contribute to high HIV prevalence and patterns associated with partnership stability and the exchange of sex for money or other goods; identifying and describing patterns in seasonal mobility and migration in order to identify potential points of intervention; assessing awareness and acceptability of available services, including rapid HIV testing, and to solicit recommendations from community members and providers for improving or tailoring services; and gathering information that can be used to rapidly develop tailored approaches for HIV prevention programs that will meet the needs of migrant men and women. In addition to logistical, implementation and other support, the USG/CDC Team will also support the salary of an epidemiologist to oversee the BSS, and CDC/Atlanta will provide technical assistance (TA). Such TA may also include strengthening local capacity by sending Dominican health staff to CDC/Atlanta for advanced surveillance training.
Sentinel surveillance and M&E system: USG/CDC will also focus significant resources on supporting a routine HIV surveillance system directed primarily at the general population and on strengthening the DR Field Epidemiology Training Program (FETP). The information system in programs where surveillance and M&E functions have already been established (e.g., facilities that administer the national PMTCT program and manage TB patients) will be strengthened by selecting "model" or sentinel sites (SS) in which training, technical support and tools for best practices will be provided. This support is expected to improve and maintain each SS's adherence with national policy and guidelines at a high level, vis-à-vis recording and reporting of clinical and epidemiological information and promoting best clinical practices. These sites will be selected strategically in order to optimize the USG investment by ensuring that, where possible: the SS are relatively representative of a wider population base; they are already supported by the USG in other ways (see USG/USAID Team support below); have the capacity to effectively and efficiently absorb the activities proposed; and can serve as centers for the training of trainers. Accordingly, these SS will serve two principal purposes: provide reliable epidemiological and M&E information to the different hierarchical health levels of the GODR;

and provide staff and facilities for the training of trainers in order to sequentially scale up similar efforts in a greater number of facilities. This strategy should eventually convert ALL facilities providing services for the index condition from SS to integral parts of a national network of routine surveillance activities. Periodic sentinel surveillance surveys (e.g., ANC surveys) will be planned every 3-5 years (more frequently at first) to calibrate the surveillance and M&E information routinely collected via this system.
To support and oversee the overall SI activities, in FY2008 USG/CDC budgeted for an in-country SI coordinator and laboratory specialist to work closely with the GODR on the above issues. The salaries of these personnel (the positions are currently vacant) will continue to be supported in FY2009.
In recognition of the fact that the USG Team is proposing a larger than recommended investment in SI activities for FY09, the bulk of which is being requested by the USG/CDC Team for one specific activity (BSS in mobile populations), the following justification is offered. After internal discussion among the various agencies, and in consultation with technical experts in SI at CDC, the DR/PEPFAR/USG Team feels that addressing mobile populations in the DR is central to the overall USG surveillance, prevention, and care strategy for the country. The socio-cultural and economic complexities, and therefore the vulnerability to HIV infection and transmission of these populations remain largely uncharacterized; yet, available data show that they may be contributing significantly to the HIV epidemic in the country. Just as important, are the practical considerations of executing the USG strategy in the next fiscal year given that: the total funding available for FY09 mini-COP activities is limited, particularly GHAI funding; the DR Compact concept paper has been approved and its negotiation is expected to take place in early 2009; activities programmed for 2008 in the FY08 mini-COP have, for the most part and due to uncontrollable circumstances, not yet been executed; and CDC's in-country agency presence was not achieved until October 2008, and the office currently has only one temporary FTE, and has not yet hired other staff. Given all these considerations, the DR USG/PEPFAR Team strongly feels that in order to achieve the highest public health impact consistent with the USG strategy in the DR, while wisely and responsibly using the FY09 mini-COP funding available, reliable data about mobile populations in the DR is paramount for future policy decision-making. In addition, it is unlikely that the USG/CDC Team will have its infrastructure sufficiently developed in FY09 to execute additional activities.
In FY09 USG/USAID will support system strengthening in strategic information in selected hospitals in focus areas of the country prioritized by USG with two initiatives: a new MSH contract to strengthen MCH services; and technical assistance via its new contract with AED. Both of these initiatives are designed to improve PMTCT services by integrating multiple data sources captured at service delivery sites in order to: improve recording and reporting; help ascertain and fulfill needs in HR, training, and medical equipment in a timely fashion; and provide data for decision-making in supply chain management, logistics, and quality improvement.
In FY09 USG/USAID will also continue to provide technical assistance to NGOs, FBOs and CBOs to strengthen their information systems with the aim of supporting an information system that is sustainable, responds to quality assurance tools and thus provides reliable and accurate data. As a result, these organizations will not only have data on hand for decision making, but will also be able to report to USG and to COPRESIDA's M&E system. In addition, the new MEASURE follow-on contract will continue to provide technical assistance on M&E to COPRESIDA's M&E system which is currently being developed with the support of UNAIDS and other donors.
The USG/DOD Team will support capacity building within the DR Armed Forces (FFAA) in surveillance, monitoring and evaluation (M&E) and data analysis. A biologic surveillance study will be planned. Survey results are expected to inform the development and implementation of improved HIV preventive interventions in the FFAA.
Finally, USG/CDC plans to strengthen the DR FETP program by performing an initial assessment of the status of the current program and identifying weaknesses and challenges via CDC Office of Workforce Career Development. In collaboration with local universities already engaged in academic epidemiology activities we will: 1) provide field experience opportunities for trainees, resident and invited visiting faculty from other institutions; 2) update and develop new training materials; 3) provide training in new and advanced laboratory techniques; and 4) liaise with other FETP programs in Latin America.

