Dominican Republic

Operational Plan Report

FY 2013

Note: Italicized sections of narrative text indicate that the content was not submitted in the Lite COP year, but was derived from the previous Full COP year. This includes data in Technical Area Narratives, and Mechanism Overview and Budget Code narratives from continued mechanisms.

Operating Unit Overview

OU Executive Summary

COP 2013 Executive Summary

I. Country Context

Epidemiology

The Dominican Republic (DR), with a population of 9.7 million (2010 census), shares the Island of Hispaniola with Haiti. The DR has an HIV seroprevalence of 0.8% (DHS/2007), slightly lower than the 1.0% from DHS/2002. New seroprevalence estimates from the 2013 DHS should be available by the end of 2014. The epidemic is largely driven by heterosexual practices, including multiple partners and transactional sex. However, men who have sex with men (MSM), transgender, and male and female commercial sex workers (CSW) exhibit higher seroprevalence than the national level. Additionally, drug users (DU), residents of Bateyes and women with fewer than four years of formal education have higher rates than the general population. UNAIDS and the Ministry of Health (2011) estimate that in 2012 nearly 44,000 persons (adults and children) were living with HIV and approximately 1700 deaths were attributable to AIDS. Ministry of Health (MOH) data (December, 2012) indicate that 21,579 persons (20,496 adults and 1083 children) are on antiretroviral (ARV) therapy, an increase of over 2100 persons (11%) since November, 2011.

Current data on key populations (KPs) are limited. However, in 2012 the GODR and PEPFAR supported several critical data collection efforts, including a DHS, with data collection to begin in July 2013 and an updated Behavioral Surveillance Survey (BSS). PEPFAR is also planning a mapping exercise to target interventions. The 2008 BSS estimated HIV seroprevalence among CSW to be between 3.3% and 8.4%; among MSM between 5.1% to 7.6%; and among DU (injecting and non-injecting) between 5.1% to 13.7%. A secondary analysis of the 2007 DHS revealed HIV seroprevalence among Haitians resident in the DR to be about 6.5%.

Sexual initiation occurs at a young age: 15% of women and 23.5% of men (both ages15-24) report having had their first sexual experience before age 15. Fifty percent of women and 70% of men reported having had sexual relations by the age of 18. Condom usage, while improving, is still relatively low: only 25.0% of women and 53.4% of men (both ages 15-24) reported using a condom during their first sexual experience, and during perceived high risk sex, only 43.9% of women, ages 15-24, used a condom.

In 2009 an Armed Forces study of sexual risk behavior among military personnel stationed along the

Haitian border showed that military personnel in these areas exhibited significantly high risk sexual behaviors, including multiple sexual partners, inconsistent condom usage, sexual coercion, high rates of alcohol use, and high risk sex.

The National Response and the USG role

Wi th a new government in place since August 2012, The Dominican National Response (NR) continues intact, led by the MOH and the National AIDS Council (CONAVIHSIDA). The NR is supported largely by the Global Fund for AIDS, TB and Malaria (GF) and PEPFAR. An HIV/AIDS program costing study (MEGAS 2008, UNAIDS) indicated that external sources provided approximately 49% of the funding of the NR, while the GODR contribution was about 16%. The balance of national resources came from out-of-pocket payments, according to the National Health Accounts study. The NR plays an active role in advocating to GODR decision makers to commit a greater share of the national budget to the NR, including a focus on the procurement of ARVs. With forecasting support from the USG, the GODR has agreed to budget $ 1.9 million for this purpose.

While the GODR has taken the responsibility for treatment programs, the USG program focuses principally on prevention among KPs and of mother-to-child transmission, heatlh systems strengthening (including enhanced laboratory capacity and strategic information) and NGO strengthening.

Coordinating with other donors

The GF is the major financial contributor to the NR. The current GF program in HIV/AIDS totals $ 87 million. Round 2/Phase 2 of this agreement was recently approved by GF, but with a 20% (around $8 million) reduction from the request. PEPFAR coordinates with GF activities through the CCM, and through individual meetings and consultations with Principal Recipients (PR) and with CONAVIHSIDA, which is both a PR and tasked with leading AIDS policy and strategic planning.

Other donor agencies provide limited and targeted assistance to the NR. UNAIDS is the lead UN agency in HIV/AIDS; it is a member of the CCM, supports policy dialogue and is the lead agency in assisting the NR to prepare GF proposals. The Pan American Health Organization (PAHO) is also a member of the CCM and provides support for labs and information systems. UNICEF supports the Ministry of Education (MOE) sexual education program in public schools. PEPFAR continually communicates with these agencies and sits on working groups with them, so coordination is good.

Although the private for-profit sector is a member of the CCM, it contributes little resource to the NR

II. PEPFAR Focus in FY 2013

The PEPFAR/DR program includes a strong focus on key populations, implementation of the GODR's

PMTCT national strategic plan, and beginning a policy dialogue with the GODR on transitioning some PEPFAR-funded activities to the government, particularly ARV commodities. In the past year, with TA from two USG interagency TWG teams and in collaboration with local counterparts, the PEPFAR team has articulated a plan to address these priority technical areas and specifically systems strengthening, NGO strengthening, and strategic information.

Given PEPFAR/DR's modest budget, the team has looked for ways to reduce the number of implementing mechanisms (IM) and focus its resources. The DR Team has approached this COP in that spirit. Although member USG agencies have ongoing IMs, which support the objectives of a number of key areas, the team has begun to articulate a strategic plan to allow those IMs to complete their programs and redirect future programs to the targeted priorities.

The major elements of the technical assistance program in 2013 COP include the following key areas:

KEY POPULATIONS: Consistent with the AIDS-Free Generation vision, the PEPFAR team will continue to prioritize HIV prevention among key, high risk, populations. Although the team is awaiting the results of several data collection efforts which will help refine programs, the focus of activities in COP 2013 emphasizes a continuum of care for KPs, primarily CSW, MSM/Transgender, youth, women, military, drug users, mobile populations (construction and agricultural workers, truck drivers, and street vendors), and residents of Bateyes. Activities in COP 2013 will provide a minimum package of services for KP that includes peer education, risk reduction counseling, access to condoms and lubricants, HIV testing, and referrals for treatment and care. The program will increasingly emphasize combatting stigma and discrimination that limit access to health care for KPs. This will include increased efforts to address prevention for HIV positive individuals and linkages to appropriate treatment services.

PMTCT: Since COP 2012 the PEPFAR team has worked closely with the MOH TWG for PMTCT, which has developed a National Strategy focused on 16 high-volume hospitals. Recognizing that more than 80% of deliveries take place at these facilities, USG programming already supports improved and expanded HIV counseling and testing in the PMTCT setting, same-day delivery of results through improved laboratory services, and the encouragement of male partners to access counseling and testing services. New for COP 2013 is the addition of a TA model for supportive site supervision component, to be provided through an existing IM.

SYSTEMS STRENGTHENING: Underlying all activities proposed in COP 2013 is the ongoing strengthening of MOH systems, especially procurement and logistics, human resources (HR) and laboratories; and improved use of information and data for more informed decision making.

SUPPORT TO NGOs: Consistent with the focus on KPs, many of whom seek HIV prevention, care and support services outside the public system, PEPFAR interventions will continue technical and financial support to NGOs which work with these vulnerable populations, such as CSW, MSM, Transgender, drug users, youth, women, military, and residents of Bateyes.

STRATEGIC INFORMATION: In an effort to assemble a more complete picture of the HIV epidemic, the PEPFAR team has been working with the MOH on multiple projects that characterize the HIV epidemic and to monitor and evaluate the impact of interventions. These include population-based surveys of sexual behaviors, HIV prevalence and STI prevalence among MSM, CSW, drug users, and mobile populations, and mapping locations where sexual HIV transmission occurs. Several surveillance approaches – including refined data collection and reporting formats -- are being developed to gather routine data from HIV and TB testing and treatment services. Qualitative research will help provide in-depth understanding of access and barriers to prevent and treatment services.

FINANCIAL SUSTAINABILITY AND TRANSITIONING: PEPFAR/DR will continue to provide technical support to the MOH as it establishes mechanisms to procure and finance ARVs. While the DR has made significant progress in this area, budgeting $ 1.9 million for ARVs, the USG will continue to assist with the management of ARV planning and procurement. As a middle income country, the DR is facing more stringent GF counterpart requirements. USG has multiple mechanisms with the MOH to increase its overall capacity in the areas of blood safety, laboratory development, monitoring and evaluation, and TB and HIV surveillance. More than 100 individuals have been trained as part of the Field Epidemiology Program. These investments will leave systems and structures in place to address public health issues.

III. Progress and Future

PF/PFIP country strategy monitoring

The Partnership Framework (PF), signed in 2010, is in its final year and will serve as a baseline for future dialogue with the GODR. The NR has been monitored annually by the GODR, the USG, and other partners and stakeholders, through the CCM. Data collected by the NR team, the Global Fund programs, and USG, are used to monitor progress towards NR targets.

Since 2010, many PEPFAR, GF, and GODR indicators and baselines were harmonized, and discussions continue for the purpose of harmonizing those which are still pending. This process has introduced some new indicators into the national M&E system and consequently, further work is required to ensure that the instruments and methods to collect these data are developed and incorporated.

Country Ownership

The PF supports the implementation of the NR and the overall goal of mitigating the effect of the

epidemic. It emphasizes health systems strengthening, including training of Dominican partners, in laboratory services, strategic information and data for decision making, procurement and logistics, monitoring and evaluation, and human resources. The PEPFAR/DR program focuses on the prevention of new infections, working with key populations. Among other principles, the PF underscores the DR as the owner and leader of the NR, transparency, joint decision making, involvement of the Civil Society in HIV prevention among key populations, collaboration among cooperating agencies, and the use of evidence-based practices.

USG continues to have a strong partnership with the GODR and has carried out a number of consultation workshops with GODR and NGO partners, prior to finalizing COP 2013, which has helped inform and more closely aligned the PEPFAR program to national priorities. Public policy dialogue has encouraged the GODR to invest more of its own resources in the NR (specifically in ARV procurement), and it is expected that the strengthening of health systems, and the training that accompanies the process, will fortify the management capacity of the GODR.

At PEPFAR's urging, the MOH has indicated that it will convene a seminar for a general review of the NR and to update the National HIV/AIDS Strategic Plan (NSP). The MOH will invite the same participants who join the PEPFAR consultative meetings, i.e., the stakeholders of the NR. The review will assess the NSP, seek agreement among stakeholders on the progress and problem areas of the NR, consider new priority areas which may arise, and plan for future management and financing. A review committee of the CCM has met to evaluate the technical proposals for leading this effort.

PEPFAR is a voting member of the CCM and participates in all CCM technical committees. In this role the USG interacts routinely with other donors and stakeholders. The PEPFAR team is sensitive of the need to plan the COP within the context of the NSP, the NR, and Global Fund activities.

The NR has an especially challenging role to play vis-à-vis the new requirements imposed by the Global Fund for Round 2/Phase 2 disbursements. As a result the NR, PEPFAR team and other donors have been exploring options for how to provide higher counterpart levels than previously required. One aspect is to plan for effective procurement of ARVs and other supplies, and a plan for incorporating the human resources currently funded by the GF into the DR national budget. These are ownership challenges which will occupy the CCM's work agenda in 2013 and beyond.

Trajectory in FY 2014 and beyond

Country ownership/stewardship
The GODR, through the MOH and CONAVIHSIDA, exercises political ownership and stewardship over

the NR. The MOH occupies the presidency of the CCM.

One of PEPFAR's challenges is to encourage the MOH to think in the long term, beyond its usual four-year presidential period. Currently, the "country program" is the sum total of donor programs. The PEPFAR team contends that the GODR needs to play this important leadership role; otherwise, results are limited or temporary. For example, the GF program supports PMTCT, and the DR has met and exceeded its (GF) goals in this area. But little impact has been made on the total population of pregnant women, because the goals were set too low. In this case the program met and exceeded GF goals, but larger country goals were missing.

Institutional and community ownership

NGOs which receive and manage PEPFAR funds do so within the regulations of USG financial management (FM). The MOH has been aware of this limitation in its own management capability and has taken steps to correct it. For example, with the approval of the CCM, the MOH is now PR for GF Tuberculosis funds, which has strengthened the Ministry's financial management system. The USG agreed with this strategy and supported it in the CCM. Three PEPFAR-funded cooperative agreements with the MOH have a management support component, to ensure effective stewardship of these funds and institutional strengthening of the MOH.

USG programs have supported local NGOs and Civil Society organizations to strengthen their FM capacity. Several long-term USG-supported NGOs now receive and successfully manage funds from non-USG sources. Five members of Civil Society are members of the CCM, and this block is now more active in providing input into NR policies and programs.

Capabilities

The technical and managerial capabilities of Dominican institutions vary in their levels of maturity. Some programs are relatively strong managerially (e.g., the National TB Control Program), while others are still developing. As mentioned above, the Vice Ministry for "Collective Health" is the PR of GF resources for TB and has worked with the GF and its Local Fund Agent to develop its financial and programmatic managerial capacity.

Both CONAVIHSIDA and the MOH have monitoring and evaluation sections within their organizational structures. These are generally stronger in the monitoring than the evaluation function. As mentioned above, the MOH plans to convene an evaluation exercise to assess and update the NSP. This will be the MOH's first extensive evaluation of the NSP.

The CCM's capability as a strong overseer of GF programs is not well developed, and most CCM

members to not have the necessary analytical skills. One of the important areas under the CCM's own action plan is to strengthen its M&E capacity.

Accountability

Mutual accountability is one of the principles set forth in the PF. From the outset the PEPFAR process itself has provided a model for accountability to the GODR and stakeholders. The fact that PEPFAR has been open with its planning, has invited stakeholders to participate in the planning process, and has reported back to stakeholders on the final version of the PEPFAR plan, has shown that accountability is compatible with good planning, management and program implementation. The NR is increasingly willing to be accountable to its stakeholders and cooperating agencies. The new leadership of CONAVIHSIDA has convened an "inner circle" of PEPFAR, UNAIDS, and NGOs to discuss ways to approach difficult management issues. This is an excellent step towards NR accountability.

Financial Sustainability

The NR is on notice from the GF that it will be increasingly difficult to obtain new funding, once the current Phase 2/Round 2 funding terminates in two years. The NR in turn has responded by budgeting nearly $ 2 million for ARVs in its 2013 budget, a significant step. In addition the NR has carried on a dialogue with the Dominican Social Security System (DSSS) with the request that the DSSS place ARVs on its list of basic medicines for its HIV-positive affiliates. However, as of February 2013, no decision has been rendered.

