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2008

Dominican Republic

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Table 1: Overview

Executive Summary

File Name	Content Type	Date Uploaded	Description	Uploaded By
ExecutiveSummaryFY08.doc	application/msword	9/25/2007	Executive Summary	THerscowitz

Country Program Strategic Overview

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

Yes No

Description:

Update to Dominican Republic 5-Year Strategy

In FY2008 there are four updates to the 5-Year Strategy that was submitted with the Dominican Republic (DR) FY2007 MiniCOP.

(1)Agency presence of the U.S. Centers for Disease Control and Prevention (CDC). When the 5-year Strategy was originally drafted, CDC did not have an agency presence in the Dominican Republic (DR). At that time, USG intended that CDC would operate within the DR as a partner to USAID, with USAID providing necessary administrative and logistical support. After submission of the 5-year Strategy, CDC and USAID agreed (with OGAC input and approval) that CDC would instead establish independent agency presence in the DR and operate as an agency-member of the USG DR HIV/AIDS team. Due to the late release of FY2007 PEPFAR funds, CDC will not open its office and begin planned activities until FY2008 (still using FY2007 funds).

(2)Expanded Coverage of Border Areas. Based on new information on HIV seroprevalence and other epidemiological information, and in response to a direct request from the Government of the Dominican Republic, USG has expanded its geographical area of focus along the border with Haiti to include the Dajabón, Montecristi, Santiago Rodríguez and Valverde provinces. A copy of the letter from the Dominican Government has been uploaded as a Supporting Document to the FY2008 MiniCOP.

(3)PEPFAR funding for TB/HIV co-infection. In past years, TB/HIV co-infection programming was funded exclusively by non-PEPFAR child survival funds. These funds have decreased, and beginning in FY2008 PEPFAR funds will be used to support certain HIV/TB co-infection interventions. In FY2008 USAID will provide support and TA to strengthen a functional patient referral system for TB/HIV co-infected patients. USAID will, along with the GF, support initial training of health teams in the public sector to address TB/HIV co-infection. In FY2008, PEPFAR funds will also support the development and implementation of norms and protocols for comprehensive case management of TB/HIV co-infected patients.

(4)Continuity of services outside focus areas. We are committed to ensuring continuity of prevention, care and treatment services initiated by the USG. As noted in the FY2008 MiniCOP Guidance, "(i)t is essential that once the USG provides funding to initiate these services, we demonstrate our commitment to ensuring continuity of care." The 5-Year Strategic Plan explains that the USG/DR is shifting to a comprehensive program in certain geographical areas (Region V and the border areas) and, as a result, is discontinuing support for programs falling outside these areas. With FY2007 funds, USG/DR is developing a transition strategy seeking support of the GODR, or, in most cases, other international partners to provide continuity of services. USG/DR will continue to support services provided to individuals until continuity of services has been ensured.

Ambassador Letter

File Name	Content Type	Date Uploaded	Description	Uploaded By
Document.pdf	application/pdf	9/26/2007	Ambassador's letter	THerscowitz

Country Contacts

Contact Type	First Name	Last Name	Title	Email
PEPFAR Coordinator	Angela	Franklin Lord	Health and Population Leader	ALord@usaid.gov
PEPFAR Coordinator	Maria	Castillo	HIV/AIDS Specialist	MCastillo@usaid.gov
DOD In-Country Contact	Ricardo	Arias	MAAG CDR	AriasR@state.gov
HHS/CDC In-Country Contact	Kevin	Sabin	Acting Program Director	kis4@cdc.gov
Peace Corps In-Country Contact	Miguel	Leon	Health Director	mleon@do.peacecorps.gov
USAID In-Country Contact	Angela	Franklin Lord	Health and Population Leader	ALord@usaid.gov
USAID In-Country Contact	Maria	Castillo	HIV/AIDS Specialist	MCastillo@usaid.gov

U.S. Embassy In-Country Contact	Roland	Bullen	Charge de Affairs	MaroneyHD@state.gov
Global Fund In-Country Representative	Angela	Franklin Lord	Health and Popluation Leader	ALord@usaid.gov

Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2008?	\$0
Does the USG assist GFATM proposal writing?	Yes
Does the USG participate on the CCM?	Yes

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2008

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
Prevention				
End of Plan Goal				
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	35,071	72,966	108,037
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	509	846	1,355
Care (1)				
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	6,382	24,250	30,632
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	1,083	278	1,361
8.1 - Number of OVC served by OVC programs	0	4,089	0	4,089
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	60,512	404,417	464,929
Treatment				
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	0	9,000	9,000
Human Resources for Health				
End of Plan Goal				
	0			

2.2 Targets for Reporting Period Ending September 30, 2009

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Prevention				
End of Plan Goal				
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	56,104	91,251	147,355
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	839	1,270	2,109
Care (1)				
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	12,762	30,313	43,075
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	2,451	305	2,756
8.1 - Number of OVC served by OVC programs	0	4,702	0	4,702
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	135,063	364,937	500,000
Treatment				
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	0	10,500	10,500
Human Resources for Health				
End of Plan Goal				
	0			

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

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8862.08
System ID: 8862
Planned Funding(\$): \$2,892,425
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Academy for Educational Development
New Partner: No

Mechanism Name: Strengthen HIV Prevention and Care in Armed Forces

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5987.08
System ID: 8088
Planned Funding(\$): \$245,000
Procurement/Assistance Instrument: Contract
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: Armed Forces of the Dominican Republic
New Partner: No

Mechanism Name: Twinning Region V (RFP)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5985.08
System ID: 8089
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Columbia University
New Partner: No

Sub-Partner: Ministry of Health, Dominican Republic
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Mechanism Name: AB Education adult and out of school youth (TASC3)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8103.08
System ID: 8103
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: Care and Support for PLWHAs at Border (TASC3)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5995.08
System ID: 8082
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: N/A
New Partner: No

Mechanism Name: Care and Support for PLWHAs in Reg V (TASC3)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5994.08
System ID: 8081
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: N/A
New Partner: No

Mechanism Name: Improved Access to Integrated Care (TASC3)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6007.08
System ID: 8086
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: N/A
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Lab Infrastructure (TASC3)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6008.08
System ID: 8134
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: N/A
New Partner: No

Mechanism Name: Life Skills Education in Schools/MOE (TASC3)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5988.08
System ID: 8077
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: N/A
New Partner: No

Mechanism Name: Life Skills Education in Schools/MOH (TASC3)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5989.08
System ID: 8078
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: N/A
New Partner: No

Mechanism Name: OVC Care and Support (TASC3)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5996.08
System ID: 8083
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: N/A
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Prevention for MARPs (TASC3)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5991.08
System ID: 8079
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: N/A
New Partner: No

Mechanism Name: Prevention in Bateys/migrants (TASC3)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5992.08
System ID: 8080
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: N/A
New Partner: No

Mechanism Name: Reaching Street Children (TASC3)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5997.08
System ID: 8084
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: N/A
New Partner: No

Mechanism Name: Strengthen MCH Services

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8101.08
System ID: 8101
Planned Funding(\$): \$800,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: N/A
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TA to improve PMTCT Services (TASC3)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5983.08
System ID: 8087
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: N/A
New Partner: No

Sub-Partner: N/A
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT

Mechanism Name: TASC3

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8107.08
System ID: 8107
Planned Funding(\$): \$420,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: N/A
New Partner: No

Mechanism Name: TB/HIV co-infection

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8104.08
System ID: 8104
Planned Funding(\$): \$256,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: N/A
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Twinning Region VII

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8102.08
System ID: 8102
Planned Funding(\$): \$300,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: VCT Access for Hard-to-Reach Pops (TASC3)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5998.08
System ID: 8085
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: N/A
New Partner: No

Mechanism Name: Twinning at Border (RFP)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5986.08
System ID: 8090
Planned Funding(\$): \$350,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Partners in Health
New Partner: No

Sub-Partner: Ministry of Health, Dominican Republic
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Program Management

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6017.08
System ID: 8091
Planned Funding(\$): \$52,000
Procurement/Assistance Instrument: USG Core
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: Uniformed Services University of the Health Sciences/Center for Disaster and Humanitarian Assistance Medicine
New Partner: No

Mechanism Name: Measure/TA for M&E

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6012.08
System ID: 8092
Planned Funding(\$): \$225,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: University of North Carolina
New Partner: No

Mechanism Name: Program Management

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6016.08
System ID: 8095
Planned Funding(\$): \$375,000
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: USAID ICASS

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6075.08
System ID: 8093
Planned Funding(\$): \$35,000
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Agency for International Development
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID IRM

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6076.08
System ID: 8094
Planned Funding(\$): \$50,000
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: Administrative/logistical support for CDC

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6009.08
System ID: 8097
Planned Funding(\$): \$869,450
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: Surveillance and Laboratory Strengthening

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5980.08
System ID: 8096
Planned Funding(\$): \$1,135,115
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Sub-Partner: Ministry of Health, Dominican Republic

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Peace Corps Overhead Costs

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 6077.08

System ID: 8099

Planned Funding(\$): \$17,885

Procurement/Assistance Instrument: USG Core

Agency: Peace Corps

Funding Source: GHCS (State)

Prime Partner: US Peace Corps

New Partner: No

Mechanism Name: Yo Escojo

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 5982.08

System ID: 8098

Planned Funding(\$): \$120,000

Procurement/Assistance Instrument: USG Core

Agency: Peace Corps

Funding Source: GHCS (State)

Prime Partner: US Peace Corps

New Partner: No

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
5985.08	8089	Columbia University	U.S. Agency for International Development	GHCS (USAID)	Ministry of Health, Dominican Republic	N	\$0
5986.08	8090	Partners in Health	U.S. Agency for International Development	GHCS (USAID)	Ministry of Health, Dominican Republic	N	\$0
5980.08	8096	US Centers for Disease Control and Prevention	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ministry of Health, Dominican Republic	N	\$0

Table 3.3: Program Planning Table of Contents

MTCT - PMTCT

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Total Planned Funding for Program Area: \$1,091,000

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

Note: Due to late release of FY07 PEPFAR funding, many planned activities have not yet taken place. In addition, little new information has become available since submission the FY07 MiniCOP. This narrative assumes that FY07 planned activities will occur before (or concurrently with) initiation of FY08 activities. Furthermore, FY07 funds were used to transition the USG HIV/AIDS program to one of limited geographic focus. FY08 is the first year where the majority of USG support will be concentrated in Region V and the border areas. The border areas lack basic infrastructure necessary to support a comprehensive HIV/AIDS program, and hence FY08 funding will focus on infrastructure. It is expected that our FY08 downstream targets will decrease from those for FY07, while our upstream targets for FY08 will increase.

Context/Services

In 2006 there were an estimated 230,000 births in the DR, with an estimated 2.3% seroprevalence, up to 5.9% in a province located on the Haitian border. The 2002 DHS estimated that 98% of Dominican women had prenatal care, 94% had more than four prenatal visits and 97% delivered in a private (21%) or public (76%) hospital. Of the 180 hospitals providing prenatal care, 130 have staff trained to provide the complete regimen of PMTCT services. However, a 2007 USAID/UNICEF/PAHO evaluation of DIGECITSS noted that the PMCT program was reaching only 19% of expected pregnant women. It is unknown whether this is due to poor reporting (government reporting is poor, with only 73 of the 130 hospitals offering PMTCT services reporting on those services regularly) or due to a lack of offered services. Private sector health facilities do not report on PMTCT services.

Because routine reporting of PMTCT services is unreliable, for this narrative we relied on data that USAID-supported hospitals provided to USAID through the CONECTA project. For a nine-month period (Sept. 2006 to June 2007), these 47 hospitals reported testing of 59,000 pregnant women, of whom 52,000 (88%) received pre-test counseling, 32,000 (52%) received post-test counseling and 490 (0.8%) tested positive. Due to limited health staff and consultation hours, pre-test counseling is restricted to group sessions. Current laws require opt-in consent and signed informed-consent forms for HIV testing. Although 75% of laboratories use rapid tests, few provide HIV test results the same day, and some take as long as a month. Although HIV tests are free, the relatively small number of women tested appears to be due to a number of factors, including the cost of other recommended tests (e.g., blood, urine, syphilis, hepatitis, etc.), and the refusal of women who already know they are HIV+.

The PMTCT cascade includes C-section in the 38th week with Nevirapine before the procedure, optional voluntary sterilization with informed consent, Nevirapine administered to the baby 8-12 hours after birth, and provision of milk substitute for the first six months of the baby's life. Some pregnant women who know themselves to be HIV+ hope to avoid the C-section performed routinely on HIV+ women and intentionally delay arrival at the clinic until after their amniotic membranes have ruptured, when it is too late to receive Nevirapine. Testing is performed in these cases, and the newborns receive Nevirapine. The low numbers of women and children receiving treatment indicate a need to improve laboratory diagnostics, strengthen the overall PMTCT program, allow same-day results, strengthen and reinforce the information system, and ensure full reporting, opt-out consent, provide. Discussions during FYs 2006 and 2007 have focused on changing norms and protocols in order to provide triple therapy or ARVs as required. However, experts are cautious about adopting these strategies until the overall health system has been strengthened. In FY2008, USG plans to provide support and implement these strategies at some health facilities in Region V and the border areas to demonstrate the feasibility of implementing this strategy.

Because only 10% of children in the Dominican Republic are breast-fed exclusively for more than three months, the MOH developed norms and guidelines to provide nutritional counseling and milk substitutes for the first six months for those mothers who will not or cannot exclusively breast feed. In FY08, USG will strengthen this intervention in Region V and the border areas. USG also will explore opportunities for wraparound breastfeeding awareness activities with the USAID Maternal and Child Health program.

In 2007 USAID is providing direct PMTCT support to 77 hospitals and indirectly supports an additional 47 hospitals. As the USG program transitions to the geographic focus set forth in the strategic plan, facilities outside the focus areas will receive only limited support in FY08. The support will include training on implementing policy changes, strengthening information management systems and management and reporting structures, and facilitating transition to new funding sources. USAID support to facilities in the strategic plan's geographic focus regions includes programming to reduce the numbers of patients lost to follow-up by information systems strengthening and increasing the number of women and children receiving preventive treatment. USAID funds indigenous NGOs to partner with health care facilities for post-test counseling and referrals for care and support services.