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID:	5987.09	**Mechanism:**	Strengthen HIV Prevention and Care in Armed Forces
Prime Partner:	Armed Forces of the Dominican Republic	**USG Agency:**	Department of Defense
Funding Source:	GHCS (State)	**Program Area:**	Strategic Information
Budget Code:	HVSI	**Program Budget Code:**	17
Activity ID:	11909.28701.09	**Planned Funds:**	$40,000
Activity System ID:	28701		
Activity Narrative:	Continue to strengthen information system in Armed Forces.		
New/Continuing Activity:	Continuing Activity		
Continuing Activity:	18408		

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18408	11909.08	Department of Defense	Armed Forces of the Dominican Republic	8088	5987.08	Strengthen HIV Prevention and Care in Armed Forces	$40,000
11909	11909.07	Department of Defense	Armed Forces of the Dominican Republic	5987	5987.07	Strengthen HIV Prevention and Care in Armed Forces	$40,000

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 8862.09 **Mechanism:** N/A

Prime Partner: Academy for Educational Development **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (USAID) **Program Area:** Strategic Information

Budget Code: HVSI **Program Budget Code:** 17

Activity ID: 18442.28683.09 **Planned Funds:** $200,000

Activity System ID: 28683

Activity Narrative: To strengthen information systems in Region V, VII and the border areas.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18442

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18442	18442.08	U.S. Agency for International Development	Academy for Educational Development	8862	8862.08		$270,000

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 8107.09 **Mechanism:** N/A

Prime Partner: To Be Determined **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (USAID) **Program Area:** Strategic Information

Budget Code: HVSI **Program Budget Code:** 17

Activity ID: 28853.09 **Planned Funds:** [redacted]

Activity System ID: 28853

Activity Narrative: To improve information system (including PMTCT) through MCH/Health Systems activity.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 11831.09
Mechanism: HHS/CDC Strategic Information
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 29077.09
Planned Funds: $565,000
Activity System ID: 29077
Activity Narrative:
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 11809.09
Mechanism: HHS/CDC Strategic Information
Prime Partner: HHS/Centers for Disease Control & Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 28855.09
Planned Funds: $500,000
Activity System ID: 28855
Activity Narrative: To carry out Behaviour Surveillace Studies in Mobile Population in the DR and strengthen information systems.
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 6012.09
Mechanism: Measure/TA for M&E
Prime Partner: University of North Carolina
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 11907.28864.09
Planned Funds: $200,000
Activity System ID: 28864
Activity Narrative: To provide T/A to USG partners, including COPRESIDA, in order to establish a one monitoring and evaluation system in the DR.
New/Continuing Activity: Continuing Activity
Continuing Activity: 18417

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18417	11907.08	U.S. Agency for International Development	University of North Carolina	8092	6012.08	Measure/TA for M&E	$225,000
11907	11907.07	U.S. Agency for International Development	University of North Carolina	6012	6012.07	Measure/TA for M&E	$75,000

Program Budget Code: 18 - OHSS Health Systems Strengthening

Total Planned Funding for Program Budget Code: $440,000

Program Area Narrative:

18-OHSS Health System Strengthening

Note: Due to late initiation of the new USAID contract with AED, FY07 USG funds were partially used to extend the CONECTA project one more year so that the two projects would overlap and the transition to the USG HIV/AIDS program to Region V and the border areas would be smoother. CDC and DOD also experienced delays in starting implementation. Therefore, FY09 is the first year for the majority of USG support to be concentrated in Region V and the border areas. The border areas lack the basic infrastructure needed to support a comprehensive HIV/AIDS program, and hence FY08-09 funding will focus on improving infrastructure and strengthening NGOs.

Program Area Context/Services

The DR's public health infrastructure is extensive, with approximately 1,370 local clinics, 104 municipal hospitals, 32 provincial hospitals, 12 regional hospitals and 16 national reference hospitals. Despite enormous growth in the supply of services, relatively high levels of total spending, and institutional efforts to implement a new Social Security system, including a subsidized national health insurance system for the poor, the DR health system performs poorly in addressing health needs, ensuring quality of care, reducing the financial burden of health care on the poor, and providing adequate insurance coverage.

In 2001 the DR passed health reforms to address barriers to accessing quality services and to improve efficiency and equity. Key changes included decentralizing service provision, introducing national health insurance coverage and demand-side financing. Implementation of these reforms has been gradual and slow. For over five years USG has supported health sector reforms and implementation of the new Social Security system with a focus on Region V. GODR has launched the family health insurance for 2,400,000 employees and their dependants, plus one million poor people, for a total of 3,400,000 Dominicans covered currently by health insurance.

System strengthening is critical for effective and sustainable programs and is a key focus of our regional strategic approach. USG supports institutional strengthening of partner NGOs, CBOs and FBOs, public sector institutions and MOH service providers, and is providing TA to develop essential systems, e.g., information systems, supply chain management, health communication messages, and referral systems.

Health sector reform success depends on trained and competent human resources. Frequent replacement of qualified staff affects all programs and underscores the need for ongoing training. This is particularly critical as each change in GODR administrations tends to lead to the replacement of many trained staff. As happened at the regional and provincial levels after the recent re-election of the current President. Through the Health Sector Roundtable, major international partners have discussed possible ways to engage the government in dialogue and advocate for systems that retain technical managers and personnel through political changes such as enforcing the civil service law approved in the early 1990s.

The success of the on-going health system reform will enhance the DR's ability to provide an effective HIV/AIDS response. The DR receives funding from external sources and the availability of HIV/AIDS resources is not currently an issue. The critical challenge now is for the MOH to take on its overall stewardship role, coordinate within the decentralized health system and ensure efficient investment of resources to achieve maximum results. Recently, with broad stakeholder participation, DR developed a seven-year National Strategic Plan (PEN) and a framework for a single national M&E plan. These plans will form the basis for annual reporting meetings on PEN progress, joint program reviews, and shared program reports among GODR, stakeholders and donors, leading to increased accountability for all HIV/AIDS funding and program monitoring.