Recently the GF and PAHO have sent delegations to the DR to discuss issues of future funding with the NR, and both have indicated their willingness to continue the dialogue with the expectation of assisting the NR project its needs into the future. PEPFAR is also part of this dialogue. The USG is working to encourage the a sustainable program with strengthened health systems, including procurement and logistics, laboratory infrastructure, information systems, and rigorous management of human resources. ARVs will certainly be an area of future focus for the NR, as external funding sources shrink.

PEPFAR intends to continue to engage the in-country PMTCT and SI TWGs to project future needs, consider the potential resource availability, and plan the management and technical structures to meet those needs.

IV. Program Overview

Priority area no. 1: Key populations

The PEPFAR/DR team will continue its work with KPs, as underscored by the TWG visit in December 2012: CSM, MSM (including Transgender), drug users (injecting and non-injecting) (DU), mobile

populations, residents of Bateyes, military and at-risk youth. New this year is an emphasis on the continuum of care for KPs. The PEPFAR/US KP TWG recommended that the PEPFAR/DR team focus on identifying and then assisting with the provision of a minimum package of services for KPs, which includes peer education and outreach (including risk reduction counseling), access to condoms and lubricants, HIV testing, stigma reduction, referrals for care and treatment, and STI screening and treatment, in targeted geographic areas.

As mentioned earlier, as part of this year's efforts, the PEPFAR/DR team will analyze data from different critical mechanisms (DHS, BSS, and mapping exdercise) to better inform the prevention work with KPs. Collectively, the PEPFAR team will work with NGOs and the GODR to address the needs of the KP groups, including prevention education, access to condoms, and access to client-friendly clinical services. PEPFAR/DR is aware that one of the major barriers to KPs obtaining quality services is the stigma exhibited against them by many elements of the health care system, including hostile attitudes and behavior of health care providers. PEPFAR will continue to work with the MOH and with NGO-based clinics to reduce this barrier and to provide a welcoming service environment.

High-risk youth and gender programs continue to be supported in COP 2013. Peace Corps (PC) supports a number of programs, including Escojo mi Vida (I choose my life), GLOW (Girls Leading our World), Chicas Brillantes (Brilliant Girls), Superman (for boys), Deportes para la Vida (Sports for Life), and Hogares Saludables (Healthy Homes), which deliver HIV prevention messages through peer educators. PEPFAR funding supports PC Volunteers working in these programs, regional and national level workshops, and training for Dominican leaders who will guarantee the sustainability of these programs. Gender norms and behaviors are emphasized in the PC programs.

As initiated in 2012, PEPFAR/DR, through CDC, will continue its prevention activities with MSM, DU, and mobile populations (constructions workers, agricultural workers, street vendors and truck drivers). All three activities employ evidence-based prevention interventions that have been adapted with TA of CDC's domestic Division of HIV/AIDS Prevention. CDC supports HIV prevention in MSM populations in Santo Domingo, Santiago, and Barahona, with the aim of reducing high-risk sexual practices, and promoting health and human rights for the MSM populations. This activity has also started working with doctors providing HIV services to develop a network of MSM-friendly HIV clinics.

CDC works with four mobile populations in Santo Domingo and throughout the country, including border areas. The aim is to increase healthy sexual behavior and provide mobile testing units for agricultural workers, constructions workers, street vendors and truck drivers. Individuals who participate in this prevention activity are offered HIV testing and counseling and referrals to MOH treatment services, if found to be HIV-positive. Specific agreements with HIV treatment providers have been established as part

of this activity.

DU are among the most difficult key population to identify and serve, given that their numbers are not well defined, many or most wish not to be identified as drug users, and access to prevention and treatment services are problematic. This group encounters much stigma and discrimination when it seeks services at clinics. Part of the PEPFAR focus will be to work with the MOH on access issues for DUs. CDC works in Santo Domingo, Santiago, Barahona and Higuey to reduce high-risk sexual behaviors and improve the quality of HIV/TB services available for DU. The PEPFAR team understands that helping DUs obtain access to HIV care and treatment services, by reducing the hostility experienced by this KP, is an important contribution to reduce the impact of the epidemic.

At the end of 2012, CDC was co-investigator in a second BSS study on MSM/Transgender, CSW, and DU populations. The results of this BSS are being analyzed as this COP is being prepared (February, 2013). The BSS study will help the MOH and cooperating agencies understand better the seroprevalence, behaviors, and knowledge of these populations, and provide information to estimate the size of each.

Given its pipeline, DOD will not request 2013 funds. However, the DOD/Dominican Armed Forces (DAF) prevention program includes work along the border. A DAF study underscored the risky sexual behaviors of soldiers deployed near the border, far from their homes. PSI's work with this population is the result of that study.

USAID's ambitious "Youth Alert" (youth-at-risk) project will help identify and address the health and wellness issues affecting out-of-school youth, in particular those behaviors which place them at increased risk of HIV infection. As of 2012 USAID no longer provides support to the MOE affective sexual education program. At this point the MOE itself has taken full leadership of this program. USAID will focus instead on at-risk, out-of-school youth, which began in July 2012 and is implemented by a local NGO, with other local NGO sub-contractors, in the DR's major urban centers.

Condom social marketing continues to be a priority for PEPFAR, and PSI continues to lead the effort to distribute 15 million condoms annually in targeted areas, namely in the major urban areas, the east, and the border provinces. In addition to the condom social marketing program, PSI will target sex workers and their clients/partners, specifically their "trusted partners," with the minimum package of services for KPs in the same priority areas. PSI has recently redesigned its prevention materials with specific modules targeting women who work in brothels, women who work on the street, and "trusted partners." PSI works throuth three well-established local NGOs to ensure national coverage and an end goal of reaching nearly half of the sex workers in the country.

High rates of stigma, discrimination and gender-based violence (GBV) act as “critical enablers” of the HIV epidemic. The USAID Health Policy Project (HPP) will provide technical and policy assistance to reduce stigma and discrimination and GBV directed at key populations and persons living with HIV. HPP will support the institutional strengthening of two local organizations to ensure the sustainability of these efforts and link with local government counterparts to address policy and regulatory issues related to stigma.

Partners in Health (PIH), another local NGO, provides the minimum package of services for KPs along the central border area, targeting specifically mobile populations and sex workers. Because of PIH’s presence on both sides of the border, it is able to ensure a continuum of care as mobile populations move back and forth, as well as provide materials in Spanish and Haitian Creole.

In the first quarter of FY 2013, USAID closed out umbrella grant mechanisms (AIDSTAR-One and FHI 360’s Strengthening HIV/AIDS Services Community Grant Component), which supported 18 local organizations. During FY 2013, USAID will provide follow-on through the centrally-funded Advancing Partners and Communities (APC) mechanism. As a result, there will be a six-month gap in USAID support to prevention and community care services, which is reflected in PEPFAR/DR targets.

In 2013 APC will support local NGOs working with KPs to deliver the minimum package of services. It will also provide testing and counseling, referral and follow-up to strengthen EMTCT. Furthermore, in support of USAID Forward, APC will have the specific task of institutional strengthening, with an intermediate goal of transitioning the sub-grantees to receive direct assistance from PEPFAR. A long-term goal is to help build the capacity of these local NGOs to provide solid, effective programs that are reported to the government and ultimately win the confidence of -- and direct funding from – the MOH and GODR. HPP and APC will also work with the MOH to strengthen its capacity to include NGO programs as part of the government’s management portfolio.

Priority area no. 2: Mother-to-Child Transmission

The elimination of mother-to-child transmission (EMTCT) of HIV and congenital syphilis is a continuing area of focus for the PEPFAR/DR team. It responds to the “AIDS-free generation” vision outlined by former Secretary of State Hillary Clinton and the PAHO/UNICEF initiative to eliminate congenital syphilis by 2015.

The MOH has developed an EMTCT National Strategic Plan (E-NSP) of HIV and congenital syphilis. This initiative, which focuses on 16 hospitals accounting for 80% of births in public sector hospitals has the potential to become a strong program. The MOH has reached out to the PEPFAR team for support, and

we consider this to be a unique opportunity to strengthen a number of health systems elements which converge on the EMTCT program. These include information systems, procurement and logistics systems, testing and counseling, and the provision of ARVs and clinical services for HIV positive mothers (estimated at 3500-4000 annually) and their newborns. The PEPFAR team expects to make a strong impact in strengthening the quality of services, such that all pregnant women are tested and placed on ARVs if found to be HIV-positive. The MTCT budget allotment may appear to be low, but we point out that funds placed in systems strengthening, strategic information, and laboratory infrastructure will also support our efforts in MTCT. These are consistent with the PMTCT TWG recommendations. Given the MOH's redoubled intentions with MTCT, PEPFAR considers that this is an opportunity to achieve impact with a relatively low level of investment.

Since COP 2012, CDC has supported quality improvements in HIV diagnosis in the 16 priority hospitals of the E-NSP, as well as the National Reference Laboratory and the Armed Forces central laboratory. These facilities now provide same-day HIV results to pregnant women. CDC is also working to strengthen early infant diagnosis (EID) testing services, to identify those infants who are born with the HIV virus. Working with the MOH, CDC is developing a standardized program to train and support a cadre of counselors for EMTCT services, including partners counseling and testing. More information is provided below in the Section "Central Initiatives: Gender Challenge Fund." As part of the National EMTCT Working Group, in 2012 CDC helped develop a two-year national campaign to encourage pregnant women to have HIV and syphilis tests during their first trimester of pregnancy, to motivate their male partners to also be tested, and to stimulate health care professionals to offer testing in ANC settings.

A major bottleneck to EMTCT is the lack of appropriate supervision and poor quality of HIV treatment services. Capacity Plus (CP) will work with the MOH to develop a supportive site supervision program at the 16 priority EMTCT hospitals, responding to one of the main recommendations of the MTCT TWG consultation. USAID had also supported a Continuous Quality Improvement (CQI) intervention at the service delivery sites through FHI. To further promote sustainability and country ownership, USAID will shift its focus to supervisors and authorities at the provincial and regional levels, so that the clinical managers and service providers are able to implement CQI at the service delivery sites, through the supportive supervision program.

Another bottleneck for EMTCT is that some women receive their antenatal care in different hospitals or clinics to those in which they deliver. This can lead to late HIV diagnosis, delayed initiation of treatment, and poor post-partum follow-up. USAID and CDC support community outreach with local NGOs, which direct pregnant women to antenatal services (including HIV testing) and ensure patient follow-up during pregnancy and after delivery.

Priority area no. 3: Systems Strengthening

In 2011 CP completed a human resources (HR) audit of MOH professional and management staff. A number of unexpected results were found, including some personnel who held multiple contracts to work simultaneously in two or more places. The Minister has announced his intention to use the audit to revamp the HR system. CP will continue to provide TA to the MOH in HR areas, such as determining the appropriate number of positions in a given area, preparing job descriptions and profiles of the ideal candidate, norms for competition for positions and the selection of the favored candidate, and personnel evaluations. Per the above, support to HR management will include the development of supportive site supervision for EMTCT.

USAID will continue to provide TA on forecasting, procurement and logistics, through Systems for Improved Access to Pharmaceuticals and Services (SIAPS). Due to the MOH's weak clinical information system, the MOH National Pharmaceuticals Management System (SUGEMI) is the only credible information system available to forecast medicine needs. In 2012 and with support from SUGEMI and SIAPS, the GODR for the first time was able to accurately estimate the country's needs. This information was used to mobilize additional resources from the GF and nearly $ 2 million from the GODR's own resources. SIAPS is also helping to strengthen the GODR's procurement office POMESE-Cal, to consolidate the procurement of all medicatlons for all branches of the GODR, including the MOH and Ministry of Defense. This support will be on-going through FY 2014. SIAPS will also explore the feasibility of introducing ARV fixed dose combinations (FDC), similar to the work done previously for the TB program. SIAPS will work with CONAVIHSIDA, the MOH, and the Dominican Social Security System to develop a long-term financing plan for ARVs. Finally, in the 16 priority hospitals it will provide TA to ensure proper storage and rational use of medicines.

USAID, through Supply Chain Management Systems (SCMS), will continue to honor the PF commitment to procure HIV rapid test kits. This (2013) will be the final year of that commitment and the USG is responsible for procuring 20% of the country's need. USAID will also procure point-of-care CD4 and GeneXpert machines to improve the laboratory capacity. TA from SCMS will work with the MOH to plan the medium- and long-term resources necessary to maintain the machines and procure reagents.

CDC has successfully implemented the WHO/CDC laboratory systems strengthening program "Strengthening Laboratory Management towards Accreditation (SLMTA)." This program provides the MOH with the tools and processes to build its own laboratory systems strengthening program. SLMTA includes developing a strategic plan for laboratory equipment maintenance, training of maintenance engineers, external and internal quality assurance, and the ability to apply for international accreditation under the ISO framework.

Priority area no. 4: Strategic Information (SI)
The PEPFAR team has three focus areas for SI: characterizing the HIV epidemic; monitoring and evaluation of HIV, TB and STI services; and increased use of data for decision making.

Several population-based surveys have been proposed in earlier COPs, including a BSS for MSM, CSW and DU; a BSS for Haitian construction workers and street vendors living in the DR; and a Demographic and Health Survey (DHS). These surveys gather information about self-reported sexual behavior and blood samples to estimate HIV and STI prevalence. CDC is currently considering the application of the new Lag-avidity assay to estimate the proportion of HIV positive individuals in these surveys that have incident infections.

Despite previous investments, routine data collection systems remain weak in the DR. Basic service-level data, such as the number of HIV positive patients, are not reliably collected or reported. CDC is working on several data collection and surveillance projects to address this chronic systemic problem. The National TB Program, with assistance from CDC, has developed an electronic reporting system for TB clinics. Throughout the COP 2013 implementation period, this system will be implemented in additional TB treatment clinics. Towards the end of 2012, CDC was helping to develop a clinical monitoring record for patients on ART. Currently, no clinical data are systematically recorded in most public HIV service clinics. Standard data for patient monitoring will help the MOH evaluate its HIV services, reduce the number of treatment regimens, and potentially improve the quality of care. During the COP 2013 implementation period, CDC will assess the feasibility of creating an electronic reporting system for essential programmatic data. A third route data source under development is the reporting of new diagnoses of HIV, TB, and STIs to the MOH Epidemiology Division. This is part of a larger initiative to develop a reportable disease surveillance system. The plan is that surveillance of new HIV infections include HIV incidence testing, a better indication of HIV transmission in the country.

CDC is working with CONAVIHSIDA to establish the first diploma course in monitoring and evaluation. This course will be implemented in collaboration with UNIBE, a local university, and will be offered to specified health professionals in the provinces and in other MOH programs.

The USAID Measure Evaluation project will conduct a PLACE study in five geographic regions of the country, in coordination with local NGOs. This study is one of the recommendations of the KP TWG visit. It will help to strengthen the capacity of local NGOs to map populations and intervention sites and will inform the implementation of the APC mechanism. It is expected that PLACE will provide information related to age mixing, population mixing, and transactional sex – all of which have been cited in qualitative studies as potential drivers of the epidemic.

