Dominican Republic

Operational Plan Report

FY 2011

Operating Unit Overview

OU Executive Summary

Background

The Dominican Republic (DR) is a Caribbean country, which shares the Island of Hispaniola with Haiti. It has approximately 9.7 million people, with an HIV seroprevalence rate of 0.8%, per the DHS/2007. This is slightly lower than the rate of 1.0%, per the DHS/2002. The epidemic is largely driven by heterosexual practices, including multiple partners and transactional sex. Men who have sex with men and commercial sex workers (both men and women) exhibit higher seroprevalence rates than the national rate. Drug users (both injected and non-injected), inmates, and military personnel also constitute vulnerable groups. Residents of Bateyes and women with fewer than four years of formal education are affected by the epidemic out of proportion to their percentage in the general population. UNAIDS (2008) estimates that 60,000 persons (adults and children) are living with HIV and approximately 4,000 deaths per year are attributable to AIDS. Ministry of Health (MOH) data indicate that 15,671 persons (14,754 adults and 917 children) are on antiretroviral (ARV) therapy, as of July, 2010. The following table lists some of the vulnerable populations, per the DHS/2007 and other surveys:

TABLE 1. HIV prevalence of the general population and selected high-risk/vulnerable sub-populations in the Dominican Republic

Population	HIV prevalence
General	0.8%*
Pregnant women (ENDESA)	0.8%**
Pregnant women (ANC)	1.7%*
Women with four years or fewer of formal education***	2.0%*
Residents of Bateyes^	3.2%^
Poorly educated women in Bateyes^^	5.4%*
CSW^^^	Range: 3.3% (S. Domingo) - 8.4% (Barahona)^^^
MSM^^^	Range: 5.1% (Santiago) – 7.6% (Higuey)^^^
Drug Users	Range: 5.1 % (Barahona) – 13.7% (Santiago)

*ENDESA (general population), 2007
**Antenatal clinic survey, 2007. Median HIV prevalence of all sites
***Illiterate to 4th grade of primary school
^Residents of seasonal sugar cane worker encampments, largely composed of persons of Haitian descent. ENDESA (state bateyes), 2007.
^^In Bateyes, 20% of all residents are uneducated women
^^^ Four-city BSS of CSW, MSM, and drug users; CESDEM/COPRESIDA, 2008. CSW: commercial sex workers; MSM: men-who-have-sex-with-men. Cities: Santo Domingo, Barahona, Higuey (La Altagracia), and Santiago. Note: these figures cannot be collapsed into a general prevalence for each population, as the cities/sites where the data were collected may not be comparable.

In 2009 a survey examining the role of knowledge, attitudes and mental health in sexual risk behavior

among military personnel stationed along the border crossing zones in the Dominican Republic was conducted. Data from this study show that Dominican military personnel in these areas exhibited significantly high risk sexual behaviors, including multiple sexual partners, inconsistent condom usage, sexual coercion, high rates of alcohol use, and sex with high risk members of the community.

According to the DHS 2007, HIV seroprevalence among adolescents (15-19) is approximately 0.1%, increasing to 0.5% among youth (20-24). Seroprevalence among men peaks at 1.6% for the 35-39 cohort; among women, the peak of 1.4% occurs at the 30-34 cohort. Sexual initiation occurs at a young age in the DR: 15% of women 15-24 years of age report having had their first sexual experience before age 15. For men 15-24, that figure is 23.5%. Fifty percent of women and 70% of men reported having had sexual relations by the age of 18. Condom usage, while improving, is still relatively low: 25.0% of women 15-24 and 53.4% of men 15-24 reported using a condom during their first sexual experience. And in situations of perceived high risk, only 43.9% of women 15-24 used a condom. The study of “Sexual Behavior among Military Personnel,” mentioned below, showed that military personnel deployed away from their families, engage in risky sexual behavior, with low levels of condom usage. For example, 64% those interviewed reported having engaged in oral sex, and 83% of these reported that they “not always” used a condom.

Few studies in the DR describe the situation of vulnerable populations such as migrants, prisoners, and orphans, vulnerable children, and street children. A USAID-commissioned study (2002) stated that 58,000 children were at risk of becoming orphans, but there has been no follow up study on this group. In 2011 PEPFAR/DR intends to support studies of these three populations, to inform the design of interventions to address the unique issues of each.

Sustainability and Country Ownership

The Partnership Framework (PF) between the Government of the Dominican Republic (GODR) and the United States Government (USG) is set to be signed in November 2010. The PF supports the implementation of the Dominican National Response to the HIV/AIDS epidemic, and especially the goal of mitigating the effect of the epidemic. The PF emphasizes health systems strengthening, including training of Dominican partners, as a means to sustain the systems which are targeted for PEPFAR support (e.g., labs, strategic information, procurement and logistics, monitoring and evaluation [M&E], sentinel surveillance and data for decision making, and human resources). PEPFAR will also focus on prevention of new infections, working with the most at risk populations. Among other principles, the PF underscores the recognition of the DR as the owner and leader of the National Response, transparency, joint decision making, full involvement of the Civil Society in the HIV prevention, cooperation and collaboration among cooperating agencies working in HIV/AIDS, and the use of evidence-based and best practices.

Additionally, PEPFAR/DR has carried out a number of consultation workshops with Dominican governmental and non-governmental partners, prior to finalizing the PF and the COPs. These have resulted in excellent dialogue which informed and more closely aligned the COPs to national priorities. The PEPFAR program works with three implementing ministries (health, education, and armed forces), as a means to establish a broad-based National Response, and to emphasize that HIV is a development issue, and not simply a health issue. Public policy dialogue will encourage the GODR to invest more of its own resources in the health sector generally and the National Response specifically, and it is expected that the strengthening of health systems, and the training that accompanies the process, will fortify the management capacity of the GODR by the end of the PEPFAR program.

Support to the National Response, as outlined in the COP for FY 2011, aims to make an impact in the following areas:

1. Increase the effectiveness of the Mother-to-child-transmission program (PMTCT) to involve 80% of HIV-positive pregnant women in the program by 2014;

2. Supporting quality improvements in the laboratory network and blood safety;
3. Radically improving the counseling and testing program, so that more persons are tested and have access to informed and effective counseling;
4. Strengthening the role of community-based organizations and non-governmental organizations in the National Response;
5. Reviewing norms, protocols and guidelines to strengthen HIV services;
6. Supporting prevention among MARPs;
7. Assisting with M&E, sentinel surveillance systems, and data for decision making.

The PF contains mechanisms for strengthening mutual accountability and monitoring of the PEPFAR program and the National Response. Whereas it does not contain specific benchmarks, both governments have agreed to an annual progress reporting and joint planning, involving the five ministers who will sign the PF (Economy, Planning, and Development; Health; Education; Armed Forces; and Finance), Directors of the National Response, other cooperating agencies, members of Civil Society, representatives of the Network of Persons Living with HIV, and Global Fund principal recipients. The relative financial and technical contribution of each to the National Response will be reviewed, for the purpose of encouraging the GODR to increase the allocation of national funds to the HVI/AIDS programs.

Integration across the USG

PEPFAR/DR works with other USG programs to ensure optimal synergy and mutual support. The USAID/DR "Centers of (maternal health) Excellence" program provides an ideal linkage with the PEPFAR PMTCT program. The Centers of Excellence program works in ten key hospitals around the country to strengthen the quality and availability of maternal health services to pregnant women. PEPFAR/DR plans to take advantage of the USG presence in these hospitals to implement the PMTCT component of the program, focusing on the pregnant women who come to these hospitals for their ante-natal checkups and eventually delivery. The voluntary counseling and testing program and lab improvement initiative will also take advantage of the USG presence. PEPFAR interventions in TB/HIV co-infection, likewise, will build from the USG experience in working with the National TB Control Program. PEPFAR/DR plans to work with the Ministry of Education to carry out a study of the causes of dropout among elementary school children, especially girls. From this study, interventions will be designed and implemented for the purpose of reducing the dropout rate, thereby addressing the long-term issue of the special vulnerability of women with four years or fewer of formal education. PEPFAR plans to work with the current USG education program, which works to improve teacher training and curriculum development at the elementary level, as an additional source of support for this study.

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Health Systems Strengthening and Human Resources for Health

USG activities in systems strengthening will support the principle of GODR ownership of the National Response. Together with Dominican partners, the PEPFAR/DR team has made the informed decision to work in certain health systems which the MOH has requested, which are "ready" for major improvements, and for which the technical expertise among the PEPFAR team exists. These systems include: procurement and logistics; laboratory operations and infrastructure; strategic information (SI), including epidemiological surveillance and monitoring and evaluation (M&E); and human resources for health. Training of staff, development of quality standards and procedures, and developing a culture of registering accurate information are common threads of these activities.

The USG has provided technical support on procurement and logistics to the National Response for over a year. The GODR is keenly interested in developing and implementing an efficient procurement system, especially given the recent problems with ARV and HIV rapid test stockouts. The GODR also understands

the critical importance of an accurate information system, as input for the procurement process. This is discussed in more detail below.

Laboratory infrastructure and operations is another area of health systems strengthening. USG has already provided excellent assistance, including equipment, to the National Reference Lab (NRL), two regional blood banks and four PMTCT sites; we must continue to improve the quality of lab operations and also work with some of the labs around the country.

Strategic information, both for program monitoring and evaluating and for epidemiological surveillance, will also receive assistance from PEPFAR. Two PEPFAR information specialists are already meeting with Dominican partners regularly to harmonize indicators and methodologies for data collection and quality checks. The MOH regularly carries out sentinel surveillance studies and data collection activities. The USG challenge is to help ensure the sustainability of improvements in the SI function through the continual training of National Response staff.

Finally, the development of human resources for health is an ongoing task which permeates every USG activity and intervention. PEPFAR understands that strengthening the management and technical capacity of the National Response requires a strong human resources base. In addition to the training that goes along with all program improvements, the USG will work with certain universities to review the curriculum of lab technicians, to be sure that pre-service training programs reflect the real needs of the professionals on-the-job. A human resources audit, which the USG will support in 2011, will provide evidence on whether MOH personnel are rationally deployed. The USG believes that it is more beneficial to the National Response to support the training and professional development of its current staff, rather than help to increase the numbers of new health professionals (per the worldwide goal of 144,000 new health workers prepared). PEPFAR considers that the DR has sufficient numbers of professional and semi-professional staff; the key is now to be sure they are professionally updated and deployed rationally, so that the system has neither excesses of trained staff in any one location nor shortages.

Coordination with Other Donors and the Private Sector

Since 2003 the Dominican Republic has been the beneficiary of a number of awards from the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund). The initial awards, which is now terminated, provided $ 48 million to the National HIV/AIDS Response. The current HIV/AIDS grant of $ 89 million is managed jointly by two PRs, the Presidential AIDS Council and the private sector Dermatological Institute. The Dominican Armed Forces is the lead of the $ 17.6 million Global Fund grant to the Committee on the Prevention and Control of HIV/AIDS in the Armed Forces and National Police of Latin America and the Caribbean (COPRECOS/ Advanced). COPRECOS/Advanced is a regional program involving six other countries, besides the DR. A grant for US$ 7.5 million to fight Tuberculosis, in conjunction with the USAID TB program and with a private sector Principal Recipient (PR), was the driver for important improvements in TB detection and treatment (using DOTS). The DR has received two other Global Fund awards for TB: an RCC grant for a total of $ 12.4 million and a Round 7 grant of $ 17 million. The Ministry of Health is now PR for the TB program. An application to a Round Ten grant focusing on the most at risk populations (MARPs) has been submitted to the Global Fund. In addition to the Global fund and PEPFAR, other donors in HIV/AIDS include the Pan American Health Organization, UNICEF, UNFPA, Clinton Health Access Initiative, and UNAIDS. A public-private partnership, involving USAID, PEPFAR, and Major League Baseball, seeks to promote HIV prevention through the work and financial support of Dominican baseball stars.

The USG is an incumbent of the Global Fund Country Coordinating Mechanism (CCM), representing bilateral cooperating agencies. Members of the PEPFAR team meet regularly with MOH and other Dominican partners on technical working groups.

A number of cooperating agencies, including the Global Fund, are working or planning to work in PMTCT, including the regional PAHO initiative for the reduction of vertical HIV transmission and congenital syphilis. Cooperating agencies work in other areas as well, for example, TB and procurement/logistics. Redacted.