The DR's HIV/AIDS legal framework is based on a national AIDS law enacted in 1993. Over the last seven years the country has seen an increase in funding for HIV/AIDS, but stigma and discrimination are still a major barrier to fighting the disease. Existing

non-discrimination laws prohibit testing without consent or as an employment screening measure are frequently violated. PLH are particularly affected, as they are often discriminated against with impunity. Many employers violate this law openly and with impunity, screening potential employees for HIV and then denying employment to those who test positive, without revealing test results. Likewise, employees are often dismissed when their employers find them to be HIV+. The economic consequences for the PLH and their families are devastating. The AIDS law was reviewed by GODR in FY2008 but has not yet been sent to Congress.

Gender issues continue to be a significant concern in the DR. Cross-generational sex is common and young girls/women often do not feel empowered to abstain from sex or negotiate condom use. Men often report having multiple partners, sometimes including other men, so partner reduction and other prevention messaging and efforts to change social norms are critical. Violence against women, including against women who disclose positive HIV status, is a growing problem, and national laws/policies against gender-based violence require revision and enforcement.

System strengthening is critical for effective and sustainable programs and is a key focus of our regional strategic approach. USG supports institutional strengthening of partner NGOs, CBOs, and FBOs so that these organizations will be accredited as health service providers and have access to financing by the, public sector. USG is also providing technical assistance to MOH service providers in order to improve quality of care, strengthen information and management systems, implement supply chain management and referral systems.

Leveraging/Linkages

USG-supported health sector reform has now been taken over by GODR, with financial help from the World Bank (WB) and the Inter-American Development Bank (IDB). Nonetheless, USG and other donors will continue to monitor the GODR progress in this effort and USG will continue to model improved health systems strengthening and appropriate HIV/AIDS policies to ensure appropriate implementation. The World Bank loan supporting health sector reform and social security complements USG efforts. WB and GF also leverage funds for human resource development and job stability within the civil services, as well as system strengthening. There is no civil service, in the DR, even though a civil service law was approved in the early 1990s. The Health Sector Roundtable, noted above, includes major international partners who have discussed various ways to improve the structure and functioning of the GODR health system. USG will continue to promote development of a common donor policy agenda, so partners can speak to GODR in one voice. This includes, for example, engaging the government in dialogue and advocating for systems that retain technical managers and personnel through political changes such as developing a civil service system. It also includes appropriately implementing stigma and discrimination, child protection and other laws which have an impact on fighting HIV/AIDS in the DR. PAHO and UNAIDS will work with USG to ensure quality laboratory tests are easily accessible. USAID/CSH funding is leveraged to improve maternal-child health, especially in relation to PMTCT services. About eight corporations have developed and implemented an AIDS in the Workplace policy to combat stigma and discrimination in the workplace.

FY09 USG Support

With FY09 resources, USG/USAID will work in two major areas: continuing and expanding health system strengthening; and improving policy-making and implementation. During the past few years, USG has worked in Region V to strengthen the health systems functioning in a number of hospitals. This has included improving the management of service providers and provincial and regional health directorates. During FY09, based on the lessons learned from that experience, USG/USAID partners will begin organizing a regional service provider network to ensure an integrated approach to HIV/AIDS, with gradual expansion to an additional eight hospitals, including at least two in the provinces along the DR-Haiti border. This work emphasizes strengthening health systems to improve maternal-child health, especially in relation to PMTCT services. USG will continue to invest in human capacity development through training on health service management and quality of care. USG will also promote training on gender-related violence and girl/women's empowerment to help women avoid putting themselves at risk for HIV. To address staff turnover, and as a wraparound activity, USG will continue to work with other donors to promote the development and implementation of a civil service, at first via demonstration projects in the selected focus geographic areas. USG will continue to facilitate the MOH in policy discussions to encourage minimum standards and quality of care in its services

In FY09, USG will continue to work on cross-border and bi-national matters with Haiti, including engaging GODR in policy discussions. USG will continue to support GODR in developing a DR-Haiti bi-national agreement including a framework/strategy for prevention, care and treatment of populations crossing the border in either direction. This agreement is expected to address HMIS and other surveillance issues, PMTCT, access and adherence to ART, and possible sharing of laboratory services. Demonstration and twinning projects will identify and test appropriate means and venues for collaboration along the border.

Policy dialogue will aim at improving enforcement of the AIDS law, particularly in terms of stigma and discrimination. USG will support the network of PLH who have been providing legal support to those discriminated against by employers so that their rights to employment are respected or companies who discriminate are fined or otherwise punished. USG and local partners will continue to engage GODR to either prohibit any testing as a condition of employment or, barring that, ensure enforcement of the existing law, particularly to prohibit hiring and firing practices based on the results of an HIV. USG will also engage the GODR to ensure that the child protection laws are implemented effectively.

USG will also promote a national condom policy stipulating responsibilities of both GODR and the commercial sectors in providing access to condoms for MARP. USG will engage GODR to revise legislation to allow provider-initiated counseling and testing, opt-out testing (particularly for pregnant women), and same-day test results. USG will also engage the MOH in policy discussions to encourage evaluation and priority for palliative care services as a foundation for building long-term sustainability. Demonstration projects in the geographic focus areas will provide evidence-based data. USG will initiate policy dialogue to study the economic impact of adding ARV treatment and related testing into the basic health package. USG will also try to ensure that the Social Security system is implemented in the USG focus regions with the most vulnerable populations, including those living with

HIV/AIDS.