Priority area no. 5: NGO Sustainability

Civil society mobilization is one of the four key areas of the HIV/AIDS NSP. Although civil society is well represented on the CCM (with five voting positions) and its importance in working with KPs widely acknowledged. NGOs receive relatively little funding from the MOH itself. Much of their financial support comes from external funding, principally USG and the GF. The NGO sector is the primary lead for HIV prevention among vulnerable populations.

The DPs underscored the importance of continuing to provide technical and financial assistance to NGOs. Currently, USAID and CDC work with a number of local NGOs in various aspects of the PEPFAR program. CDC's program will continue to work with NGOs during 2013. USAID's major IMs, which provided technical and financial support to NGOs, terminated in 2012 and early 2013. In order to continue this support and as mentioned above ("Key Populations" section), USAID will initiate work with contractor Advancing Partners and Communities (APC) during 2013 to continue support to the NGO sector and prevention among KPs. APC's work will focus on ensuring the provision of quality services, strengthening NGO capacity to receive direct funding from USAID, and developing strategies for increased sustainability. A major emphasis will be to strengthen the collaboration between the GODR and NGOs, to increase the government's understanding of the role of NGOs and its willingness to support NGO work financially.

USAID also plans to submit a proposal for Local Capacity Initiative funds, in order to support civil society networks and coalitions, and foster NGO sustainability.

V. GHI, Program Integration, Central Initiatives, Other Considerations

COP 2013 and GHI

The COP process supports GHI strategy concepts. The PEPFAR mission of reducing the number of new HIV infections and providing assistance to the treatment of persons living with HIV clearly supports the GHI goal of improving the health of women, children, youth, and high risk populations. Four of the five GHI objectives (in TB, HIV incidence and mortality, equitable access to integrated services, and health-seeking behaviors) are directly supported by PEPFAR program activities. At the intermediate results level, the PEPFAR program implements activities which directly support the three GHI focus areas of 1) strengthened health systems, 2) expanded access to quality evidence-based interventions, and 3) improved use of information for action.

The GHI principle of "focus on women, girls and gender equality" is supported in the PF and COP by a policy dialogue agenda on gender equality, and by the revised AIDS Law (2011. The principle of "encourage country ownership and invest in country-led plans" finds its counterpart in the PF and COP

principles of GODR responsibility for the HIV/AIDS NSP and the NR, and PEPFAR support to strengthen GODR management capacity.

The GHI principle of “build sustainability through health systems strengthening” is supported by PEPFAR’s focus on strengthening the information, procurement, lab, and HR systems. PEPFAR supports the principle “increase impact through strategic coordination and integration” through its strong alignment with the NR and by utilizing the comparative strengths of the participating USG agencies in the PEPFAR portfolio.

The GHI principle of “improve metrics and M&E” is supported by PEPFAR’s support to the single M&E system, and the utilization of the New Generation of Indicators to harmonize NR and PEPFAR indicators. PEPFAR supports the principle of “promote research and innovation” through its process of joint decision-making based on evidence and best practices and the promotion of DEBIs methodologies.

Central Initiatives: Gender Challenge Fund
PEPFAR focuses on improving the health of women, children, youth and vulnerable populations, through gender and women and girl-centered considerations which are woven throughout the activities. The activities support the National Health Plan, which articulates a clear emphasis on gender, including a focus on social and gender dynamics.

PEPFAR is currently implementing a model of integrated services for couples, which involves the male partner in prenatal care and the prevention of HIV, syphilis and other STIs. Included are HIV and syphilis testing of male partners and counseling for risk reduction and treatment adherence. Health service providers (nurses, health educators, social workers, and community health promoters) are trained to integrate these messages into their routine practices. PEPFAR staff are helping to revise hospital policy to make the physical space “couples-friendly” and to facilitate and encourage the involvement of men.

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	41,000	2011	AIDS Info, UNAIDS, 2013			
Adults 15-49 HIV Prevalence Rate	01	2011	AIDS Info, UNAIDS, 2013			
Children 0-14 living with HIV	00	2011	AIDS Info, UNAIDS, 2013			

Deaths due to HIV/AIDS	1,700	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults	1,400	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults and children	00	2011	AIDS Info, UNAIDS, 2013			
Estimated number of pregnant women in the last 12 months	216,000	2010	UNICEF State of the World's Children 2012. Used "Annual number of births as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	10,350	2011	WHO			
Number of people living with HIV/AIDS	44,000	2011	AIDS Info, UNAIDS, 2013			
Orphans 0-17 due to HIV/AIDS	23,000	2011	AIDS Info, UNAIDS, 2013			
The estimated number of adults and children with advanced HIV infection (in need of ART)	25,265	2011	WHO			
Women 15+ living with HIV	24,000	2011	AIDS Info, UNAIDS, 2013			

Partnership Framework (PF)/Strategy - Goals and Objectives

Number	Goal / Objective Description	Associated Indicator Numbers	Associated Indicator Labels
1	PF Goal: to support the implementation of the National Strategic Plan and its four components:		
1.1	1: Implementation of Public Policies for a Sustainable National Response to STI, HIV, and AIDS 2: Mobilization of civil society in the strengthening of the National Response 3: Development of multisectorial promotion and prevention programs based on evidence 4: Universal access of persons living with and affected by HIV to intersectorial programs	P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required
		P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required
2	Mitigation of the Impact of the epidemic		
2.1	Strategic Areas: Public Policy for a Sustainable National Response: Revise policies to ensure compliance and quality services to all populations. Civil Society Participation: Promote active Civil Society participation in advocacy, public policy dialogue, education and information. Prevention and Promotion: Reduce new infections. Universal Access to Integrated Care and	P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required

	Treatment: Mitigate the impact of the epidemic.		

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

How is the USG providing support for Global Fund grant proposal development?
USG/PEPFAR Coordinator (PC) is a member of the CCM, which gives its final approval to all proposals. As a member, we are in a position to articulate our PEPFAR program with the GF/DR program. The CCM frequently engages a consultant to do much of the research and writing of the proposal, and the PC is also involved in this area, both in selecting the consultant and working with him/her as he/she prepares the draft proposal.

Are any existing HIV grants approaching the end of their agreement (Phase 1, Phase 2, NSA, CoS, or RCC) in the coming 12 months?
Yes

If yes, please indicate which round and how this may impact USG programming. Please also describe any actions the USG, with country counterparts, is taking to inform renewal programming or to enable continuation of successful programming financed through this grant(s).
The DR National Response (NR) just completed an agreement with the GF for Phase 2 of RCC, Round 2. Round 2 has no adverse impact on USG programing. As a member of the CCM and the proposal committee, the USG was involved with helping develop the content of the Phase 2 proposals and their subsequent approval by the CCM.

Redacted

To date, have you identified any areas of substantial duplication or disparity between PEPFAR and Global Fund financed programs? Have you been able to achieve other efficiencies by increasing coordination between stakeholders?
No

Public-Private Partnership(s)

(No data provided.)

Surveillance and Survey Activities

Surveillance or Survey	Name	Type of Activity	Target Population	Stage	Expected Due Date
Surveillance	2009 Sentinel Surveillance Study	Sentinel Surveillance (e.g. ANC Surveys)	Female Commercial Sex Workers, Pregnant Women	Publishing	03/01/2013
Surveillance	2013 ANC Sentinel Surveillance Study	Sentinel Surveillance (e.g. ANC Surveys)	Female Commercial Sex Workers, Pregnant Women	Planning	12/01/2013
Survey	Behavioral Serological Surveillance Survey	Surveillance and Surveys in Military Populations	Uniformed Service Members	Data Review	03/01/2013
Survey	BSS 2011 in MARPS	Population-based Behavioral Surveys	Drug Users, Female Commercial Sex Workers, Men who have Sex with Men	Planning	09/01/2013
Surveillance	Electronic TB surveillance system	Other	General Population	Implementation	12/01/2012
Survey	Estimate the number, behavior and serological conditions of street children	Population-based Behavioral	Street Youth	Other	09/01/2013

	in the regions of Santo Domingo and the North	Surveys			
Surveillance	Evaluation of HIV surveillance systems and data sources for national indicators	AIDS/HIV Case Surveillance	General Population	Development	06/01/2013
Survey	Formative Assessment Survey Among MSMs	Qualitative Research	Men who have Sex with Men	Other	06/01/2011
Survey	Integrated Biological and Behavioral Surveillance Surveys among Haitian and Haitian-Dominican Female Sex Workers and Construction workers, living in the Dominican Republic Study	Population-based Behavioral Surveys	Female Commercial Sex Workers, Male Commercial Sex Workers, Migrant Workers, Mobile Populations, Other	Implementation	01/01/2014
Surveillance	Patient monitoring form to capture programmatic data about individuals on ART	AIDS/HIV Case Surveillance	Other	Development	05/01/2013
Survey	PMTCT Formative Assessment	Qualitative Research	Pregnant Women	Development	09/01/2013
Survey	Priorities for Local AIDS Control Efforts (PLACE)	PLACE	Female Commercial Sex Workers, Male Commercial Sex Workers, Mobile Populations, Men who have Sex with Men	Planning	04/01/2014

Surveillance	Reporting system for new diagnoses of HIV	AIDS/HIV Case Surveillance	Other	Development	06/01/2013
Survey	Round II, Integrated Biological and Behavioral Surveillance Survey among Gays, Trans and other Men who have Sex with Men (GTM), Female Sex Workers (FSW), and Drug Users (DU) using Respondent Driven Sa	Behavioral Surveillance among MARPS	Drug Users, Female Commercial Sex Workers, Male Commercial Sex Workers, Men who have Sex with Men	Data Review	06/01/2013
Survey	Study the determinants that cause children to drop-out of schools in the primary level.	Population-based Behavioral Surveys	Other	Other	10/01/2013
Surveillance	Surveillance of HIV among infants	AIDS/HIV Case Surveillance	Other	Development	06/01/2013
Survey	Update the Estimate on the Number of Orphans and Vulnerable Children	Population size estimates	Street Youth	Planning	09/01/2013
Survey	Voluntary blood donation Formative Assessment	Qualitative Research	General Population	Planning	09/01/2013
Survey	Vulnerable population BSS	Behavioral Surveillance among MARPS	Men who have Sex with Men	Planning	09/01/2013

Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source			Total
	GAP	GHP-State	GHP-USAID	
DOD		0		**0**
HHS/CDC	1,628,349	4,268,151		**5,896,500**
PC		974,953		**974,953**
USAID		1,878,547	5,750,000	**7,628,547**
Total	**1,628,349**	**7,121,651**	**5,750,000**	**14,500,000**

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency					Total
	DOD	HHS/CDC	PC	USAID	AllOther	
CIRC		146				**146**
HBHC	0			228,664		**228,664**
HKID				0		**0**
HLAB	0	609,773				**609,773**
HMBL		148,671				**148,671**
HTXS		368		7,217		**7,585**
HVAB				264,435		**264,435**
HVCT	0	260,130		1,024,340		**1,284,470**
HVMS		394,480	448,891	516,776		**1,360,147**
HVOP	0	1,933,848	526,062	2,962,394		**5,422,304**
HVSI	0	1,034,182		596,557		**1,630,739**
HVTB		304,703				**304,703**
MTCT		671,311		569,288		**1,240,599**
OHSS	0	483,671		1,458,876		**1,942,547**
PDTX		55,217				**55,217**
	0	**5,896,500**	**974,953**	**7,628,547**	**0**	**14,500,000**

National Level Indicators

National Level Indicators and Targets

Redacted

Policy Tracking Table

Policy Area: Other Policy						
Policy: Law 135-11						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date				2011		
Narrative						
Completion Date				06/08/2011		
Narrative				AIDS Law was passed and signed on 6/8/2011. OVC and children's issues are specifically addressed, as a responsibility of the National AIDS Council. The challenge now will be to work with the GODR to develop regulations and implementation framework		

				and enforcement. Program areas addressed: Pediatric treatment and care, OVC, AB, other Prevention Indicator affected: P8.3D; P11.1D; C1.1D; C2.1D; T.1.1D and T1.2D.		

Technical Areas

Technical Area Summary

Technical Area: Care

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	228,664	0
HKID	0	0
HVTB	304,703	0
Total Technical Area Planned Funding:	**533,367**	**0**

Summary:
TECHNICAL AREA NARRATIVE: CARE

Overall Program Strategy
As of November, 2011, 19,434 Dominicans (18,432 adults and 1002 children) were on ARV treatment, provided through 74 HIV/AIDS facilities. An additional 14,032 adults and 169 children were under observation, but were not on ARV regimens. MOH data are not disaggregated by gender or age.

Nine NGOs, funded by USAID/DR, report that in 2011, 27,624 people living with HIV/AIDS received care services and over 8,200 were provided with at least one minimum care service. Of those provided with care services, 317 were children and youth under the age of 18. In FY2012, PEPFAR will continue to focus on integrating early infant diagnosis and pediatric treatment and care services into the MCH services in the maternity hospitals where PEPFAR will work. These will also include information and communication activities within the hospitals and communities and a training component for hospital teams.

USAID/DR will continue funding NGOs to strengthen the linkage and collaboration between the MOH public health services and communities. Our experience has shown that collaboration between NGOs and the MOH results in mothers and children having improved access to services.

PEPFAR activities in care are fully aligned with MOH strategies. For the GODR, care is a lower priority, and it receives much less funding than treatment. Other donors as well do not contribute significant resources to this area. So PEPFAR is the major contributor to care activities in the DR.

Adult Care and Support
In FY 2011 PEPFAR care activities reached 27,642 persons living with HIV/AIDS. These results have been largely due to NGOs and the GODR working together to improve referral systems and follow PEPFAR care protocols in the areas of diet and nutrition, giving refuge and care, protection, health, psychological support, education and vocational training, and economic strengthening

USG has trained technicians from partner NGOs to provide clinical, preventive, and support services to PLWHA and their children. Services include strengthening the continuum of care at the community level and coordinating with other HIV/AIDS services and complementary programs. These include nutrition (including food delivery through the Dominican "President's Social Plan"), reproductive health and family planning services, TB diagnosis

and treatment, immunizations, prevention of gender-based abuse and violence, home visits to help promote treatment adherence, prevention of HIV transmission within families, psychological support, and assistance to join micro-credit programs and for family gardens.

The objective of these activities is to ensure that all eligible individuals receive a continuum of preventive, clinical, and support services. The community mobilization activity (called "AIDS action") has secured food and medical donations in order to help build the continuum of care needed by PLWHA and their families.