USAID is working with the USG/Haiti team to ensure rapid testing at delivery and reduce the number of HIV+ Haitian women lost to follow-up after giving birth in the DR. FY2008 funds will be used to begin twinning and referral systems between additional hospitals on each side of the DR/Haiti border, as well as to continue activities begun with FY2007 funds such as development of a universal health card for clinicians to coordinate and track the care provided to patients receiving treatment in Haiti and the DR.

A USAID partner has been participating in discussions on national PMTCT strategies and actions and integrating PMTCT programs into the National Maternal and Child Health Services. Policy efforts continue to include the development, advocacy, and broad dissemination of: (1) PMTCT guidelines and protocols; (2) revised laboratory standard operating procedures for testing, confirmation and patient notification prior to delivery as well as PCR DNA testing of children born to HIV+ mothers; and (3) no-cost provision of ARVs, triple therapy and other prenatal tests. USAID will work with GODR, the Clinton Foundation and UNICEF to develop PMTCT policies on possible physician-initiated and opt-out testing, integration of other necessary pre-natal screening, CD4 testing and ARV treatment for HIV+ pregnant women and their families, eliminating routine use of C-sections for HIV+ women, providing six month supplies of breast milk substitute, and referrals for FP services and follow-up care.

Stigma affects PMTCT program effectiveness in the DR. Some HIV+ pregnant women are reluctant to discuss their serostatus with their partners and families due to fear of abandonment and/or domestic violence, and some women continue to breastfeed for fear that their community will suspect they are HIV+. PLWHA networks providing support at the community level offer emotional and psychological support, including strategies to disclose their health status to partners, and encourage partner testing and involvement during and after pregnancy. USG will continue to foster these community activities in Region V and the border regions to support HIV+ pregnant women and those who have delivered.

Monitoring and evaluation of PMTCT programs in the DR is limited. PMTCT indicators are included in the national M&E system currently under development by COPRESIDA. In FY2008, USG will work with GODR, contractors and NGOs to create standardized data collection for monitoring successful completion of the PMTCT cascade. Data collection will include creation of forms/log books, training and, where possible, installing appropriate health management information systems.

Referrals and Linkages

USG interventions complement the work funded by UNICEF, the GF and other donors in PMTCT, where each provides components necessary for the program. For example, the GF provides rapid test kits, milk substitutes for babies and the cost of human resources to implement and monitor PMTCT activities in DIGECITSS. UNICEF supports PMTCT management costs and provides technical assistance and support for evaluating the PMTCT program. For the past four years, the Spanish Municipality of Rioja has provided all the Nevirapine required by the PMTCT program. Columbia University has provided technical assistance and support to a clinic in La Romana, PROFAMILIA has a pilot project in two clinics providing triple therapy through their PMTCT programs.

Sustainability

GODR provides the hospital infrastructure and staff to implement the PMTCT program nationally. In addition, PMTCT services are included in the package of services funded under the Social Security reform. The new Social Security program is being implemented in stages, and is currently operating in four Health Regions (including Region V) with over 400,000 enrollees. However, as PMTCT norms are modified to provide differentiated treatment, the provision of ARVs and associated tests (CD4 and viral load) remains a concern as the costs of these services are not included in the family health insurance under the new Social Security system.

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

Program Area Downstream Targets:

1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	25
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	56104
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	839
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	181

Custom Targets:

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 8862.08 **Mechanism:** N/A
Prime Partner: Academy for Educational Development **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (USAID) **Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT **Program Area Code:** 01
Activity ID: 11866.08 **Planned Funds:** \$370,000
Activity System ID: 18403
Activity Narrative: n/a
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11866
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28685	11866.2868 5.09	U.S. Agency for International Development	Academy for Educational Development	11705	8862.09		\$250,000

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 5985.08 **Mechanism:** Twinning Region V (RFP)
Prime Partner: Columbia University **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (USAID) **Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT **Program Area Code:** 01
Activity ID: 11868.08 **Planned Funds:** \$0
Activity System ID: 18410
Activity Narrative: n/a
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11868
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11868	11868.07	U.S. Agency for International Development	Columbia University	5985	5985.07	Twining Region V (RFP)	\$0

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 5986.08	Mechanism: Twinning at Border (RFP)
Prime Partner: Partners in Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT	Program Area Code: 01
Activity ID: 11869.08	Planned Funds: \$150,000
Activity System ID: 18413	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11869	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28703	11869.28703.09	U.S. Agency for International Development	Partners in Health	11707	5986.09	Twinning at Border (RFP)	\$100,000
11869	11869.07	U.S. Agency for International Development	Partners in Health	5986	5986.07	Twinning at Border (RFP)	\$100,000

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 5980.08	Mechanism: Surveillance and Laboratory Strengthening
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT	Program Area Code: 01
Activity ID: 11864.08	Planned Funds: \$121,000
Activity System ID: 18421	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11864	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11864	11864.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5980	5980.07	Surveillance and Laboratory Strengthening	\$52,000

HVAB - Abstinence/Be Faithful

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Total Planned Funding for Program Area: \$980,000

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Note: Due to late release of FY07 PEPFAR funding, many planned activities have not yet taken place. In addition, little new information has become available since submission the FY07 MiniCOP. This narrative assumes that FY07 planned activities will occur before (or concurrently with) initiation of FY08 activities. Furthermore, FY07 funds were used to transition the USG HIV/AIDS program to one of limited geographic focus. FY08 is the first year where the majority of USG support will be concentrated in Region V and the border areas. The border areas lack basic infrastructure necessary to support a comprehensive HIV/AIDS program, and hence FY08 funding will focus on infrastructure. It is expected that our FY08 downstream targets will decrease from those for FY07, while our upstream targets for FY08 will increase.

Context/Services

As of 2002, HIV seroprevalence in the general population was an estimated 1.0% (1.1% for men and 0.9% for women, ages 25-49). Across the 45 USAID-supported VCT centers prevalence in women of reproductive age is 3.4% and in men is 4.3%. Although men still account for the majority of HIV cases, the male to female ratio is decreasing. DIGECITSS 2005 statistics indicate that young women ages 14-24 account for 71% of new HIV/AIDS infections. Data from the 2007 DHS will be available in the last quarter of calendar year 2007.

The mean reported age of sexual debut for women is 18.4 years, but early adolescent sex is an issue. Countrywide, 14-16% of women and 30% of men report having had sexual relations before age 15, and 46% of women report having had sexual relations prior to age 18. In two DR-Haiti border cities, 27% of surveyed adolescents (35% females and 65% males) reported having engaged in sexual intercourse, with 28% of these reporting a first sexual relation before age ten. Of these sexually active adolescents, 28%, 7% and 10% reported 2, 3 and 4 or more sexual partners respectively in the previous 12 months. The same survey found 15% of the boys and 44% of the girls reporting having had genital secretions and 9% of the boys and 36% of the girls reporting having had genital warts or lesions in the previous 12 months. According to a 2006 CDC assessment, HIV incidence in young women ages 15-24 is almost twice that of males of the same age, suggesting that cross-generational sex is an issue in the DR. [USG support to prevent child abuse is addressed in the OVC narrative.] Results of a 2007 BSS+ survey supported by USAID will contribute greatly to further understanding of the major epidemic drivers. The BSS+ results will be used to direct future prevention programming, not only in AB but in other preventions as well.

COPRESIDA, using the GF grant, funds AB life skills training in public schools through an agreement with the MOE. UNICEF is conducting an evaluation of the AB life skills program. This evaluation will serve as the basis for reviewing the MOE AB life skills program and introducing the necessary tools in order to have an impact in the youth and adolescent population of the DR. With high repeat and drop-out rates, primary schools students are often older than the norm for their grades. USAID will continue to work with MOH and MOE to pilot an AIDS awareness and AB education component into the existing public school curriculum. The life skills modules also address prevention of gender-based violence, cross-generational sex and sexual abuse/coercion. Youth of appropriate age or otherwise identified at higher risk for HIV/AIDS will be referred to other prevention programs, possibly outside the school. This life skills and referral program will be piloted in the Haitian border area and Region V, where early sexual debut is

common and where 79-87% of children attend primary school. The program will be coordinated with similar initiatives on the Haitian side of the border supported by USAID/Haiti using PEPFAR funds. As a wraparound activity, USG will support schools to conduct extracurricular activities, such as sports, to promote healthy behaviors and reduce undesirable behaviors.

In FY08, USG will continue to support indigenous NGOs, such as PROMUNDO, to take AB messages to street children and youth outside the school system. Trained peer educators teach about HIV/AIDS and provide a link between street children and such services as counseling and testing, OVC programs, care, treatment, and other prevention methods. Peer educators also address gender issues that may affect the epidemic.

USG's public information AB program will continue in FY08 with mass media campaigns carried out in collaboration with MOH, other donors and the private sector, and community-based outreach initiatives implemented by NGOs. Campaigns will continue to include messages of abstinence (or delay of sexual debut) targeting youth, and partner reduction (e.g., the "Trusted Partner" campaign) for adults. Messages are delivered by USG-funded NGOs/FBOs and PCDR volunteers through community gatherings and house visits where AB is discussed in detail by trained promoters. An USAID-sponsored annual song contest, which includes the AB strategy, is now an established event. TV and radio stations have contributed an estimated US\$4 million of broadcast time to this event, a prime example of a successful public-private partnership.

Religious groups, such as the Catholic Church, are powerful advocates for abstention/delay of sexual debut for adolescents and for being faithful to one's partner in adulthood. They also can be instrumental in educating parents to improve parent-child communications on HIV/AIDS, sexuality, and broader health/personal issues. In FY08, USAID will continue to support an indigenous NGO and a technical assistance provider to integrate HIV/AIDS awareness and AB education components into the curricula of church-supported schools and community programming. These programs will also facilitate linkages to other prevention, testing and care programs. USAID continues to work with a number of FBOs to deliver AB prevention messages.

With young women constituting the majority of new infections, the general adult population must be considered a high risk group. Data suggest that the general adult population knows the health benefits of reducing the number of sex partners. Nevertheless, one of five men in union has outside partner(s), and in young couples aged 15-19, one in three men has outside partner(s). As in many Latin American countries, due to stigma MSM behavior may be underreported and, therefore, the reporting of heterosexual transmission may be inflated. USG will continue to support the development and operation of indigenous NGOs that provide peer education and community outreach to specific adult groups in the border area and Region V. This work addresses harmful social norms, partner reduction, gender-based violence, and informal transactional and cross-generational sex. B messaging will be provided to adult males and females, including those working in the tourism industry and in/around the bateys (sugar plantations, which have higher HIV/AIDS rates than the Dominican norm). Empowerment of girls/women will be promoted to help them have a stronger voice in their sexual lives and thus prevent disease.

DOD will continue to support training of trainers to provide AB messages and create awareness of HIV/AIDS to all military personnel, from recruits to senior leadership. Peer education is supported through developing, producing/reproducing and distributing HIV/AIDS prevention literature, videos and other IEC materials. The program also addresses STI/HIV/AIDS and TB for military personnel and their families. DOD will continue to emphasize sensitivity to issues surrounding stigma and discrimination, and activities will extend to outlying military posts.

In FY2008 USAID will evaluate the lessons learned and results obtained from the BCC model approach being implemented by NGOs. These results will be used to develop the overall BCC strategy. The M&E of USAID program activities will be supported by MEASURE. DOD will be responsible for monitoring and evaluation of the activities with DAF.

Referrals and Linkages

Close linkages between USG-supported activities for out-of-school children in order to integrate AB prevention activities will be implemented as well as with those NGOs promoting STI prevention and family planning, among youth and adolescents. Under the current USAID/DR FP graduation strategy, FP activities are being integrated with HIV/AIDS interventions. USAID is currently considering a proposal to show the public sector how to integrate FP into HIV activities, including AB.

High risk populations will receive referrals for other prevention services through the AB programming.

Sustainability

Both public information campaigns and the song contest, which are high profile and popular, are attractive to other donors as shown by past collaboration. In fact, in 2006 the MOH used its own resources to air a number of spots produced by USAID on reducing stigma and discrimination.

The MOE is responsible for providing health and life skills education to youth. USG will work closely with the MOE, in collaboration with COPRESIDA, UNICEF and other donors, in order to introduce the AB strategy module, support teacher trainings and implement the module in public primary and secondary schools. Once it has been introduced and teachers have been trained, USG in collaboration with COPRESIDA will provide training to MOE school district supervisors so they can monitor the quality of the health education provided, and, if necessary, retrain teachers.

OUTPUTS: AIDS awareness and AB component incorporated into curricula of public schools in focus areas; High-risk youth in focus areas identified and participating in prevention programs; Facilitators trained in peer education and outreach activities applying prevention strategies for identified groups.

Program Area Downstream Targets:

2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	135451
*** 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	56122
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	829

Custom Targets:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 8862.08	Mechanism: N/A
Prime Partner: Academy for Educational Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB	Program Area Code: 02
Activity ID: 18433.08	Planned Funds: \$540,000
Activity System ID: 18433	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5987.08	Mechanism: Strengthen HIV Prevention and Care in Armed Forces
Prime Partner: Armed Forces of the Dominican Republic	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB	Program Area Code: 02
Activity ID: 11870.08	Planned Funds: \$15,000
Activity System ID: 18404	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11870	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28697	11870.2869 7.09	Department of Defense	Armed Forces of the Dominican Republic	11706	5987.09	Strengthen HIV Prevention and Care in Armed Forces	\$15,000
11870	11870.07	Department of Defense	Armed Forces of the Dominican Republic	5987	5987.07	Strengthen HIV Prevention and Care in Armed Forces	\$14,000

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 8862.08	Mechanism: N/A
Prime Partner: Academy for Educational Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB	Program Area Code: 02
Activity ID: 11871.08	Planned Funds: \$325,000
Activity System ID: 18393	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11871	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28686	11871.2868 6.09	U.S. Agency for International Development	Academy for Educational Development	11705	8862.09		\$100,000
11871	11871.07	U.S. Agency for International Development	Academy for Educational Development	8881	8881.07		\$75,000

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 8862.08	Mechanism: N/A
Prime Partner: Academy for Educational Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 11872.08

Planned Funds: \$100,000

Activity System ID: 18394

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11872

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28688	11872.2868 8.09	U.S. Agency for International Development	Academy for Educational Development	11705	8862.09		\$315,000
11872	11872.07	U.S. Agency for International Development	Academy for Educational Development	8881	8881.07		\$430,000

HVOP - Condoms and Other Prevention

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Total Planned Funding for Program Area: \$500,000

Amount of total Other Prevention funding which is used to work with IDUs \$0

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Note: Due to late release of FY07 PEPFAR funding, many planned activities have not yet taken place. In addition, little new information has become available since submission the FY07 MiniCOP. This narrative assumes that FY07 planned activities will occur before (or concurrently with) initiation of FY08 activities. Furthermore, FY07 funds were used to transition the USG HIV/AIDS program to one of limited geographic focus. FY08 is the first year where the majority of USG support will be concentrated in Region V and the border areas. The border areas lack basic infrastructure necessary to support a comprehensive HIV/AIDS program, and hence FY08 funding will focus on infrastructure. It is expected that our FY08 downstream targets will decrease from those for FY07, while our upstream targets for FY08 will increase.