Programmatic Focus

PEPFAR funding for FY 2010 will be focused on the following programmatic areas to achieve the 3-12-12 goals. USG activities are based on the Dominican National Strategic Plan (NSP) and priority areas identified in the consultation process with Dominican partners.

1. **Prevention:** Because the USG is virtually the only cooperating agency which focuses resources on prevention among vulnerable populations, behavior change to reduce risky sexual practices is a cornerstone of the PEPFAR program. Most USG prevention interventions emphasize the role of communities in the linkage between patients and services. NGOs which are contracted by the USG also have a community linkages component in their scope of work, so that this important element its due attention.

The GODR has placed a priority on improving the PMTCT program. Currently, approximately 30% of pregnant women are tested and incorporated into the program. Even though USG has provided equipment and technical assistance to implement Early Infant Diagnosis in the National Reference Lab, lack of follow up virtually ensures that babies born to HIV-positive women are not tested after six-eight weeks, per the protocols. And many women who give birth in a hospital or clinic frequently do not return to continue their ARV regimen. USG activities will focus on strengthening the PMTCT program in selected hospitals, many of which are USG “Centers of Excellence” hospitals. PEPFAR will procure up to 60% of the HIV rapid and syphilis tests needed to test all pregnant women in the country and will provide training to counselors to strengthen the counseling and management components of the program. PEPFAR’s policy dialogue strategy will encourage the MOH to think in terms of overall national goals for the PMTCT program, rather than individual goals relating to each separate donor interventions. The USG will carry out public policy dialogue on behalf of implementing an “opt-out” option as a pilot program. Current Dominican law requires “opt-in” written consent in order to do HIV testing on a patient. The USG believes that if the benefit of opt-out is demonstrated, the MOH will be interested in applying opt-out nationwide.

Testing and counseling (T&C) is an important component of the PMTCT program, and critical as well for the general population. The USG will continue to support the GODR T&C program through the provision of rapid tests, training of counselors and lab technicians, to enable them to process and read a rapid test quickly and give the result to the patient while he/she is still at the clinic or hospital. In the DR it has sometimes taken weeks to deliver test results to the patient, obviously losing the opportunity for timely counseling and/or ARV treatment. USG will train counselors and lab personnel in information system management, ensuring that they enter the result into a system so that the MOH has timely and accurate test data. Policy dialogue efforts will focus on training hospital service staff (for example, nurses, auxiliary nurses, or medical student interns) to apply and read rapid-tests, thus making the delivery of the result more efficient. The efficacy of this “best practice” has been demonstrated in many resource-scarce countries. Current Dominican law requires that only lab tecnicians may apply and read rapid tests, so PEPFAR is prepared for some resistance to this new approach. New interventions in FY2011 will promote and target the participation of men in the C&T process as a means to both encourage the involvement of male partners in prevention and to reduce gender-based violence. A number of interventions will target male behavior norms for the same purposes.

The Ministry of Education’s (MOE) sexual education program (called “PEAS” for its Spanish acronym) instructs secondary students in a number of life skill areas, including HIV prevention. The PEPFAR program supports PEAS with technical assistance, teacher training and materials development and

reproduction. PEPFAR considers that PEAS is potentially a long term solution to the problem of sexual HIV transmission. PEPFAR advisors are recommending to the MOE that they not only expand the program to more secondary schools, but also that they consider beginning the program in the elementary schools. Given the young age of sexual initiation in the DR, it is important to reach elementary students with information on safe sexual (and disease reducing) practices.

A major portion of the PEPFAR program addresses sexual transmission among vulnerable groups. PEPFAR works with specific populations, known to be vulnerable to HIV infection from the DHS, through NGOs. While the NGO community is still relatively small, it is vibrant and has worked with the USG for many years on HIV prevention. PEPFAR focuses on men who have sex with men (MSM), commercial sex workers of both genders (CSW) and their clients, residents of Bateyes, women with four or fewer years of formal education, drug users, prisoners and migrant populations. PEPFAR is planning a behavior study of the latter, since little is known of their behaviors and living patterns. The results of this study will inform the design and implementation of prevention activities for this elusive population.

The grass-roots USG-supported "*Escojo mi Vida*" program will continue to expand the number of groups that function in rural areas. Peace Corps leads this effort, through its cadre of Peace Corps Volunteers posted around the country. The goal of "*Escojo*" is to have 300 community organizations joined in a sustainable national consortium, under the leadership of Dominican volunteer leaders. The Department of Defense works with the health system of the Dominican Armed Forces (AF) to strengthen its capacity to plan, manage, and implement HIV programs. Priority areas of assistance include strengthened counseling and testing services, developing referral networks to strengthen prevention, care and treatment services, norms for male behavior, and substance abuse for AF personnel and their families. Of special concern and interest are the soldiers who are deployed at the border with Haiti. A study of "Sexual Behavior among Military Personnel" shows that these individuals, when on duty away from their families, engage in risky sexual behaviors. For example, 80% of the personnel interviewed had had a heterosexual relationship within the past 12 months, but only 33% of these reported using a condom. PEPFAR will work with the AF on interventions to reduce the risk level of these soldiers.

Condom social marketing has been a cornerstone of the USG program for many years. The island-wide condom "Pante" is well known and is marketed specifically in areas of high sexual activity, including "*colmados"* (small neighborhood food stores), Bateyes, and the "motels" located throughout country. USG will continue to support the marketing of Pante condoms, of which approximately 15 million are distributed annually throughout the country.

In 2011, USG will continue to support technical assistance to help establish a national quality assurance program, which includes staff training, information system development, infrastructure improvement and maintenance, safe transport and logistics of samples, and policy and guideline development for laboratories and blood banks. A major investment of equipment and training will help propel the National Reference Laboratory (NRL) and high volume public hospital labs in different parts of the country to a higher level of operations and quality. USG assistance to blood banks will focus on infrastructure improvement, quality assurance, technical assistance to improve the course of study of lab technicians, safe disposal of blood products and biomedical waste, effective blood screening, and on-going training of Dominican staff. A key intervention will be a campaign to promote the voluntary donation of blood.

2. **Care and Support:** Care and support activities in the DR include the provision of basic health care and support for adults and children, delivery of integrated TB/HIV services, technical assistance to update and disseminate norms and protocols, and programs which target orphans, street children, and other children at risk.

Currently, 71 integrated treatment and care services, public and private, provide ARVs and counseling services to over 15,600 individuals. The USG has supported the development and improvement of the

national network of clinics and hospitals providing treatment to HIV-positive patients. PEPFAR work with care and support services will include activities to expand the access to services. Volunteer promoters at the community level will be trained to support access to community- and hospital-based counseling and voluntary testing services. Technical assistance will support strengthened early infant diagnosis of children born to HIV-positive women, and PEPFAR-procured equipment and training will increase the access to other diagnostic tests, such as CD4, viral load, and DNA-PCR will be promoted.

Care and support services are supported by GODR in clinical settings; other community based services are supported by USG and implemented by NGOs and contractors. In support of the community-based approach, the USG-funded NGOs work with persons living with HIV and their families, to develop support groups and linking the communities with primary care units and hospitals in their neighborhoods. Additionally, USG programs include legal, nutritional, and income-generation support. Community-based promoters help families establish linkages with the local schools and provide assistance with school fees, uniforms and other expenses, so that the children of persons living with HIV can continue to attend school.

For several years the USG has supported the National Tuberculosis Control Program (NTCP) and has propelled diagnosis and DOTS treatment services so that as of June 2010, 2054 persons are on active TB treatment. In the DR TB/HIV co-infection is approached through the NTCP program, not through HIV/AIDS treatment centers. Approximately 60% of TB patients are screened for HIV, and approximately 16% were found to be HIV-positive. USG support of TB/HIV co-infection will include accurate laboratory TB diagnosis, procurement of the DOTS treatment medicines, MDR and XDR diagnosis and treatment, and – once again – community-based diagnosis and referral of possible TB patients to a clinic or hospital for testing. PEPFAR will support the binational TB plan (between Haiti and the DR), and collaborate with TB/HIV co-infection activities and information system, to strengthen the epidemiological surveillance of TB and TB/HIV co-infection.

USG plans to commission a study of orphans and vulnerable children, including street children, to get a more accurate figure regarding the numbers of children at risk and to determine the location and behaviors of street children. This information will inform the design and implementation of interventions to address the needs and vulnerabilities of these children. Again, the GODR does not have programs which address these needs, so the USG and other cooperating agencies will bear the initial burden of support. Part of the PEPFAR public policy dialogue will be to reassess the role of the GODR and to encourage the National Response to increase the scope of its program and commit to providing increased financial support.

3. Treatment: As of July 2010, 15,671 persons (14,754 adults and 917 children) were on ARV treatment, provided through 71 public and private sector treatment facilities. ARVs are procured with Global Fund resources.

Since the mid-1990s, the USG has been the most consistent and reliable cooperating agency in support of the National Response. The USG helped to establish the first treatment centers in the country, and now approximately 25% of the estimated number of persons living with HIV in the DR are on ARV treatment. The USG has promoted an evaluation of current national norms and protocols in an effort to align them with international guidelines, including a consideration of the CD4 threshold for initiating ARV treatment. USG support to the National Response has resulted in the provision of PMTCT, C&T, TB/HIV coinfection, and adult and pediatric treatment services. One of the challenges for the PEPFAR in 2011 is to promote more efficient linkages among these services, so that the program is less vertical and more integrated. PEPFAR support of a single M&E system will yield results in terms of better and timely data being generated and utilized by decision makers.

An additional challenge, however, has affected the implementation of the USG program. The MOH has continued to implement the decentralization of health services and functions, to the point that now the regions and provinces are responsible for service delivery. The different regions and provinces of the country are at different stages of development in terms of service provision, which in turn affects USG training activities. PEPFAR continues to work closely with the MOH to coordinate these efforts and to improve regional and provincial service capabilities.

The USG has assisted the National Response to fill some emergency gaps in ARVs, caused by a series of problems with the forecasting/ordering system. USG-supported technical assistance has worked with the Response for over a year to establish a reliable procurement system based on accurate projections of need. One of the problems, alluded to above, is the decentralization of services and records. Outlying areas do not always place the appropriate attention to the reporting function, resulting in unreliable data on treatment, which in turn results in inaccurate projection figures. The National Response has taken on this task as priority, and PEPFAR continues to work closely with Dominican partners to help them set up a system which will respond to their data needs. This work will continue through FY 2011 and perhaps even through the end of the PEPFAR program, in 2013.

3. **Woman and Girl-Centered Approaches:** Gender considerations are woven throughout all USG supported activities.

PEPFAR/DR plans to invest approximately $ 1.2 million in PMTCT program in FY 2011. For the MOH the PMTCT program is priority, since it depends on a number of technical areas to enable it to function well (e.g., labs and rapid tests, counseling, ARVs, trained personnel, and an information system to track the patients). A number of cooperating agencies have funds for PMTCT interventions, many of them coming after the earthquake in Haiti. The Pan American Health Organization initiative to reduce PMTCT and congenital syphilis is also poised to begin implementation in the DR in the near future. The challenge will be to coordinate this various efforts into a single unified effort in support of National Response goals. Nearly US$650,000 will be invested in the complementary VCT interventions, and PEPFAR/DR has received US$500,000 of Gender Challenge Funds for couples counseling and testing and the involvement of male partners in HIV prevention efforts. After a careful review of available resources, PEPFAR/DR considers that it needs a greater level of resources in order to make a sustainable impact on the National Response.

Male behavior norms will be addressed through a number of PEPFAR interventions, including the *Escojo mi Vida* initiative, led by the Peace Corps, the work with the Dominican Armed Forces in counseling and testing and reduction of risky sexual behaviors, and the Ministry of Education's PEAS program in the public schools.

The draft HIV/AIDS law, which was presented to the National Congress on World AIDS Day 2009. The revised bill was reviewed by a broad array of partners representing the National Response, the NGO community, and the network of persons living with HIV. It has been debated in the Congress and may be approved by the end of 2010. The law contains a number of provisions to protect and empower women and children and reduce their vulnerability to HIV. One of the important public policy discussions on the PEPFAR/DR agenda is more aggressive enforcement of the laws which are currently on the books, but enforced weakly or not at all.