Pediatric Care and Support
As of November, 2011, 1002 children under age 15 were on ARV treatment and 169 were receiving follow-up services. This represents a shortfall that is estimated between 18% and 45%. PAHO- and UNICEF-supported evaluations and studies conclude that hundreds of children were not tested and diagnosed for HIV and may be lost to appropriate treatment. This is consistent with the uneven diagnosis of pregnant women, described in the PMTCT section. The PAHO initiative to eliminate the transmission of HIV and congenital syphilis has stimulated the MOH to review its PMTCT program. With PEPFAR support and a reoriented PEPFAR PMTCT program, the MOH plans to redouble its efforts to integrate early infant diagnosis (EID) into routine MCH health services in public hospitals.

Weaknesses in PMTCT service provision impact children born to HIV positive mothers and the proportion of pediatric HIV infections identified. Dry-blood samples for the DNA/PCR test are transported for processing to the National Reference Laboratory (NRL), located in Santo Domingo. The USG has trained laboratory technicians in the NRL and registered the laboratory in a quality assurance system. Efforts are underway to implement an approach that integrates PMTCT, EID and pediatric care and treatment with MCH services in major maternity hospitals. NGOs will provide support to mothers and children in the communities, linking them to the clinical services and encouraging them to return for their results. NGOs will continue to implement community care services for families affected by AIDS.

GODR provides the hospital infrastructure and staff to implement pediatric care and support services. Many pediatric services are included in the package of services funded under the public sector, needs-based National Health Service insurance (NHS) program. However, ARVs and special diagnostic tests are currently not included in the NHS program. PEPFAR will support its GODR partners as they advocate for inclusion of those services. The FHI program currently operates in all Health Regions and has affiliated over two million persons under the subsidized regimen. So, the potential impact of including ARVs and additional tests is large.

TB/HIV
Since 2003 the Dominican Republic has implemented an expanded strategy to reduce the burden of HIV-related tuberculosis, through collaborative activities between the TB and HIV/AIDS programs. The DR has one of the highest tuberculosis burdens in Latin America (82/100,000) and its neighbor country, Haiti, has 300/100,000. Haiti and the DR are among the eight priority countries identified by WHO/PAHO for TB control. Multidrug Resistant TB (MDR TB) has been estimated to be 6.1% among new cases, which suggests that primary transmission in the community continues, and 8.8% among previously treated cases.

Several organizations have been working since 2001 to strengthen the National TB Control Program (PNCT, for its Spanish acronym). At that time, USG supported three mechanisms to provide assistance to the PNTC to implement the DOTS treatment regimen. PNCT also worked to increase the number of persons with TB who are tested for HIV and to provide izoniacid prophylaxis for those patients who are HIV positive, but who tested negative to TB. However, FY 2011 was the last year of USG TB funding, so in the near future, the burden for program support to TB will fall on the Global Fund grant and PEPFAR.

With PEPFAR funds, USG will provide support and TA to strengthen a functional referral system for TB/HIV co-infected patients. In the DR the HIV epidemic has continued to fuel TB infections, but TB/HIV surveillance is limited, The PNCT receives Global Fund support to strengthen HIV interventions in the context of TB services. While the PNCT has made important advances in integrating HIV testing and counseling services into routine TB

management, integrating TB screening and TB/HIV care and treatment practices into existing HIV services remains a challenge. The USG will help address GODR TB/HIV priorities by continuing to provide TA to the Regional and Provincial Network System. Support will include updating TB/HIV plans and training personnel on applying guidelines and norms.

USG will provide support to DR-Haiti cross-border surveillance of TB/HIV co-infection.The USG will support development of the national data management system, in coordination with the National Co-infection Committee (CONACO), and its implementation at selected sites. Scaling up of this system will be programmed following an evaluation of the activities.

The GODR has demonstrated its commitment to the TB/HIV co-infection program through its support of the PNCT and the Global Fund-supported activities in this area. The USG will lobby for continued support to this area, including ensuring appropriate national investments to improve the surveillance and information system and laboratory infrastructure and operations.

Food and Nutrition
Although PEPFAR/DR does not have a food and nutrition component, NGOs are providing food to HIV infected and TB patients and their families, when they are diagnosed with malnutrition. The food is provided as counterpart contribution by NGOs with the support of the communities, owners of small retail stores and municipal offices.

Orphans and Vulnerable Children
During 2011, NGOs and GODR have worked together to improve referral systems and ensure that OVC and their families receive a complete package of services, in compliance with care protocols. More than 5,000 orphans and vulnerable children have been reached with this methodology.

PEPFAR recognizes that HIV affects families in many ways, and USG-supported services help mitigate the negative health, economic, and psycho-social effects of HIV on families and communities. NGOs have been trained to provide clinical, preventive, care and support services. They also support families in legal matters of birth registrations, since it has been estimated that, over the last five years, more than 20% of all children have not been legally registered and therefore do not have birth certificates.

In Elias Piña province (adjacent to the Haitian border), USG assistance has expanded interventions to incorporate orphans and vulnerable children into the Community Action model. PEPFAR has increased its support to HIV/AIDS clinics in two largely rural provinces (Valverde and Santiago Rodriguez), and has helped to bolster government services for OVC through primary care units in Puerto Plata.

Public-Private Partnerships
Currently PEPFAR does not put funding into any public-private partnerships [PEPFAR contributed its full share to the Major League Baseball PPP with funding from a previous fiscal year]. PPP are not a priority for the MOH.

Gender
PEPFAR supports the GHI principle to "promote women, girls and gender equality," targeting (among others) sex workers (who are mostly female), residents of Bateyes, and women and girls with fewer than four years of formal education. The program's focus on PMTCT directly impacts pregnant women, and a "couples-based" approach to counseling and testing recognizes the role of both genders in HIV prevention.

The Dominican Ministry of Women has been instrumental in passing key legislation affecting women, in areas such as gender-based violence, labor rights and property rights. Concrete steps have been taken to increase equality in access to justice and the responsiveness of the court system to gender-based violence. Gender-based violence remains a major problem, constituting the fourth highest cause of death among women of reproductive age.

USG supports programs that help ensure equitable access to essential health services at both the facility and

community levels. The strategic approach is to integrate HIV prevention and treatment services with maternal-child health and family planning services, since prevention of mother-to-child HIV transmission is a priority for the USG and the GODR. The assessment of access to STI services for vulnerable populations, many of whom are women (e.g., CSW), will provide information which will be used to improve services for these vulnerable groups.

Positive male gender behavior norms are addressed through the "Escojo Mi Vida" (I choose my life), GLOW (Girls Leading our World) boys groups, and Sports for Life initiatives, all implemented by Peace Corps. The Dominican Armed Forces offer programs for counseling, testing and risk reduction among members of the uniformed services and their spouses. The Ministry of Education "PEAS" program in public schools provides tools to girls and boys to enable them to select healthy life style behaviors, as well as to gain the confidence and skills needed to reduce their vulnerability to sexual coercion or gender-based violence.

USG has set aside funds in the Youth-at-Risk Project to study the causes of school dropout, especially among girls. Based on these findings, interventions will be designed and implemented for the purpose of reducing the dropout rate, thereby addressing the long-term issue of the special vulnerability to HIV of women with four years or fewer of formal education.

The PEPFAR/DR program has received resources from the Gender Challenge Fund to develop couples counseling and testing and promote the greater involvement of male partners in HIV prevention efforts. The USG programs also promote the role of supportive male partners in maternal and child health, addressing a recommendation from the USAID Gender Assessment conducted in 2009.

The USG works with the GODR and other partners to promote policies and laws that improve gender equality and increase access to health and social services. A revised AIDS law, passed in 2011, contains a number of provisions to protect and empower women and children and reduce their vulnerability to HIV. The USG will support the GODR to aggressively enforce this law and other laws which are currently on the books.

PEPFAR will support GHI in a USG-wide gender analysis in 2012, which will update and expand the 2009 USAID Gender Assessment. This will be the first inter-agency gender assessment and is an example of cross-agency collaboration; future gender-based activities will be based on the results of this analysis.

MARPs
It is difficult to accurately estimate the numbers of MARPs in the Dominican Republic. These are fluid populations, and even the NGOs which work with them are not able to estimate their total size; they can only estimate the (limited) populations they serve.

Providing appropriate user-friendly care services to MARPs is still an important challenge in the DR. For example, services for MSM are generally not client-welcoming, so MSM either receive incomplete services or none at all. Similarly, services which are oriented to the special needs of CSWs and drug users are lacking.

The USG program provides assistance to 17 integrated care units and nine NGOs which work with PLWHA support groups. The NGOs also provide emotional support, treatment guidance, nutritional supplementation, and prevention education to their constituents. The Peace Corps "Families and Community Development Plan" works with orphans and other vulnerable children living in extreme situations, which make them especially at-risk.

The MOH and other donors invest few resources in care programs for MARPs or persons living with HIV. The USG has been the major contributor in this area for many years. PEPFAR has provided funding to the AIDS NGO Coalition and to REDOVIH and ASOLSIDA, two NGOs representing the network of persons living with HIV, and to a number of NGOs representing women and their issues, for exercising advocacy and oversight roles and to provide care directly to their respective populations.

HRH

Recently the MOH announced its intention to implement the Administrative Career law, which will provide greater stability of staff in their respective positions, especially in transitioning from one presidential term to another. This should have positive results for staff development and training, and will reduce the need for and the cost of continual training of new staff in the same subjects.

The USG/DR believes that it is not the best use of PEPFAR resources to help train increased numbers of health professionals, and thus contribute to the 144,000 worldwide goal of new health workers prepared. Rather, we believe that the DR has sufficient numbers of professional and semi-professional staff; the key is to ensure that they receive technical update training and are deployed rationally, so that the system has neither excesses nor shortages of trained staff at any site.

The human resources assessment, supported by PEPFAR, is already demonstrating dramatic inefficiencies in the MOH/HR system. For example, a comparison of different MOH payrolls showed that 70% of all health workers appear on at least three payrolls. In other words, these staff are being paid three or more times for work contracted for the same hours, in different locations. This may explain the significant staff shortages found in remote or rural health services. Conversely, health facilities in and around the major cities have staff surpluses. A recent study on the use of staff time in hospitals found that doctors who are contracted and paid for six hours of services, in fact only provide an average of two hours of service. The findings of the assessment will provide an evidence base for the MOH to strengthen its HR structure, including the rational redeployment of its personnel, in accordance with system and service needs. This approach supports the GHI principle of strengthening health systems, which for GHI/DR, includes "enhanced distribution, training and supervision of human resources."

USG provides TA and support to the MOH to develop the human resource system needed to manage its workforce to perform effectively. Part of this work includes developing new legislation to create a public health career path. Legislation has been developed, with the support of the Ministry of Public Administration and the MOH, and was recently discussed in a forum attended by representatives from 87 organizations, including members of Congress. This regulatory framework addresses the health sector's human resources as a means to ensure good governance. The law was approved by the Senate and is awaiting approval by the Congress.

The USG continues to provide TA to develop HR policies, HR department structures at the central, regional and hospital levels, position descriptions for hospital staff, and the corresponding salary scales.

Laboratory
Since 2008, with USG support, there have been important improvements in the quality and capacity of HIV testing services provided by the National Reference Laboratory (NRL). In 2009, the NRL introduced DNA/PCR testing of infants born to HIV positive mothers. The NRL is working towards accreditation, through the "Strengthening Laboratory Management towards Accreditation (SLMTA) program, which follows international standards for clinical labs (ISO 15189), since June 2011.
Access to HIV rapid tests is still limited and the quality of the tests has been uneven. In 2009-2010, only 21% of pregnant women were tested for HIV. Such a low level of coverage is due to several issues, including: the lack of trained counseling personnel, stock-outs of tests and reagents, procurement of unreliable tests, delays in reporting results, non-user-friendly services, and high patient costs for tests other than HIV and syphilis tests, which are free. Validation of HIV rapid tests and reagents is a key issue; USG is working with the MOH to establish reagent validation processes.
Opportunities for CD4 and viral load tests are limited. Personal transportation costs, the cost and inefficiency of transportation of samples, and timely return of results, are barriers to testing. Access to EID is also limited, due to the lack of an effective transportation system for the dry blood samples, limited physician referrals, and the fact that some mothers (and their infants) do not return for follow-up care and attention.
PEPFAR has worked and will continue to work with various offices of the MOH to review, update and implement guidelines and norms on quality control, biosafety and medical waste management, and HIV testing. The HIV/rapid test validation project has initiated, with the goal of establishing a national algorithm for HIV testing.
With PEPFAR TA, the NRL Virology Department has been enrolled in the External Quality Assurance (EQA)

Proficiency Testing Program for HIV and Hepatitis B (with the College of American Pathologists), for HIV CD4 and viral load, DNA/PCR, and syphilis. It has obtained excellent results in the EQA. During 2012 and with PEPFAR TA and funding, the EQA Program for HIV serology will be implemented at the NRL.
Since March 2011, the SLMTA program in DR has trained three tutors and eight mentors from MOH labs. The NRL and seven regional hospital labs are enrolled in the "Stepwise Laboratory Improvement Project towards Accreditation" (SLIPTA). The high-volume labs selected, together with the National Directorate of Laboratories (DNL) for SLMTA, coincide with hospitals that implement PEPFAR-funded PMTCT activities (an additional 12 hospital labs will be enrolled by 2013). SLMTA improves lab capacity by implementing continuous quality improvement processes, such as training and mentoring of technical and managerial personnel, establishing sustainable improvements in standard operational procedures at bench levels, equipment maintenance and calibration, and biosafety measures.
PEPFAR has provided TA for improving the transport of samples and results reporting, between the NRL and labs throughout the country. To this purpose, we are working with the MOH central, regional and provincial services, other donors, and hospital labs. PEPFAR is also promoting and will support the development of a laboratory information system at the NRL, to enable the MOH to track samples and emit reports more efficiently.
Beginning in 2012, PEPFAR will conduct a basic field laboratory epidemiology program. The first class will include 20 MOH laboratory directors. The primary goal of this program is to train laboratory staff in collecting, analyzing, reporting and using laboratory data for decision making. This program has been led by the MOH Directorate of Labs, the MOH Epidemiology Director, and the Dean of the Santo Domingo Autonomous University (UASD), School of Medical Technology, in collaboration with the University of Puerto Rico.

Strategic Information
Surveys have formed the backbone of the HIV information system in the Dominican Republic. Since 1978, with USG support the DR has conducted demographic and health surveys (DHS), developing a local capacity to carry out socio-demographic surveys with biological markers.

DHS were conducted in 2002 and 2007 and incorporated serological determination of HIV prevalence. Both over-sampled Bateyes (habitats for sugar plantation laborers) residents, in order to have more in-depth understanding of the dynamic between the HIV/AIDS epidemic and this most-at-risk population. In 2008 a BSS was conducted in three priority populations: CSWs, MSMs and drug users (injecting and non-injecting). Although this effort has provided valuable data, it clearly reflected the need for further information, primarily on mobile populations in the country.