Context/Services

MARPs identified in the DR include persons engaged in prostitution, MSMs, people living in and around bateys (sugar plantations), migrant populations from Haiti, and prison inmates. There are an estimated 100,000 female and an unknown number of male prostitutes in the DR. Although HIV seroprevalence in female prostitutes decreased to 2.7% - 5.7% from 8.8%-12%, it is still considered high. In a 2005 study, 99% of female prostitutes reported using a condom in the last sex act with a new client, and 95% with a regular client. However, only 58% used a condom the last time they had sex with a trusted partner. An estimated 6-9% of the adult male population engages in MSM behavior, although only 3% of adult males admit to having had a same-sex relation. Approximately 4% of patients attending STI clinics are HIV+. HIV prevalence in the general batey population is 5%, with 12.1% in

men aged 40-44 and 9% in women aged 30-34. The DR has 600,000 to 1M undocumented Haitian immigrants and residents, including those who work in DR hotels, construction, and other service industries. Studies show these workers to be at high risk of acquiring STIs and HIV. The 2007 DHS and BSS+ survey results will help to further understand MARPs and identify emerging high-risk groups, and will be used to reprogram efforts with MARPs, as needed.

Certain segments of the general population engage in high-risk behaviors. For example, 2% of women of reproductive age and 27% of men aged 15-59 admitted having an average of two or more partners during the last twelve months. For men aged 25-29, that number climbs to 50%. Condom use with a casual partner by men was only 50%, and by women only 1% for all age groups.

The PSI social marketing program, once funded by USAID/DR and now by KfW, has distributed more than 45M PANTE condoms through retail shops, brothels and other sex sites. PANTE condoms are distributed by NGOs throughout the country. Social marketing of condoms also has begun in bateys, using NGOs supported by USAID and trained by PSI. GODR, through COPRESIDA and its GF grant, imported 2M no-logo condoms for distribution during FY08 in prisons, the DAF, and at VCT sites. Approximately 400,000 more condoms will be distributed through PROFAMILIA's social marketing family planning program. KfW has assumed procurement and distribution of PANTE condoms. Information provided on condoms is consistent with USAID's "HIV/STI Prevention and Condoms" fact sheet.

From October 1, 2006 to June 30, 2007, USAID-funded NGOs (through the CONECTA project) provided prevention messages and support to 5,567 women in prostitution and 3,509 of their clients and referred 1,254 people to STI/HIV services, including VCT. NGOs also provided information on prevention and support to 10,736 MSMs, including referral of 652 to STI and HIV treatment services.

In FY2008, USAID will continue to work with GODR to develop and implement a national condom policy stipulating responsibilities of GODR and the commercial sectors in compliance with national AIDS legislation (e.g., no taxes on condoms), while providing access to condoms for most-at-risk populations, such as people in prisons, batey residents and migrants.

USG also will continue to support specific on-going activities such as the "100% Condom Strategy," targeting prostitutes and their clients in the geographic areas where it has been active in previous years, including Region V and the Haiti-DR border areas. This strategy is carried out by partner NGOs who target persons engaged in prostitution and their clients and business owners in areas with commercial sex activity. In these sites, they promote correct and consistent condom use, distribute PANTE 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 women in condom negotiation skills and help them recognize and address substance abuse, particularly of alcohol, as a risk factor for HIV/AIDS. NGOs also provide referrals to HIV counseling and testing services, as well as palliative care and treatment services, as needed. USG continues to support SESPAS/DIGECITSS's STI services in public health centers located in Region V and the border areas, including pre-packaged STI therapy.

To target the MSM population in Region V and border areas, USG will continue to support NGOs providing prevention outreach (including, for example, peer-to-peer counseling in gay bars and other outlets), referrals to STI services, and referrals to palliative care and other HIV-related services, as needed.

NGOs, supported by USAID, will continue to use community outreach to reach batey residents and migrants, especially men, in Region V and the border areas. These NGOs conduct interactive activities such as peer education, group education exercises, and one-on-one sessions in the bateys, and work with PSI as condom distributors as part of the social marketing. USG also supports coordination between USG/DR-supported NGOs in the DR and USG/Haiti-supported NGOs in Haiti on working with migrants, market ladies, traders and CSWs. Migrants are a challenging group to reach because of their high mobility; therefore, behavior change activities at the workplace (e.g. construction sites, sugar plantations) will be implemented as a way to reach them effectively. Employer involvement will be solicited to increase corporate social responsibility.

Linkages to family planning and reproductive health and other prevention activities are available to the population including youth and adolescents in Region V and the border area who receive AB prevention messages. In FY2008, Peace Corps will continue to build on its successes in FY2007. Sexually active adolescents will continue to be targeted with ABC messages through community activities implemented by NGOs and Peace Corps volunteers through the Escojo (I Choose) Program. This initiative involves 45 Peace Corps volunteers and a number of community-based NGOs operating on community, regional, and national levels and focuses on peer education, promoting healthy life choices by individual youths and within the groups they form. Sexual and reproductive health training will continue to be provided to peer educators who then work with their fellow adolescents to transmit abstinence and other prevention messages. Peace Corps volunteers provide community education on correct, consistent condom use as appropriate, and sensitize community members with anti-stigma and discrimination messages.

In FY2008, DOD will continue to provide training and leadership support of HIV/AIDS/STI prevention education within the ranks of the DAF. In addition, DOD will continue supporting the procurement and distribution of condoms as part of the overall effort to reduce the HIV/STI transmission. Prevention messages will include partner reduction, consistent and correct condom use, and correct knowledge of HIV transmission, as well as condom social marketing.

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

Referrals and Linkages

In addition to the linkages mentioned above, USG provides support, through the GF grant, so that persons engaged in prostitution, MSMs, and people living in bateys have access to SESPAS and COPRESIDA's ICUs, STI and TB services in Region V and the border areas.

Sustainability

The approval and implementation of a national condom policy is a key factor for ensuring sustainable availability of condoms for specific MARPs, including prisoners and their partners. Policy development will include projection of the quantity of condoms required by each target population and establishing responsibilities for financing, procuring and distributing condoms within the public sector. USG and its local partners continue to lobby for including HIV/AIDS prevention services, such as STI screening, diagnosis and treatment, in the basic package of care within GODR's family health insurance. This includes providing condoms when appropriate. KfW support to the PSI social marketing program is scheduled to end in March, 2008. If the KfW support is not extended, the country may face a shortage of low-price, good quality condoms and the distribution network established by PSI will dissolve leaving the country without the ability to target vulnerable populations in remote areas. USG will work with COPRESIDA to solicit continued funding of PSI activities.

OUTPUTS: NGOs working with high risk groups apply an STI and HIV/AIDS testing algorithm; A national condom policy established.

Program Area Downstream Targets:

5.1 Number of targeted condom service outlets	0
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	79820
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	832

Custom Targets:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 8862.08	Mechanism: N/A
Prime Partner: Academy for Educational Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 11876.08	Planned Funds: \$180,000
Activity System ID: 18395	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11876	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28690	11876.28690.09	U.S. Agency for International Development	Academy for Educational Development	11705	8862.09		\$100,000
11876	11876.07	U.S. Agency for International Development	Academy for Educational Development	8881	8881.07		\$150,000

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 8862.08

Mechanism: N/A

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 11877.08

Planned Funds: \$180,000

Activity System ID: 18396

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11877

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28689	11877.2868 9.09	U.S. Agency for International Development	Academy for Educational Development	11705	8862.09		\$150,000
11877	11877.07	U.S. Agency for International Development	Academy for Educational Development	8881	8881.07		\$200,000

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 5987.08

Mechanism: Strengthen HIV Prevention and Care in Armed Forces

Prime Partner: Armed Forces of the Dominican Republic

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 11875.08

Planned Funds: \$20,000

Activity System ID: 18405

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11875

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28698	11875.2869 8.09	Department of Defense	Armed Forces of the Dominican Republic	11706	5987.09	Strengthen HIV Prevention and Care in Armed Forces	\$40,000
11875	11875.07	Department of Defense	Armed Forces of the Dominican Republic	5987	5987.07	Strengthen HIV Prevention and Care in Armed Forces	\$24,000

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5982.08	Mechanism: Yo Escojo
Prime Partner: US Peace Corps	USG Agency: Peace Corps
Funding Source: GHCS (State)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 11878.08	Planned Funds: \$120,000
Activity System ID: 18425	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11878	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28750	11878.2875 0.09	Peace Corps	US Peace Corps	11713	5982.09	Yo Escojo	\$174,000
11878	11878.07	Peace Corps	US Peace Corps	5982	5982.07	Yo Escojo	\$103,000

HBHC - Basic Health Care and Support

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Total Planned Funding for Program Area: \$300,000

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

Note: Due to late release of FY07 PEPFAR funding, many planned activities have not yet taken place. In addition, little new information has become available since submission the FY07 MiniCOP. This narrative assumes that FY07 planned activities will occur before (or concurrently with) initiation of FY08 activities. Furthermore, FY07 funds were used to transition the USG HIV/AIDS program to one of limited geographic focus. FY08 is the first year where the majority of USG support will be concentrated in Region V and the border areas. The border areas lack basic infrastructure necessary to support a comprehensive HIV/AIDS program, and hence FY08 funding will focus on infrastructure. It is expected that our FY08 downstream targets will decrease from those for FY07, while our upstream targets for FY08 will increase.

Context/Services

The 2006 CDC assessment reports that in 2005 there were an estimated 64,440 individuals (52,930 adults and 11,510 children) in the DR infected with HIV. An estimated 78% of the infected population is not aware of its serostatus. Currently, 7,297 PLWHAs (6,789 adults and 508 children) are receiving ARV treatment and an additional 10,585 HIV-infected patients are receiving basic care (9,984 adult and 601 children). As of June 30, 2007, approximately 12,554 PLWHAs are receiving emotional, psychological and social support and home-based care provided by NGOs and FBOs supported by USG. TB treatment for HIV/TB co-infected individuals is provided through a USAID/DR grant to PAHO/DR and the GF grant for TB and USG PEPFAR funds will be used to strengthen TB/HIV co-infection strategies. Using GF funds, COPRESIDA provides all ARV and opportunistic infection treatment in the DR, except for pediatric ARVs which are supplied by the Clinton Foundation. COPRESIDA funds most of the public health teams that provide those services. Health teams providing services out of NGO and FBO clinics are, in some cases, independently contracted by GODR/COPRESIDA.

According to a 2006 USAID/PAHO/UNICEF evaluation of DIGECITSS, only 49% of PLWHAs were receiving ARVs as needed. The study estimated that by the end of 2006, 14,000 adult PLWHAs would require ARVs. However, as of August 31, 2007, only 6,789 adults were receiving treatment. The evaluation of DIGECITSS also estimated at least 600 of these children will contract HIV and require ARV treatment. This number only reflects identified cases and does not include children born to mothers of undiscovered HIV serostatus. In 2006, 433 children died because of late diagnosis of HIV.

The number of individuals requiring palliative care services is estimated to be approximately 70,000. Of these, 15,000 or 21% are provided either ARV treatment or care through the ICUs. USAID-funded NGOs are currently providing services to 12,554 people. It is not known how many of these have had access to the services provided at the ICUs. As USG moves to a more focused geographic approach, we anticipate that 4,914 PLWHAs will receive palliative care services during the first year.

In addition to clinical services, NGOs and FBOs provide community-based palliative care including emotional, psychological, prevention messages for positive patients, spiritual and social support, ARV adherence, home-based care, legal advice and income-generating support. Palliative care is not a high priority for GODR, although INSALUD, a consortium of health NGOs, has an agreement with GODR to support these services. These organizations providing palliative care also provide linkages to services offered at public hospitals for opportunistic infections, TB diagnosis and treatment, PMTCT services, HIV tests and ARVs. The public sector, including hospitals, rarely provides palliative care services.

With USG support, NGOs and the networks of PLWHAs continue to expand their capacity with a broader overview of palliative care, integrating care to PLWHAs in an institutional, community, and home-based approach. In order for an NGO or FBO to receive USG funding for palliative care, it must provide the following minimum care standards, either directly or through referrals: counseling and escorting PLWHAs to treatment and follow-up services, such as counseling prevention, ARV adherence, and services to treat TB and other opportunistic infections; home visits to follow up on services delivered in treatment/care centers (including counseling, care for HIV+ pregnant women, ARV adherence, and/or treatment/care of opportunistic infections, such as TB); emotional and psychological support; support within the home, such as food preparation, home hygiene, and care for bedridden AIDS patients; evaluating minimum conditions for patient care and prevention of negligence or abuse; support to identify additional services needed by PLWHA, within and beyond the community (such as dental care, personal documents, and collecting pensions); training PLWHA in self-help; integrating PLWHA into support groups; nutritional (food) support; and legal support. Children and their families or care providers reached through the palliative care services offered by the USAID-supported NGOs are provided with emotional support, referrals to immunization and other services, educational assistance, nutritional support services, economic support, donated clothing and legal assistance to obtain birth certificates and protect inheritances. USAID continues to engage the MOH in policy discussions to encourage evaluation and priority for palliative care services.

Currently clinical treatment is not a requirement as palliative care medications are not widely used in the DR. GODR does not have a policy on administering cotrimoxazole, even though it recognizes its benefits for reducing co-infections. Additionally, the use of pain relief medicine is seriously restricted, as only certain physicians are allowed to prescribe it. Compliance with USG program requirements is closely supervised by the USAID technical assistance contractor FHI, whose personnel are also periodically accompanied by staff from DIGECITSS in order to create linkages with the national AIDS program and to evaluate the need for additional services to PLWHAs.