5. Other Programs: The recent ARV stock outs dramatically demonstrated to the National Response the importance of reliable data for effective program management. USG will continue to provide technical assistance and training to help establish a viable procurement and logistics system, which uses quality data derived from a sustainable information system. The National Response and the MOH have already convened regional and provincial health directors to underscore the importance of investing time and energy in accurate reporting, and are establishing a single GODR-wide procurement system, known as

SUGEMI (for its Spanish acronym). So the time is optimal for USG assistance to have an impact on this issue. USG also supports the UNAIDS initiative of the single M&E system, which is fully compatible with our assistance to the procurement and logistics system.

PEPFAR plans to pursue an active public policy dialogue agenda. Underscoring the leadership role of the GODR in the National Response and the active involvement of the Civil Society are two elements of this agenda. As mentioned above, USG will continue to assist the National Response to establish the mechanism for full and open competition in the procurement process, in order to obtain the most favorable prices available on the international market. The USG will assist the GODR in carrying out a human resources audit, as mentioned above. This audit will certainly point out the inefficiencies of the current system, the result of MDs and other well-connected staff desiring to be assigned to the larger cities where they live (e.g., resulting in ten ob-gyns being assigned to a small municipal hospital that attends barely 30 births per month). These results will give the MOH evidence to redeploy its personnel more rationally. USG will work with the GODR to strengthen the enforcement of current laws and policies, including those dealing with stigma and discrimination, gender and children's issues. Because it involves a variety of different authorities, PEPFAR will carry out policy dialogue on the safe disposal of medical waste and develop a pilot activity to test the effectiveness of several ministries and municipalities working together on this issue. The delivery of rapid tests results is often delayed because current policy (and law) requires the test to be done only by a certified lab technician. This is contrary to the best practices demonstrated to be effective in other resource-scarce countries. USG will dialogue with MOH authorities to permit a pilot activity in which nurses, auxiliary nurses, and medical student interns are trained to apply and read rapid tests.

Redacted.

New Procurements

Redacted.

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Time Frame: October 2011 to September 2012

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	54,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	01	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Children 0-14 living						

with HIV						
Deaths due to HIV/AIDS	2,300	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months	231,000	2007	UNICEF State of the World's Children 2009. Used "Annual number of births (thousands) as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	2,000	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010. This mid-point estimate is calculated based on the range provided in the report.			
Number of people living with HIV/AIDS	57,000	2009	UNAIDS Report on the global AIDS Epidemic			

			2010			
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)	29,000	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010. This mid-point estimate is calculated based on the range provided in the report.			
Women 15+ living with HIV	32,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

Redacted

Public-Private Partnership(s)

Partnership	Related Mechanism	Private-Sector Partner(s)	PEPFAR USD Planned Funds	Private-Sector USD Planned Funds	PPP Description
Major League		Dominican			"Global

Baseball/ Dominican Development Alliance		Major League Baseball Players			Development Alliance, formed between USAID/DR and Major League Baseball (MLB), leverages MLB resources from players, teams and fans to reach at-risk Dominican youth with AB messages and ABC messages to youth older than 15. USG has contributed (committed) $1.0 million , of this $ 350,000 has come from PEPFAR from FY 09 funds. No FY 2011 funds will be contributed to this Pa

Surveillance and Survey Activities

Name	Type of Activity	Target Population	Stage
2009 Sentinel Surveillance Study	Sentinel Surveillance (e.g. ANC Surveys)	Female Commercial Sex Workers, Pregnant Women	Data Review
Behavioral Serological Surveillance Survey	Surveillance and Surveys in Military Populations	Uniformed Service Members	Data Review
BSS 2011 in MARPS	Population-based Behavioral Surveys	Drug Users, Female Commercial Sex	Planning

		Workers, Men who have Sex with Men	
Estimate the number, behavior and serological conditions of street children in the regions of Santo Domingo and the North	Population-based Behavioral Surveys	Street Youth	Planning
Formative Assessment in MSMs	Qualitative Research	Men who have Sex with Men	Planning
Formative Assessment-Mobile Populations	Qualitative Research	Mobile Populations	Development
Men who have sex with Other Men Formative Assessment	Qualitative Research	Men who have Sex with Men	Data Review
Mobile Population Formative Assessment	Behavioral Surveillance among MARPS	Mobile Populations	Data Review
PMTCT Formative Assessment	Qualitative Research	Pregnant Women	Implementation
Study the determinants that cause children to drop-out of schools in the primary level.	Population-based Behavioral Surveys	Other	Planning
Update the Estimate on the Number of Orphans and Vulnerable Children	Population size estimates	Street Youth	Planning
Update the TB/HIV Co-infection.	TB/HIV Co-Surveillance	General Population	Planning
Voluntary blood donation Formative Assessment	Qualitative Research	General Population	Planning

Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHCS (State)	GAP	GHCS (State)	GHCS (USAID)	
DOD			954,000		**954,000**
HHS/CDC		500,000	5,446,500		**5,946,500**
PC			1,041,691		**1,041,691**
USAID			1,807,809	5,750,000	**7,557,809**
Total	**0**	**500,000**	**9,250,000**	**5,750,000**	**15,500,000**

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency					Total
	DOD	HHS/CDC	PC	USAID	AllOther	
HBHC	50,000			500,000		**550,000**
HKID				1,200,000		**1,200,000**
HLAB	200,000	846,500				**1,046,500**
HMBL		500,000				**500,000**
HTXD				100,000		**100,000**
HTXS				500,000		**500,000**
HVAB				100,000		**100,000**
HVCT	150,000			300,000		**450,000**
HVMS	224,000	1,700,000	308,767	800,000		**3,032,767**
HVOP	180,000	1,550,000	528,100	1,450,000		**3,708,100**
HVSI	50,000	525,000		200,000		**775,000**
HVTB		150,000		350,000		**500,000**
MTCT		325,000		707,809		**1,032,809**
OHSS	100,000	300,000	204,824	900,000		**1,504,824**
PDCS				350,000		**350,000**
PDTX		50,000		100,000		**150,000**

	954,000	**5,946,500**	**1,041,691**	**7,557,809**	**0**	**15,500,000**

Budgetary Requirements Worksheet

(No data provided.)

National Level Indicators

National Level Indicators and Targets

Redacted

Policy Tracking Table

(No data provided.)

Technical Areas

Technical Area Summary

Technical Area: Adult Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	550,000	
HTXS	500,000	
Total Technical Area Planned Funding:	**1,050,000**	**0**

Summary:
(No data provided.)

Technical Area: ARV Drugs

Budget Code	Budget Code Planned Amount	On Hold Amount
HTXD	100,000	
Total Technical Area Planned Funding:	**100,000**	**0**

Summary:
(No data provided.)

Technical Area: Biomedical Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HMBL	500,000	
Total Technical Area Planned Funding:	**500,000**	**0**

Summary:
(No data provided.)

Technical Area: Counseling and Testing

Budget Code	Budget Code Planned Amount	On Hold Amount
HVCT	450,000	
Total Technical Area Planned	**450,000**	**0**

Funding:		

Summary:
(No data provided.)

Technical Area: Health Systems Strengthening

Budget Code	Budget Code Planned Amount	On Hold Amount
OHSS	1,504,824	
Total Technical Area Planned Funding:	**1,504,824**	**0**

Summary:
(No data provided.)

Technical Area: Laboratory Infrastructure

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	1,046,500	
Total Technical Area Planned Funding:	**1,046,500**	**0**

Summary:
(No data provided.)

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	3,032,767	
Total Technical Area Planned Funding:	**3,032,767**	**0**

Summary:
(No data provided.)

Technical Area: OVC

Budget Code	Budget Code Planned Amount	On Hold Amount
HKID	1,200,000	
Total Technical Area Planned Funding:	**1,200,000**	**0**

Summary:
(No data provided.)

Technical Area: Pediatric Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
PDCS	350,000	
PDTX	150,000	
Total Technical Area Planned Funding:	**500,000**	**0**

Summary:
(No data provided.)

Technical Area: PMTCT

Budget Code	Budget Code Planned Amount	On Hold Amount
MTCT	1,032,809	
Total Technical Area Planned Funding:	**1,032,809**	**0**

Summary:
(No data provided.)

Technical Area: Sexual Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HVAB	100,000	
HVOP	3,708,100	
Total Technical Area Planned Funding:	**3,808,100**	**0**

Summary:
(No data provided.)

Technical Area: Strategic Information

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	775,000	
Total Technical Area Planned Funding:	**775,000**	**0**

Summary:
(No data provided.)

Technical Area: TB/HIV

Budget Code	Budget Code Planned Amount	On Hold Amount
HVTB	500,000	
Total Technical Area Planned Funding:	**500,000**	**0**

Summary:
(No data provided.)

Technical Area Summary Indicators and Targets

Redacted

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
6166	PROFAMILIA	NGO	U.S. Agency for International Development	GHCS (USAID)	200,000
7559	Abt Associates	Private Contractor	U.S. Agency for International Development	GHCS (State)	600,000
7563	Armed Forces of the Dominican Republic	Host Country Government Agency	U.S. Department of Defense	GHCS (State)	730,000
7575	University of North Carolina	University	U.S. Agency for International Development	GHCS (USAID)	100,000
10642	Academy for Educational Development	NGO	U.S. Agency for International Development	GHCS (State), GHCS (USAID)	2,889,573
11785	U.S. Peace Corps	Implementing Agency	U.S. Peace Corps	GHCS (State)	732,924
11956	SESPAS	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	150,000
11957	Foundation for Innovative New Diagnostics	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and	GHCS (State)	600,000

			Prevention		
11959	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
11962	HARTLAND ALLIANCE	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	400,000
11963	HHS/Centers for Disease Control & Prevention	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	50,000
11967	Population Services International (PSI)	Private Contractor	U.S. Agency for International Development	GHCS (USAID)	968,236
11969	HHS/Centers for Disease Control & Prevention	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	325,000
11971	Partnership for Supply Chain Management	Private Contractor	U.S. Agency for International Development	GHCS (USAID)	500,000
12928	Management	NGO	U.S. Agency for	GHCS (USAID)	350,000

	Sciences for Health		International Development		
13126	HHS/Centers for Disease Control & Prevention	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	400,000
13143	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13310	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13334	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13417	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13443	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13507	SESPAS	Implementing Agency	U.S. Department of Health and Human Services/Centers	GHCS (State)	821,500

			for Disease Control and Prevention		
13509	UNIVERSITY OF PUERTO RICO	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	300,000

Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 6166	**Mechanism Name: Provide access to CD4 test in the northern provinces.**
Funding Agency: U.S. Agency for International Development	Procurement Type: Grant
Prime Partner Name: PROFAMILIA	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 200,000	
Funding Source	**Funding Amount**
GHCS (USAID)	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In FY2011, USAID will continue to support PROFAMILIA to provide access to CD4s tests for PLWHs. Approximately 8,000 CD4 tests per year will be provided to PLWHs living in the northern provinces of the Dominican Republic. In 2007, USAID donated PROFAMILIA with a CD4 equipment to facilitate access.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	6166		
Mechanism Name:	Provide access to CD4 test in the northern provinces.		
Prime Partner Name:	PROFAMILIA		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	200,000	
Narrative:			
PROFAMILIA will provide 8,000 CD4 tests.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7559	**Mechanism Name: USAID/DR MCH CENTERS OF EXCELLENCE**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Abt Associates	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 600,000	
Funding Source	**Funding Amount**
GHCS (State)	600,000

Sub Partner Name(s)

MOH		

Overview Narrative

With FY2011 funds, USAID/DR will continue to fund MCH Centers of Excellence Project. The purpose of this ativity is to strengthen maternal and children hospital services.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000

Key Issues

Child Survival Activities

Safe Motherhood

Family Planning

Budget Code Information

Mechanism ID:	**7559**		
Mechanism Name:	**USAID/DR MCH CENTERS OF EXCELLENCE**		
Prime Partner Name:	**Abt Associates**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	400,000	
Narrative:			
During Fy2011 USAID/DR will continue to provide funds to ABT Associates to strengthen health sustems in support of MCH services in ten MOH public hospitals.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	200,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7563	**Mechanism Name: Strengthen HIV Prevention and Care in Armed Forces**
Funding Agency: U.S. Department of Defense	Procurement Type: Contract

Prime Partner Name: Armed Forces of the Dominican Republic	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 730,000	
Funding Source	**Funding Amount**
GHCS (State)	730,000

Sub Partner Name(s)

Cicatelli Inc.	Fundacion Genesis	INSALUD
TBD		

Overview Narrative

DOD will identify a TBD partner to strengthen the capacity of the Dominican Armed Forces (DAF) to plan, manage, and implement HIV programs. Activities will build on previous HSS efforts to develop a military-specific strategic plans, policies and capacity building.