Since 1991, in collaboration with USG and other donors, the DR has conducted a national HIV sentinel surveillance (NSS) among pregnant women, female sex workers and STI patients. Since 2004 the NSS has been expanded to include syphilis and hepatitis B. Quality control on lab tests has been conducted primarily by NRL, with TA from PEPFAR. To date, support has been provided to the GODR by the USG, UNAIDS, and the Global Fund to conduct NSS on a biannual basis. PEPFAR's focus in 2012 and beyond will be to urge the MOH to rely less on expensive surveillances and strengthen the quality of routine data collection and analysis.

The MOH has taken steps to develop and implement an integrated Health Information System. This system will attempt to gather the information which has been historically scattered and collected vertically by programs. To date, there is a system to monitor ART patients, the Integrated Attention Information System, which is designed to measure the impact of interventions on PLWHA in follow-up and treatment. However, its use to date has been limited due to omissions and incomplete data being registered.

In 2012, the USG will continue to provide TA and support to the GODR to continue to develop the National M&E Plan, part of the effort to define and establish a single national M&E system. Upon conclusion of this support, it is expected that the DR will have a set of harmonized national indicators, corresponding targets, and detailed methods on how each will be monitored and evaluated. The absence of a National M&E Plan and corresponding targets for national-level indicators has hindered the ability to identify the USG contributions to the HIV/AIDS response, so the presence of such a system will allow the USG and the GODR to monitor more effectively the progress of activities

developed under the PFIP.

Capacity Building
In order to support sustainability of systems and procedures, PEPFAR supports capacity building and systems strengthening in: strategic information, including M&E; lab infrastructure and operations; procurement and logistics; and human resources management. All include staff training, development and implementation of quality standards, and registering accurate and timely information. PEPFAR interventions are aligned with the National Strategic Plan and the National Response and are coordinated with the activities supported by the Global Fund.

Technical Area: Governance and Systems

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	609,773	0
HVSI	1,630,739	0
OHSS	1,942,547	0
Total Technical Area Planned Funding:	**4,183,059**	**0**

Summary:
TECHNICAL AREA NARRATIVE: GOVERNANCE AND SYSTEMS

Introduction
The Dominican public health service system consists of five sub-systems: Ministry of Public Health (MOH), the Dominican Social Security Institute (IDSS), the Dominican Armed Forces (DAF) health network, the private for-profit and not-for-profit (NGO) sectors, and the Teachers Health Insurance program. The MOH includes Vice-Ministries for the Development of the Regional Health Services (REDES), for Quality Assurance, and for Community Health. In 2001, the General Health Law (No. 42-01) and Social Security Law (No. 87-01) were passed. These two laws redefined the health system and established the MOH's responsibilities and authority to regulate, provide stewardship and technical guidance, plan future health services, and conduct monitoring and evaluation of services. Other key changes included decentralizing service provision and introducing national health insurance coverage and demand-side financing. Implementation of these reforms has been gradual. In 2005, a new social insurance program, the National Health Service (SENASA, for its Spanish acronym) was organized and launched, providing affiliated members (who qualify via a needs assessment) the option of seeking healthcare at either public or private health facilities. By the end of 2010, SENASA had affiliated over two million members. While the number of PLWHA covered by SENASA continues to increase, the provision of ARV medications or specialized diagnostics, such as CD4 and viral load, are not yet included in the service plan.
System strengthening is critical for effective and sustainable programs and is a key focus of our strategic approach. USG supports country ownership, institutional strengthening and sustainability of MOH service provision, partner NGOs, CBOs and FBOs, public sector institutions, and provides TA to develop essential systems (e.g., information systems, supply chain management, human resources, and health communications).

The success of the on-going health system reform will enhance the DR's ability to provide an effective HIV/AIDS

response. The critical challenge now is for the MOH to take on its overall stewardship role, effectively implement a decentralized regional health system, and ensure the efficient investment of resources to achieve maximum results.

There have been significant gains in the development of a single monitoring and evaluation (M&E) system. There is active collaboration among the National Council for HIV/AIDS (CONAVIHSIDA, formerly COPRESIDA), MOH, USG, PAHO, UNAIDS, and other agencies in this effort. The DR generally meets the M&E requirements of UNGASS and the Global Fund.
The capacity to collect reliable routine epidemiological data on HIV patients remains a notable challenge to the National Response. Estimates of HIV prevalence continue to be generated by costly periodic surveys. Government data on incidence are often not available. Information on treatment modalities, adherence, and drug resistance among PLWHA is not routinely collected. The MOH is working to overcome some of these difficulties and has been developing an internet-based reporting system, although this system is not fully developed and is operational only in a limited number of health facilities. The lack of robust epidemiologic data on HIV limits the capacity for decision-making, evaluation of services, program design and policy development. Donor agencies such as the Interamerican Development Bank (IDB) and the European Union collaborate with the MOH in this effort.
Global Health Initiative
COP 2012 and the GHI strategy are mutually supporting. The bases of the PEFPAR program coincide with the GHI principles, as described in the Executive Summary.

The PEPFAR mission of reducing the number of new HIV infections and providing assistance to treat persons living with HIV clearly supports the GHI goal of improving the health of women, children, youth, and high risk populations. Four of the five objectives (in Tuberculosis, HIV incidence and mortality, equitable access to integrated healthcare services, and health-seeking behaviors) are directly supported by PEPFAR program activities. Similarly, at the intermediate results level, the PEPFAR program implements activities which directly support the three GHI focus areas of 1) strengthened health systems, 2) expanded access to quality evidence-based interventions, and 3) improved use of information for action.

Leadership and Governance and Capacity Building
An important part of the PEPFAR activity portfolio is assisting the civil society/NGO sector. The USG has provided funding and TA for many years to enable the NGO sector to develop into a full partner of the National Response. Five members of the NGO sector are now voting members of the CCM, and their organizations continue to receive USG funding, principally to provide prevention services to most-at-risk populations with which they work (e.g., MSM, sex workers and their clients, trafficked women, youth, and the network of persons living with HIV). Additionally, PROFAMILIA, which received USG funding and TA support for years and which now is perhaps the strongest NGO in the country, was (but no longer is) the Principal Recipient (PR) for the first Global Fund grant in Tuberculosis; another NGO (the Dermatological Institute) is now a PR of the one of the Global Fund HIV grants.

PEPFAR engages in policy dialogue in several ways. A number of NGOs worked on the revision and the preparation of a new draft AIDS law, which was approved by the Congress in 2011 as a new, updated AIDS law. As reported in previous COPs, the policy challenge for PEPFAR now is to work with the GODR on ensuring enforcement of the new law. PEPFAR has worked with the MOH and the GODR to develop a regulatory framework that addresses the health sector's human resources. The Ministries of Public Administration and of Public Health conducted a public forum to review a draft Health Career law, before presenting it to the Dominican Congress. When enacted, this legislation will help contribute to the job stability of MOH staff, including the mid-level managers and technical staff, protecting them from the wholesale dismissals which sometimes follow presidential elections. With ongoing USG technical assistance, the MOH is making good progress to establish a centralized procurement office, which will formalize the procurement process and eventually should save the GODR thousands of dollars, and guarantee the timely arrival of ARVs, reagents and other essential materials and supplies.

Strategic Information
With USG support, the DR has conducted demographic and health surveys (DHS) since 1978 and has developed a local capacity to carry out socio-demographic surveys with biological markers. This capacity resides largely in the

NGO sector, but the MOH has been an active participant and has a cadre of staff trained in this methodology.

DHS were conducted in 2002 and 2007 and have incorporated a determination of HIV seroprevalence. Both DHS surveys over-sampled the residents of Bateyes (habitats for sugar plantation laborers), in order to gain more in-depth understanding of the dynamic between the HIV/AIDS epidemic and this most-at-risk population. In 2008 a BSS was conducted in three priority populations: female sex workers, MSM and drug users. Although this effort has provided valuable data, it clearly reflected the need for further information, primarily on mobile populations in the country.

To date, a new version of the system to monitor ART patients seen in health facilities, the Integrated Attention Information System (SIAI) was piloted in six service centers. Unfortunately, due to a number of technical and managerial constraints, the success of this initiative has been limited. A technical working group involving MOH, CDC, and PAHO, was established in February 2012 to review the situation and recommend a plan of action for improving routinely collected hospital HIV data.

Current monitoring and evaluation activities are deficient in quality and scale, incomplete in coverage and not fully linked into a system. National goals are only generally described in the National Strategic Plan, making it difficult to track progress toward their achievement. Other targets, such as the UNGASS goals, are often used as surrogates. Establishing a National M&E Plan has been stated to be a high priority by the GODR and will be supported by USG, Global Fund and UNAIDS.

In 2012, the USG will continue to provide TA and support to the GODR to develop and implement the National M&E Plan, part of the effort to define and establish a single national M&E system. When operational, we expect that the DR will have a set of harmonized national indicators, corresponding targets, and detailed methods on how each will be monitored, measured and evaluated. This will allow the USG and the GODR to begin to monitor the progress of activities developed as part of the PFIP. As follow-on to this effort, the USG will support the GODR to complete baselines for indicators that will be incorporated into the national data set and to develop a plan to improve data collection systems to facilitate access to quality data on HIV/AIDS services and program activities.

Service Delivery
The DR's public health infrastructure is extensive, with over 1,300 local clinics, 104 municipal hospitals, 32 provincial hospitals, 12 regional hospitals and 16 national reference hospitals. In 2010, WHO reported that the GODR spent 1.7% of GDP (5.7% of the national budget) on the health sector.

Integrating service delivery and linking treatment and prevention services continue to be a challenge. PEPFAR does not implement stand-alone activities; we support and work through the MOH and NGO facilities in the National Response. Under the health sector reform, responsibilities for the different aspects of continuum of response services have been decentralized, meaning that developing an articulated service delivery program depends on the number of MOH entities and numerous participants -- including the MOH policy level -- working together. It is an ongoing process. Interestingly, PEPFAR-supported NGOs, which provide services to MARP populations and to the general public, are the best positioned to implement a continuum of prevention-treatment-care services. The MOH might take NGO performance in this area as a model.

The USG team has redefined the criteria for PEPFAR interventions in PMTCT. Whereas prior to PEPFAR, the selection criteria were based on the regions with the highest HIV seroprevalence rates, the USG participating agencies have now considered variables such as the number of births and hospital seroprevalence rates, based on MOH and sentinel surveillance reports. Through this revised approach, PEPFAR expects to focus more closely on those hospitals with the greatest PMTCT issues, and where the possibility of making an impact is the greatest. PEPFAR-supported hospital-based quality assurance committees are beginning to examine data for the purpose of evidence-based decision making and quality control procedures. The USG helps to improve the quality of treatment services and clinical outcomes by applying continuous quality improvement techniques.

Human Resources for Health
The MOH employs approximately 55,000 technical and non-technical staff, accounting for about 73% of the MOH budget. Additional staff are employed by the Armed Forces health system, Social Security system, and the private for-profit and non-profit sectors. However, despite an apparently adequate workforce, health services in some areas of the country, especially in remote or rural areas, experience staff shortages. Conversely, many health facilities in and around the major cities are overstaffed. USG provides TA and support to the MOH to carry out a human resources audit to provide a snapshot of the current HR situation. As of January 2012 the results have shown dramatic perversions in the system. For example, about 70% of all MOH employees appear on at least three payrolls, meaning they are contracted to work in at least three different sites simultaneously. The recommendations of the audit are not yet completed, but this study promises to serve as the basis for a redesigned and restructured HR system. This should contribute to enhanced sustainability, country ownership, and good governance in the health sector.

The USG believes that it is not the best use of PEPFAR resources to help train increased numbers of health professionals, and thus contribute to the 144,000 worldwide goal of new health workers prepared. Rather, we believe that the DR has sufficient numbers of professional and semi-professional staff; the key is to be sure they are provided with technical update training and deployed rationally, so that the system has neither excesses nor shortages of trained staff at any site. The human resources audit, mentioned above and supported by PEPFAR, which began during FY 2011, is already documenting inefficiencies in the HR system. The findings of this study will provide an evidence base for the MOH to strengthen its HR structure, including the rational redeployment of its personnel, in accordance with system and service needs. This approach supports the GHI principle of strengthening health systems, which for GHI/DR includes "enhanced distribution, training and supervision of human resources."

Laboratory Strengthening
Since 2008, with USG support, there have been important improvements in the quality and capacity of HIV testing services provided by the National Reference Laboratory (NRL). In 2009, the NRL introduced DNA/PCR testing as part of the program of early diagnosis of infants born to HIV positive mothers, the first country in the Caribbean region to provide this service in the public sector. The NRL has also processed the HIV tests for a number of national prevalence surveys. The NRL is working towards accreditation, through the "Strengthening Laboratory Management towards Accreditation (SLMTA) program, which follows international standards for clinical labs (ISO 15189), since June 2011.
Access to HIV rapid tests is still limited and the quality of the tests has been uneven. In 2009-2010, only 21% of pregnant women were tested for HIV. Such a low level of coverage is due to several issues, including : the lack of sufficiently trained Counseling personnel, stock-outs of tests and reagents, procurement of unreliable or non-validated tests, delays between testing and reporting results to patients, non-user-friendly services, and high costs for tests bundled by service providers, other than those for HIV and syphilis tests, which are done free of charge for pregnant women. Validation of HIV rapid tests and reagents is a key policy issue for the USG; current regulations require reagents to be validated, but this process has not been enforced. USG is working with the MOH to establish reagent validation processes.
For PLWHA, opportunities for CD4 and viral load tests are limited. Personal transportation costs to Santo Domingo, the only place in the DR with viral load testing capability, the cost and inefficiency of transportation of samples, and timely return of results are important barriers to testing. Access to early infant diagnosis (EID) is also limited, due to the lack of an effective transportation system for the dry blood samples, limited physician referrals in the first post-partum visit, and the fact that some mothers (and their infants) do not return for follow-up care and attention.
PEPFAR has worked and will continue to work with various offices of the MOH to review, update and implement guidelines and norms on quality control, biosafety and medical waste management, and HIV testing. The HIV/rapid test validation project has initiated, with the goal of establishing a national algorithm for HIV testing. A standardized updated logbook with reporting guidelines is partially implemented at service sites, although its use is inconsistent and not updated. Data are not being used for decision making or planning.
With PEPFAR technical assistance, the NRL Virology Department has been enrolled, and so far has obtained excellent results, in the External Quality Assurance (EQA) Proficiency Testing Program for HIV and Hepatitis B

(with the College of American Pathologists), for HIV CD4 and viral load, DNA/PCR, and syphilis. During 2012 and with PEPFAR technical assistance and funding, the EQA Program for HIV serology will be developed and implemented at the NRL, as a pilot program, and will include other serologic markers such as Hepatitis B and C. Since March 2011, the SLMTA program in DR has trained three tutors and eight mentors from MOH labs. The NRL and seven regional hospital labs are enrolled in the "Stepwise Laboratory Improvement Project towards Accreditation" (SLIPTA). The high-volume labs selected together with the National Directorate of Laboratories (DNL) for SLMTA coincide with hospitals that implement PEPFAR-funded PMTCT activities (an additional 12 hospital labs will be enrolled by 2013) SLMTA improves lab capacity by implementing continuous quality improvement processes, such as training and mentoring of technical and managerial personnel, establishing sustainable improvements in standard operational procedures at bench levels, equipment maintenance and calibration, and biosafety measures. USG technical and financial assistance is providing these facilities with basic lab equipment and procedures to support the delivery of accurate, timely, and reliable results.
PEPFAR has provided TA for improving the transport of samples and results reporting, between the NRL and labs throughout the country. To this purpose, we are working with the MOH central, regional and provincial services, the national PMTCT program, other donors, and hospital labs. PEPFAR is also promoting and will support the development of a laboratory information system at the NRL, to enable the MOH to track samples and emit reports more efficiently.
Since 2009 PEPFAR has helped to train over 35 MOH laboratory supervisors to improve their ability to facilitate/train at their health areas, in topics such as HIV and STIs, new laboratory methodologies in DNA/PCR, dry blood samples for Early Infant Diagnosis of HIV, safe handling and shipping of samples, biosafety and solid waste disposal.
Beginning in 2012, PEPFAR will conduct a basic field laboratory epidemiology program. The first class of trainees will include 20 MOH laboratory directors. The primary goal of this program will be to train laboratory staff in collecting, analyzing, reporting and using laboratory data for decision making. This program has been led by the MOH Directorate of Labs, the MOH Epidemiology Director, and the Dean of the Santo Domingo Autonomous University (UASD), School of Medical Technology, in collaboration with the University of Puerto Rico.