USG support to palliative care services remains focused on programs operating in Region V and the Haitian/DR border areas. Because palliative care is such an important service on which many PLWHAs' quality of life depends, and because currently few programs exist outside those supported by USG, we will continue through FY08 to phase-out the support falling outside our new geographic focus. Such transition includes advocacy for and exploration of other sources of assistance before USG support for NGOs and FBOs ends. A very limited number of highly successful palliative care programs may continue to receive USG support beyond FY08 if alternative funding is not identified.

Additional barriers exist that are equally detrimental to PLWHA and their families. The existing AIDS law (approved in 1993) prohibits HIV testing without consent or as an employment screening measure. However, employers violate this law openly and with impunity. Persons testing HIV-positive are generally denied work opportunities, and those who are working are often dismissed by their employers. The economic consequences for the PLWHAs and their families are devastating. The AIDS law is scheduled for review by GODR in FY2008, and USG and local partners continue to lobby and engage GODR to either to prohibit any testing as a condition of employment or, barring that, ensure enforcement of the existing law, particularly to prohibit hiring and firing practices based on the results of an HIV test.

In FY08, hospitals along the border will receive continued support from USAID to continue programs developed with FY2007 funds to share patient information and refer patients for diagnostic and routine testing, when necessary, as well as patient treatment follow-up for patients that move between towns across the border. A special effort will be made to refer children to the pediatric AIDS services to be established in the ICUs.

Routinely collected data on program indicators will be monitored and evaluated through the MEASURE centrally-funded project and a TBD USAID contractor with oversight responsibilities for a number of USG-supported HIV/AIDS activities.

Referrals/Linkages

USG and local partners continue to advocate for a broad discussion of food security options among GODR, NGOs, FBOs and donors. In addition, USAID and its local partners are lobbying for inclusion and priority treatment of PLWHAs under the existing GODR "Comer es Primero" ("Eating is Most Important") program.

Sustainability

Leveraging support for palliative care from other international donors (except UNICEF) has been difficult. COPRESIDA, through the GF grant, provides limited support in this area. Nonetheless, USAID was successful in its efforts to include a palliative care component in the new PEN. USG and its local partners will continue to advocate for more support for services for infected and affected families in the community and specifically for HIV+ children. Results from the USG-supported pediatric AIDS project will provide information needed to develop and implement national norms and services to provide services for children of all ages.

Because palliative care programs in the DR depend heavily on NGOs and FBOs with scarce or limited financial resources, we do not foresee that this program will become sustainable in the near future. USAID and its local partners will also continue to advocate for a GODR policy on palliative care as a foundation for building long-term sustainability.

OUTPUTS: A palliative care model incorporating the private sector established among NGOs; Palliative care services established in ICUs in the focus areas; PLWHA in focus areas being linked to GODR, FBO or NGO nutritional programs.

Program Area Downstream Targets:

6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	27
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	10311
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	130

Custom Targets:

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 8862.08	Mechanism: N/A
Prime Partner: Academy for Educational Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 11881.08	Planned Funds: \$150,000
Activity System ID: 18397	
Activity Narrative: n/a	

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11881

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28692	11881.2869 2.09	U.S. Agency for International Development	Academy for Educational Development	11705	8862.09		\$100,000
11881	11881.07	U.S. Agency for International Development	Academy for Educational Development	8881	8881.07		\$164,000

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 8862.08

Mechanism: N/A

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 11880.08

Planned Funds: \$150,000

Activity System ID: 18398

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11880

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28691	11880.2869 1.09	U.S. Agency for International Development	Academy for Educational Development	11705	8862.09		\$250,000
11880	11880.07	U.S. Agency for International Development	Academy for Educational Development	8881	8881.07		\$200,000

HKID - OVC

Program Area:

Orphans and Vulnerable Children

Budget Code:

HKID

Total Planned Funding for Program Area: \$354,000

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

Note: Due to late release of FY07 PEPFAR funding, many activities planned with FY07 resources have not yet taken place. In addition, little new information has become available since submission the FY07 MiniCOP. This Narrative reflects planning for use of FY08 funding, and assumes that FY07 planned activities will occur before (or concurrently with) initiation of FY08 activities. Furthermore, FY07 funds were used to transition the USG HIV/AIDS program to one of limited geographic focus and FY08 is the first year where the majority of USG support will be concentrated in Region V and the border areas. The border areas lack basic infrastructure necessary to support a comprehensive HIV/AIDS program. Much of FY08 funding to the border areas will be spent to develop infrastructure and support systems needed for service delivery to begin. Thus, it is expected that for FY08 some of our downstream targets will decrease from those for FY07, while our upstream targets for FY08 will increase.

Context/Services

There are an estimated 90,000 orphans under age 15 in the DR. Approximately 58,000 children are identified as orphaned, or at risk of becoming orphaned, due to AIDS (USAID/PROMUNDO 2002). Of these, 6,425 children have mothers with AIDS, while 48,684 children have HIV+ mothers who do not yet suffer from AIDS. CDC estimates that there are approximately 11,000 children living with HIV/AIDS in the DR. 60% of orphaned children live in Santo Domingo. The status of these children, their caretakers, their welfare and quality of life is largely unknown. There is no current system for tracking orphans to ensure a continuum of welfare services. One of every 47 women nationally may be burdened by the additional responsibilities and costs of caring for orphaned children. In 2007, CONANI, UNICEF, and COPRESEDA developed a policy to protect children, including those who are HIV+ or at risk of being orphaned because of AIDS, and their caretakers. Although COPRESIDA finances some community-level activities, no programs based on this policy have been implemented at the national level.

Many children in the DR are vulnerable to HIV/AIDS. For example, some young adolescents initiate sexual intercourse as early as 12 years of age in the bateys (sugar plantations), and even younger than 10 years of age in areas along the border with Haiti. Such early sexual debut is a characteristic of sexual abuse (not generally detected or considered in the DR), informal transactional sex and/or cross-generational sex, all of which put young people (especially young women) at a greater risk of AIDS.

USG now supports 18 NGOs/FBOs that run 20 OVC programs in 87 communities. These organizations provided direct care and support services to 8,332 OVC in the first 9 months of FY07. USG-supported OVC services include provision of health supplies and care, emotional and psychological counseling, educational assistance (including tuition), economic support for clothing, food and nutritional support, referral to health services for immunizations, support for caregivers and communities, legal services to secure birth registration, and training caregivers on providing a better health and nutritional environment. Some NGOs provide small loans to families affected by AIDS to develop income-generating activities. In FY08 we expect a temporary decrease in OVC receiving USG support due to USG's conclusion of OVC services in areas outside Region V and the Haiti-DR border areas, and the need for start-up activities for OVC support in the border areas. Although USG is concluding support for OVC services outside the focus regions with FY07 funding, USG is committed to continuity of OVC services in these areas and will ensure that such services continue with support from non-USG sources. We expect the same level of OVC services will continue, but without USG support the OVC receiving such services will not be counted in the USG-supported indicators. Furthermore, much of the USG's FY08 OVC resources will be concentrated in the border area where OVC services are extremely limited. USG support will initially be absorbed by the development of an OVC infrastructure, including identification and training of NGOs/ FBOs willing to work with OVC in border areas, as well as development and implementation of plans of action, before services to OVC can begin.

The OVC model of care, developed through USG programs, follows OVC guidance and includes trade-skill development among older adolescents, training of child advocates, and necessary legal services. In FY08, USG will continue to develop NGO capacity to strengthen community support networks and implement the OVC model of care, with focus on the border areas and Region V. USG has unique experience with OVC in the DR and the USG program is expected to serve as an example for partners to expand or take over OVC services outside Region V and the border areas.

OVC are vulnerable to sexual abuse and, with such early sexual debut in border areas and bateys, sexual abuse, transactional sex, and cross-generational sex are a concern. Currently the system for support for child victims of sexual abuse is weak and in many cases sexual abuse goes undetected. In FY08, USAID will build on discussions with GODR and CONANI to develop and implement a plan of action to support victims of sexual abuse. As wraparound activity, USAID will support through its democracy and governance program the training of prosecutors and judges to integrate knowledge and enforcement of child protection legislation. NGOs/ FBOs will be trained to inform communities of the forms of sexual abuse. Further, information and materials on sexual abuse will be provided to teachers and administrators as part of the education program to be implemented through the

MOE and the MOH. Age-appropriate sexual abuse awareness information will be included in the learning materials.

USG, the Clinton Foundation (through its pediatric AIDS initiative), COPRESIDA and Columbia University are implementing a pediatric AIDS pilot project to provide early diagnosis, care and treatment to children born to HIV+ mothers. Such care and treatment includes providing ARV services where appropriate, disease monitoring, palliative care, and referrals to other HIV/AIDS resources in both NGO and public service settings. Initial results from the project will provide information to be used by USG partners to support the development and implementation of a national pediatric AIDS policy and the norms and protocols needed to ensure subsequent interventions. Pediatric AIDS services will be implemented in FY08 with USG assistance in Region V and the border regions.

In FY08, USG will conduct surveillance activities targeted at out-of-school youth as OVC, particularly in the border regions, to assess current risk behaviors, access to prevention and care services and estimate the HIV prevalence in this population. The activity will be conducted with CDC, local MOH, and NGO participation. No outreach VCT services currently exist for street children. With FY07 and FY08 funds, USG will continue to support NGOs that work with street children and will continue to work closely with NGOs and hospitals in Region V and the border areas to develop and strengthen VCT programs for at-risk adolescents.

Monitoring and evaluation of USG-supported OVC activities will be handled by the Measure Project and by the TBD partner providing administrative support to USG-supported NGOs. M&E of CDC-led activities will be performed by CDC.

Referrals/Linkages

Linkages are promoted between OVC and other interventions, such as ICUs, pediatric services, PMTCT and income generating activities. We will work closely with USAID Rule of Law activities to increase attention to OVC issues through human rights work. OVC has been integrated into GODR's 2007-2015 PEN. USG and its partners are advocating with COPRESIDA to ensure that GF monies provide support to NGOs working with OVC and caretakers. Additionally, USG will promote linkages between DR-side services and NGOs working with OVC in Haiti, including distribution of referral materials in Creole.

Sustainability

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

Community activities funded in support of OVCs are not sustainable alone. Direct support from international donors is required for the duration of the strategy in order to serve this population, and, as OVC is an underrepresented population that unable to voice its needs, sustainability for this program will be measured by the involvement of local and international donors. Continuing with advances made in FY07, USG will focus on increasing the capacity of indigenous organizations to deliver these services independently of continued external support.

Private sector support for OVC programming will be fostered by promoting social responsibility in the DR. Religious organizations may play a key role in supporting OVC programs, as demonstrated by the vigorous response and participation of FBOs in an OVC pilot project with PROMUNDO. USG will play a key role in involving GODR's social cabinet and CONANI in developing a social responsibility agenda.

OUTPUTS: An assessment undertaken to determine risk behaviors, HIV prevalence and access to health services among at-risk youth; FBOs, NGOs and teachers trained on prevention of sexual abuse; Learning materials including age appropriate sexual abuse awareness developed.

Program Area Downstream Targets:

8.1 Number of OVC served by OVC programs	4702
*** 8.1.A Primary Direct	4702
*** 8.1.B Supplemental Direct	0
8.2 Number of providers/caregivers trained in caring for OVC	205

Custom Targets:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 8862.08

Mechanism: N/A

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 11883.08

Planned Funds: \$175,000

Activity System ID: 18399

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11883

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28694	11883.2869 4.09	U.S. Agency for International Development	Academy for Educational Development	11705	8862.09		\$175,000
11883	11883.07	U.S. Agency for International Development	Academy for Educational Development	8881	8881.07		\$165,657

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 8862.08

Mechanism: N/A

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 11884.08

Planned Funds: \$179,000

Activity System ID: 18400

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11884

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28693	11884.2869 3.09	U.S. Agency for International Development	Academy for Educational Development	11705	8862.09		\$175,000
11884	11884.07	U.S. Agency for International Development	Academy for Educational Development	8881	8881.07		\$245,000

HVCT - Counseling and Testing

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Total Planned Funding for Program Area: \$488,425

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Note: Due to late release of FY07 PEPFAR funding, many planned have not yet taken place. In addition, little new information has become available since submission the FY07 MiniCOP. This narrative assumes that FY07 planned activities will occur before (or concurrently with) initiation of FY08 activities. Furthermore, FY07 funds were used to transition the USG HIV/AIDS program to one of limited geographic focus. FY08 is the first year where the majority of USG support will be concentrated in Region V and the border areas. The border areas lack basic infrastructure necessary to support a comprehensive HIV/AIDS program, and hence increased funding will be dedicated to infrastructure in FY08. It is expected that FY08 downstream targets will decrease from those for FY07, while upstream targets for FY08 will increase.

Context/Services

In 2002, USAID helped establish 45 VCT centers in the DR. Currently there are 130 VCT centers, but only 77 of these (47 of which are USAID-supported) regularly report results to DIGESITSS. The 47 USAID-supported centers report more testing to the USG-supported CONECTA project than the 77 report nationally, and we rely on data reported to the USAID-supported CONECTA project as valid. For a nine-month period (Sept. 2006 to June 2007), these centers reported testing 105,000 people. Of these, 59,000 were pregnant women, of whom 52,000 (88%) received pre-test counseling, 32,000 (52%) received post-test counseling, and 490 (0.8%) tested positive. During the same period, 850 (3.3%) out of the 25,000 non-pregnant women and 886 (4.3%) of the 21,000 men who received counseling tested positive. The national reporting problems underline the need to reinforce information systems and ensure full reporting. The notable difference in HIV prevalence among pregnant and non-pregnant women calls for additional studies to identify which women are most at risk and need to be targeted for services designed to reach them with scaled up prevention, counseling, testing, treatment and care. In FY08, USG will explore laboratory-based HIV case reporting and HMIS.