Referral networks and service integration will be strengthened for HIV/STI/TB prevention, care, and treatment. Gender norms, substance abuse and confidentiality currently are not approved military policies. DOD policy dialogue will seek to secure the endorsement of military leadership to include these areas in their training program.

Opportunities to strengthen pre-service and in-service training will be expanded and improved for military health care providers in multidisciplinary fields, including STIs, ART management, psychosocial counseling. Military personnel will be trained on how to use HIV surveillance to improve HIV prevention programming.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	75,000
Human Resources for Health	50,000

Key Issues

Addressing male norms and behaviors

Military Population

TB

Budget Code Information

Mechanism ID:	**7563**		
Mechanism Name:	**Strengthen HIV Prevention and Care in Armed Forces**		
Prime Partner Name:	**Armed Forces of the Dominican Republic**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	50,000	

Narrative:

The DOD will continue to support the provision of quality HIV care for DAF personnel, their partners and families, and in select circumstances, community members who live in the surrounding areas. Basic care provided by military health services to HIV-positive personnel will include clinical staging and baseline CD4 counts, immunologic (i.e. CD4 cell count) and clinical monitoring, prevention, diagnosis and treatment of OIs, psychosocial counseling, and referrals for PLWHA to community-based care and support services based on individual needs.

This activity will enhance the capacity of the health workforce by training military health providers to diagnosis and treat STIs, OIs, and mental health disorders. Training will also include prevention with positives, activities to improve health care providers' abilities to effectively counsel military members on healthy living, reduction of risk behaviors, partner notification and adherence to ART. Efforts will be made to address stigma and discrimination by promoting accepting attitudes towards PLWHA.

Basic care and support activities are implemented in conjunction with other services such as VCT, ART, TB/HIV, OIs, and/or STIs in military delivery settings. TA will be provided to the DAF to strengthen linkages to community-based HIV care and support groups

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	150,000	

Narrative:

Using FY2011 funds, DOD will continue to support counseling and testing services and expand to four more sites.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	50,000	

Narrative:

DOD will continue support to the strengthening of the HMIS system in the Armed Forces.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	100,000	

Narrative:

DOD will continue to work with DAF to ensure the updated military strategic plan is properly implemented and reinforced across service components (strategic plan developed by a TBD partner using FY 2009 funding). DOD will continue efforts to strengthen military protocols that reduce stigma and discrimination and strengthen the commitment of the military leadership to support HIV-positive members and HIV programs.

2. DOD will continue to emphasize the importance of good storage practices and inventory systems in central and peripheral military warehouses. This activity will also provide human capacity assistance to the DAF in epidemiology, M&E, blood safety, and laboratory. DOD will also continue supporting the development of physical space and equipment in DAF health centers in order to adequately manage STI/HIV/AIDS and TB related programs

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	180,000	

Narrative:

DOD will continue to support prevention activities in the Armed Forces.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	200,000	

Narrative:

DOD will continue to support the training of DAF lab personnel and provide necessary support for equipment and commodities to develop and strengthen laboratory systems and facilities. Continued support will also be provided for laboratory specimen collection and transport. DAF laboratory personnel will be continue to receive training in laboratory SOP development, logistics management, QA/QC activities, utilization of laboratory equipment, and data management. Military laboratories will be further strengthened to provide referral systems to civilian sector labs where resources limit diagnostic and treatment service provision within the military health system.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7575	**Mechanism Name: MEASURE/TA FOR M&E**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: University of North Carolina	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 100,000	
Funding Source	**Funding Amount**
GHCS (USAID)	100,000

Sub Partner Name(s)

Centro de Estudios Sociales y Demograficos - CESDEM		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	15,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7575**		
Mechanism Name:	**MEASURE/TA FOR M&E**		
Prime Partner Name:	**University of North Carolina**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	100,000	
Narrative:			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10642	**Mechanism Name: Strengthen HIV/AIDS prevention, treatment and care activities for vulnerable populations in Health Region V and VII.**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Academy for Educational Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,889,573

Funding Source	Funding Amount
GHCS (State)	857,809
GHCS (USAID)	2,031,764

Sub Partner Name(s)

ADOPLAFAM	CEPROSH	Clinica de Familia MIR
COIN	CRS - CAJP	Esperanza y Caridad
Fundacion de Integración y Desarrollo (FIDET)	Grupo Clara	Grupo Este Amor
Grupo Paloma	MOE	MOH
REDOVIH		

Overview Narrative

In FY2011, USAID will continue on-going support to AED to expand and strengthen HIV/AIDS prevention, treatment and care services for the most vulnerable population in provinces located in Region V, VI and VII, especially in those that are in the border with Haiti or that have Bateyes. In order to achieve this, AED will continue to support the Ministry of Education (MOE) to expand the implementation of the Life Skills Modules in the public education system; support the Ministry of Health at central, regional and local level in order to strengthen PMTCT, VCT, treatment and care services in public hospitals, and provide TA to the MOH reporting system in order to ensure full and accurate reporting, train health teams in service norms and protocols and in data analysis for decision making. AED will also fund NGOs, FBOs and CBOs which works with most-at-risk groups at the community level to link communities to PMTCT (including pediatric AIDS), VCT, treatment and care services. AED will also continue to support community mobilization through the ACCIONSIDA strategy. AED will provide TA to MOH to implement two pilot opt-out VCT services in public hospitals and plans to continue training and providing TA to the health teams responsible for thirteen primary health clinics (UNAPS) in order to provide basic follow-up and care PLWHs.

Cross-Cutting Budget Attribution(s)

Education	50,000
Food and Nutrition: Policy, Tools, and Service Delivery	30,000

Human Resources for Health	50,000
Water	10,000

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Child Survival Activities
Mobile Population
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**10642** **Strengthen HIV/AIDS prevention, treatment and care activities for vulnerable populations in Health Region V and VII.** **Academy for Educational Development**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	500,000	

Narrative:

USAID/DR will continue on-going support to AED to fund NGOs, FBOs and CBOs which provide the basic package of home/community-based care for infected adults and their families in Region V and VII. The activities implemented by these NGOs include early detention and referral to clinical and laboratory services linking the health facility and the community, group and individual counseling in areas such as TB, nutrition, reproductive health, condom use, behavior change, human rights and stigma and discrimination. In Bateyes, where food availability is critical, NGOs have provided training and seed money so that beneficiaries will start food cooperatives that will provide infected individuals, their families and the community with much needed food AED will also continue to collaborate with MOH in order to integrate facility-based care in 13 primary care units (UNAPS) so that basic care services are located near to the communities NGOs are implementing home-based care. This activity is a pilot and may be

expanded to more primare care units, if results are positive. AED will also continue to traing MOH health teams in the public hospitals and UNAPS and NGOs staff and community health workers in home-based care strategies, referral systems and supervision. AED will also continue to implement a strong monitoring system in order to ensure the quality of care and support activities and of the reporting system in order to minimize double counting.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	400,000	

Narrative:

USAID/DR will continue to fund AED on-going activities with orphans and vulnerable children in provinces located in Region V, VI and VII through NGOs, FBOs and CBOs. AED has trained NGOs to dentify, monitor and track children , providing services to affected and infected children and their families and or care-takers. NGOs strengths their capacity to take care of the infected and affected children, including accompanying them to the health care services that they may require, i.e.inmunization and/or treatment for OIs Family and Care-takers also make sure that these children have access to public education in their communities and link them to other services provided by other NGOs and Government institutions such as Solidarity program to ensure protection and legal aid in obtaining birth certificates, food and nutrition support.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	100,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	200,000	

Narrative:

in Fy2011, USAID/DR will provide on-going support to AED to continue strengthening counseling and testing services in 35 MOH and NGO services in Region V and VII, including Provider Intiating Counseling and Testing (PIC). In order to achieve this this, AED will continue training counselors and providers in PMTCT, E.I.D., TB, Reproductive Health and Family Planning, Nutrition and prevention for positives. Also, AED will continue to fund NGOs, FBOs and CBOs to implement VCT services in the community in collaboration with the health team from the nearest public hospitals.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	PDCS	250,000	

Narrative:

Duing FY2011, USAID/DR will continue to fund AED to support public service sites (hospitals and UNAPS), NGOs, FBOs and CBOs which provide pediatric care and support in order to strengthen early infant diagnosis, PITC, treatment of OIs and other health services, such as inmunization. AED will collaborate with other US Agencies to train health teams in the public and NGO sector in the DNA PCR

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	100,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	100,000	

Narrative:

USAID will continue to support AED to provide TA to MOH at the central and regional offices to improve and strengthen data collection systems in order to improve recording, reporting, analysis and decision-making both at the hospital and regional level with the aim of supporting an information system that is sustainable, responds to quality assurance tools and provides reliable and accurate data. AED will also provide NGOs, CBOs and FBOs with TA to continue with habilitation and accreditation process.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	200,000	

Narrative:

In FY2011, USAID/DR will continue to provide support to AED to address gaps in data collection systems in public hospitals in Region V and VII, collaborating very closely with MOH at the Regional and Central levels in order to improve recording, reporting and analysis both at the hospital and regional level with the aim of supporting an information system that is sustainable, responds to quality assurance tools and provides reliable and accurate data. AED will also support through its Continuing Quality Improvement Strategy (CQI) these hospitals to improve the quality and safety of services, identifying best practices in these hospitals and facilitating their application in other regions. In addition, AED will work very closely with NGOs, FBOs and CBOs to improve linkages between the communities and the HIV/AIDS services offered at the hospitals in order to improve access and referrals, and reduce loss to service and provide TA to continue with habilitation and accreditation process.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HVAB	100,000	

Narrative:

Continue to expand the Life Skills Program in grades 1-4 in Regions V, VI and VII public schools. In FY2010, AED collaborated with the Ministry of Education in the implementation of the Life Skills modules and trained 91,566 students in 700 primary public schools. It is expected through AED during FY2011, approximately 150,000 students will be trained in the life skills modules. In addition, the Ministry of Education has inserted the Life Skills curricula into the basic education curricula and it will be roll out to all public schools with the support of the World Bank Loan for education. USAID/DR will support the Ministry of Education in the expansion of Life Skills by providing TOT training and technical assistance to MOE to expand Life Skill Program to 1,000 more schools with World Bank and IDB support.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	481,764	

Narrative:

For FY2011, USAID/DR will provide on-going support to AED to fund NGOs, FBOs and CBOs which provide prevention and referral services to women with little or no education, people living in Bateyes, MSMs and CSWs living in Health Regions V and VII. NGOs will continue to provide information and education, through peer-to-peer and small groups to address human rights issues, stigma and discrimination, risk perception, reduction of sexual abuse, condom negotiation with partner(s), reproductive health, and STI prevention. Empowerment of girls/women is promoted to help them have a stronger voice in their sexual lives and thus prevent disease. Education activities targeting these groups addresses harmful social norms, partner reduction, gender-based violence, and transactional and cross-generational sex. The NGOs personnel which includes community based workers, supervisors and leaders have been trained on the DEBI methodology, behavior change strategy and peer education techniques. Educational activities at the community levels include health fairs, community CT, referral to services and door-to-door visits. USG will continue to fund NGOs to reach batey residents and migrants, especially men, in Region V and the border areas and to support PSI mass media campaign messages at the community level. AED will work very closely with PSI to make sure that the most at risk popultion in Region V and VII will have access to condoms. and 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.

Because of the challenges of reaching highly mobile populations, workplace behavior change activities (e.g. at tourist and bateyes) will help reach them effectively. USG will continue to solicit employer involvement to increase corporate social

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	407,809	

Narrative:

AED has continue to provide technical assistance at MOH central level in the revision of the PMTCT and pediatric norms while at the same time continuing to train health teams in the actual norms and protocols in 35 municipal and provincial hospitals in Regions V and VII. During FY2010, AED has also trained health teams in the CQI methodology, supporting the development of quality improvement teams, in order to strengthen PMTCT and e.i.d. services in 35 public hospitals. AED has continued dialoguing with health authorities to obtain approval in order to test the opt-out strategy in two hospitals in Region V and VII.