Health Efficiency and Financing
PEPFAR coordinates with Global Fund and other donors, through the CCM and PEPFAR's own mechanisms, to achieve the efficient use of funds for maximum impact. Throughout the year and especially during the COP process, the PEPFAR team considers the most efficient use of funds in support of program goals and complementarity, both within the PEPFAR team itself and in coordination with the NR and other donors. Consultations with GODR and MOH counterparts during the COP process and throughout the year help in this effort.

In January 2012 the CCM received the decision of the Global Fund for Phase 2 funding of its two HIV/AIDS agreements. The approved amount represents a reduction of approximately 25% below the requested amount. This new reality will force the CCM and the NR to reconsider efficiency issues. Although the USG has not yet discussed this new situation with MOH officials, the discussions will certainly lead to greater articulation between Global Fund and PEPFAR goals, activities, and financing.

PEPFAR supports the NR's efforts to bring the "sustainability issue" to the attention of the GODR. In an election period, it is not easy to get public officials to focus on this or to commit to higher levels of national funding, but a number of key allies, especially in the Ministries of Planning and of Finance, have expressed their initial support. One initially-successful approach is affiliating persons living with HIV with the Social Security/Family Health Insurance program. Currently, ARVs and specialized diagnostic tests, such as CD4, DNA/PCR and Viral Load, are not covered under the FHI program, but dialogue and negotiation with the directors of the program continue to press for their coverage.

Supply Chain and Logistics
Since 2007, USG has provided technical support to implement a unified procurement and logistics system. This activity will continue in 2012 and will include training of human resources at all MOH levels. In 2010, the GODR

announced the implementation of a single management system to support procurement of medicines and supplies. This provides opportunities to streamline the procurement process, increase availability, reduce stock-outs and loss, and reduce costs. Improving treatment for patients with HIV requires strengthening data collection on service statistics, accurate forecasting, planning and sustainability. The commitment to improve supply chain management is highlighted in the PFIP. PROMESE, the GODR entity responsible for procurement, logistics, and distribution of essential medications and supplies (but not yet HIV/AIDS medicines or supplies), has expressed its commitment to improve its processes. This is an important step towards sustainability and country ownership, and is an example of PEPFAR contributing to broader health system strengthening, while also directly benefitting the national HIV/AIDS program.

The Inter-American Development Bank (IDB) and the World Bank (WB) also support this activity, which has been designated as a benchmark of the "Transparency and Anti-Corruption" effort of the WB. Support in 2012 will include training national and regional health teams and continued implementation of the procurement system.

USG technical assistance continues to be highly regarded by the MOH and addresses the need to improve supply chain management, per the Partnership Framework Implementation Plan. In terms of strategy for transition, this mechanism aims to further strengthen the national system. The GODR and PROMESE have expressed their commitment to improving these systems. This is an important step towards sustainability and country ownership and is an example of PEPFAR's contribution to broader health system strengthening.

Gender
PEPFAR supports the GHI principle to "promote women, girls and gender equality," targeting (among others) sex workers (who are mostly female), youth, residents of Bateyes, and women with fewer than four years of formal education. The program's focus on PMTCT directly impacts pregnant women, and a "couples-based" approach to counseling and testing (see below) recognizes the role of both men and women in HIV prevention.

The Dominican Ministry of Women has been instrumental in passing key legislation affecting women, in areas such as gender-based violence, labor rights and property rights. Concrete steps have been taken to increase equality in access to justice and the responsiveness of the court system to gender-based violence. Gender-based violence remains a major problem, constituting the fourth highest cause of death among women of reproductive age in the DR.

The USG supports programs that help ensure equitable access to essential health services, at both the facility and community levels. The strategic approach is to integrate HIV prevention and treatment services with maternal-child health and family planning services, since prevention of mother-to- child transmission is a priority for the USG and the GODR (and for the Pan American Health Organization, through its regional initiative to reduce mother-to-child HIV and congenital syphilis transmission). One recommendation for the USAID Health program from the 2009 Gender Assessment was to develop indicators to reflect gender-based barriers to utilizing services. The assessment of access to STI services for vulnerable populations, many of whom are women (e.g., CSW), will provide information which will be used to improve services for these vulnerable groups.

Positive male gender behavior norms are addressed through the "Escojo Mi Vida" (I choose my life), GLOW (Girl Leaders of the World) boys' groups, and Sports for Life initiatives, all implemented by Peace Corps. The Dominican Armed Forces offer programs for counseling, testing and risk reduction among members of the uniformed services and their spouses/partners. The Ministry of Education's life skills "PAES" program provides tools to girls and boys to enable them to select healthy life style behaviors, as well as the confidence and skills to reduce their vulnerability to sexual coercion or gender-based violence.

The USG supports programs that empower adolescent and pre-adolescent girls by fostering and strengthening their social networks, educational opportunities and economic assets. These include the PEAS program, the Youth-At-Risk project, and the support to families affected by HIV with income generation through NGOs. USG is working with the Ministry of Education to study the causes of dropout, especially among girls. Based on these

findings, interventions will be designed and implemented for the purpose of reducing the dropout rate, thereby addressing the long-term issue of the special vulnerability of women with four years or fewer of formal education.

The USG is supporting programs that focus on engaging men and boys as clients, supportive partners, and role models for gender equality. The PEPFAR/DR program has received resources from the Gender Challenge Fund to develop couples-based counseling and testing and promote the greater involvement of male partners in HIV prevention. The USG programs also promote the role of supportive male partners in maternal and child health, addressing a recommendation from the USAID Gender Assessment conducted in 2009. In 2012 PEPFAR will support GHI in a USG-wide gender analysis, which will update and expand the USAID Gender Assessment. This will be the first inter-agency gender assessment and is an example of cross-agency collaboration.

The USG works with the GODR and other partners to promote policies and laws that improve gender equality and increase access to health and social services. The revised AIDS law contains a number of provisions to protect and empower women and children and reduce their vulnerability to HIV. The USG will work with and support the GODR to aggressively enforce this and others laws which are currently on the books, but not fully enforced.

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	1,360,147	0
Total Technical Area Planned Funding:	**1,360,147**	**0**

Summary:
(No data provided.)

Technical Area: Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
CIRC	146	
HMBL	148,671	0
HVAB	264,435	0
HVCT	1,284,470	0
HVOP	5,422,304	0
MTCT	1,240,599	0
Total Technical Area Planned Funding:	**8,360,625**	**0**

Summary:

TECHNICAL AREA NARRATIVE: PREVENTION

Overview
The Dominican Republic has a concentrated HIV epidemic, with specific at risk populations (MARPs) being most affected by HIV. MARPs, including men who have sex with men, commercial sex workers and their clients, and drug users (injecting and non-injecting), have seroprevalence rates ranging from 3.3% to 13.4 % (COPRESIDA 2008 BSS study). Other at-risk groups, including migrant populations, military, residents of bateyes (sugar plantations) and women with low levels of education, show seroprevalence rates of two-to-four times the prevalence of the general population (DHS, 2007). Among the populations aged 15-24 in bateyes, females are twice as likely as males to be infected with HIV, which reflects the risks of intergenerational sex, gender-based violence and transactional sex. MARPS are found in all parts of the country. Migrant populations tend to follow sources of work, especially in agriculture and construction. But it is important to note that even though much of the migrant population is of Haitian origin, they are not clustered near the border. They are also found in all provinces and corners of the country.

PMTCT
USG agencies provide extensive TA in PMTCT. Members of the PEPFAR PMTCT technical working group have visited the DR twice in the past year and left written recommendations. With the encouragement of the PEPFAR/DR team, the MOH has established a working group for PMTCT that is currently developing a nationwide strategy for the prevention of vertical transmission of HIV and Syphilis. This working group involves several stakeholders and cooperating agencies. This is to put greater order into the program, define the priority interventions, ascertain which cooperating agencies are working in which areas of the country, agree on national goals and targets, and generally avoid duplication and overlap.

Coverage of the national PMTCT program continues to be low: coverage in the MOH hospitals is estimated at 30-40%; and in the 2008 "Evaluation of the National Response," PAHO estimated that, in 2006, less that 22% of pregnant women living with HIV were diagnosed and given a complete package of services. With an estimated 218,000 deliveries in the MOH public and Armed Forces hospitals per year, approximately 130,800 pregnant women per year are NOT screened for HIV (218,000 X 60%, assuming that 40% are tested). At an estimated seroprevalence rate of 1.7% among pregnant women, the National Response may be losing as many as 2220 pregnant HIV positive women per year (1.7% X 130,800).

PEPFAR is also undergoing its own evidence-based reassessment of the TA and support provided to the MOH PMTCT program, in order to more clearly define the key sites where the USG will work over the next two-to-three years. Although the PEPFAR team recognizes MOH underreporting, we used MOH data on numbers of births by hospital and the seroprevalence rates in some of those hospitals, from the 2009 sentinel surveillance survey (the most recent). Calculating the approximate expected number of HIV-positive pregnant women by hospital gave the team a ranking of where PEPFAR resources can be most effectively deployed for optimal results. In collaboration with the MOH and the National Response (NR), 16 priority hospital have been identified and a USAID and CDC have developed a coordinated plan to transition PMTCT work to these hospitals in 2012.

In CY 2011 PEPFAR has delivered 680,000 rapid tests (plus 40,000 confirmatory tests) and reagents to the MOH for use in the PMTCT and VCT programs. This represents approximately 60% of the projected need; the GODR has committed to procure the remaining 40% of the need with the support of the Global Fund. The USG has provided TA to strengthen the national procurement and logistics system, and the MOH is committed to strengthening the government's procurement entity, PROMESE. This should result in more efficient, cost-effective and timely ordering of essential materials and supplies, not only for the PMTCT program, but for the NR in general.

As with other public health initiatives, the success of the PMTCT program depends on the skill and commitment of qualified personnel and systems which enable the efficient implementation of activities. PEPFAR has encouraged the MOH to support enactment of the Health Career law, currently under consideration by Congress. The Health Career and the Administrative Career laws (similar to the US civil service law) will govern the contracting,

supervision and evaluation of personnel, ensure the stability of the MOH technical and administrative personnel and hopefully reduce the amount of turnover that usually follows presidential elections.

The PEPFAR PMTCT program was evaluated in 2010, by CDC and USAID specialists. Key recommendations included the delivery of test results the same day, strengthening early infant diagnosis, development and implementation of a package of services, including follow up, for infants, expanding coverage to achieve the goal of 80% coverage, and strengthening the information system. These are the basis of continued PEPFAR assistance to the PMTCT program.

HTC
The PEPFAR-supported HTC process in the DR is closely linked to PMTCT activities, described above. PEPFAR is currently reassessing the PMTCT and HTC program, based on numbers of pregnancies and seroprevalence rates. The approach so far has been to focus on the two geographic regions with the highest seroprevalence rates. The new orientation will enable PEPFAR to place resources more precisely at the points of greatest need throughout the country.

In the spirit of the PF and country ownership, PEPFAR has consulted with the NR, prior to moving forward. HCT activities will focus on pregnant women and, to the extent possible, their spouses or companions, in order to involve more men and MARPS and their partners in the HCT process. PEPFAR/DR has received Gender Challenge fund resources, which support this focus.

HCT will also focus on MARPs, a PEPFAR prevention priority. The USG is virtually the only donor which invests resources in prevention among MARPs and has done so for many years now. The MARPs themselves have identified user-friendly services as a major concern and priority area. They prefer not to seek services, or to get their information and/or materials from other MARPs. PEPFAR is especially concerned about mobile or migrant populations, many of Haitian descent, which have special service needs. USG is providing prevention services to mobile populations, especially construction workers, agricultural workers, and street vendors and is currently doing a study of HIV prevalence and risk behaviors among migrant populations to better understand the HIV epidemic and prevention/service needs in this group. Pregnant Haitian women frequently deliver in Dominican facilities, arriving at the facility when they are in labor. This does not allow the program to test and treat the women (and their babies) in a timely manner.

NGO services to MARPs (e.g., sex workers, MSM, uneducated and poorly educated women, injecting and non-injecting drug users, and residents of Bateyes) are receiving USG funding to provide prevention and care services and linkages between the communities and the local health service facilities for STI and ARV treatment (a methodology known as "AIDS action" in the DR). These NGOs do follow-on with poor women who deliver in public hospitals, including Haitian women who do not return for follow-on care after the birth. The follow-on process encourages them to get their test results and, as necessary, enroll in treatment programs.

Condoms
It is estimated that the DR requires 26 million condoms per year to reduce the HIV infection rate. Of this amount, USG distributes 16 million, through an evidence-based social marketing program. The USG provides the condoms; KfW, the German development bank, shares part of the operating cost of PSI, the implementing partner. The condoms are distributed through NGOs trained to do social marketing. This approach has generated income for their management and operating costs. PSI also provides approximately 500,000 no logo condoms for mobile populations.

Other Dominican entities contribute condoms as well. The Global Fund program procures approximately 3 million no-logo condoms, marketed to migrant populations and persons living in Bateyes. Dominican NGO PROFAMILIA has a social marketing program for family planning condoms, and the MOH distributes one million condoms in its reproductive health services throughout the country. The DR has a functioning DAIA committee, which is led by the GODR and includes the MOH, local NGOs and donor agencies. A sub-committee has been formed to discuss and

resolve issues and gaps in the availability and sustainability of the condom supply.