The DR has no free-standing VCT centers, though in FY08 USG plans to establish two mobile clinics that will provide VCT in selected geographic areas and with high-risk groups. HIV testing is routinely performed in most health facilities, but health centers have not established a standardized laboratory diagnosis algorithm that includes lists of authorized rapid tests to provide same-day results and quality control systems. The existing system calls for free testing for pregnant women, and a US\$6 fee for others. It is unclear whether HIV testing will be covered by the new family health insurance plan. Many patients do not return for test results that require wait times as long as a month. Rapid test kits are purchased by COPRESIDA with GF money. Hospitals purchase supplemental tests without any guidance as to which supplemental tests have been approved by MOH. In addition, test procurement is often based on funding availability and some regions experience stock-outs. In Region V, USAID-supported laboratories improved their tracking of test kits and medical supplies, thus improving the testing services. USAID supported health personnel training to improve their capacity to offer quality counseling and testing services. Many counseling services are overwhelmed by the number of patients and lack adequate space for pre- and post-test counseling. Most VCT services associated with PMTCT provide group pre-counseling, and individual counseling post-test. Health services receiving USG support provide appropriate space for privacy and user-friendly quality VCT. Some hospital and NGO clinic VCT units have contracted and trained PLWHA to provide emotional support and links to community-based support groups financed by USAID and COPRESIDA.

VCT policy barriers mostly relate to lack of privacy and informed consent, same-day or timely delivery of laboratory results and specialized counseling services for most vulnerable populations. At this time all HIV testing requires affirmative "opt-in" consent. Opt-out is illegal in the DR as per the 1993 AIDS Law. In FY08, USG's VCT assistance will continue to address policies at the national level so that same-day results and opt-out testing can be included in government services. USG will also help strengthen laboratories, e.g., by helping them to implement rapid testing algorithms within the VCT context. In Region V and the border area, with MOH approval, USG will strengthen the HMIS and implement pilot projects to demonstrate the feasibility of provider-initiated testing and opt-out possibilities.

In FY08 USG will continue to support NGOs and PLWHA organizations working in the selected regions to continue mobilizing communities for VCT, provide post-test counseling, and facilitate active referrals for care and treatment. We will continue to support the two mobile VCT units to be established with FY07 funds. These units will target work places, CSWs, bateys (sugar

plantations), and migrant populations in Region V and the border areas, and will reach people who may not otherwise have access to VCT. Until the existing grants agreement with NGOs ends in March 2008, FHI, through the CONECTA project, will continue to work with the NGOs to implement interpersonal communication strategies to mobilize communities for testing and to address barriers to VCT access such as stigma and discrimination. Local NGOs will continue to carry out interpersonal communications activities aimed at encouraging preventive behaviors and counseling and testing. After March 2008, support will be provided by a new TBD partner. USG will work with these NGOs to improve sustainability of their programs.

After using FY07 funds to conduct an unmet needs assessment in collaboration with DIGECITSS and COPRESIDA, USG will establish new services, if required, and strengthen existing ones to implement VCT and report results accurately. Such strengthening will include training of additional counselors.

NGOs ADOPLAFAM and PROFAMILIA have youth-friendly prevention programs for adolescents and referral services for VCT requiring no additional support. No outreach VCT services currently exist for street children. With FY07 and FY08 funds, USG will continue to support NGOs that work with street children and will continue to work closely with NGOs and hospitals in Region V and the border areas to develop and strengthen VCT programs for at-risk adolescents.

In certain communities, particularly in bateys in the selected regions, USG will continue to support NGOs such as ADOPLAFAM, MUDE, World Vision, IDDI, and new partners identified to promote VCT and STI services and provide information on service availability by distributing educational materials, promoting healthy lifestyles and encouraging testing. Among organizations that work with prostitutes, such as COIN and CEPROSH, we support routine testing and counseling. USAID will link these organizations to service delivery networks so they can work together in Region V and the border areas.

DOD will continue in FY08 to enhance VCT programs in DAF by expanding training-of-trainers programs at the three main DAF medical facilities, educating counselors, developing VCT policy guidelines, strengthening linkages into the civilian health sector for referral of HIV positive individuals, enhancing data collection and analysis, and procuring and managing rapid test kits. DOD will also continue to support the establishment of counseling centers in DAF clinics outside the central medical facilities.

Referrals and Leveraging

Individuals with positive HIV test results are directed to palliative care and treatment services, either in the same clinic as the VCT service or in a nearby location. HIV+ patrons of the mobile VCT units are referred to the nearest facility providing treatment and palliative care. HIV+ individuals are also referred to TB testing and, in turn and as appropriate, to TB treatment and other services. Individuals with negative test results, either in clinics or a mobile unit, are provided with prevention information, including contact information for prevention programs.

USG will continue to leverage support from COPRESIDA and the MOH to strengthen VCT service quality in public-sector hospitals outside the targeted regions. We will work closely with DIGECITSS and the Provincial Health Directors in those provinces to continue providing appropriate TA and supervision. Results of a planned gap analysis in Region V will likely support the need for USAID to continue advocating for partners to establish new sites nationally and in Region V.

USG will continue to collaborate with PAHO to advocate with COPRESIDA and DIGECITSS to procure rapid and supplemental testing supplies. USG and its local partners also will continue to advocate for the family health insurance to cover the costs of tests needed by PLWHA, including CD4 and viral load, that are not currently included in that insurance.

Sustainability

GODR has supported VCT services since their inception in 2002. In most cases, VCT services are integrated into facilities offering PMTCT services, including most public hospitals and NGO clinics in the country. While HIV testing is included in the new family health insurance plan, additional tests for HIV+ individuals are not. As the initial enrollment of poor Dominicans increases gradually in the family health insurance, more people will have access to VCT, and the related costs for those enrolled will be covered by the new Social Security system.

OUTPUTS: Established pilot projects demonstrating feasibility of provider-initiated testing and an opt-out policy are in Region V; Training of trainers programs to enhance VCT established in three main DAF medical facilities.

Program Area Downstream Targets:

9.1 Number of service outlets providing counseling and testing according to national and international standards	30
9.3 Number of individuals trained in counseling and testing according to national and international standards	92
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	135063

Custom Targets:

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 8862.08

Mechanism: N/A

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 11888.08

Planned Funds: \$223,425

Activity System ID: 18401

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11888

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28695	11888.28695.09	U.S. Agency for International Development	Academy for Educational Development	11705	8862.09		\$200,000
11888	11888.07	U.S. Agency for International Development	Academy for Educational Development	8881	8881.07		\$250,000

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5987.08

Mechanism: Strengthen HIV Prevention and Care in Armed Forces

Prime Partner: Armed Forces of the Dominican Republic

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 11889.08

Planned Funds: \$15,000

Activity System ID: 18406

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11889

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28699	11889.2869 9.09	Department of Defense	Armed Forces of the Dominican Republic	11706	5987.09	Strengthen HIV Prevention and Care in Armed Forces	\$50,000
11889	11889.07	Department of Defense	Armed Forces of the Dominican Republic	5987	5987.07	Strengthen HIV Prevention and Care in Armed Forces	\$15,000

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5985.08	Mechanism: Twinning Region V (RFP)
Prime Partner: Columbia University	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 11887.08	Planned Funds: \$0
Activity System ID: 18411	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11887	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11887	11887.07	U.S. Agency for International Development	Columbia University	5985	5985.07	Twinning Region V (RFP)	\$0

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5986.08	Mechanism: Twinning at Border (RFP)
Prime Partner: Partners in Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 11886.08	Planned Funds: \$75,000

Activity System ID: 18414

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11886

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28704	11886.28704.09	U.S. Agency for International Development	Partners in Health	11707	5986.09	Twinning at Border (RFP)	\$100,000
11886	11886.07	U.S. Agency for International Development	Partners in Health	5986	5986.07	Twinning at Border (RFP)	\$100,000

HTXS - ARV Services

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Total Planned Funding for Program Area: \$420,000

Amount of Funding Planned for Pediatric AIDS	\$0
Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

Note: Due to late release of FY07 PEPFAR funds, many planned activities have not yet taken place. In addition, little new information has become available since submission the FY07 MiniCOP. This narrative assumes that FY07 planned activities will occur before (or concurrently with) initiation of FY08 activities. Furthermore, FY07 funds were used to transition the USG HIV/AIDS program to one of limited geographic focus. FY08 is the first year where the majority of USG support will be concentrated in Region V and the border areas. The border areas lack basic infrastructure necessary to support a comprehensive HIV/AIDS program, and hence increased funding will be dedicated to infrastructure in FY08. It is expected that FY08 downstream targets will decrease from those for FY07, while upstream targets for FY08 will increase.

Context/Services

ARV treatment in the DR is not initiated until a patient's CD4 count reaches 200. In a joint effort to support ARV services, USG established and equipped six sites, GF provided ARVs and equipment, and the Clinton Foundation supported Columbia University to provide training, technical assistance and ARV supplies for 300 patients. During the past three years, Columbia University has provided direct support to the Micaeliano Clinic, an ICU in La Romana. Additionally, six ICUs have been established in batey communities with support from USG, the Clinton Foundation Bateys Initiative, and World Vision.

The DR has 57 HIV ICUs, (11 more than in 2006), 40% of which are located in Santo Domingo. As of August 31, 2007, these

units were providing ARV treatment to 6,789 adults and 508 children, and care to 9,984 adults and 601 children for a total of 17,882 patients (compared to 12,000 reported for 2006). USAID has provided support and TA for developing the ARV patient tracking system and will continue to support its implementation during in FY08. The tracking system has been installed in many ICUs and there are plans to install the system in additional ICUs as they are established. However, health professionals in the DR generally do not recognize the value of information systems and are reluctant to use their resources to enter additional information as requested. Only the most basic of the system's available modules is being used, and patient information is currently tracked only to the extent needed to project needed ARV procurements. The system is not being used to its potential and currently does not track additional data on use of ARV services. DIGECITSS has developed a continuing education program for health teams in the HIV units and more than 100 doctors and nurses are trained each year. This training includes the value and proper use of the patient tracking system and should convince health professionals of the need and value of tracking patient information. Additional areas are still in need of strengthening, including systematic supervision of the quality of care provided to HIV patients at the units and analysis of the data produced by the patient-tracking system.

The laboratory system complementing ARV services is weak. Although USG is working on improvements, currently there is no HIV laboratory network and therefore no quality control system CDC will provide support to establish a HIV laboratory network with high standards of quality. There are now six CD4 machines performing CD4 tests in the country. Two of these machines are available in the public sector: one in the National Reference Laboratory in Santo Domingo (provided by GF funds) and the other in the NGO PROFAMILIA's Santiago clinic. The equipment installed in PROFAMILIA was donated by USG and provides access to the population living in the central and northern portion of the country. PCR DNA tests for early pediatric diagnosis of children born to HIV+ mothers are still not available in the public sector. These tests are only available by private for-profit sector laboratories in Santo Domingo. Even though the cost is covered by the GF grant or through other international agencies, access is very difficult and, as a result, only a small number of children born to HIV+ mothers are tested.

In 2007 USG, COPRESIDA and the Clinton Foundation signed an agreement to provide PCR DNA tests to 1,000 children born to HIV+ mothers to allow early treatment of those in need. The one-year agreement covers five integrated units located across the country in Santo Domingo, Santiago, Puerto Plata and La Romana. Through the Micaeliano center in La Romana, dry blood samples are sent to the United States for analysis. As results become available, children are being placed on appropriate treatment and care. As of August 2007, approximately 1,100 children are receiving treatment and care. USAID/DR and the Clinton Foundation are expecting to be able to have an additional 300-400 children put in treatment by the end of the pilot project. However, the agreement is viewed as an interim measure only.

Early detection, treatment and management of opportunistic infections continue to be a concern. Health care providers lack training to recognize and treat these infections. Cotrimoxazole to treat opportunistic infections is not readily available in public hospitals, including in the principal children's hospitals.

At the central level, USAID provided funds and technical assistance to establish the ICU, including developing the systems for monitoring and reporting on patients' health and treatment, ARVs and the availability and costs of other drugs. USAID also provided the funds and support to screen the first 3,000 HIV+ patients with laboratory tests, including CD4s and viral load tests among others, so that they could initiate ARV treatment. Since there are 40 different HIV treatment schemes used in the DR, there is also a growing concern about the possibility of increased ARV resistance due to patients failing to follow their initial regime. DIGECITSS has requested support to carry out the first study in the DR on resistance to ARVs and to start resistance surveillance in the country. In FY08, USG will support an ARV resistance study that will provide valuable information for assessing the quality of the ARV program, patient compliance and identify emerging/existing ARV drug resistance. This information will be utilized to revise treatment guidelines as necessary, train health teams and monitor resistance. USG will continue to support GODR in the strengthening its reporting system and in developing improved HIV treatment and laboratory norms and protocols, especially as they relate to HIV/AIDS pediatric services.

The criteria developed for USG direct support to the ICUs has been to focus USAID support in provinces with the highest seroprevalence, with the highest population density and/or those provinces located in the Haiti/DR border region: Santo Domingo, San Pedro de Macoris, La Romana, Puerto Plata, Monte Plata, San Juan, Elías Piña and Dajabón. At the central level, we have continued to provide support to strengthen the integrated care information system and training of health teams to establish ICUs where they are most needed. Training health supervisors has also been a priority. In FY08 USAID will continue funding the integrated care sites, as we transition to the more concentrated geographic focus areas. During FY08, we will identify geographical areas in Region V and the border areas where there is an unmet demand to establish and/or strengthen NGO clinics and services that can provide treatment and care to PLWHA. Close collaboration with COPRESIDA and DIGECITSS will be critical in developing these additional services. USG will not only include currently-supported sites in Elías Piña, San Juan and Dajabon, but also newly identified sites in future twinning arrangements with Haitian-based Partners in Health/Samil La Santé (for Elías Piña and San Juan) and a new TBD partner for Dajabon and the rest of Region VII.

USG will also continue to provide PROFAMILIA resources to cover the costs of reagents and other management costs associated with the operation of its CD4 equipment. DOD expects to procure CD4 test equipment to provide services to the ICUs established in the DAF hospitals. This will help both expand the lab services and improve access to CD4 tests.

In FY07, USG, the Clinton Foundation (through its pediatric AIDS initiative), COPRESIDA, Columbia University and DIGECITSS collaborated to implement a pediatric AIDS pilot project to provide early diagnosis, care and treatment for children born to HIV+ mothers. This activity is becoming a model for pediatric AIDS services being implemented in the DR. COPRESIDA and DIGECITSS, UNICEF, other UNDP partners, USG and the Clinton Foundation have formed a Technical Working Group to expand the model in FY08, to finish national pediatric AIDS policies, norms and protocols and to train health personnel. During FY08, USG will implement this model with other partners in its geographic focus areas.