USG will also continue to collaborate with PAHO to advocate with COPRESIDA and DIGECITSS to procure rapid and supplemental testing supplies and facilitate policy development of a national validation and procurement of tests to be used nationally. USG/CDC will provide current technical background scientific information in order to inform policy and decision makers on policies for procurement and validation of rapid tests and other supplies to ensure the use of quality products. In collaboration with PAHO and UNAIDS, USAID will oversee implementation of these policies. USG will continue to collaborate with PAHO to advocate with COPRESIDA and DIGECITSS to procure rapid and supplemental testing supplies. USG and its local partners also will continue to advocate for the family health insurance to cover the costs of tests needed by PLH, including CD4 and viral load that are not currently included in that insurance.

USG will also work with GODR to ensure appropriate implementation of TB/HIV diagnoses and services throughout the country to ensure early diagnosis and treatment services are available. Current protocol calls for sputum smears, X-Rays and cultures. USG will work to ensure that the whole package of services, including clinical and community ones, are offered and referrals are made for ARV and TB treatment.

In FY09, USG/DOD will continue working with the DR Armed Forces (FFAA). Strengthening leadership and the policy environment to reduce stigma and discrimination and ensure access to HIV care and treatment services among members of the FFAA is crucial. The FFAA's decision-making authority agrees with the strategic plans and assumes leadership over the officers and other ranks of the FFAA. In FY09, USG/DOD will support sensitization trainings on HIV, and integrating prevention activities into military curricula/trainings for senior leaders to ensure HIV program sustainability. USG/DOD will continue to support the efforts of the Committee for the Prevention and Control of HIV/AIDS in the Armed Forces and National Police of Latin America and the Caribbean (COPRECOS-LAC). Senior leaders will attend HIV policy development training at the annual Defense Institute for Medical Operations (DIMO) "International HIV/AIDS Strategic Planning and Policy Development" course or similar meetings where capacity-building efforts, leveraging funds, cross-fertilization of best practices and HIV program sustainability are discussed by military leaders across the region.

For more information on this, see the following sections: Sexual Prevention, Laboratory Infrastructure, PMTCT, Counseling and Testing, OVC, TB/HIV and Pediatric and Adult Care and Treatment.

Sustainability

Systems strengthening, human capacity development, and implementing the civil service law are important elements of sustainability. Implementing national health insurance and priority enrollment of vulnerable populations, particularly PLH, will guarantee access to subsidized quality health services including treatment for opportunistic infections. USG will continue to increase local capacity and improve sustainability by supporting the development and operations of an increased number of indigenous NGOs and FBOs.

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 11740.09 **Mechanism:** N/A

Prime Partner: Academy for Educational Development **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (USAID) **Program Area:** Health Systems Strengthening

Budget Code: OHSS **Program Budget Code:** 18

Activity ID: 18444.28869.09 **Planned Funds:** $200,000

Activity System ID: 28869

Activity Narrative: To continue strengthening health systems in Regions V, VII and the border areas.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18444

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18444	18444.08	U.S. Agency for International Development	Academy for Educational Development	8862	8862.08		$150,000

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 11755.09
Mechanism: Strengthen HIV Prevention and Care in Armed Forces
Prime Partner: Armed Forces of the Dominican Republic
USG Agency: Department of Defense
Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 11913.28877.09
Planned Funds: $40,000
Activity System ID: 28877
Activity Narrative: T continue strengthening health systems in the ARmed Forces.
New/Continuing Activity: Continuing Activity
Continuing Activity: 18409

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18409	11913.08	Department of Defense	Armed Forces of the Dominican Republic	8088	5987.08	Strengthen HIV Prevention and Care in Armed Forces	$40,000
11913	11913.07	Department of Defense	Armed Forces of the Dominican Republic	5987	5987.07	Strengthen HIV Prevention and Care in Armed Forces	$75,000

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 8101.09
Mechanism: Strengthen MCH Services
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 18712.28678.09
Planned Funds: [redacted]
Activity System ID: 28678
Activity Narrative: To strengthen health systems through the new MCH/System Strengthening Activity.
New/Continuing Activity: Continuing Activity
Continuing Activity: 18712

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18712	18712.08	U.S. Agency for International Development	To Be Determined	8101	8101.08	Strengthen MCH Services	[redacted]

Program Budget Code: 19 - HVMS Management and Staffing

Total Planned Funding for Program Budget Code: $1,486,000

Program Area Narrative:

19-HVMS Management and Staffing

IMPLEMENTING SFR IN FY09: Planning, implementing and evaluating a comprehensive HIV/AIDS portfolio requires coordinated undertaking of technically sound activities in response to specific needs expressed by GODR, USG/DR and other stakeholders. The USG/DR team has structured a staffing pattern with an ideal mix of skill sets to address the management and technical needs of USG's HIV/AIDS program in the DR.

In FY08, USG/DR established a USG/DR HIV/AIDS Work Group (WG) led by the Chief of Mission with representatives from all USG agencies operating PEPFAR-funded activities in the DR, including DOD, HHS/CDC, PC and USAID. The WG's mission is to implement SFR by leveraging interagency resources, strengths and leadership to engage in a coordinated process to jointly plan agency staffing needs. The WG canvassed member agency program staff to identify each agency's core strengths, then developed a cross-agency staffing plan (short- and long-term) clearly defining each agency's roles and responsibilities. This assures a cohesive, comprehensive and effective USG HIV/AIDS program in the DR that identifies gaps and minimizes duplication of expertise among member agencies. The WG meets regularly to ensure interagency coordination on program planning, activity development and M&E and to coordinate with GODR, partners and other stakeholders. Meetings are also used to plan and develop joint portfolio reviews, interagency partner monitoring and joint setting of annual priorities and budgets. All USG/DR agencies participated in a right-sizing exercise in FY08 to inform planning for a new Embassy compound.