Strengthening counseling and testing services in 35 hospital sites will include training lay counselors to integrate advice on partners testing, FP, nutrition, tuberculosis, STIs and prevention for positives, etc. and to link PLWHA to services provided in the community by NGOs and faith-based organizations. AED will also continue to strengthen HIV services at the primary level (UNAPS) to provide routine follow-up for pregnant women and their children. In order to do this, AED and MOH have selected 13 health posts and train health providers to provide follow-on care to PLWHA in the community level.

AED will also continue to provide T/A and funds to NGOs, FBOs and CBOs to create awareness in their respective communities, link communities to the health services available at the UNAPS and hospitals to increase the number of pregnant women accessing PMTCT services and reduce the loss of mothers and their infants to follow-up programs; provide emotional and psychological support to HIV positive women and their families.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	50,000	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11785	**Mechanism Name: Peace Corps**
Funding Agency: U.S. Peace Corps	Procurement Type: USG Core
Prime Partner Name: U.S. Peace Corps	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 732,924	
Funding Source	**Funding Amount**
GHCS (State)	732,924

Sub Partner Name(s)

N/A		

Overview Narrative

The Peace Corps is a unique organization, well positioned to add distinct value to the contributions of other Global Health Initiative (GHI) partners through the placement of human resources at the grassroots level. The Peace Corps supports the core principles of the GHI Initiative through its comprehensive approach to integrated programming in the priority health areas and by: 1) increasing knowledge on disease transmission, and prevention; 2) promoting behavior, social and organizational change; 3) capacity building of community members, health workers, and grass-roots organizations; and 4) strengthening linkages between communities and organizations and health facilities.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	200,000
Education	200,000
Gender: Reducing Violence and Coercion	100,124
Human Resources for Health	232,800

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Child Survival Activities
Mobile Population
Safe Motherhood
Family Planning

Budget Code Information

Mechanism ID:	**11785**		
Mechanism Name:	**Peace Corps**		
Prime Partner Name:	**U.S. Peace Corps**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	204,824	

Narrative:

Sustainability Conference (1) Volunteers and Escojo Peer Educators will organize and lead a Sustainability Conference to give support to active Escojo groups who are no longer working directly with a Peace Corps Volunteer in their community. They will be instructed in how to maintain their groups, how to work with their Escojo Coordinator, how to collect and process data from Escojo-related activities, and how to report according to the Peace Corps procedures and guidelines provided by the PEPFAR initiative for monitoring and reporting.
Executive Conferences (2) Volunteers will create an opportunity to promote dialogue between key Escojo/PEPFAR high level local organization stakeholders of the Dominican Republic to encourage collaboration, coordination, and ensure partnership and promote the sustainability of the Escojo/PEPFAR Initiative
Institutional VAST Grants – Consortium (10) 10 VAST grants (up to US$18,000/each) will be available for Escojo Consortium organizations. The grant requests will be prepared by PCV's assigned to the 10 organizations affiliated to the Consortium and will provide resources for institutional strengthening of Consortium activities, and the promotion of Escojo and Healthy Communities activities.
OVC and PLWHA Annual Conference A conference for NGOs and GOs working with OVC and PLWHA populations to share and coordinate strategies to support these populations with a focus on gender, discrimination and HIV prevention.

Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Prevention	HVOP	528,100	

Narrative:

Peace Corps DR will have the following activities:
National Escojo Conference (2) is a semi-annual event to plan Escojo activities to be implemented by PCVs and project partners. Also, it is a forum to share best practices and success stories.
Regional Workshops (4) are skill building training events and will be facilitated by PCVs working on Escojo/PEPFAR and with Escojo trainers. These three-day conferences will focus on training youth in the basic Escojo curriculum which includes healthy decision making, HIV/AIDS prevention, avoiding adolescent pregnancies, building self-esteem, and focusing on creating positive futures.
Sub-regional Management Workshops (2)are to train PCVs and project partners that will host sub-regional meetings to monitor the progress of the Escojo Plan of Activities.
Sub-regional Escojo Follow-up Meetings (10) are field days organized by a PCV and project partners to discuss with all the PCVs and project partners in a given geographical area the progress of the Escojo Program.
Regional Coordinator Workshops (2) are planned to develop the leadership, supervisory and training skills of outstanding youth trained by PCVs.
Teaching Aids Materials Workshops are for PCVs and Regional Coordinators to assist them to develop low-cost teaching aids materials to do their work.
Provincial Network Workshops (10) are to train local Escojo Youth and Healthy Community Groups to establish a provincial leadership network to coordinate HIV prevention projects.
Health Promoter Conference (1) PCVs and all active Healthy Communities (Comunidades Saludables) groups, will participate in this annual conference to provide further training for the Healthy Communities participants who are community leaders who go back to their rural communities to work directly with families. The training will focus on 1) increasing and maintaining the level of quality HIV/AIDS information and education being carried out in the communities, 2) continuing the current social marketing campaign, and 3) promoting the sustainability of the Healthy Community groups. The Conference will serve as a forum to share best practices and success stories.
Health Promoters Regional Workshops (2) Participating Healthy Community Health Promoters and PCDR Volunteers will attend the conference in their geographic area. These three-day conferences will focus on training the Health Promoters in the basic Healthy Communities curriculum of healthy decision-making which includes HIV/AIDS prevention, basic health, building self-esteem and focusing on creating positive futures.
Health Promoters Certification Workshops (1) Rural community leaders will be trained and certified as Healthy Community Trainers. These Healthy Community Coordinators will be selected from the Healthy Community Health Promoters that have been trained by PCDR Volunteers and that have shown dedication, responsibility and have developed strong facilitation skills to train their peers in the promotion

of HIV/AIDS prevention and basic health.
Sub-regional Management Health Promoter Workshop (2) These workshops are skill building training events in which PCVs bring members of the Healthy Community Groups to be trained as trainers to orient other women.
GLOW National Conference - Leadership Training for Girls (1) Dominican Girls and young women will receive training in leadership, healthy decision making and prevention of HIV/AIDS and early pregnancy through the use of interactive activities. PCV's and Escojo Regional Coordinators (HCN's) will organize and facilitate each conference. The purpose of the 5-day conferences is to provide a gender based orientation for young women in positive decision making skills and training in HIV/AIDS awareness, non-discrimination and prevention.
GLOW Regional Conferences (2) The conferences will focus on training youth Peer Educators in the basic GLOW goals of positive decision making with a gender perspective, which includes HIV/AIDS prevention (using the ABC model), avoiding adolescent pregnancies, building self-esteem, and focusing on creating positive futures. The conferences will also be used for planning activities for International Women's day and as a lead up to the national Camp.
Regional Diversity Conferences for Youth (3) PCV's from all program sectors will develop and facilitate three Regional Diversity Conferences for GLOW and ESCOJO Youth in three regions of the Dominican Republic. These conferences will focus on training in non-discrimination including discrimination against those with HIV/AIDS, reducing stigma and racism, and improving Dominican/Haitian relations. Another focus of discussion will be risk issues linked to tourism and sex industry. In particular, there will be a focus on how race relations are affected by HIV/AIDS-related issues in the Dominican Republic and in what ways discrimination against people living with HIV has impacted particular regions of the country. A number of the Peace Corps Youth Program Volunteers work with young people that are HIV positive and the conferences will serve as a forum to share and learn together. The Peer Educators will share this information in their communities.
Knowledge is Strength ToT Workshop (1) A TOT workshop to train PCVs, key health staff, ESCOJO regional coordinators and GLOW leaders in use of key messages and materials based on barrier analysis results to promote HIV testing among sexually active young people and Most at Risk youth Populations in bateys.
Knowledge is Strength Regional Workshops (4) One-day regional workshops to train ESCOJO regional coordinators, key GLOW and Escojo members in use of key messages and materials to promote HIV testing among sexually active young people and most-at-risk youth populations in communities where they are working.
Gender and Discrimination Conference A conference to train PCVs, key health staff and youth leaders in working with Most at Risk youth Populations (MARP) in batey communities with emphasis on gender, discrimination and HIV prevention
Sports for Life TOT Camp (2) Volunteers and their key sports leaders will be trained to incorporate sexual

health and HIV/AIDS prevention activities in sports (such as volleyball, softball, and baseball) to reach out to populations that do not attend the more formal Escojo trainings. Trained youth leaders will incorporate the healthy decision making and HIV prevention training into sports in their specific communities. Youth that are interested in learning more in a classroom setting will be encouraged to join their local Escojo group to receive more formal training. Others will be selected to participate in further TOT trainings to continue with HIV prevention through sports actives, thus reaching at risk populations.
Economic Empowerment TOT 30 PCVs and 30 university peer educators will participate in a TOT workshop to facilitate a business planning & healthy life skills curriculum to young adults age 15-25.
Sub-regional Health Promoter Follow-up Meetings (10) These meetings are field days organized by a PCV and project partners to discuss with all the PCVs and project partners in a given geographical area the progress of the Healthy Community Program
HIV Prevention VAST Grants (50) 50 VAST grants (up to US$500/each) will be available for Escojo youth groups in 2011. These grant requests are prepared by PCV's and local Peer Educators and will provide resources for community Escojo groups to develop and organize local conferences and activities for HIV/AIDS prevention training or other supportive activities. The use of these funds will generate the development of local educational materials and the purchase supplies necessary to carry out these trainings. Also, these grants will provide resources for the youth groups to develop their training by providing funding in order to organize local community based activities and workshops focused on the goals of the Escojo initiative.
World AIDS day events (5) Volunteers and Escojo Peer Educators will promote the attendance and will participate in The World AIDS Day for 300+ participants. It will take place on December 1, 2011. The purpose of this event is to create awareness among our target populations about the existence of and need to address the problem of HIV/AIDS.
GLOW Sub Regional Exchanges (3) The Sub regional exchanges encourage local girls' or boys' groups who have participated in GLOW or the Boys Camp to share experiences, reinforce HIV prevention training and network with other groups from the same region, as part of strengthening them. The exchanges are planned and programmed by the groups
International Women's Day events (3) Drawing attention to gender and HIV/AIDS, the vulnerability for girls and women, as well as Gender and HIV prevention will be emphasized in events to celebrate International Women's day on March 8th. Volunteers and Peer Educators will plan and implement 3 simultaneous events in different parts of the country.
Gender & Leadership Training for Boys (1) PCV's and Escojo Regional Coordinators (HCN's) will collaborate on this camp directed at male adolescents (12-14), incorporating HIV/AIDS awareness and sexual education training. The purpose of this 4-day camp is to provide a gender based orientation for young men in life skills, positive decision making and training in sexual education and HIV/AIDS prevention. Using best practices, PCDR will develop an appropriate program for young Dominican men, focusing on "new masculinity," character development, adolescence and manhood, and healthy decision

making.
GLOW VAST Grants (100) 100 GLOW Grants (US$250/each) will be made available to encourage local groups in gender and AIDS prevention initiatives.
Knowledge is Strength: HIV Testing: Coordination visits to Centers Coordinating visits with PCVs, Escojo Regional coordinators, youth and other group members to testing centers in order to familiarize youth with the centers. Numbers of visits in each region depends on the interest shown.
GLOW National Sports Camp (1) Volunteers will organize an annual sports camp with the excitement of a tournament combined with training in teamwork, leadership, healthy decision making and HIV prevention.
Brigada Verde Regional Conferences (4) Dominican Youth and PCDR Volunteers working in the PCDR Environment Sector will attend the regional workshop (in their geographic area). These three-day workshops will focus on training Dominican youth in basic community environmental action and healthy decision making, HIV/AIDS prevention, building self-esteem and leadership, and focusing on creating positive futures. The workshops will also serve to develop the foundation of a social marketing campaign that will be launched at the national conference.
Brigada Verde National Conference (1) PCV will participate with active Green Brigades Groups in a conference to further training for the Brigada Verde participants focusing on (1) Peer sharing of successful interventions from each region, (2) maintaining the level of quality information and education on HIV/AIDS being carried out in the communities, (3) launching a social marketing campaign, and (4) promoting the sustainability of the Brigada Verde groups at the community level.
Economic Empowerment Conference Adolescents and young adults trained by PCVs and peer educators participate in a 3-day conference to support their start-up businesses and motivational speakers who are finalists of a business planning competition. The ESCOJO methodology of making healthy decisions and planning for their future.
Economic Empowerment Follow-Up Volunteers will facilitate a meeting with the winners of the future entrepreneurs' conference to establish how they will manage budgets to start up their small businesses, with an emphasis on making healthy decision and planning for their future
ESCOJO Soap Opera (Telenovela) The ESCOJO-inspired soap opera that will serve as a complement to the ESCOJO manual will be produced by an ESCOJO theater group and distributed to regional coordinators and educators who use the ESCOJO methodology.
OVC & PLWHA Camps (2) Specially trained and experienced PCV's will collaborate on two annual camps that will focus on 1) single mothers and children in extreme situations; 2) OVC (children 14 or under) including those living and/or working on the streets. The camps will incorporate HIV/AIDS awareness and sexual education training and will create a safe, supportive environment for vulnerable children where they can be together, learn and play while experiencing a different environment from their everyday situation. The camps will take into account the participants' hard realities and the curriculum will focus on keeping safe, HIV prevention and testing, increasing self esteem, building support systems,

children's rights, access to Government support, importance of medication, and anger management.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11956	**Mechanism Name: Increasing the capacity of the DR MOH to conduct training to Laboratory Staff**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: SESPAS	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 150,000	
Funding Source	**Funding Amount**
GHCS (State)	150,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	75,000