Referrals and Leveraging

Coordination with the MOH, DIGECITSS and COPRESIDA was greatly improved during FY07. Under the leadership of the National AIDS Program, regular meetings have been held with COPRESIDA, other MOH programs, and other stakeholders in

order to improve collaboration and coordinate efforts. As a result, we expect to coordinate and leverage support for the additional integrated units that may be established, as well as for the pediatric AIDS initiative.

Sustainability

Sustainability of ARV services will be achieved in two phases. First, support from the GF will continue providing ARV drugs, other treatment, and diagnostic tests. Second, as health sector reform is implemented, USG and its local partners will advocate for GODR to identify a specialized source of funding for ARVs beyond the GF grant.

OUTPUTS: An ARV resistance study undertaken; A pediatric AIDS model for diagnosis, treatment and care applied in the focus areas.

Program Area Downstream Targets:

11.1 Number of service outlets providing antiretroviral therapy	44
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	0
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	0
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	0
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	85

Custom Targets:

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 5986.08	Mechanism: Twinning at Border (RFP)
Prime Partner: Partners in Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 11895.08	Planned Funds: \$125,000
Activity System ID: 18415	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11895	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28705	11895.28705.09	U.S. Agency for International Development	Partners in Health	11707	5986.09	Twining at Border (RFP)	\$100,000
11895	11895.07	U.S. Agency for International Development	Partners in Health	5986	5986.07	Twining at Border (RFP)	\$100,000

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 5985.08
Prime Partner: Columbia University
Funding Source: GHCS (USAID)
Budget Code: HTXS
Activity ID: 11896.08

Mechanism: Twinning Region V (RFP)
USG Agency: U.S. Agency for International Development
Program Area: HIV/AIDS Treatment/ARV Services
Program Area Code: 11
Planned Funds: \$0

Activity System ID: 18412
Activity Narrative: n/a
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11896
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11896	11896.07	U.S. Agency for International Development	Columbia University	5985	5985.07	Twining Region V (RFP)	\$0

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 8862.08
Prime Partner: Academy for Educational Development
Funding Source: GHCS (USAID)
Budget Code: HTXS
Activity ID: 11897.08

Mechanism: N/A
USG Agency: U.S. Agency for International Development
Program Area: HIV/AIDS Treatment/ARV Services
Program Area Code: 11
Planned Funds: \$220,000

Activity System ID: 18402
Activity Narrative: n/a
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11897
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11897	11897.07	U.S. Agency for International Development	Academy for Educational Development	8881	8881.07		\$80,000

HLAB - Laboratory Infrastructure

Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12

Total Planned Funding for Program Area: \$965,000

Estimated PEPFAR contribution in dollars \$0
Estimated local PPP contribution in dollars \$0

Program Area Context:

Note: Due to late release of FY2007 PEPFAR funding, many activities planned with FY2007 resources have not yet taken place. In addition, little new information has become available since submission of the FY2007 MiniCOP. This Narrative reflects planning for use of FY2008 funding, and assumes that FY2007 planned activities will occur before (or concurrently with) initiation of FY2008 activities. Furthermore, FY2007 funds were used to transition the USG HIV/AIDS program to one of limited geographic focus and FY2008 is the first year where the majority of USG support will be concentrated in Region V and the border areas. The border areas lack basic infrastructure necessary to support a comprehensive HIV/AIDS program. Much of FY2008 funding to the border areas will be spent to develop infrastructure and support systems needed before service delivery can begin. Thus, it is expected that for FY2008 some of our downstream targets will decrease from those for FY2007, while our upstream targets for FY2008 will increase.

Context/Services

With few exceptions, the tiered public health laboratory services network has failed. The 2006 CDC assessment reports that, although rapid tests are used in 75% of labs, there is no nationally validated testing algorithm and test results are usually given a week to a month later. Only 62% of laboratories recognize international standards of good practice and adherence is often complicated by irregular electricity and water supplies. CDC has identified system weaknesses including lack of a unified system of surveillance reporting, centralization of most activities, absence of computer infrastructure, significant delays in data transfer, lack of case reporting by smaller public health centers and limited surveillance-trained staff.

The lack of coherent national policies and strategic planning for tiered laboratory services has led to significant shortfalls in laboratory services. For instance, over 200,000 rapid tests were procured by GODR to expand counseling and testing services; however, the tests were not validated in advance and have proven to be woefully insensitive and must be recalled, further delaying these programs. Similarly, GODR underestimated the number of CD4 tests required and contracted for approximately 4,000 tests per year when nearly 36,000 are actually needed annually. In addition, logistics and lack of manpower and a blood transport system have significantly limited PLWHA access to quality clinical management. Because of the unavailability of viral load tests in the public sector, GODR through COPRESIDA initially contracted 3 private labs to perform these tests at a very high price (US\$260 per test). PCR DNA tests for early diagnosis of children born to HIV+ mothers are not available in the public sector and children must travel to get these tests in the private for-profit laboratories. Even though the cost is covered via the GF grant or through other international agencies, only a few children born to HIV+ mothers have been able to access this service. With the Micaeliano Center funding, dry blood samples are sent to the U.S. for analysis.

Regional and central laboratories operate with no quality control system. Some NGOs, such as the Micaeliano Hospital in La Romana and PROFAMILIA in its four clinics, have independently set up a system that follows the testing algorithm more strictly. Rapid Test kits are purchased by COPRESIDA through a GF grant. Hospitals purchase supplemental tests without any guidance as to which supplemental tests have been approved by MOH. In addition, test procurement is often based on funding availability. Therefore, some regions have experienced stock-outs. In Region V, USAID-supported laboratories have improved their tracking of test kits and medical supplies, thus improving the testing services. USAID has also supported health personnel training to improve their capacity to offer quality services.

National policies are needed to support a quality assured, tiered network of laboratory services that reflect local patient referral networks and re-enforce good clinical practices. These policies and ensuing practices should reflect recognized health sector reform needs. Additionally, a national strategic plan that provides an accelerated timeline for improvement of public health laboratory infrastructure and practices should be adopted.

In recognition of these needs, FY2007 USAID/DR support includes TA and training laboratory staff in rapid testing technology. USG support has also included providing equipment and supplies for developing laboratories in NGO clinics. Currently, the DR has 6 CD4 machines: Doctor Defillo (public, Santo Domingo), Laboratorio de Referencia (private, Santo Domingo), Cedimart (private, Santo Domingo), Laboratorio Dermatologico (private though serves public sector, Santo Domingo), Micaeliano (NGO, La Romana), and PROFAMILIA (NGO, Santiago).

In FY2008, USG will have moved to a concentrated geographic focus in the provinces of the Haiti-DR border region, Santo

Domingo National Reference Lab (NRL), PROFAMILIA, and Region V, in order to establish the sub-regional network. The success of provincial programs for prevention, care and treatment requires early establishment and on-going reinforcement of local referral networks both within and among implementing partners. Cumulatively, these local networks will provide the support structures for re-establishing the country's national network of tiered laboratory services, and are an efficient mechanism for referral for complex testing and validation of new technologies or testing algorithms in the absence of a national network.

In collaboration with members of the international Laboratory Coalition, CDC will continue to support the MOH and NRL in validating national testing strategies and appropriate algorithms to support same day delivery of test results and expansion of test services into non-traditional settings. These activities will be based on published guidance by PEPFAR and WHO for the validation and quality assurance of HIV diagnostic testing. The NRL has agreed to enroll in CDC's external Proficiency Testing Program (Model Performance Evaluation Program [MPEP]) that includes periodic shipment of blinded specimens to different laboratories to test for HIV antibodies using clinical/patient specimen methodologies. The CDC/USAID collaboration will also work with the NRL to characterize a bulk volume collection of HIV positive and negative specimens for future quality control, proficiency testing and training activities in DR. Additionally, CDC will assist testing for HIV drug resistance.

USG will continue to work with MOH/DIGECITS to develop a tool to evaluate the technical capacity of laboratory staff, according to their responsibilities and levels of service provided at their facility. CDC will also help strengthen the surveillance system and laboratory network reporting. USG will also provide laboratory equipment and necessary maintenance along with basic renovations (water, solar panels for energy, etc.).

CDC will contract a local employee to oversee the management of CDC work in labs. In addition, CDC will hire a driver and administrative assistant to support CDC activities. Further information on this staffing can be found in the Management and Staffing Activity Narrative for CDC.

In FY2008, DOD will support DAF laboratories by procuring laboratory supplies (general), rapid test kits, supplemental kits and a CD4 counter to support HIV testing, STI testing of HIV-infected individuals. DOD will also continue to support training to diagnose TB in HIV-infected individuals as part of the screening process. In addition, DOD will continue providing training and information technology upgrades to enhance the reporting and quality assurance/quality control program.

An important challenge to structuring a laboratory network is the lack of a clearly defined timeline for health sector reform to establish clear relationships among the different complexity levels of the health system, including laboratories. The delay in this component of health sector reform affects the implementation of management, supervision, evaluation and monitoring systems. In Region V, USG is taking a lead in helping GODR to define this process. Inserting HIV/AIDS activities in this process will help catalyze reform in the Region and, hopefully, throughout the country.

Referrals and Leveraging

In FY2008, USG will continue to work closely with GF's principal recipient, COPRESIDA, and MOH to leverage support for CDC activities in the DR, especially for procuring and maintaining equipment. USG will also leverage support from COPRESIDA, through WB, to establish the HIV laboratory network and strengthen the surveillance system. PAHO is interested in supporting and complementing CDC's TA. UNICEF and UNAIDS have provided TA and financial support to strengthen HIV surveillance. The Clinton Foundation has provided rapid tests when there have been stock-outs.

Sustainability

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

OUTPUTS: An HIV laboratory network established in Region V; National testing strategies and algorithms to support same day delivery of test results developed; The National HIV Reference Lab participating in CDC's external Proficiency Testing Program.

Program Area Downstream Targets:

12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	5
12.2 Number of individuals trained in the provision of laboratory-related activities	165
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	32000

Custom Targets:

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 8862.08

Mechanism: N/A

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID) **Program Area:** Laboratory Infrastructure
Budget Code: HLAB **Program Area Code:** 12
Activity ID: 18566.08 **Planned Funds:** \$100,000
Activity System ID: 18566
Activity Narrative: n/a
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 5987.08 **Mechanism:** Strengthen HIV Prevention and Care in Armed Forces
Prime Partner: Armed Forces of the Dominican Republic **USG Agency:** Department of Defense
Funding Source: GHCS (State) **Program Area:** Laboratory Infrastructure
Budget Code: HLAB **Program Area Code:** 12
Activity ID: 11902.08 **Planned Funds:** \$115,000
Activity System ID: 18407
Activity Narrative: n/a
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11902
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28700	11902.28700.09	Department of Defense	Armed Forces of the Dominican Republic	11706	5987.09	Strengthen HIV Prevention and Care in Armed Forces	\$50,000
11902	11902.07	Department of Defense	Armed Forces of the Dominican Republic	5987	5987.07	Strengthen HIV Prevention and Care in Armed Forces	\$30,000

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 5980.08 **Mechanism:** Surveillance and Laboratory Strengthening

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 11898.08

Planned Funds: \$750,000

Activity System ID: 18422

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11898

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11898	11898.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5980	5980.07	Surveillance and Laboratory Strengthening	\$255,000

HVSI - Strategic Information

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Total Planned Funding for Program Area: \$699,115

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Note: Due to late release of FY2007 PEPFAR funding, many activities planned with FY2007 resources have not yet taken place. In addition, little new information has become available since submission the FY2007 MiniCOP. This Narrative reflects planning for use of FY2008 funding, and assumes that FY2007 planned activities will occur before (or concurrently with) initiation of FY2008 activities. Furthermore, FY2007 funds were used to transition the USG HIV/AIDS program to one of limited geographic focus and FY2008 is the first year where the majority of USG support will be concentrated in Region V and the border areas. The border areas lack basic infrastructure necessary to support a comprehensive HIV/AIDS program. Much of FY2008 funding to the border areas will be spent to develop infrastructure and support systems needed before service delivery can begin. Thus, it is expected that for FY2008 some of our downstream targets will decrease from those for FY2007, while our upstream targets for FY2008 will increase.

Context/Services

Over the years, the DR has successfully conducted multiple sentinel surveillance (SS) surveys in collaboration with USG and other donors. Surveillance information has been gathered from public hospitals providing prenatal services and from STI clinics servicing persons in prostitution (male and female) and the general population. Several DHS and targeted studies on sexual behavior and risk perception have also been completed, and 2007 DHS results are expected by the end of the year. GODR has some experience with population studies, but they need to be institutionalized and made sustainable. The country relies largely on donor funding for these studies, and the use of data for sound decision-making is still not widely practiced. Building a sustainable

and technically-capable GODR research capacity is a challenge that requires staff recruitment/retention, training and technical assistance, effective use of data in program planning and decision-making, diversified funding sources, and a cadre of strong managers and principal investigators.

GODR performed a DHS study in FY2007, with COPRESIDA using WB funds to cover most of the study costs and USG funding a portion to cover the behavioral and HIV/AIDS indicators, and over-sampling in the bateys. In 2007, Prenatal/STI clinic sentinel surveillance sites were expanded and a BSS+ for the most at-risk populations, including MSM, CSW and IDU, will be conducted. These activities were/will be undertaken with the collaboration and support of COPRESIDA, USG, the WB, the GF grant, SESPAS/DIGECITSS and other donor agencies such as UNICEF.

In October 2006 CDC assessed the DR surveillance system. Based on assessment recommendations CDC developed a two-year work plan to be implemented in FYs 2007 and 2008. In FY2008 CDC will continue with its plan providing assistance to DIGECITSS to: (1) develop and finalize a long-term national epidemiological surveillance plan; (2) strengthen prenatal/STI sentinel surveillance sites in accordance with international recommendations; (3) conduct surveillance of ARV resistance baseline data through a threshold survey; (4) develop new data collection forms to add new variables to the clinical-epidemiological monitoring of patients on ARVs (this will entail changing current policy related to ARV data collection forms); and (5) improve HIV/AIDS case reporting by providing technical assistance to the MOH to modify current AIDS case reporting forms to adapt to WHO's new case definitions and to expand HIV case reporting. To support and oversee these activities in FY2008, CDC will place a SI coordinator and a locally hired laboratory specialist in-country to work closely with the MOH. Another epidemiologist will be contracted to assist directly with the BSS+ conducted with COPRESIDA. The SI coordinator will oversee surveillance activities and support to the MOH surveillance team, with the assistance of the locally contracted laboratory person to coordinate activities with CDC headquarters. CDC/Atlanta will initially provide technical support to the DR staff. Such TA may also include strengthening local capacity by sending Dominican staff working on surveillance activities to Atlanta for advanced training. CDC is considering placement of a US-contracted CDC Coordinator in the DR to provide such TA directly. Such position, if approved, will be funded in part with FY2008 funds although likely will not be placed in the DR until the beginning of FY2009.