OGAC/DR's Core Team Lead position has been vacant since September 2008 resulting in the USG/DR in-country team taking a more proactive approach in communications among HQ agencies and OGAC. As USG/DR moves forward with Compact development, we will continue to monitor our staffing matrix and responsibilities to assure that our management and staffing (M&S) plan is commensurate with workload.

CURRENT STAFFING PATTERN: The Department of Defense HIV/AIDS Prevention Program (DHAPP) supports the program on behalf of the Office of the Command Surgeon, United States Southern Command. The U.S. Military Assistance Advisory Group (MAAG) and DHAPP provide quality assurance and supportive supervision for in-country activities. An in-country DOD program manager position will be supported to provide program management, coordination, monitoring and evaluation of all FFAA HIV activities. Funding of $60,000 will also support DOD technical assistance, program manager travel, training and equipment costs .

HHS/CDC/GAP (CDC) contributes technical assistance and services to all laboratory and strategic information system activities. CDC is in the process of establishing a new agency presence in the DR, including opening an office. In FY09 CDC will fill two USDH vacancies, Chief of Party and Deputy Director, to provide in-country leadership and program management. Additional staff positions will include two professional locally-employed staff (HIV/AIDS Laboratory Director and Strategic Information Advisor), one administrative assistant, one IT specialist and one driver. All positions are designated permanent, with 100% time on HIV/AIDS and are fully PEPFAR funded. CDC also anticipates providing M&E consultant services as needed to augment USAID's M&E staffing plan.

CDC currently has a technical advisor on TDY in DR working with the Laboratory Technical Working Group at MoH. This position supports PEPFAR at 100% effort for six months in FY09 or until the CDC Director and Deputy Director positions are filled. Additional support from CDC/GAP HQ includes an Acting Deputy Director from Atlanta to coordinate with Embassy on administrative functions, personnel actions and setting up an office. This support will continue until a permanent, full-time Deputy Director is hired in-country. Funding for the Acting Deputy Director is provided by HHS/CDC/GAP HOP.

To date, Peace Corps Dominican Republic (PCDR) has focused its PEPFAR funding on direct programs in volunteer communities; as their PEPFAR contribution grows, it has become necessary to have at least one staff member fully dedicated to support PEPFAR activities. The Associate Peace Corps Directors (APCD) provide direction and leadership to the PEPFAR program and ensure volunteers' prevention messages are in accordance with PEPFAR best practices. The Programming and Training Officer is responsible for relationships with other USG agencies and for oversight/execution of country plan implementation. Program Assistants provide day-to-day liaison with volunteers at project sites, ensure materials/logistics are provided in a timely manner, and that all obligations and payments are made. PCDR positions supporting PEPFAR at least 10% of the time but not funded by PEPFAR include: Associate Peace Corps Director (Health) 25%, Associate Peace Corps Director (Youth) 25%, Programming and Training Officer 10%, Program Assistant (Health/Environment) 20%, Program Assistant (Youth/Business) 10%, Administrative Officer 15%. Although the PCDR PEPFAR budget does not include management or staffing personnel expenses, 15% of the program activity budget has been allocated to M&S to cover overhead expenses as per OGAC guidance.

USAID has a lead role in coordinating USG HIV/AIDS activities with GODR and other non-USG stakeholders. USAID is highly invested in prevention, treatment and care interventions across all program areas; therefore all staff are included in the M&S budget. USAID/DR mission staff supporting PEPFAR includes the Health Team Leader (HTL) and Health Team technical staff. A PEPFAR Coordinator was hired in FY08 with USAID funds. A Program Assistant position has also been filled to provide administrative support with 50% of her time devoted to HIV/AIDS activities.

The HTL is a USDH responsible for the entire USAID/DR health portfolio, including HIV/AIDS. She dedicates approximately 30% of her time to HIV/AIDS activities, including leadership and supervision of the HIV/AIDS core and expanded team and representation of USAID in the HIV/AIDS–GF Country Coordination Mechanism (CCM) and the International Donors Committee. The HTL also serves as interlocutor with senior-level GODR officials and multi-national donors. She is responsible for developing and implementing the Mission's strategic plan and country work plans on HIV/AIDS. She also oversees integration of HIV/AIDS activities into the Mission's other technical programs, including maternal and child health, democracy and governance, education and economic growth. The HTL position is funded with USAID operating expenses and is not PEPFAR-funded.

The HIV/AIDS and TB Project Manager is a senior LES responsible for coordinating the Mission's HIV/AIDS/TB activities, assisting with preparing strategic and country work plans, and day-to-day coordination of HIV/AIDS/TB activities with GODR, NGOs, donors and other stakeholders. The HIV/AIDS/TB Project Manager devotes 75% of her time to HIV/AIDS and 25% to the Mission's tuberculosis activities.

The LES Health Reform Specialist, Technical Advisor/Program Manager dedicates 25% of her time to managing HIV/AIDS projects within the USAID/DR health reform/systems strengthening portfolio. Activities include strengthening quality health care services, ensuring appropriate financing and services for HIV/AIDS and other diseases, integrating HIV/AIDS services into health sector reform, and channeling funds to NGOs for HIV/AIDS activities.

In addition to these positions, USAID/DR PEPFAR staffing includes other office positions in the mission. The LES Financial Analyst spends 50% of her time on HIV/AIDS budgeting and financing. The LES Acquisition and Assistance Specialist spends 50% of her time on procurement activities related to HIV/AIDS funding and the principal A&A instruments corresponding to HIV/AIDS. The LES Program Development Specialist spends 50% of his time working closely with the HPT on HIV/AIDS, providing program assistance to the health portfolio and ensuring activities are in accordance with USAID and PEPFAR program rules, regulations and guidelines. A LES USAID driver provides transportation services within town and for travel to field sites using 50% of his time on HIV/AIDS.