Key Issues

Child Survival Activities

TB

Budget Code Information

Mechanism ID: Mechanism Name: Prime Partner Name:	11956 Increasing the capacity of the DR MOH to conduct training to Laboratory Staff SESPAS		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	150,000	
Narrative:			
Continue to assist the MOH to increase their capacity to conduct laboratory related training through the country. These trainings will cover HIV/STI/TB topics, including Quality assurance Programs. Special e learning equipment will be bought as part of the training tools for the program. The grantee wil continue to conduct specialized trainings for MOH laboratory supervisors to improve their capacity to train staff.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11957	**Mechanism Name: Strengthening clinical laboratories in the Dominican Republic**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Foundation for Innovative New Diagnostics	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 600,000	
Funding Source	**Funding Amount**
GHCS (State)	600,000

Sub Partner Name(s)

Global Implementation Solutions		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	250,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**11957**
Mechanism Name:	**Strengthening clinical laboratories in the Dominican Republic**
Prime Partner Name:	**Foundation for Innovative New Diagnostics**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	600,000	

Narrative:

in FY2011 FIND will provide:

a. Training to lab staff within the NRL and regional sites in a Quality Assurance Program.

b. Provide TA for the NRL to expand its capability to direct a national quality assurance program, including support to develop and implement a program for HIV testing.

c. Improve HIV testing quality to include validation of HIV test kits, development and implementation of a National Algorithm, using national validated tests.

d. Support to the NRL to obtain its accreditation.

2. Assist the MOH to update and enforce the biosafety guidelines, providing staff trainings at all levels of health institutions.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11959	**Mechanism Name: Increasing the Strategic Information Capacity in the Dominican Republic**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

MOH		

Overview Narrative

As part of CDC's support in the area of Strategic information, pointed efforts will be focus in the improvement of: 1) Surveillance 2) Monitoring and evaluation Management and 3) Health Information Systems (HMIS). Activities are aligned with needs identified by GoDR counterparts in each of these areas.

The National Surveillance System in the Dominican Republic has faced many challenges that have inhibited the availability of accurate, timely notification of STI and HIV cases. This has severely limited the country's capacity to monitor STIs and HIV, relying primarily on Sentinel Surveillance and the Demographic Health Surveys to observe trends.

In 2009-2010, together with CDC technical assistance, the MoH's National EPI Program developed a more efficient, comprehensive tool for case notification and follow up, integrating information required for case notification of the different diseases that require surveillance. This resulted in the development of a web-based information system that will allow for case notification at the National level and communication of data via the internet. In 2011, CDC will provide technical assistance to aid in the implementation of the aforementioned electronic system at the provincial and health facility levels to allow for case notification and follow up of STIs and HIV, both of which have presented important weaknesses to date. CDC's assistance will consist of technical support, provision of equipment for notification sites and training of local epidemiologists. In trainings, efforts will also be placed on integrating private sector facilities, which have traditionally been left out of provincial surveillance systems. This system will interface with the National Health Information System as it evolves in the health system reform process. By linking all levels of health delivery, this system will raise the visibility of comprehensive and timely quality Information.

In monitoring and evaluation, the CDC will build upon its current efforts to continue to provide support to the MOH for the development and implementation of a national M&E system for STI, HIV/AIDS. In 2010, progress was made in the development of an inter-institutional technical working group for M&E, and harmonization of key indicators to be included in the national set. In 2011, CDC will work together with UNAIDS and the Global fund to develop a National M&E plan, with harmonized indicators and targets that will allow for further focus of the country's marked direction and benchmarks for HIV/AIDS efforts in the upcoming years. Upon completion of this exercise, strengthening the local capacity for M&E will be a priority, working to develop M&E plans at the Regional and provincial levels and adjusting information systems and data collection tools to ensure the availability of timely, quality data for program monitoring. This will involve the training of provincial authorities, health personnel and NGO representatives involved in the provision of both clinical and community-level services at the local levels. Following this, CDC will provide capacity building to MOH and NGO staff on the use of existing HIV/AIDS/TB/STI data. This process will seek to improve the collection, analysis, monitoring and dissemination of accurate epidemiological information. This technical assistance will contribute to increase the understanding of the magnitude of the local epidemic. It will increase the local capacity to develop reliable, timely and cost-efficient interventions.
Support to the strengthening of health information systems will be closely aligned to these initiatives. Current tools used for information gathering will be assessed and adjustments will be made. Where new tools are needed, they will be developed together with MoH counterparts to ensure that they are integrated with current systems currently operating at the National and health facility levels.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	11959		
Mechanism Name:	Increasing the Strategic Information Capacity in the Dominican Republic		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	Redacted	Redacted

Narrative:

1) Survelliance
In support for the MoH's Epidemology Directorate, CDC will work to aid in the implementation of comprehensive survelliance systems that will allow for improvement of case notification in STI, HIV and TB at the National level. This will include:
1.1- Support for training of epidemiologists at the provincial and health facility levels.
1.2- Provision of equipment (computers, printers, etc) in target provincial offices and health facilities.
1.3- Support in the continued development and refinement of electronic system that will facilitate case notification and analysis of information. This will also include development of manuals to guide use of the system.

2) HMIS
Significant effort will be focused on aiding in the improvement of information systems at the Central, Regional and local (provincial and health facility) levels to ensure access to quality data.
2.1 Assessment of current information systems together with GODR
2.2 Continue to develop and implement plans together with inter-institutional technical working group to address weaknesses identified in HIS.
2.3 Revision and adjustment of instruments used for primary data collection and consolidation of data at the Regional/provincial and National levels, as needed. This will be conducted in partnership with the MoH and in collaboration with Global Fund, UNAIDS, PAHO and other collaborators.
2.5 Development of new instruments (manual and electronic) for consolidation of data at the local, provincial, regional and national levels.

2.6 Training of health authorities and providers on data collection in selected pilot sites. 3) M&E 3.1 TA and support for the development of a National M&E plan, with targets and harmonized set of indicators. 3.2 Review and adjustment of Regional/provincial work plans to ensure that activities focused in STI and HIV/AIDS are included. 3.3 Development of M&E plans in select Regions with Regional and provincial authorities and local health care providers. These plans should also take into account the efforts of private sector and NGOs. 3.4 Support for Regional workshops together with GoDR program managers to facilitate capacity building in data analysis and the use of data for decision making. 3.5 Development of tools to aid provincial and regional authorities in supervision of STI and HIV/AIDS services. 3.6 Aid in implementation of supervision tools.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11962	**Mechanism Name: Providing HIV prevention activities to MARPS (Men who have Sex with Other Men)**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: HARTLAND ALLIANCE	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 400,000	
Funding Source	**Funding Amount**
GHCS (State)	400,000

Sub Partner Name(s)

TBD		

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Mobile Population

Budget Code Information

Mechanism ID:	**11962**		
Mechanism Name:	**Providing HIV prevention activities to MARPS (Men who have Sex with Other Men)**		
Prime Partner Name:	**HARTLAND ALLIANCE**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	400,000	

Narrative:

CDC will continue to support Heartland Alliance to implement evidence-based prevention programs, including STI services for MSMs in Santo Domingo and Santiago. In 2011 the agency will expand to Samana and will start a small seed funding for transgenders in Santo Domingo

Heartland Alliance will also continue to provide administrative and programmatic capacity building assistance to three NGOs. The grantee will also continue to work on the development and strengthening of organizational competences for policy and advocacy.

Number of MSM to be reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required
Target: 400

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11963	**Mechanism Name: Increasing the Capacity for Early Infant Diagnosis in the Dominican Republic**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: USG Core
Prime Partner Name: HHS/Centers for Disease Control & Prevention	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 50,000	
Funding Source	**Funding Amount**
GHCS (State)	50,000

Sub Partner Name(s)

SESPAS		

Overview Narrative

In support of a strong pediatric care and support program for HIV-exposed and infected children, the USG will strengthen PMTCT services by training health teams, increasing referrals to early infant detection (E.I.D.), train counselors to integrate E.I.D. information into post counseling sessions, and support NGOs, CBOs, and FBOs to link the community with hospital services and appropriate testing.

These organizations will also assist to identify mothers who do not return for tests results. Health teams in primary health clinics will be trained in early identification of HIV exposure and infection status, collaborate with NGOs, CBOs and FBOs in the provision of care at the community level, and provide wrap-around services to children and mothers (e.g., immunizations, reproductive health and family planning, TB testing and treatment).

USG/CDC will continue to give TA and financial support to the National Reference Lab to continue its excellent service on EID DNA PCR testing, increasing their capacity and reducing TAT, in behalf of

reducing the initiation of care to HIV positive children

Cross-Cutting Budget Attribution(s)

Human Resources for Health	20,000

Key Issues

Child Survival Activities

Safe Motherhood

Workplace Programs

Budget Code Information

Mechanism ID:	**11963**		
Mechanism Name:	**Increasing the Capacity for Early Infant Diagnosis in the Dominican Republic**		
Prime Partner Name:	**HHS/Centers for Disease Control & Prevention**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDTX	50,000	

Narrative:

1. CDC will continue to provide TA and funding to assure that the molecular biology department at NRL is ready to offer DNA PCR testing, in a timely manner.