An updated PEN was developed and disseminated in 2007. Monitoring and evaluation, while related to research and information systems, presents a unique set of opportunities and challenges in the DR. Traditionally, neither a single M&E system nor M&E itself has been a priority for GODR, leaving donors to collect their own data. In order to finish development of a single M&E system, close coordination among GODR, stakeholders and donors continues to be a necessity. A framework for a single M&E system has been developed, with common indicators and data collection agreed upon jointly by WHO, UNAIDS, USAID, PAHO, and other donors. In FY2008 USG, in collaboration with WB, UNAIDS and other donors, DIGECITSS, and COPRESIDA, will continue to support further development and implementation of the M&E system, to be incorporated into the updated PEN. The M&E system addresses the information needs of the government and other stakeholders and will contain a multi-faceted approach to accountability in data collection and reporting and will provide a plan for developing the technical and management capacity required to maintain the system.

NGO and private sector health provider reporting to GODR is deficient. In FY2008, USG will build upon successes from FY2007 and continue as part of a working group to address and resolve the weaknesses and information management capacity in the DR, with recommendations to be included in the PEN. Simultaneously, USAID will continue to develop the capacity of its contracted NGOs, CBOs, and FBOs for accurate and reliable M&E of their activities. USG partners will be directed to emphasize data quality and use, and to ensure that sustainable systems are established. These data will be incorporated into the single M&E system, complementing facility-based with community-based data for reporting to USAID and GODR.

The DR has recently implemented a functional and reliable HMIS in the national TB and vaccination programs. The system utilizes large books, filled in by hand, with data then compiled and computerized at the local, provincial, and regional levels. Although low-tech, this manual system functions well in the DR, with increasingly reliable records. The HIV/AIDS program will build on the established national HMIS for TB and immunizations. To do this, the system needs to be modified to allow integration of data from different components of the National HIV Program (e.g., PMTCT, VCT, and treatment). In FY2008, PAHO and OGAC's HMIS technical working group will perform an initial assessment of the system. A work plan will then be developed for a local organization contracted by USAID to design and pilot these modifications in Region V where USAID partners are already working on strengthening the information systems.

In FY2008, DOD will continue to support capacity building within the DAF in surveillance, M&E and data analysis. Data collection forms and systems will be compatible with the national system and harmonized with other USG data collection efforts so that reports can be incorporated into the GODR information systems.

Referrals and Leveraging

In past years, UNAIDS, PAHO, UNICEF and, in some cases, COPRESIDA, have all collaborated with USG to carry out SS surveys and the DHS. In FY2007, USG discussed with COPRESIDA the findings of CDC's assessment and COPRESIDA incorporated into its 2007 annual plan the recommended BSS+ studies (of which COPRESIDA funded over 70%). In addition, COPRESIDA and the MOH have agreed to CDC's recommended expansion of the SS sites and strengthening of the PMTCT information and laboratory systems. Participation and support from GODR (including the MOH and COPRESIDA) and other donors will be solicited for full collaboration in the strategic information activities led by CDC.

USG, in collaboration with WB, UNAIDS and other donors, DIGECITSS and COPRESIDA, continues to further develop a single M&E system to be incorporated into the updated PEN. The new M&E system will address the information needs of the government and other stakeholders and will contain a multi-faceted approach to accountability in data collection and reporting and will provide a plan for developing the technical and management capacity required to maintain the system.

Sustainability

CDC will work with the DIGECITSS, other donors, COPRESIDA, and NGOs to transition to a sustainable long-term surveillance

plan. This transition will include greater local ownership and participation in the process (e.g., the SESPAS provincial offices). USG and other donors will support GODR in strengthening the M&E section of the PEN to include a section on developing one national M&E system. In addition, CDC, together with other donors, will work with MOH to strengthen the national HMIS.

OUTPUTS: A long term national epidemiological HIV/AIDS surveillance plan developed; Antenatal/STI sentinel surveillance sites strengthened to conform to international standards; An assessment of the HMIS for TB and immunizations undertaken to determine feasibility of allowing integration of HIV/AIDS data.

Program Area Downstream Targets:

13.1 Number of local organizations provided with technical assistance for strategic information activities	22
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	121

Custom Targets:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 5980.08	Mechanism: Surveillance and Laboratory Strengthening
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 11904.08	Planned Funds: \$164,115
Activity System ID: 18423	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11904	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11904	11904.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5980	5980.07	Surveillance and Laboratory Strengthening	\$300,000

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 6012.08	Mechanism: Measure/TA for M&E
Prime Partner: University of North Carolina	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 11907.08	Planned Funds: \$225,000
Activity System ID: 18417	
Activity Narrative: n/a	

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11907

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28864	11907.28864.09	U.S. Agency for International Development	University of North Carolina	11745	6012.09	Measure/TA for M&E	\$200,000
11907	11907.07	U.S. Agency for International Development	University of North Carolina	6012	6012.07	Measure/TA for M&E	\$75,000

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5987.08

Mechanism: Strengthen HIV Prevention and Care in Armed Forces

Prime Partner: Armed Forces of the Dominican Republic

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 11909.08

Planned Funds: \$40,000

Activity System ID: 18408

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11909

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28701	11909.28701.09	Department of Defense	Armed Forces of the Dominican Republic	11706	5987.09	Strengthen HIV Prevention and Care in Armed Forces	\$40,000
11909	11909.07	Department of Defense	Armed Forces of the Dominican Republic	5987	5987.07	Strengthen HIV Prevention and Care in Armed Forces	\$40,000

Budget Code: OHPS

Program Area Code: 14

Total Planned Funding for Program Area: \$690,000

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Note: Due to late release of FY07 PEPFAR funding, many planned activities have not yet taken place. In addition, little new information has become available since submission the FY07 MiniCOP. This narrative assumes that FY07 planned activities will occur before (or concurrently with) initiation of FY08 activities. Furthermore, FY07 funds were used to transition the USG HIV/AIDS program to one of limited geographic focus. FY08 is the first year where the majority of USG support will be concentrated in Region V and the border areas. The border areas lack basic infrastructure necessary to support a comprehensive HIV/AIDS program, and hence increased funding will be dedicated to infrastructure in FY08. It is expected that FY08 downstream targets will decrease from those for FY07, while upstream targets for FY08 will increase.

Context/Services

The DR's public health infrastructure is extensive, with approximately 1,370 local clinics, 104 municipal hospitals, 32 provincial hospitals, 12 regional hospitals and 16 national reference hospitals. Despite enormous growth in the supply of services, relatively high levels of total spending, and institutional efforts to implement a new Social Security system, 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 health reforms were passed to address barriers to accessing quality services and improve efficiency and equity. Key changes included decentralizing service provision, introducing universal health insurance coverage, and demand-side financing. Implementation of these reforms has been gradual and slow. For over 5 years USG has supported health sector reforms and implementation of the new Social Security system with a focus on Region V. GODR has launched the family health insurance for 2,400,000 employees and their dependants, plus 800,000 poor people, for a total of 3,200,000 Dominicans covered currently by health insurance.

Health sector reform success depends on trained and competent human resources. Frequent replacement of qualified staff affects all programs and underscores the need for ongoing training. This is particularly critical as a new GODR administration will be elected in FY08 and a new administration is likely to replace many trained staff. 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 developing a civil service system.

The on-going health system reform will enhance the DR's ability to provide an effective HIV/AIDS response. The DR receives funding from external sources and availability of HIV/AIDS resources currently is not an issue. The critical challenge now is the stewardship, coordination and efficient investment of resources to achieve maximum results. During the past year the country developed a seven-year PEN and a framework for a single national M&E plan with broad stakeholder participation. 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, and accountability for all HIV/AIDS funding and program monitoring will be increased.

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 the funds to fight HIV/AIDS, but stigma and discrimination are still a major barrier to fighting the disease. Existing non-discrimination laws are frequently violated. PLWHA are particularly affected, as they are often discriminated against with impunity. Many employers screen potential employees for HIV and then deny employment to those who test positive, without revealing test results. Likewise, employees are often dismissed when their employers find them to be HIV+.

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

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

With additional FY08 resources, USG will continue to build on advances in USAID's health sector reform program in Region V to improve the management capabilities of service providers and provincial and regional health directorates. USAID partners will

begin organizing a regional service provider network to ensure an integrated approach to HIV/AIDS, and will plan gradual replication of this experience in provinces along the Haiti-DR border. USG will support the design and implementation of management systems and will continue to invest in human capacity development through training on health service management and quality of care. USG will also promote training on gender-related violence and girl/women's empowerment to help women avoid putting themselves at risk for HIV. To address staff turnover, and as a wraparound activity, USG will promote development and implementation of a civil service, at first via demonstration projects in selected geographic areas.

In FY08, USG will continue to work on cross-border and bi-national matters with Haiti, including engaging GODR in policy discussions. USG will continue to support GODR in developing a DR-Haiti bi-national agreement including a framework/strategy for prevention, care and treatment of populations crossing the border in either direction. This agreement is expected to address HMIS and other surveillance issues, PMTCT, access and adherence to ART, and possible sharing of laboratory services. Demonstration and twinning projects will identify and test appropriate means and venues for collaboration along the border.

Policy dialogue will improve enforcement of the AIDS law, particularly in terms of stigma and discrimination. USG will support the network of PLWHA who have been providing legal support to those discriminated against by employers so that their rights to employment are respected or companies who discriminate are fined or otherwise punished. USG will also promote a national condom policy stipulating responsibilities of both GODR and the commercial sectors in providing access to condoms for MARPs. USG will engage GODR to revise legislation to allow provider-initiated counseling and testing, opt-out testing (particularly for pregnant women), and same-day test results. Demonstration projects in the geographic focus area will provide evidence-based data. USG will initiate policy dialogue to study the economic impact of adding ARV treatment and related testing into the basic health package. USG will also try to ensure that the Social Security system is implemented in the USG focus regions with the most vulnerable populations, including those living with HIV/AIDS.

In FY08, DOD will help enhance information systems, supply chain management, health communication messages, social marketing, policy development, monitoring and evaluation, and human capacity development through training-of-trainers programs, including training programs outside the DR. DOD will provide ongoing education to medical providers in diagnosing and managing STI/OI/TB and increasing diagnostic laboratory capability for identifying and characterizing recognized infections. Emphasis will be on harmonizing the program with the civilian side to reduce costs and maintain consistent messages. DOD will continue to support the efforts of the Committee for the Prevention and Control of HIV/AIDS in the Armed Forces and National Police of Latin America and the Caribbean. DOD will also continue supporting the development of physical space and equipment in Armed Forces health centers for managing STI/HIV/AIDS- and TB-related programs.

Referrals and Leveraging

USG will promote development of a common donor policy agenda among partners, so partners can speak to GODR in one voice. WB and GF will also leverage funds for human resource development and job stability within the civil service, as well as system strengthening. The WB loan supporting health sector reform and social security complements USG efforts.

Sustainability

Systems strengthening, human capacity development, and implementing the civil service law are important elements of sustainability. Implementing family health insurance and priority enrollment of vulnerable populations, particularly PLWHA, will guarantee access to subsidized quality health services including treatment for opportunistic infections. USG will assist GODR to identify a funding source to ensure access to ARVs once the GF grant ends. In addition, USG will continue to increase local capacity and improve sustainability by supporting the development and operations of an increased number of indigenous NGOs and FBOs.

OUTPUTS: A service provider network with an integrated approach to HIV/AIDS treatment and care established in Region V; A DR-Haiti Binational agreement established to assure improved prevention, care and treatment of populations crossing the border; A policy dialogue initiated to study the economic impact of adding ARV treatment into the basic health package.

Program Area Downstream Targets:

14.1 Number of local organizations provided with technical assistance for HIV-related policy development	23
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	23
14.3 Number of individuals trained in HIV-related policy development	121
14.4 Number of individuals trained in HIV-related institutional capacity building	121
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	121
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	300

Custom Targets:

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5987.08

Mechanism: Strengthen HIV Prevention and Care in Armed Forces

Prime Partner: Armed Forces of the Dominican Republic

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 11913.08

Planned Funds: \$40,000

Activity System ID: 18409

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11913

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28877	11913.2887 7.09	Department of Defense	Armed Forces of the Dominican Republic	11755	11755.09	Strengthen HIV Prevention and Care in Armed Forces	\$40,000
11913	11913.07	Department of Defense	Armed Forces of the Dominican Republic	5987	5987.07	Strengthen HIV Prevention and Care in Armed Forces	\$75,000

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5980.08

Mechanism: Surveillance and Laboratory Strengthening

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 18443.08

Planned Funds: \$100,000

Activity System ID: 18443

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Budget Code: HVMS

Program Area Code: 15

Total Planned Funding for Program Area: \$1,399,335

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

VISION

Under the leadership of the Chief of Mission, all USG agencies will undertake a comprehensive, coordinated and effective HIV/AIDS program of interventions, from prevention to care, in support of GODR's efforts to address HIV/AIDS in the Dominican Republic.

CURRENT STAFFING PATTERN

CDC

CDC contributes technical assistance and services to all laboratory and information system activities. Under the FY07 plan, CDC is in the process of establishing a new agency presence in the DR, including opening a physical office. CDC had anticipated directly hiring two professional LES staff as part of the FY07 budget; the late release of FY07 funds has delayed this process. Also included under CDC staffing is contracting required administrative support services.

DOD

DOD has sole responsibility for PEPFAR-funded HIV/AIDS support to the DAF. The DOD does not currently have any PEPFAR-funded HIV/AIDS-related staff in the DR, however in FY08 DOD plans to hire a LES to provide in-country management assistance to the DAF for PEPFAR initiatives and to be responsible for providing support and training to the DAF program management team. The DOD HIV/AIDS Prevention Program (DHAPP) will manage the program on behalf of the Office of the Command Surgeon, United States Southern Command and will provide quality assurance and supportive supervision for in-country activities.