NEW POSITIONS during FY09 include a DOD HIV/AIDS Program Field Project Manager to be locally hired with M&S program funds to provide in-country management of DOD's DR HIV/AIDS program and to assist DAF to develop and execute an HIV/AIDS prevention program. S/he will liaise between the U.S. Military Assistance Advisory Group (MAAG), the DAF, and the USG/DR HIV/AIDS WG, and with other HIV/AIDS donor agencies and organizations. S/he will assist in developing and implementing DOD-sponsored HIV/AIDS programs in the DAF, establish an M&E system for program activities and prepare written technical reports to DHAPP.

HHS/CDC/Global AIDS Program (GAP) Chief of Party will be the principal management and administrative representative for all HHS/CDC DR program activities and functions as Country Director for GAP in-country activities. S/he manages multifaceted programs and issues pertaining to HIV/AIDS surveillance, laboratory, research, development and evaluations in the DR; serves as the recognized epidemiology expert for CDC activities in the DR with responsibility for developing policy and objectives, appraising programs and initiating requirements for epidemiological studies; works with all USG agencies to support the Mission. With the USG/DR and GODR, establishes comprehensive, realistic policies and procedures to govern the program; develops long - and short-term program objectives; actively participates and influences outcomes with HHS/CDC, Ministers of Health and NGOs in formulating HIV/AIDS policies and procedures. S/he will work on all program areas where HHS/CDC is involved.

CDC/GAP HIV/AIDS Deputy Director will be Associate Director for Management and Operations and in the absence of the Country Director functions as the principal management and administrative representative for all HHS/CDC/GAP DR program activities; manages administrative/operational support for CDC/DR activities and its HIV/AIDS programs. Responsibilities include administrative program management, planning and evaluation, formulating and implementing policy and guidelines, managing resources, property, cooperative agreements, contracts, memorandums of agreement and procurement activities. Closely monitors and controls administrative and budget operations and works with all USG agencies to assure cost effectiveness and compliance with policies and requirements. The Deputy Director will work across all CDC program areas.

The Senior Laboratory Program Advisor, funded by HLAB program money, will provide expert scientific and technical laboratory support to the USG/DR country team; guide policy and programs affecting the establishment and provision of public health and clinical laboratory services to support the PEPFAR-supported prevention, surveillance, treatment, and care programs in the DR; provide TA on laboratory systems analysis and developmental planning, operational research, and laboratory quality assurance; identifies/develops appropriate infrastructure and resources necessary to support local laboratory systems, evaluates laboratory programs and services, provides leadership in developing scientific policy on laboratory practice for services and systems for HIV prevention, surveillance, treatment, and care; and establishes an M&E system for laboratory services.

The Strategic Information Coordinator will be funded by HVSI program money and will oversee CDC's DR SI activities; plans, coordinates, monitors and evaluates project activities; assists GODR to develop and enhance the HIV/AIDS strategic information system and its use for decision-making, focusing on quality surveillance information, M&E, health management information systems and laboratory capacity; provides in-country management assistance to GODR for PEPFAR-supported initiatives; represents CDC on USG/DR's PEPFAR team; monitors CDC/DR's country budget; provides technical assistance for special studies; and supports improvement of the PMTCT M&E program.

CDC/GAP HIV/AIDS Program Administrative Assistant will be locally hired to manage the office operating logistics; answer telephones; copy documents; collect and distribute mail; manage technical staff schedules; coordinate TDY logistics and driver's schedule, and handle small meeting logistics.

CDC/GAP HIV/AIDS Program Driver will be locally hired to maintain and operate the CDC vehicle.

CDC has subscribed to ICASS in FY09 for all these positions and they will be counted in the ICASS cost centers. Because HIV/AIDS program activities in support of PEPFAR require extensive coordination and continuity with host nation officials, only one US direct-hire position will be physically located at the Embassy. CDC is coordinating with the Mission RSO and Management Officer to assure exempt facilities excluded from co-location are in compliance with DOS regulations.

USAID's HIV/AIDS M&E Specialist will be locally hired with M&S funds to monitor and evaluate all USAID/DR HIV/AIDS activities following PEPFAR M&E and reporting requirements. S/he will gather and maintain information on the status and trends of the HIV/AIDS epidemic, assist GODR/MOH and contractors in reporting the results of USG-funded activities, ensure recommendations are integrated into partners' M&E plans. S/he will report to USAID/DR's HTL and work closely with USAID's activities manager for HIV/AIDS/TB and be responsible for USG HIV/AIDS reporting as required by PEPFAR.

PCDR will hire a full-time, PEPFAR-funded HIV/AIDS Program Coordinator who will be responsible for developing the yearly PCDR PEPFAR Implementation Plan (IP); monitor and report on progress and outcomes of program implementation according to the approved IP to PC/DR, Peace Corps Office of AIDS relief, DR PEPFAR WG, OGAC and others; maintain communication with Center for Applied Research specialists on best practices for inclusion in PC/DR's program; recommend appropriate actions to Country Director on PEPFAR-related actions in the field; advise other PC/DR senior staff on programming and training; liaise with other organizations by forming/ maintaining strong and productive working relationships; represent PCDR at USG/DR PEPFAR meetings and technical working groups; assist volunteers to develop and review volunteers grant proposals requiring PEPFAR funds; and serve as a full member of the PCDR Grants Committee.