Significant barriers to access include cost and the absence of a condom which MSM and youth consider "appropriate" for their purposes. PSI is designing a strategy to introduce a condom that will appeal to these groups. The female condom is not currently marketed in the DR; in the past cost considerations and doubtful marketing sustainability of the female condom have curtailed the initiatives to introduce female condoms into the country.

Voluntary Medical Male Circumcision
PEPFAR/DR does not work in this area.

Positive Health, Dignity and Prevention (PwP)
There are currently no GODR-approved guidelines for PwP services. Most PwP services are carried out by PEPFAR and Global Fund-supported NGOs, as part of the continuum of the services provided to vulnerable groups in clinical and community services. Referral and support groups for persons living with HIV are mostly funded as part of USG support to NGOs.

MARPs
At the policy level, prevention needs for MARPs are addressed through the newly revised 2011 AIDS law, which contains provisions for service provision to MARPs. However, as with the case of the original AIDS law, enforcement will continue to be a key issue. PEPFAR has provided funding to the AIDS NGO Coalition and to REDOVIH and ASOLSIDA, two NGOs representing the network of persons living with HIV, and to a number of NGOs representing women and their issues, for advocacy and oversight.

Providing appropriate user-friendly prevention services to MARPs is still an important challenge in the DR. For example, services for MSM are generally not welcoming, and MSM either receive incomplete services or none at all. According to the last two DHS surveys, MSM have exhibited an increase in condom usage and reduction of their number of partners, which render them less vulnerable as a group to HIV infection. Still, the need still exists to provide specialized, client-friendly services for MSM.

There are currently few health care services available for drug users in the Dominican Republic. With their complex physical and mental health care and social care needs, health service providers often refuse to provide medical treatment to drug users. USG has worked with UNAIDS to establish a drug users working group that includes the MOH, National Drug Control Agency, and key NGOs. PEPFAR-funded implementing partner COIN, a local NGO, is working with the MOH to develop government-run health care services capable of addressing the HIV and other health care needs of drug users. In addition, COIN works at the grass roots level to support HIV prevention activities among drug using populations.

A secondary analysis of the 2007 DHS identified persons of Haitian decent as having an HIV prevalence of 6.5% (95% CI: 3.6%- 9.4%), which is higher than the general population in the DR and Haiti. Through PSI, USG is working with mobile populations throughout the country, with specific focus on Haitian construction workers, agricultural workers, and street vendors. At the same time, an inclusive approach is being promoted by other PEPFAR funded activities, such as PMTCT and TB, prevention with CSW and MSM, and HTC to ensure that the Haitian population living in the Dominican Republic has access to PEPFAR-supported programs and services. An investigation into the HIV prevalence and risk behaviors among the Haitian population, currently in the planning stage, will provide further information for HIV prevention and health services programing.

The 2007 DHS showed that women with fewer than four years of formal education are a vulnerable group. As a long term solution, PEPFAR supports the Life Skills program in the Ministry of Education (called "PEAS", for its Spanish acronym). PEAS is being implemented in over 420 schools. The Ministry of Education has requested, and USG has agreed to, support to expand PEAS to more than 2,000 schools during the 2012 academic year. As another long term solution, PEPFAR is supporting a review of studies on school dropouts, to more fully understand the

problem and to design interventions to keep all children, especially girls, in school. This activity will be the purview of the "Youth-at-Risk" contract/cooperative agreement, which will be implemented beginning in 2012.

General Population
The USG approach to reach the general youth and adult population has been to define sub-groups and specific strategies to reach them. For example, for the youth population, mass media campaigns have been aired and interpersonal messages implemented by NGOs in community-level small groups to promote the delay of sexual debut and reduce the number of sex partners and other risky behaviors. The MOE Life Skills Program is implemented in elementary and middle grades of public schools to strengthen self-esteem, reduce violence against girls and create awareness of and reduce sexual abuse.

For people living in Bateyes, an award-winning educational soap opera, "Amor de Batey," was aired on national TV. For the general adult population, USG has worked with the social marketing program in more than 1,000 small "corner stores" (colmados) that distribute Pante condoms and promote consistent condom use. Some colmado staff have been trained to promote TB services and refer those customers who are coughing for more than two weeks to the appropriate health services. Two thousand other sales points promoting condoms and correct condom usage include pay-by-the-hour motels, pharmacies and convenience stores, in addition to commercial sex establishments.

The "AIDS Action" strategy involves the adult population in communities to analyze and discuss health problems and other issues of common concern. Through this strategy the adult population designs a plan to mobilize community resources to address these problems. It also creates a space where the community and representatives from the public sector, including the municipal authorities, come together to coordinate efforts and actions to improve public services in their communities. With USG TA, six provinces have established provincial "AIDS Action" committees. In these provinces, AIDS and TB have been identified as key priorities and plans have been developed to support HIV/AIDS and TB services and create awareness of the benefits of diagnosis, counseling and testing through "Community Health Fairs."

Per the section on MARPs (above), PEPFAR supports the MOE Life Skills (PEAS) program. The "Youth-At-Risk" program, with support from the Dominican government and civil society, will help strengthen systems to ensure youth-oriented health, safety, and success in school, work, family and community, directed especially to out-of-school and at-risk youth ages 10-17. This activity will consider age-group differences to define the type of interventions to be implemented. For example, health activities will include out-of-school children up to age nine; education activities will incorporate children up to age seven; and workforce development will target youth aged 18-24. The program will target school drop-outs, youth associated with delinquent activities, and those living in difficult family situations.

The Peace Corps "Escojo mi Vida" program also targets out-of-school youth; currently over 200 functioning Escojo groups are working throughout the country. Peace Corps' goal for 2012 is to involve over 11,000 persons in Escojo mi Vida programs, greatly increasing the number of rural and poor youth receiving information and instruction under this activity.

HHS/HRH
As reported in our COP 2011, PEPFAR/DR understands that the development of human resources for health is an ongoing task permeating all USG activities and interventions. Strengthening the management and technical capacity of the National Response requires a strong human resources base. In addition to the training which is part of most PEPFAR program activities, the USG will work with selected universities to review the curriculum of lab technicians, to be sure that pre-service training programs reflect the real needs of these professionals on-the-job.

The USG believes that it is not the best use of PEPFAR resources to help train increased numbers of health professionals, and thus contribute to the 144,000 worldwide goal of new health workers prepared. Rather, we believe that the DR has sufficient numbers of professional staff; the key is to be sure they are provided with technical update training and deployed rationally, so that the system has neither excesses nor shortages of trained

staff at any site.

The human resources assessment, supported by PEPFAR, which began during FY 2011, is already demonstrating inefficiencies in the HR system, including a lack of effective human resources planning, limited supervision and accountability of medical and health care provider personnel, and overly-centralized distribution of the workforce. The findings of the assessment will provide an evidence base for the MOH to strengthen its HR structure, including the rational redeployment of its personnel, in accordance with system and service needs. This approach supports the GHI principle of strengthening health systems, which for GHI/DR, includes "enhanced distribution, training and supervision of human resources."

The MOH is currently implementing a "Single Unified System for Managing Medicines and Medical Supplies" with USG support. This system has been designed and implemented within the framework of health sector reform and government decentralization. Based on multiple assessments made with USG support, the system should help avoid stock-outs of medicines and medical supplies, obtain competitive international prices for procurements, and develop a systematic programming and distribution process, including improvement of storage and transportation conditions.

Medical Transmission
The USG has supported biosafety programs in selected hospitals for a number of years and is currently expanding coverage of TA for biosafety to more hospital laboratories in the country. Generally, the hospitals understand the need for biosafety procedures and implement them through responsible waste management plans. They are careful, for example, to dispose syringes and blood products safely, with disposal equipment donated by USG-funded contactors.

One barrier to a successful program is the handling of waste once it leaves the hospital. In the DR, a number of entities have the responsibility for disposing of medical waste, including the MOH, Ministry of the Environment, and the various municipalities. Getting these entities to sit together to consider a single waste management procedure has been challenging. In a limited number of communities, however, the USG has been successful in working with the municipality and other stakeholders to transport medical waste to a final, sanitary disposal area.

Gender
PEPFAR supports the GHI principle to "promote women, girls and gender equality," targeting (among others) sex workers (who are mostly female), residents of Bateyes, and women and girls with fewer than four years of formal education. The program's focus on PMTCT directly impacts pregnant women, and a "couples-based" approach to counseling and testing recognizes the role of both genders in HIV prevention.

The Dominican Ministry of Women has been instrumental in passing key legislation affecting women, such as gender-based violence, labor rights and property rights. Concrete steps have been taken to increase equality in access to justice and the responsiveness of the court system to gender-based violence. Gender-based violence remains a major problem, constituting the fourth highest cause of death among women of reproductive age.

USG supports programs that help ensure equitable access to essential health services at both the facility and community levels. The strategic approach is to integrate HIV prevention and treatment services with maternal-child health and family planning services, since prevention of mother-to-child HIV transmission is a priority for the USG and the GODR (and for the Pan American Health Organization, through its regional initiative to reduce mother-to-child HIV and congenital syphilis transmission). One recommendation for the USAID Health program from the 2009 Gender Assessment was to develop indicators to reflect gender-based barriers to the utilization of services. The assessment of access to STI services for vulnerable populations, many of whom are women (e.g., CSW), will provide information which will be used to improve services for these vulnerable groups.

Positive male gender behavior norms are addressed through the "Escojo Mi Vida" (I choose my life), GLOW (Girls Leading our World) boys groups, and Sports for Life initiatives, all implemented by Peace Corps. The Dominican

Armed Forces offer programs for counseling, testing and risk reduction among members of the uniformed services and their spouses. The Ministry of Education "PEAS" program in public schools provides tools to girls and boys to enable them to select healthy life style behaviors, as well as to gain the confidence and skills needed to reduce their vulnerability to sexual coercion or gender-based violence.

USG has set aside funds in the Youth-at-Risk Project to study the causes of school dropout, especially among girls. Based on these findings, interventions will be designed and implemented for the purpose of reducing the dropout rate, thereby addressing the long-term issue of the special vulnerability of women with four years or fewer of formal education.

The PEPFAR/DR program has received resources from the Gender Challenge Fund to develop couples counseling and testing and promote the greater involvement of male partners in HIV prevention efforts. The USG programs also promote the role of supportive male partners in maternal and child health, addressing a recommendation from the 2009 USAID Gender Assessment. PEPFAR will support GHI in a USG-wide gender analysis in 2012, which will update and expand the USAID Gender Assessment. This will be the first inter-agency gender assessment and is an example of cross-agency collaboration; future gender-based activities will be based on the results of this analysis.

The USG works with the GODR and other partners to promote policies and laws that improve gender equality and increase access to health and social services. A revised AIDS law, passed in 2011, contains a number of provisions to protect and empower women and children and reduce their vulnerability to HIV. The USG will support the GODR to aggressively enforce this law and other laws which are currently on the books.

Strategic Information
Since 1978, with USG support, the DR has conducted demographic and health surveys (DHS), developing local capacity to carry out socio-demographic surveys with biological markers. This capacity resides largely in the NGO sector, but the MOH has also been an active participant and has a cadre of staff trained in this methodology.

DHS's conducted in 2002 and 2007 incorporated serological determination of HIV prevalence. Both over-sampled Bateyes (habitats for sugar plantation laborers) residents, in order to have more in-depth understanding of this at-risk population. In 2008 a BSS was conducted in three priority populations: FSWs, MSMs and drug users (injecting and non-injecting). This effort provided valuable data, but it clearly reflected the need for further information, especially on mobile populations.

Since 1991, in collaboration with USG and other donors, the DR has conducted national HIV sentinel surveillance (NSS) in pregnant women, female sex workers and STI patients, to detect tendencies of HIV infections over time, but with a limited sample of public clinics. Since 2004 the NSS has been expanded to cover syphilis and hepatitis B. Quality control on lab tests has been conducted primarily by National Reference Laboratory, Until now, biannual sentinel surveys have been supported by the USG, UNAIDS, and the Global Fund. However, USG is in agreement that the resources used to conduct these surveys would be better invested in developing functional routine surveillance systems that would provide ongoing information about HIV prevalence and incidence.

A technical working group involving MOH, USG, and PAHO, was established in February 2012 to review existing HIV surveillance in healthcare facilities and to create an improvement plan. The recommendations from this group are pending, but a crucial early result is the establishment of the vice ministry for regional health services as the leader for this activity within the MOH. The lack of institutional clarity about roles and responsibilities of data collection has previously been a barrier to working on this issue. At the same time, USG is supporting the MOH Epidemiology Division in the establishment of a reportable disease surveillance system that includes information on new diagnoses of HIV, TB, and STIs.

In addition to routine surveillance activities, the USG is supporting several population surveys, especially for high risk populations. These include a BSS among MSM, Drug users, and CSW, a BSS among Haitian mobile populations, and a DHS. These data will complement those collected through routine surveillance to inform

programing and progress towards reducing the impact of HIV/AIDS in the Dominican Republic.

USG provides ongoing TA to the National HIV/AIDS Council (CONAVIHSIDA; formerly COPRESIDA) to develop an M&E plan for the NR and is supporting capacity development in M&E. Additionally, USG is working with the MOH and UNAIDS on developing a platform for the "Single M&E System" (SUME, in Spanish), to which MOH hospitals and clinics and NGO clinics would send their data.

Capacity Building
The USG has provided funding and TA for many years to enable the Civil Society/NGO sector to develop into a full partner of the National Response. The result has been that five NGOs are voting members of the CCM, and their organizations continue to receive USG funding, principally to advocate for and support their constituencies (which are MSM, sex workers and their clients, trafficked women, youth, and the network of persons living with HIV). Additionally, PROFAMILIA, which received USG funding and TA support for years, and which has reached over 90% sustainability, is now perhaps the strongest NGO in the country, and was (but no longer is) the PR for the first Global Fund grant in Tuberculosis. Another NGO (the Dermatological Institute) is now a PR of one of the Global Fund HIV grants. USAID/DR has also been instrumental in developing and supporting one of the most important networks of persons living with HIV/AIDS. REDOVIH, GRUPO CLARA, GRUPO PALOMA, ASOLSIDA and GRUPO ESTE AMOR, have received USG support and technical assistance to provide care services to their constituents and to mobilize public opinion and advocate for the rights of persons living with HIV/AIDS.