Peace Corps

Peace Corps operates the "Yo Escojo" ("I Choose") project, which consists of prevention interventions directed at youth. Headquarter management of Peace Corps' HIV/AIDS program activities consists of a locally hired Health Manager. In addition to the Peace Corps volunteers throughout the DR, in-country management includes one Peace Corps Volunteer Leader working full-time on the HIV/AIDS project.

USAID

USAID has the largest share of the total PEPFAR budget for the DR (XXX % in 2007) and the largest in-country presence of technical staff. Half of the USAID/DR health portfolio budget is devoted to HIV/AIDS activities. USAID is highly invested in prevention, treatment and care interventions across all program areas. USAID also plays the lead role in coordinating USG HIV/AIDS activities with GODR and other non-USG stakeholders. USAID/DR mission staffing includes the HPT Team Leader and HPT technical staff. As detailed more fully in the USAID Staffing Activity Narrative, the Program Assistant position is vacant at this time, and USAID is contemplating the creation of a new position to handle M&E, PEPFAR reporting, maintain information on the status and trends of the HIV/AIDS epidemic and will also take on PEPFAR reporting responsibilities

IMPLEMENTING SFR IN FY08

Planning and implementing a comprehensive HIV/AIDS portfolio requires coordinated undertaking of technically sound activities, in furtherance of USG goals and objectives and in response to the specific needs expressed by GODR and other stakeholders. The USG/DR team is collaborating to structure a staffing pattern with an ideal mix of skill sets to address the management and technical needs of the USG HIV/AIDS program in the DR.

In FY08, USG/DR will create a USG/DR "HIV/AIDS Work Group." The HIV/AIDS Work Group will be led by the Chief of Mission, or his/her designee, and will include representatives from all USG agencies operating PEPFAR-funded activities in the DR, as designated by the in-country heads of those agencies. The HIV/AIDS Work Group will identify core strengths of each agency and build upon each agency's strengths to create cross-agency support and leadership and will define clearly the roles and responsibilities of each agency to ensure that the USG HIV/AIDS program in the DR is cohesive, comprehensive, efficient and effective. The HIV/AIDS Work Group will establish communication channels between member agencies and with OGAC.

One of the first objectives of the HIV/AIDS Work Group will be to create an interagency team to orchestrate and implement SFR in

the DR. The SFR Team will canvas and assess the existing staffing and programmatic country team structure of each member agency, identifying any gaps and duplication of expertise or responsibility. The SFR Team will develop and document a cross-agency staffing plan, for both the short- and long-terms, leveraging interagency resources and strengths to create a defined and coordinated process for joint planning of agency staffing needs.

The HIV/AIDS Work Group will also implement a mechanism to ensure interagency coordination on program planning, activity development and M&E activities as needed for effective implementation of the USG/DR HIV/AIDS strategy, as well as for coordination with partners and other stakeholders. This mechanism will include, but not be limited to, a plan for joint portfolio reviews and interagency partner monitoring as well as joint setting of annual priorities and budgets.

The HIV/AIDS Work Group may request a visit from OGAC staff to assist with the SFR after some initial work has been done.

NEW POSITIONS

CDC:

CDC/GAP HIV/AIDS Program Administrative Assistant. The Program Administrative Assistant will: manage the logistics of operating the office to ensure smooth operation of CDC's DR office; answer telephones; copy documents; collect and distribute mail; manage technical staff schedules; and handle small meeting logistics. The Administrative Assistant will have a college degree (or technical school degree plus experience), English and Spanish writing and speaking skills; be well organized; and be familiar with Dominican culture. The Assistant will be a local-hire funded with HLAB program funds.

CDC/GAP HIV/AIDS Program Driver. The Driver will: maintain and operate the CDC vehicle; pick up and drop off CDC staff and visitors in a timely manner; and find the quickest and safest route between departure and destination points. The Driver will have a good driving record, five years of driving experience in the DR; and be a native Spanish speaker with some English speaking skills preferred. The Driver will be a local hire, funded with HLAB program funds.

USAID:

HIV/AIDS M&E Specialist: The HIV/AIDS M&E specialist will be responsible for monitoring and evaluating all USAID/DR HIV/AIDS activities according to PEPFAR M&E and reporting requirements. S/he will gather and maintain information on the status and trends of the HIV/AIDS epidemic, assist GODR/MOH and contractors in reporting on a timely basis the results of USG funded activities, ensure recommendations are integrated into NGOs', CBOs', FBOs' monitoring and evaluation plans. S/he will report to the USAID/DR Health and Population Team Leader and will work closely and collaboratively with the USAID activities manager for HIV/AIDS and Tuberculosis. S/he will hold a masters degree in public health or a related social science discipline, have proven M&E and data analysis skills, and a minimum of three years of progressively responsible experience in HIV/AIDS strategy development and implementation. Further, s/he will be responsible for USG HIV/AIDS reporting as required by PEPFAR. S/he must have English and Spanish capability at Level III. The HIV/AIDS M&E Specialist will be a local hire, funded with management and staffing program funds.

DOD:

HIV/AIDS Program Field Project Manager: The DOD HIV/AIDS Program Field Project Manager will be locally hired to provide in-country management of DOD's HIV/AIDS program in the Dominican Republic and to assist the DAF in the development and execution of an HIV/AIDS prevention program. S/he will act as liaison between the U.S. Military Assistance Advisory Group (MAAG), the DAF, and the USG/DR HIV/AIDS Work Group, as well as to other HIV/AIDS donor agencies and organizations. S/he will assist in the development and implementation of DOD-sponsored HIV/AIDS programs in the DAF, establish an M&E program for program activities, and prepare written technical reports to DHAPP. S/he will have a background in public health or a related field, a knowledge of HIV/AIDS, oral and writing skills, and management experience. The HIV/AIDS Program Field Manager will be a local hire, funded with management and staffing program funds.

Program Area Downstream Targets:

Custom Targets:

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 6077.08	Mechanism: Peace Corps Overhead Costs
Prime Partner: US Peace Corps	USG Agency: Peace Corps
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 12120.08	Planned Funds: \$17,885
Activity System ID: 18426	
Activity Narrative: Although the PCDR PEPFAR budget does not include any expenses for management or staffing personnel, \$17,885 (or 15 percent of the program activity budget) has been allocated to the management and staffing program area to cover overhead expenses as directed by OGAC guidance.	

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12120

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28882	12120.2888 2.09	Peace Corps	US Peace Corps	11759	11759.09	Peace Corps Overhead Costs	\$27,000
12120	12120.07	Peace Corps	US Peace Corps	6077	6077.07	Peace Corps Overhead Costs	\$15,450

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 6009.08

Mechanism: Administrative/logistical support for CDC

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 18610.08

Planned Funds: \$869,450

Activity System ID: 18610

Activity Narrative: CDC is in the process of establishing a new agency presence in the DR, including opening a physical office. CDC had anticipated directly hiring two professional LES staff, a Senior Laboratory Program Advisor and a Strategic Information Coordinator, as part of the FY07 budget, however the late release of FY07 funds has delayed this process to FY08 and the two positions remain vacant at this time. New for FY08, CDC plans to create two positions (a driver and an administrative assistant) to support CDC programs in the DR.

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

The Strategic Information Coordinator will be funded through HVSI program funds and will oversee CDC's DR program; plan, coordinate, monitor and evaluate project activities; assist GODR to develop and enhance the HIV/AIDS strategic information system and its use for decision-making, focusing on quality surveillance information, monitoring and evaluation, health management information systems and laboratory capacity; provide in-country management assistance to GODR for PEPFAR-supported initiatives; represent the CDC on the USG/DR PEPFAR team; monitor the CDC/DR country budget; oversee the technical and administrative aspects of CDC's DR program; provide technical assistance for special studies; monitor CDC staff; and support improvement of the PMTCT program, especially its M&E.

In addition, new for FY08 funds, CDC will be hiring administrative support by way of an Administrative Assistant and a Driver. The Administrative Assistant will manage the logistics of operating the DR office, provide basic office secretarial support, manage technical staff schedules; and handle small meeting logistics. The Driver will maintain and operate the CDC vehicle, and drive CDC staff and visitors to and from meetings and events. Although for FY07 and FY08 CDC has planned significant strategic information activities, the vast majority of these activities are in furtherance of a two-year plan that will not be continued in FY09 planning. Therefore, both the Administrative Assistant and the Driver will be funded through HLAB program funds. Although CDC has no money planned for management and staffing, we included a zero dollar entry in order to open space to include this activity narrative.

CDC has discussed its plans with the Embassy and has confirmed that it will incur no ICASS or other "cost of doing business" expenses in the DR for FY08. Similarly, CDC has confirmed that there will be no charges from CDC for computer support in the DR.

HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 6076.08 **Mechanism:** USAID IRM
Prime Partner: US Agency for International Development **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (USAID) **Program Area:** Management and Staffing
Budget Code: HVMS **Program Area Code:** 15
Activity ID: 12119.08 **Planned Funds:** \$50,000
Activity System ID: 18419
Activity Narrative: The USAID/DR PEPFAR management and staffing budget accounts for an estimated \$47,250 in IRM contributions for FY07.

HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 12119
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28729	12119.28729.09	U.S. Agency for International Development	US Agency for International Development	11710	6076.09	USAID IRM	\$20,000
28717	12119.28717.09	U.S. Agency for International Development	US Agency for International Development	11710	6076.09	USAID IRM	\$0
12119	12119.07	U.S. Agency for International Development	US Agency for International Development	6076	6076.07	USAID IRM	\$11,460

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 6016.08 **Mechanism:** Program Management
Prime Partner: US Agency for International Development **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (USAID) **Program Area:** Management and Staffing
Budget Code: HVMS **Program Area Code:** 15
Activity ID: 11915.08 **Planned Funds:** \$375,000
Activity System ID: 18420

Activity Narrative: USAID has the largest share of the total PEPFAR budget for USG/DR (79% in FY08) and the largest in-country presence of technical staff. Half of the USAID/DR health portfolio budget is devoted to HIV/AIDS activities. USAID is highly invested in prevention, treatment and care interventions across all program areas. USAID also plays the lead role in coordinating USG HIV/AIDS activities with GODR and other non-USG stakeholders.

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

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

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

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

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

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

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

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11915

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28883	11915.2888 3.09	U.S. Agency for International Development	US Agency for International Development	11760	11760.09	Program Management	\$405,000
28736	11915.2873 6.09	U.S. Agency for International Development	US Agency for International Development	11711	6016.09	Program Management	\$0
28735	11915.2873 5.09	U.S. Agency for International Development	US Agency for International Development	11711	6016.09	Program Management	\$0
28734	11915.2873 4.09	U.S. Agency for International Development	US Agency for International Development	11711	6016.09	Program Management	\$0
11915	11915.07	U.S. Agency for International Development	US Agency for International Development	6016	6016.07	Program Management	\$235,350

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 6017.08

Mechanism: Program Management

Prime Partner: Uniformed Services University of the Health Sciences/Center for Disaster and Humanitarian Assistance Medicine

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 11914.08

Planned Funds: \$52,000

Activity System ID: 18416

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11914

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28878	11914.28878.09	Department of Defense	Uniformed Services University of the Health Sciences/Center for Disaster and Humanitarian Assistance Medicine	11756	11756.09	Program Management	\$60,000
11914	11914.07	Department of Defense	Uniformed Services University of the Health Sciences/Center for Disaster and Humanitarian Assistance Medicine	6017	6017.07	Program Management	\$52,000

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 6075.08	Mechanism: USAID ICASS
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 18586.08	Planned Funds: \$35,000
Activity System ID: 18586	
Activity Narrative: The USAID/DR Management and Staffing budget accounts for an estimated \$30,076 in ICASS contributions for FY08.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2008?	Yes	X	No
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
Is an Demographic and Health Survey(DHS) planned for fiscal year 2008?	Yes	X	No
If yes, Will HIV testing be included?	Yes		No

When will preliminary data be available?

Is a Health Facility Survey planned for fiscal year 2008?	Yes	X	No
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When will preliminary data be available?

Is an Anc Surveillance Study planned for fiscal year 2008?	Yes	X	No
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If yes, approximately how many service delivery sites will it cover?	Yes		No
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When will preliminary data be available?

Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2008?	Yes	X	No
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Other Significant Data Collection Activities

Name: Sentinel Surveillance Study

Brief Description of the data collection activity:

Additional blood samples are collected from 16 regular VCT sites (all in hospitals, mostly in PMTCT settings but two in CSW settings and two in STI settings), with samples tested for HIV, syphilis, and Hep B. Anonymous test results are sent with basic demographic information to national level. GODR expects to expand to 20 sites in 2008, with the new sites to capture data from pregnant women in areas otherwise not reported.

COPRS required input of a date for preliminary data, however data is actually collected and reported on an ongoing basis.

Preliminary Data Available:

9/30/2008

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
ExecutiveSummaryFY08.doc	application/msword	9/25/2007	Executive Summary	Executive Summary	THerscowitz
GFSupplFY08.doc	application/msword	9/25/2007	Global Fund Supplemental	Global Fund Supplemental*	THerscowitz
Acronym List FY2008t.doc	application/msword	9/25/2007	Acronym List	Other	THerscowitz
MiniCOPMap.pdf	application/pdf	9/25/2007	Map of the Dominican Republic	Other	THerscowitz
Document.pdf	application/pdf	9/26/2007	Ambassador's letter	Ambassador Letter	THerscowitz
DR Org Chart.pdf	application/pdf	9/27/2007	Program Planning and Oversight Functional Staff Chart	Other	THerscowitz
newDRbudgetreqs.xls	application/vnd.ms-excel	9/27/2007	Budgetary Requirements Worksheet	Budgetary Requirements Worksheet*	THerscowitz
Update to Dominican Republic 5.doc	application/msword	9/27/2007	Update to 5-Year Strategy	Other	THerscowitz
Table2 Targets .doc	application/msword	9/28/2007	Table 2 Explanation of Targets	Explanation of Targets Calculations*	THerscowitz
Edited Table 3.3 Targets.doc	application/msword	9/28/2007	Table 3 Explanation of Target Calculations	Explanation of Targets Calculations*	THerscowitz
FinalStaffMatrix.xls	application/vnd.ms-excel	10/9/2007	Staff Matrix	Other	THerscowitz
PEPFAR DR08 Volunteer Matrix 090407.xls	application/vnd.ms-excel	10/9/2007	Peace Corps Volunteer Matrix	Other	THerscowitz