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 6076.09
Mechanism: USAID IRM
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Management and Staffing
Budget Code: HVMS
Program Budget Code: 19
Activity ID: 12119.28729.09
Planned Funds: $20,000
Activity System ID: 28729
Activity Narrative: The USAID/DR PEPFAR management and staffing budget accounts for an estimated $20,000 in contribution for FY09.
New/Continuing Activity: Continuing Activity
Continuing Activity: 18419

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18419	12119.08	U.S. Agency for International Development	US Agency for International Development	8094	6076.08	USAID IRM	$50,000
12119	12119.07	U.S. Agency for International Development	US Agency for International Development	6076	6076.07	USAID IRM	$11,460

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 6009.09
Mechanism: Management and Staffing
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Management and Staffing
Budget Code: HVMS
Program Budget Code: 19
Activity ID: 28884.09
Planned Funds: $939,000
Activity System ID: 28884

Activity Narrative: CDC has requested $939,000 in advance funding from the FY08 funds for Compact Partnership Program to be developed during FY09, for mamagement and staffing as well as start-up costs of establishing CDC in-country presence.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 11759.09 **Mechanism:** Peace Corps Overhead Costs

Prime Partner: US Peace Corps **USG Agency:** Peace Corps

Funding Source: GHCS (State) **Program Area:** Management and Staffing

Budget Code: HVMS **Program Budget Code:** 19

Activity ID: 12120.28882.09 **Planned Funds:** $27,000

Activity System ID: 28882

Activity Narrative: Although the PCDR PEPFAR budget does not include any expenses for management or staffing personnel, $27,000 (or 15 percent of the program activity budget) has been allocated to the management and staffing program area to cover overhead expenses as directed by OGAC guidance.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18426

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18426	12120.08	Peace Corps	US Peace Corps	8099	6077.08	Peace Corps Overhead Costs	$17,885
12120	12120.07	Peace Corps	US Peace Corps	6077	6077.07	Peace Corps Overhead Costs	$15,450

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 11756.09 **Mechanism:** Program Management

Prime Partner: Uniformed Services Univeristy of the Health Sciences/Center for Disaster and Humanitarian Assistance Medicine **USG Agency:** Department of Defense

Funding Source: GHCS (State) **Program Area:** Management and Staffing

Budget Code: HVMS **Program Budget Code:** 19

Activity ID: 11914.28878.09 **Planned Funds:** $60,000

Activity System ID: 28878

Activity Narrative: DOD has sole responsibility for PEPFAR-funded HIV/AIDS support to the DAF. DOD does not have agency presence in the DR, and DHAPP will manage the DOD HIV/AIDS program in the DR behalf of the Office of the Command Surgeon, United States Southern Command and will provide quality assurance and supportive supervision for in-country activities. In FY08 DOD plans to hire a LES to provide in-country management assistance to the DAF for PEPFAR initiatives and to be responsible for providing support and training to the DAF program management team. This individual will be supervised by DHAPP and will be positioned within DAF. The program management and staffing requirement includes funding to support costs incurred for the proposed LES, travel, office infrastructure, communications, supplies, and other program management requirements. DOD incurs, and will continue to incur, no ICASS or other “cost of doing business” expenses within the DR.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18416

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18416	11914.08	Department of Defense	Uniformed Services Univeristy of the Health Sciences/Center for Disaster and Humanitarian Assistance Medicine	8091	6017.08	Program Management	$52,000
11914	11914.07	Department of Defense	Uniformed Services Univeristy of the Health Sciences/Center for Disaster and Humanitarian Assistance Medicine	6017	6017.07	Program Management	$52,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 11757.09 **Mechanism:** USAID ICASS

Prime Partner: US Agency for International Development **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (USAID) **Program Area:** Management and Staffing

Budget Code: HVMS **Program Budget Code:** 19

Activity ID: 18586.28879.09 **Planned Funds:** $35,000

Activity System ID: 28879

Activity Narrative: The USAID/DR Management and Staffing budget accounts for an estimated $35,000 in ICASS contributions for FY09.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18586

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18586	18586.08	U.S. Agency for International Development	US Agency for International Development	8093	6075.08	USAID ICASS	$35,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 11760.09 **Mechanism:** Program Management

Prime Partner: US Agency for International Development **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (USAID) **Program Area:** Management and Staffing

Budget Code: HVMS **Program Budget Code:** 19

Activity ID: 11915.28883.09 **Planned Funds:** $405,000

Activity System ID: 28883

Activity Narrative: USAID has the largest share of the total PEPFAR budget for USG/DR (66.2% in FY09) and the largest in-country presence of technical staff. Half of the USAID/DR health portfolio budget is devoted to HIV/AIDS activities. USAID is highly invested in prevention, treatment and care interventions across all program areas. USAID also plays the lead role in coordinating USG HIV/AIDS activities with GODR and other non-USG stakeholders.

USAID/DR mission HIV/AIDS staffing includes the Health and Population Team (HPT) Leader, HPT technical staff, and support from other offices within the USAID/DR mission. The USAID/DR HIV/AIDS program is comprehensive and PEPFAR-funded staff work across many program areas, therefore all staff are included in the management and staffing budget.

The HPT Leader is a direct hire responsible for the entire USAID/DR health portfolio, including HIV/AIDS activities. The HPT Leader dedicates approximately 30% of her time to HIV/AIDS activities, including leadership and supervision of the HIV/AIDS core and expanded team and representation of USAID in the HIV/AIDS – GF Country Coordination Mechanism (CCM) and the International Donors Committee. As delegated by the Mission Director, the HPT Leader may serve as interlocutor with senior-level GODR officials and multi-national donors. In addition, the HPT Leader is responsible for development and implementation of the Mission's strategic plan and the country work plans related to HIV/AIDS. She is also responsible for integration, as appropriate, of HIV/AIDS activities into the Mission's other technical programs, including maternal and child survival, democracy and governance, education, and economic growth. The HPT Leader position is paid for with USAID operating expenses and is not PEPFAR-funded

The HIV/AIDS Project Manager is a senior level, LES staff member to with responsibility for coordination of the Mission's HIV/AIDS activities, assistance in the preparation of the strategic plan and the country work plans, and the day-to-day coordination of activities with HIV/AIDS stakeholders including the technical staff of the GODR, donors and other HIV/AIDS stakeholders. Currently, the HIV/AIDS Project Manager spends 75% of her time to HIV/AIDS activities and 25% to the Mission's tuberculosis activities.