2. CDC will continue to fund EQA Program for EID testing, to assure quality results.

3. CDC will continue to work with MOH to strengthen sample collection, storage sample, transportation, diagnosis, results, and follow-up with care and treatment.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11967	**Mechanism Name: Expand comdon social marketing program.**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Population Services International (PSI)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 968,236	
Funding Source	**Funding Amount**
GHCS (USAID)	968,236

Sub Partner Name(s)

ADOPLAFAM	BRA Dominicana	CEDESO
CEPROSH	CIAC	COIN
FUNDAPRIN	MODEMU	MOSCTHA
MUDE	PROFAMILIA	PROSOLIDARIDAD
Red Nacional de Jovenes	TBD	The Pro-Batey Alliance

Overview Narrative

USAID will provide support to PSI to distribute at least 15 million Pante condom per year. Expand condom social marketing to other populations, including the development of a new brand targeting MSMs, youth and adolescents and to market female condoms targeting CSWs and MSMs. In addition to promoting condom availability and use, PSI 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 import duties), while providing access to condoms for MARPs. Policy development will include forecasting the quantity of condoms required by each target population and establishing responsibilities for financing, procuring and distributing condoms within the public sector.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Mobile Population

Budget Code Information

Mechanism ID:	**11967**		
Mechanism Name:	**Expand comdon social marketing program.**		
Prime Partner Name:	**Population Services International (PSI)**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	968,236	
Narrative:			
Expand condom social marketing to other populations, including the development of a new brand targeting MSMs, youth and adolescents. Provide education activities to at least 25,000 during the first year. Distribute at least 15 million Pante condom per year/5 years = 75 million Pante condoms. Develop a new brand of condom targeting MSMs and youth and distribute 40,000 female condoms.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11969	**Mechanism Name: Improving the Quality of HIV Testing in PMTCT Programs**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: USG Core
Prime Partner Name: HHS/Centers for Disease Control & Prevention	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 325,000	
Funding Source	**Funding Amount**
GHCS (State)	325,000

Sub Partner Name(s)

MOH		

Overview Narrative

All PMTCT sites in the country are set up to do rapid tests, although stockouts of test

Cross-Cutting Budget Attribution(s)

Human Resources for Health	75,000

Key Issues

Child Survival Activities

Safe Motherhood

Workplace Programs

Budget Code Information

Mechanism ID:	**11969**		
Mechanism Name:	**Improving the Quality of HIV Testing in PMTCT Programs**		
Prime Partner Name:	**HHS/Centers for Disease Control & Prevention**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	325,000	
Narrative:			
1. Continue assistance, support and staff training to clinical laboratories at PMTCT sites, including quality assurance, biosafety guidelines and turnaround time of rapid HIV tests.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11971	**Mechanism Name: Providing access to quality diagnostic tests for HIV/AIDS patients.**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Partnership for Supply Chain Management	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 500,000	
Funding Source	**Funding Amount**
GHCS (USAID)	500,000

Sub Partner Name(s)

MOH		

Overview Narrative

USAID will continue to provide funds to Supply Change Management (SCMS) to procure products such as HIV tests, CD4, viral load and early infant diagnosis reagents for PLWH. SCMS will collaborate MSH/SPS to provide TA to MOH in forecasting, procurement, quality assurance, warehousing and freight-forwarding in order to implement a unified procurement and logistic system (SUGEMI).

Cross-Cutting Budget Attribution(s)

Human Resources for Health	40,000

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Child Survival Activities

Mobile Population
TB

Budget Code Information

Mechanism ID:	**11971**		
Mechanism Name:	**Providing access to quality diagnostic tests for HIV/AIDS patients.**		
Prime Partner Name:	**Partnership for Supply Chain Management**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	100,000	
Narrative:			
USAID will provide support to SCMS to procure laboratory supplies and reagents for CD4s and viral load tests.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	100,000	
Narrative:			
HIV rapid tests to improve access to quality counseling and testing services will be procured to be distributed to public and NGOs hospitals that are implementing quality VCT services.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	100,000	
Narrative:			
In order to expand access to early infant diagnosis and PITC for older children, USAID/DR will provide funds to SCMS to procure HIV tests, reagents for DNA PCR and CD4 tests.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	100,000	
Narrative:			
At least 180,000 HIV rapid tests to be procured for distribution in hospitals where PMTCT services are implemented.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Treatment	HVTB	100,000	
Narrative:			
To increase access to HIV rapid tests for TB patients, USG will provide the necessary rapid tests.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12928	**Mechanism Name: MSH/SPS to provide TA and support to MOH to implement a unified and procurement system for pharmaceuticals and commodities necessary for health services.**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 350,000	
Funding Source	**Funding Amount**
GHCS (USAID)	350,000

Sub Partner Name(s)

Ministry of Health, Dominican Republic		

Overview Narrative

A total of 300,000 HIV rapid tests will be provided to increase access to HIV tests for TB patients, pregnant women and MARPS. Support will also be provided to procure CD4s equipments, reagents and laboratory supplies to improve diagnostics. Technical assistance will be provided to implement an unified procurement and logistic system.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Increasing women's access to income and productive resources

Child Survival Activities

Safe Motherhood

TB

Family Planning

Budget Code Information

Mechanism ID:	**12928**
Mechanism Name:	**MSH/SPS to provide TA and support to MOH to implement a unified and procurement system for pharmaceuticals and commodities necessary for health services.**
Prime Partner Name:	**Management Sciences for Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	100,000	

Narrative:

USAID will provide funds to MSH/SPS to provide technical assistance and support to MOH in order to implement an unified procurement and logistic system that will ensure the timely provision of lpharmaceuticals and aboratories commodities for HIV and TBHIV patients.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	100,000	

Narrative:

USAID/DR will continue on-going support to MOH through SPS in order to implement an Unified Procurement and Logistic System, train health staff at central, regional and provincial level so that PLHW and TB patients will have access to essential medical products, laboratory supplies and reagents of assured quality, safety, efficacy and cost-effectiveness.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	50,000	
Narrative:			
To provide TA and training to MOH and COPRESIDA in order to improve forecasting in order to avoid future stock outs of ARVs, rapid tests and reagents and which will serve as the bases for the implementation of the Unified Procurement and Logistic System (SUGEMI).			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	100,000	
Narrative:			
USAID will provide funds to MSH/SPS to provide technical assistance and support to MOH in order to implement an unified procurement and logistic system that will ensure the timely provision of pharmaceuticals and laboratories commodities for HIV and TB/HIV patients.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13126	**Mechanism Name: Increasing the Capacity of the Dominican Republic to Process Safe Blood**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: USG Core
Prime Partner Name: HHS/Centers for Disease Control & Prevention	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 400,000	
Funding Source	**Funding Amount**
GHCS (State)	400,000

Sub Partner Name(s)

SESPAS		

Overview Narrative

In October 1997, UNAIDS released its position on Blood Safety and AIDS to serve him as a reference to countries in formulating policies and programs. Specifically, he urged to "educate, motivate, recruit and retain low-risk donors, and these donors defined as" those unpaid volunteers who donate their blood out of altruism, regularly. "

The same document also suggested that "It requires effective and sustained campaign to persuade a large number of people who give blood voluntarily and regularly for civic sense, that is, to motivate and recruit."

In September 2000, 189 countries adopted the Millennium Declaration, United Nations and pledge to eliminate gaps and inequalities, set itself the target eight development goals, the sixth goal calls explicitly to stop the spread of HIV. And the goals four and five set goals whose achievement will contribute to the extent that the National Blood Bank to ensure timely and safe blood for the population that needs it. These objectives are:

1. Reduce the mortality of children under 5 years.
2. Improve maternal health.

Nationally, in March of that year, the Dominican Government has defined a National Blood Policy, which was made explicit by the arrangement 5384. The policy calls for:

• FIRST: Create mechanisms that ensure timely access and quality of safe blood and blood components to all citizens, based on the principles of equity, solidarity, universality, quality and efficiency.

• SECOND: To promote voluntary blood donation through the Provincial and Municipal Health establishing specific programs for implementation of this Policy.

• THIRD: The quality and safety of blood and its components, should this be screened before being transfused.

• Fourth: To promote the rational use of blood and its components, creating all relevant laws, training of staff from health and guiding the community towards voluntary blood donation and / or secure components.

In 2001, the Dominican Congress enacted the General Health Law (Law 42-01) and established through Articles 107 and 108 that blood donation should be voluntary and prohibits commercial donation.

In 2004, Decree No. 349-04 approving the Regulations for the Qualification and Operation of Blood Banks and Transfusion Services and establishes the legal provisions for the donation of blood, as specified in Articles 38 and 39 blood banks only will be made on voluntary unpaid donors, and that there should be a plan to promote voluntary donation.

In September 2005, the Ministers of Health of all American countries gathered at the 46th PAHO Directing Council approved the Plan of Action for Transfusion Safety 2006-2010 and proposed a series of strategies and indicators to facilitate the implementation and monitoring plan. Between what we can say:
1. All countries have quality programs that include all the blood services.
2. 100% of allogeneic blood coming from voluntary donors.
In 2007, UNAIDS through its document Guidelines for Intensifying HIV Prevention suggests that it should promote safe blood donation.

Following the international and national guidelines, the National Blood Bank and other national and Dominican Red Cross have developed actions to increase voluntary blood donation and unpaid. These guidelines have not been entirely successful, since in our country's blood donation has declined significantly in recent years and the act of giving does not seem to provide motivation that drives people to assist blood banks.

According to the Report of the National Blood Bank (DNBS), Ministry of Public Health in 2009 were collected 85.169 units, which represents only 50% of the need for blood supply expected. To achieve the 171.251 collect blood units, which requires the country and meet the standard of 2% of the population, established by WHO, will require education and communication efforts to convey highly motivating messages and correct.

In this report, it is reported that only 20.770 (19.26%) were voluntary donors, altruistic and unpaid, and 61.015 (56.58%) were replacement donors. This report shows that the major proportion of blood collected from blood banks in our country comes from relatives and / or replacement. This blood is usually less safe, because often those who donate blood for the need and pressure to a relative or friend who needs it urgently can not disclose information about your health or lifestyle that they do as a person ineligible or disqualify suitable for donation.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000

Key Issues

Workplace Programs

Budget Code Information

Mechanism ID:	**13126**		
Mechanism Name:	**Increasing the Capacity of the Dominican Republic to Process Safe Blood**		
Prime Partner Name:	**HHS/Centers for Disease Control & Prevention**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMBL	400,000	

Narrative:

1. Support well-organized and coordinated blood safety activities through a central partner (e.g., MOH, National Blood Transfusion Service – NBTS, Red Cross or other entity) with legal authority to manage the national blood supply.
a. Strengthen capacity to test all donated blood for transfusion-transmissible infections in quality-assured laboratories
i. Equip the Blood Banks of 3 hospitals to become regional banks
ii. Participate in development of regional waste management plans
iii. Coordinate with laboratory and health care facilities in commodities procurement, equipment maintenance
b. Support the expansion of blood collection and transfusion services beyond urban areas. Equipping two mobile units for blood collection
2. Continue technical assistance to the Ministry of the armed forces in the process of strengthening of blood services
3. Assess need for blood by health centers
4. Continue financial and technical assistance to the DNBS for the design and implementation of a National IEC strategy in relation to the voluntary blood donation
5. Promote policies mandating the collection of blood only from voluntary, non-remunerated, low-risk blood donors. Support Red Cross in promoting the voluntary blood donation

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13143	**Mechanism Name: Assessment of human resources in public health sector**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

Secretaria de Estado de Salud Publica (SESPAS)		

Overview Narrative

Human Resource Capacity Assessment: As stated above the DRMOH reports having over 50,000 employees, it is not clear the level of existing technical competency and future training needs. These funds will be used to provide technical assistance and support to the DRMOH in order to conduct a National Human Resource Capacity Assessment. Assessment results will be used to advocate with the Health Minister on reengineering of the existing human resource structure required to provide efficient and effective health services and the development of a human resource policy and system. If fully implemented, this initiative has the potential to create enormous savings which could be redirected to existing services and the procurement of much needed supplies.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13143		
Mechanism Name:	Assessment of human resources in public health sector		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	Redacted	Redacted

Narrative:

The DR's public health infrastructure is broad, with approximately 1,370 local clinics, 104 municipal hospitals, 32 provincial hospitals, 12 regional hospitals and 16 national reference hospitals. In 2008 the DRMOH reported having 53,000 active employees in their payroll, of which: 12,071 are medical doctors, 11,927 are nurses, 1,230 are laboratory staff and 28,968 other health and administrative workers. Despite enormous growth in the overall provision of services, relatively high levels of total spending, and institutional efforts to implement a new Social Security system which includes 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 several laws to address barriers to accessing quality services and to improve efficiency and equity of health care. Key changes included decentralizing service provision, introducing national health insurance coverage and demand-side financing. Implementation of these reforms has been gradual and slow. GODR has already 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 that could be covered currently by health insurance.

All partners agree that health sector reform success depends on trained and competent human resources, but frequent replacement of qualified staff affects all programs and underscores the need for ongoing training. This challenge is particularly critical as each change in GODR administrations tends to

lead to the replacement of many trained and technical 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 significant funding from external sources. The critical challenge is now for the MOH to take on its overall stewardship role, increase the national investment in health and coordinate within the decentralized health system to 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. Existing laws prohibit testing without consent or as an employment screening measure, but are frequently violated without penalties. PLWH are particularly affected, as they are often discriminated against with impunity. Likewise, employees are often dismissed when their employers find them to be HIV+. The economic consequences for the PLWH 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 those who disclose positive HIV status, is a growing problem. 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 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.

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. The 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. Although a civil service law was approved in the early 1990s in the DR, it is not implemented.