The Health Specialist -Technical Leadership Manager provides technical direction to program activities ensuring sound epidemiological, clinical and preventive medicine criteria are applied in program implementation. The Health Specialist -Technical Leadership Manager shares responsibility for management of HIV/AIDS projects. The current Health Specialist -Technical Leadership Manager is a US direct hire (USDH), although by FY2009, the position may transition to another USAID/Washington-funded junior officer or to a LES position. Currently, the incumbent spends 75% of his time on HIV/AIDS and 25% on other health-related activities.

Health Reform Specialist – Technical Advisor/Program Manager is a LES who dedicates 25% of her time to managing HIV/AIDS within the USAID/DR health reform/systems strengthening portfolio. Current activities include strengthening quality health care services, ensuring appropriate financing and services for HIV/AIDS and other diseases, and integration of HIV/AIDS services within the context of the health care reform. Current functions include management of projects improving quality health services and channeling HIV funds for HIV/AIDS activities managed by NGOs. Activities starting in FY2009 will involve being management of activities focusing on health sector reform, improvement of health services and integration of HIV/AIDS health care activities.

USAID/DR is planning to create a new LES M&E Specialist position. The M&E Specialist will be involved in all aspects of M&E, include data gathering, compilation, basic analysis and reporting of USAID/DR HIV/AIDS program activities. In addition, the M&E Specialist will have responsibility for coordinating PEPFAR reporting activities between USAID and other US agencies with PEPFAR programs in the DR. The M&E Specialist will work on HIV/AIDS activities full-time.

The Program Assistant position, to be filled by a LES, is currently vacant. The Program Assistant prepares procurement documents and other specialized administrative support as needed. It is expected that the Program Assistant will dedicate 50% of his/her time to support HIV/AIDS activities.

In addition to the above HPT positions described above, USAID/DR PEPFAR staffing includes positions from other offices within the mission. The Financial Analyst, a LES, spends 50% of her time on budgeting and financing issues relating to HIV/AIDS activities. The Acquisition and Assistance Specialist (A&A), a LES, spends 50% of her time on procurement activities related to HIV/AIDS funding of the health portfolio and the principal A&A instruments corresponding to HIV/AIDS. The Program Development Specialist is a LES who spends 50% of his time working closely with the HPT on HIV/AIDS, providing programmatic assistance to the health portfolio and ensuring activities are in accordance with USAID and PEPFAR programmatic rules, regulations and guidelines. Finally, one of the five LES USAID drivers who provide transportation services within town and for travel to field sites 50% of his time supporting transportation related to HIV/AIDS activities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18420

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18420	11915.08	U.S. Agency for International Development	US Agency for International Development	8095	6016.08	Program Management	$375,000
11915	11915.07	U.S. Agency for International Development	US Agency for International Development	6016	6016.07	Program Management	$235,350

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2009?	**Yes**	**X**	**No**
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
Is an Demographic and Health Survey(DHS) planned for fiscal year 2009?	**Yes**	**X**	**No**
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
Is a Health Facility Survey planned for fiscal year 2009?	**Yes**	**X**	**No**
When will preliminary data be available?			
Is an Anc Surveillance Study planned for fiscal year 2009?	**Yes**	**X**	**No**
If yes, approximately how many service delivery sites will it cover?	Yes		No
When will preliminary data be available?			
Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2009?	**Yes**	**X**	**No**

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
FINAL FY 09 Mini-COP staffing spreadsheet (DR) (11-12-08).xls	application/vnd.ms-excel	11/13/2008	Staffing Spreadsheet	Staffing Analysis	SPeguero
Program Planning and Oversight Functional Staff Chart (11-07-08).doc	application/msword	11/13/2008	Program Planning and Oversight Functional Staff Chart	Staffing Analysis	SPeguero
Global Fund Supplemental FY09 (11-13-08).doc	application/msword	11/13/2008	Global Fund Supplemental	Global Fund Supplemental	SPeguero
Ambassador Letter (11-12-08).pdf	application/pdf	11/12/2008		Ambassador Letter	SPeguero
Agencies Management Teams (11-13-08).doc	application/msword	11/13/2008	Agencies Management Teams	Staffing Analysis	SPeguero
OGAC Map (11-09-08).doc	application/msword	11/13/2008	USG HIV/AIDS Activities in the Dominican Republic	Other	SPeguero
FY09 Budgetary Requirements Worksheet (updated for VCT policy change) by Maria 11-12.xls	application/vnd.ms-excel	11/14/2008		Budgetary Requirements Worksheet*	SPeguero
Human Resources for Health final.afl.doc	application/msword	11/14/2008		HRH Program Area Narrative*	SPeguero
FY09 Gender final.afl.doc	application/msword	11/14/2008		Gender Program Area Narrative*	SPeguero
Sample Budgetary Requirements Justification for Care and Treatment.doc	application/msword	11/14/2008		Budgetary Requirement Justifications	SPeguero
Edited Table 3 3 Targets FY09 and FY10 SamM (11-14-08).doc	application/msword	11/14/2008		Summary Targets and Explanation of Target Calculations	SPeguero
DR_Summary Targets and Explanations Table.xls	application/vnd.ms-excel	11/28/2008		Summary Targets and Explanation of Target Calculations	MLee
DR_2009 Table2 Targets final 11-20-08.doc	application/msword	11/28/2008	Detailed indicator target explanations for all PEPFAR indicators Tables 2 and 3	Summary Targets and Explanation of Target Calculations	MLee
Congressional Notification reviewed by Maria.doc	application/msword	12/2/2008		Executive Summary	SPeguero