Recognition of HIV/AIDS as a priority concern in the uniformed services is paramount to the success of HIV prevention efforts. We will continue to provide technical assistance for the development and implementation of an HIV policy. This policy will support the strategic priorities addressed by the National Strategic Plan (NSP) and provide a favorable context for the prevention, care and treatment of HIV by addressing key concerns for the uniformed services. Some of these concerns include increase access to and use of prevention services through information, education and communication (IEC) for behavior change, VCT and condom support, implementation of improved sexually-transmitted infection (STI) control measures, and strengthened networks and support for PLWHA. Individuals who can support the quality of HIV/AIDS prevention, care and treatment in the FFAA are crucial. Capacity building to train, mentor, and supervise staff necessary for prevention, care and treatment will be addressed.

Indicators:
Monitoring policy reform and development of PEPFAR supported activities.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13310	**Mechanism Name: Increasing Local Capacity to Provide HIV Prevention Services to Drug Users in the Dominican Republic**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted

Key Issues

Mobile Population

Safe Motherhood

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**13310** **Increasing Local Capacity to Provide HIV Prevention Services to Drug Users in the Dominican Republic** **TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	Redacted	Redacted
Narrative:			
Drug Users CDC will select one or two NGO(s) to conduct a KABB evaluation to further delineate the educational			

needs, perception of risk, readiness for exchanging needles, and ability needed to negotiate condom use. The evaluation will also allow the grantee to assess the vulnerability as they face the need to obtain resources for drug consumption (sex work). The grantee will also evaluate the use of a science based intervention (DEBI) and adapt it to local needs. The intervention must address needle exchange issues. A second level must also address the promotion of safe sex practices.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13334	**Mechanism Name: Increasing the Capacity to Provide HIV Prevention Services to Mobile Populations in the Dominican Republic**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Mobile Populations

The CDC is in the process of conducting a formative evaluation with this group in collaboration with USC. The formative evaluation will provide preliminary information that can be used to develop targeted programs reaching mobile populations. Educational materials in both Spanish and Creole will be

developed. The formative evaluation will also allow us to conduct behavioral modification strategies for face to face interventions. Based on exiting data, the selected organization will target Santiago, Santo Domingo, Barahona, Monte Cristi and Puerto Plata as funding allows. The selected partner and CDC will develop strategic alliances with constructions companies, hotel associations, agricultural sites and others as defined by the formative research to implement the selected intervention(s).

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted

Key Issues

Mobile Population

Safe Motherhood

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**13334** **Increasing the Capacity to Provide HIV Prevention Services to Mobile Populations in the Dominican Republic** **TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	Redacted	Redacted
Narrative:			
Mobile Populations a) Develop communication strategy for behavior change b) Publish FOA to Fund 1 or 2 NGOs to Implement prevention strategies for each population.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13417	**Mechanism Name: NGO Umbrella Mechanism**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Based on the results of youth ssessment, USAID is in the process of integrating a Youth Program that will integrate OVC as one of the target ppulation. It is expected that by February program design will be completed.

Cross-Cutting Budget Attribution(s)

Education	Redacted
Food and Nutrition: Policy, Tools, and Service Delivery	Redacted

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Child Survival Activities
TB

Budget Code Information

Mechanism ID:	13417		
Mechanism Name:	NGO Umbrella Mechanism		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	Redacted	Redacted
Narrative:			
USAID is in the process of designing an integrated Youth Program in which OVC will be targetted. This activity will also integrate funds from the education and economic development sector to target Youth-at-Risk with health services, education and economic opportunities sector. This activity may include technical and vocational training for youth, urban vegetable gardens and/or summer camps offering sports and creative arts. This approach will build resilience and hope in these children.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13443	**Mechanism Name: Implement PMTCT and VCT Centers of Excellence in selected hospitals**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

MOH		

Overview Narrative

In FY2011, the USG will continue to strengthen MCH services to support PMTCT services including early infant diagnosis (EID) in at least ten "Centers of Excellence" hospitals and 26 hospitals in regions V and VII. TA, on-site training and support will be provided at the hospital level to integrate HIV/AIDS prevention and treatment services with wrap-around services in reproductive health, tuberculosis, nutrition and immunizations, referrals strengthening, improved HIV counseling and diagnostic services strengthen, including the supply of quality test kits, CD4 and EID testing.

Health care providers will be trained in EID, dry blood sampling and referrals. A revised logistics system will transport samples to the National Reference Laboratory and results will be communicated to the appropriate hospital departments in a timely manner. Opt-out testing will be implemented as a pilot program in selected facilities. NGOs will be integrated into the system to assure linkages between hospitals and their communities.
With PFIP FY 2009 additional funding and FY 2010 budget, USG will strengthen and scale up the access to and quality of CT activities in MOH hospitals; training will include DAF and NGO personnel, especially those in Border provinces. This intervention will seek to improve laboratory ability to provide quality test results in a timely manner. USG will also continue to support NGOs, CBOs and PLWA organizations to mobilize communities to encourage preventive behaviors and seek quality CT, provide counseling and testing in the communities, and facilitate active referrals for diagnosis, care and treatment, while also reducing barriers to CT such as stigma and discrimination.

USG will continue to support trained PLWA to provide emotional support and links to community based support groups. HIV+ individuals will be referred to TB testing as appropriate. Individuals with negative test results, either in clinics or a mobile unit will be provided with prevention information, including contact information for prevention and other community programs. USG will 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. A mass media campaign to promote CT services targeting health personnel and individuals will be developed.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Child Survival Activities

Mobile Population

Safe Motherhood

TB

Family Planning

Budget Code Information

Mechanism ID:	**13443**		
Mechanism Name:	**Implement PMTCT and VCT Centers of Excellence in selected hospitals**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	Redacted	Redacted
Narrative:			
Support NGOs to Integrate TB/HIV information and education, as well as referral to services through community mobilization .			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13507	**Mechanism Name: Strengthening Dominican Republic Public Ministry of Health in the Areas of Epidemiology, Monitoring and Evaluation, Tuberculosis, Blood Safety, Prevention and Laboratory**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: SESPAS	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 821,500	
Funding Source	**Funding Amount**
GHCS (State)	821,500

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	300,000

Key Issues

Mobile Population

TB

Workplace Programs

Budget Code Information

Mechanism ID:	**13507**
Mechanism Name:	**Strengthening Dominican Republic Public Ministry of Health in the Areas of Epidemiology, Monitoring and Evaluation, Tuberculosis, Blood Safety, Prevention and Laboratory**
Prime Partner Name:	**SESPAS**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	125,000	

Narrative:

To strengthen the HIV/AIDS/STI surveillance activities in the country

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	100,000	

Narrative:

Support well-organized and coordinated blood safety activities through a central partner (e.g., MOH, National Blood Transfusion Service – NBTS, Red Cross or other entity) with legal authority to manage the national blood supply.
? Promote policies mandating the collection of blood only from voluntary, non-remunerated, low-risk blood donors
? Strengthen capacity to test all donated blood for transfusion-transmissible infections in quality-assured laboratories
? Emphasize the appropriate clinical use of blood through training, mentoring and the development of national guidelines.
? Promote a quality assurance system covering all stages of the transfusion process (from donor to recipient)
? Emphasize training consistent with international standards, as well as with national plans and policies regarding blood safety
o Coordinate Phlebotomy training
? Ensure quality indicators are utilized to monitor, evaluate, and when necessary, alter or adapt, national blood service strategies and/or practices
? Strengthen national capacity through human resource and infrastructure development
o Coordinate with Human Resources for Health, Systems Strengthening in areas of in-service and pre-service training regarding guidance on training development and assessments
o Participate in development of regional waste management plans
o Coordinate with laboratory and health care facilities in commodities procurement, equipment maintenance
? Encourage collaboration with other national and international partners involved in related activities to expand capacity and avoid duplication:
o International: Global Fund, World Bank, International Federation of the Red Cross/Red Crescent, etc.
o National: malaria prevention, patient safety, maternal and child health, etc.
? Support the expansion of blood collection and transfusion services beyond urban areas.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	350,000	

Narrative:			
Strengthening STI Detection Services: Sexually Transmitted Infections (STI) continues to be a significant issue among Dominicans, with even higher rates among high risk populations. Existing services are generally frail and are not easily accessible to high risk groups. Funds under this initiative will be used by CDC to strengthen STI detection services in the country by providing training and technical assistance to clinical staff, advocating for policy change and improving linkages with other prevention, care and treatment services.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	96,500	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	150,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13509	**Mechanism Name: Strengthening Dominican Republic Public Health Capacity in the Areas of Epidemiology, Monitoring and Evaluation and Laboratory Surveillance**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: UNIVERSITY OF PUERTO RICO	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 300,000

Funding Source	Funding Amount
GHCS (State)	300,000

Sub Partner Name(s)

INTEC	UASD	

Overview Narrative

For several years, the Dominican Republic (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. Both legislations complement each other and decentralize the basic functions of the National Health System from the Ministry of Health (MOH). Under the new law, the functions of the MOH are to regulate the health system, develop public policy, monitor and evaluate the system and continue to conduct surveillance activities. The actual provision of services is now under the responsibility of the regional level, supervised by the National Social Security Council. Complete implementation of this new model began in January 2009.

The health care reform brings additional challenges in ensuring appropriately trained health workforce to implement and strengthen HIV/AIDS services that will no longer be the responsibility of the National AIDS Program, but under the Regional Service Direction in each region. Successful health sector reform will depend largely in part upon a trained, competent workforce at national, regional and local levels. Frequent replacement of qualified staff adversely affects all programs and underscores the need for ongoing training. This is particularly problematic as each change in Dominican Republic government administrations tends to lead to the replacement of many trained staff. In addition, the lack of a civil service program impedes recruitment and retention of staff. Low salaries impede staff loyalty and full dedication which often leads to multi-employment, poor management, program planning, and standardization. The United States Federal Government continues to work with other donors to engage the Dominican Government in developing and implementing a civil service and administrative career law which will provide stability to health staff, thus improving retention of personnel and reducing staff turnover. This funding announcement will be one step in this in this direction.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	150,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13509**		
Mechanism Name:	**Strengthening Dominican Republic Public Health Capacity in the Areas of Epidemiology, Monitoring and Evaluation and Laboratory Surveillance**		
Prime Partner Name:	**UNIVERSITY OF PUERTO RICO**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	300,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

USG Management and Operations

1.

Redacted

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Agency Information - Costs of Doing Business
U.S. Agency for International Development

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services					44,429	44,429
ICASS					35,000	35,000
Management Meetings/Professional Developement					9,361	9,361
Non-ICASS Administrative Costs					40,231	40,231
Staff Program Travel					39,500	39,500
USG Staff Salaries and Benefits					631,479	631,479
Total	**0**	**0**	**0**	**0**	**800,000**	**800,000**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (USAID)		44,429
ICASS		GHCS (USAID)		35,000
Management Meetings/Professional Developement		GHCS (USAID)		9,361
Non-ICASS Administrative Costs		GHCS (USAID)		40,231

U.S. Department of Defense

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services				12,200		12,200
ICASS				11,400		11,400
Management Meetings/Professional Developement				20,000		20,000
Non-ICASS Administrative Costs				10,000		10,000
Staff Program Travel				20,000		20,000
USG Staff Salaries and Benefits				150,400		150,400
Total	**0**	**0**	**0**	**224,000**	**0**	**224,000**

U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		12,200
ICASS		GHCS (State)		11,400
Management Meetings/Professional Developement		GHCS (State)		20,000
Non-ICASS Administrative Costs		GHCS (State)		10,000

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services				35,000		35,000
ICASS				130,000		130,000
Staff Program Travel				199,000		199,000
USG Staff Salaries and Benefits			500,000	836,000		1,336,000
Total	**0**	**0**	**500,000**	**1,200,000**	**0**	**1,700,000**

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		35,000
ICASS		GHCS (State)		130,000

U.S. Peace Corps

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Non-ICASS Administrative Costs				31,200		31,200
Peace Corps Volunteer Costs				22,167		22,167
Staff Program Travel				40,000		40,000
USG Staff Salaries and Benefits				215,400		215,400
Total	**0**	**0**	**0**	**308,767**	**0**	**308,767**

U.S. Peace Corps Other Costs Details

Category	Item	Funding Source	Description	Amount
Non-ICASS Administrative Costs		GHCS (State)		31,200