PEPFAR engages in policy dialogue in a number of ways. A number of NGOs worked on revising and preparing the updated AIDS law. As reported in previous COPs, the policy challenge for PEPFAR now is to work with the GODR on enforcement. PEPFAR has worked with the MOH and the GODR to develop and discuss the draft Health Career Law, now under consideration in the DR Congress. The draft law was presented publicly to a broad array of stakeholders in early September and, when approved, will be implemented by the MOH. USG has also supported implementation of an Administrative Career law (similar to the civil service law in the US), to guarantee the employment stability of mid-level managers and technical staff, protecting them from wholesale dismissals which sometimes follow presidential elections. With ongoing USG technical assistance, the MOH is making good progress to establish a centralized procurement office, which will formalize procurement processes and eventually should save the GODR thousands of dollars, as well as guarantee the timely arrival of medications, including ARVs, reagents and other essential materials and supplies.

Technical Area: Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HTXS	7,585	
PDTX	55,217	0
Total Technical Area Planned Funding:	**62,802**	**0**

Summary:
TECHNICAL AREA NARRATIVE: TREATMENT

Adult Treatment
As of November, 2011, the MOH reports 19,434 persons on ARV treatment (of which 18,432 are adults), provided

through 74 public and private sector treatment facilities. This represents approximately 25% of the estimated number of adults living with HIV in the DR. ARVs are procured with Global Fund resources.

Since the mid-1990s, the USG has been the most consistent and reliable cooperating agency in support of the National Response (NR). The USG provides TA to support an evaluation of current national treatment norms, guidelines and protocols in an effort to align them with international guidelines for developing countries, including the new CD4 threshold for initiating ARV treatment at 350, which has been approved by the MOH technical working group.

The USG supports the NR in providing PMTCT, TB/HIV co-infection, and adult and pediatric treatment services. One of the challenges for the PEPFAR program in 2012 is to promote more efficient linkages among these services, so that the NR is more integrated and reflects the prevention-care-treatment continuum. Ongoing PEPFAR support of a single M&E system will generate more accurate and timely data for decision makers.

The MOH has continued to decentralize services; the regions and provinces are now responsible for service delivery. The regions and provinces are at different stages of their capacity to provide quality services, a situation which affects USG activities. PEPFAR continues to work closely with the MOH to coordinate these efforts and to improve regional and provincial service capabilities.

The USG has assisted the National Response to fill some emergency gaps in ARVs, caused by a series of problems with the information/forecasting/ordering system. USG-supported technical assistance has worked with the NR for over three years to establish a reliable procurement system based on accurate projections of need; however, HIV consumables are not yet included in this system. One of the problems, mentioned above, is the decentralization of services and records. Good quality, routinely reported data are not available. The NR has prioritized this task, and PEPFAR continues to work closely with Dominican partners to help them establish a system which will respond to their data needs for procurement and treatment. The MOH has taken steps to concentrate the procurement function into a single GODR office, an important step which should result in more accurate ordering and more favorable prices (and cost savings) for the country.

The procurement of ARVs is going to be a challenge in the near future. The CCM was notified (in January 2012) that Global Fund Phase 2 funding was approved, but with a reduction of 25% (nearly $ 13 million) of the requested amount. This shortfall will affect the procurement of ARVs and other supplies, which have been procured with Global Fund resources. The CCM and the MOH will be developing a sustainability plan, both to address the immediate shortfall and to ensure adequate resources in the mid- to long-term. It is not yet clear how this will impact the PEPFAR program.

Before the news of the GF Phase 2 budget cut, PEPFAR had been assisting the MOH to plan and hold a "mid-course review" of the National Response [including the Global Fund and PEPFAR programs], in accordance with the Partnership Framework. This review, involving a broad array of stakeholders, is even more urgent now, with the need to seek both new sources of funding and achieve strengthened program efficiencies. The expectation is that needed program and management corrections will improve the efficient implementation and impact of the NR.

Pediatric HIV Treatment
As of November, 2011, 1002 children (under age 15) were on ARV treatment and an additional 169 were under observation, but were not on ARV regimen. MOH data are not further disaggregated by gender or age.

To strengthen pediatric treatment services, USG is working with MOH to improve early infant diagnosis (EID), including the collection, storage and transportation of dry blood samples, diagnosis and follow on with the appropriate treatment. In support of EID, USG will procure reagents and lab supplies in order to test up to 4000 children for HIV. USG will also provide TA and support to up to eight NGOs, to improve the referral of children born to HIV positive mothers (and who may not have been tested while in the hospital) for diagnostic and treatment services, thus fostering strengthened integration with the PMTCT program. The objective of these interventions is to

increase PMTCT test results reporting from 32% to 80% and EID reporting from 20% to 80%, both in selected facilities.

Supply Chain
Since 2007, USG has provided technical support to implement a unified procurement and logistics system. This activity will continue in 2012 and will include training human resources at central, regional and provincial levels. In 2010, the GODR announced the implementation of a single procurement information system for medications for public health sector services, known by its Spanish acronym SUGEMI. This system will provide opportunities to streamline the purchase of medications, increase availability and promise to reduce stock-outs and costs. Improving treatment for patients with HIV requires strengthening forecasting, planning and sustainability. USG technical assistance addresses the need to improve supply chain management, highlighted in the Partnership Framework Implementation Plan. In terms of a strategy for transition, this TA helps to develop and strengthen the national system, rather than creating a parallel system to support PEFAR activities. PROMESE, the GODR office responsible for procurement, logistics, and distribution of essential medications and supplies, has expressed its commitment to improve its systems. This is an important step towards sustainability and country ownership, and is an example of PEPFAR contributing to broader health system strengthening, while also directly benefitting the national HIV/AIDS program.

ARV drugs: Pediatric Section
As of November, 2011, 1002 children (under the age of 15) were on ARV treatment. ARVs are procured by Global Fund resources. Per the above, the USG has assisted the National Response to fill some emergency gaps in ARVs, caused by a series of problems with the forecasting/ordering system. USG-supported technical assistance has worked with the NR for over two years to establish a reliable procurement system based on accurate projections of need.

The challenges of providing low cost ARVs to children in a timely manner are the same as for ARVs for adults: namely, establishing a responsive, accurate forecasting-procurement-logistics system. The MOH is currently establishing the PROMESE office as the single procurement entity, a step which should result in timely procurement of ARVs and other drugs and supplies, at favorable prices.

The NR requested USG TA to evaluate the pediatric HIV/AIDS surveillance system. An evaluation protocol was developed and approved; the 13 sites chosen for the evaluation account for 89% of all reported pediatric HIV cases. Several recommendations for strengthening the pediatric HIV surveillance system emerged from this evaluation, including: standardizing pediatric HIV surveillance data collection and data flow; coordinating regular pediatric HIV data analysis and publication of quarterly surveillance bulletins that will be provided to facility, provincial, regional and central MOH offices; and developing pediatric HIV surveillance guidelines. The USG will continue to assist as the MOH moves to strengthen its reporting system.

Laboratory
The USG has worked and will continue to work with various offices of the MOH (e.g., Vice Ministry for Quality; Vice Ministry for Strengthening Regional Services, known as "REDES;" the General Directorate for Laboratories; National Reference Laboratory [NRL]; and the General Directorate for STIs, HIV, and AIDS, [DIGECITSS]) to review, update and implement guidelines and norms on quality control, biosafety and medical waste management, and HIV testing. The HIV/rapid test validation project has initiated, with the goal of establishing a national algorithm for testing. A standardized updated logbook with reporting guidelines is in place in service sites.
With PEPFAR technical assistance, the NRL virology department has been enrolled, and so far has obtained excellent results, in the External Quality Assurance (EQA) Proficiency Testing Program for HIV and Hepatitis B (with the College of American Pathologists), for HIV CD4 and viral load, DNA/PCR, and syphilis. During 2012 and with PEPFAR technical assistance and funding, the EQA Program for HIV serology will be developed and implemented in the NRL, as a pilot program.
Since March 2011, the DR has been enrolled in the Strengthening Laboratory Management towards Accreditation (SLMTA) Program, which follows the international standards for clinical laboratories (ISO 15189). Currently,

three lab tutors and eight lab mentors from MOH labs have been trained in this process. The NRL and eight hospital laboratories are enrolled in the Stepwise Laboratory Improvement Projects towards Accreditation (SLIPTA). The high volume laboratories selected for inclusion in SLMTA coincide with hospitals that implement PEPFAR-funded PMTCT activities. SLMTA improves laboratory capacity by implementing continuous quality improvement approaches such as training and mentoring technical and managerial personnel, establishing sustainable improvements in areas such as standard operational procedures at bench levels, equipment maintenance, and calibration, and biosafety measures. USG technical and financial assistance will help provide these facilities with basic laboratory equipment and procedures to support the delivery of accurate, timely, and reliable results, which will be accessible to the most vulnerable and needy populations.
PEPFAR has been promoting and providing TA for improving sample referrals and results reporting, between the NRL and labs throughout the country. To this purpose, we work with "REDES," regional and provincial MOH offices, the national PMTCT program, other donors, and hospital labs. PEPFAR is also promoting the development of a laboratory information system at the NRL, to enable the MOH to track samples and emit reports more efficiently.
Under the commitments within the International Health Regulations, the Dominican Republic will develop a national network of public health labs to collect information on several reportable diseases, including HIV, TB and STIs. During 2012 USG will provide technical assistance to help the MOH fulfill this commitment.
Since 2009 PEPFAR has helped train over 35 MOH laboratory supervisors in areas such as HIV and STIs, new laboratory methodologies in DNA/PCR, dry blood samples for Early Infant Diagnosis of HIV, safe handling and shipping of samples, biosafety and solid waste disposal.
Beginning in 2012, PEPFAR will help implement a basic field laboratory epidemiology program. The first class of trainees will include 20 MOH laboratory directors. The primary goal of this program will be to train laboratory staff in collecting, analyzing, reporting and using laboratory data for decision making. In order to empower the MOH to assume responsibility for this program, it will be led by the MOH Directorate of Labs, the MOH Epidemiology Director, and the Dean of the Santo Domingo Autonomous University (UASD), School of Medical Technology, in collaboration with the University of Puerto Rico.
PEPFAR has also engaged UASD, the Dominican Association of Bioanalysts, and the Dominican Association of Private Laboratories, to actively participate in technical working groups to review guidelines and develop special training programs.

Gender
PEPFAR supports the GHI principle to "promote women, girls and gender equality," targeting sex workers (who are mostly female), youth, residents of Bateyes, and women with fewer than four years of formal education. The program's focus on PMTCT directly impacts pregnant women, and a "couples-based" approach to counseling and testing recognizes the role of both genders in HIV prevention.

The Ministry of Women has been instrumental in passing key legislation affecting women, such as against gender-based violence, pro-labor rights and pro-property rights. Effective and concrete steps have been taken to increase equality in access to justice and the responsiveness of the court system to gender-based violence. Gender-based violence remains a major problem, constituting the fourth highest cause of death among women of reproductive age.

The USG is supporting programs that help ensure equitable access to essential health services at both the facility and community levels. The strategic approach is to integrate HIV prevention and treatment services with maternal-child health and family planning services, since prevention of mother-to-child transmission is a priority for the USG and the GODR (and for the Pan American Health Organization, through its regional initiative to reduce mother-to-child HIV and congenital syphilis transmission). One recommendation for the USAID Health program from the 2009 Gender Assessment was to develop indicators to reflect gender-based barriers to utilizing services. The assessment of access to STI services for vulnerable populations, many of whom are women (e.g., CSW), will provide information which will be used to improve services for these vulnerable groups.

Positive male gender behavior norms are addressed through the Escojo Mi Vida (I choose my life), GLOW (Girls

Leading our World) boys' groups, and Sports for Life initiatives, all implemented by Peace Corps. The Dominican Armed Forces offer programs for counseling, testing and risk reduction among members of the uniformed services and their spouses; the Ministry of Education's life skills "PAES" program in public schools provides tools to girls and boys to enable them to select healthy life style behaviors, as well as to help them develop the confidence and skills needed to reduce their vulnerability to sexual coercion or gender-based violence.

The USG is supporting programs that empower adolescent and pre-adolescent girls by fostering and strengthening their social networks, educational opportunities and economic assets. These include the MOE PEAS program, the Youth-At-Risk project, and the support to families affected by HIV with income generation assistance through NGOs. USG is working with the Ministry of Education to study the causes of dropout, especially among girls. Based on these findings, interventions will be designed and implemented for the purpose of reducing the dropout rate, thereby addressing the long-term issue of the special vulnerability of women with four years or fewer of formal education.

The USG is supporting programs that focus on engaging men and boys as clients, supportive partners, and role models for gender equality. The PEPFAR/DR program has received resources from the Gender Challenge Fund to develop couples counseling and testing and promote the greater involvement of male partners in HIV prevention efforts. The USG programs also promote the role of supportive male partners in maternal and child health, addressing a recommendation from the USAID Gender Assessment conducted in 2009.

The USG works with the GODR and other partners to promote policies and laws that improve gender equality and increase access to health and social services. A revised AIDS law, passed in 2011, contains a number of provisions to protect and empower women and children and reduce their vulnerability to HIV. The USG will support the GODR to aggressively enforce this law and other laws which are currently on the books, but enforced weakly or not at all.

In 2012 the PEPFAR program will support GHI in a USG-wide gender analysis, which will update and expand the 2009 USAID Gender Assessment. This will be the first inter-agency gender assessment and is an example of cross-agency collaboration.

Strategic Information
Recent evaluations of the MOH information system have identified the following weaknesses: lack of a unified system of surveillance reporting, absence of computer infrastructure, the continued presence of other parallel information systems (usually program based), significant delays in data transmission, lack of a uniform process for disseminating the data or using the data for sound decision-making, and few training opportunities for staff. This list is the focus of PEPFAR assistance to the MOH.

Surveys have formed the backbone of the HIV information system in the Dominican Republic and have been used to characterize the HIV epidemic. Since 1978, with USG support, the DR has conducted demographic and health surveys (DHS), developing local capacity to carry out socio-demographic surveys with biological markers. This capacity resides largely in the NGO sector, but the MOH has been an active participant and has a cadre of staff trained in this methodology.

The last two DHS surveys conducted in 2002 and 2007 incorporated serological testing for HIV. Both surveys over-sampled Bateye (communities for sugar plantation laborers) residents, in order to have more in-depth understanding of the dynamic between the HIV/AIDS epidemic and this most-at-risk population. Additional analysis of the 2007 DHS indicated that the Haitian population living in the Dominican Republic may have a higher prevalence of HIV than Dominicans or the general population in Haiti. In 2008 a Behavioral Surveillance Survey (BSS) was conducted in three priority populations: FSWs, MSMs and drug users. This BSS provided valuable data showing a higher prevalence of HIV in these vulnerable MARP populations.

Routine collection of HIV data from health care services continues to be problematic. USG worked with the MOH

during 2010 and 2011 to conduct an assessment of pediatric HIV surveillance and found that information on pediatric HIV patients was not systematically collected, reported, and analyzed. It further highlighted the disarticulation of different entities within the MOH that are responsible for laboratory diagnostic services, patient clinical care, and HIV surveillance.

An electronic data collection system called SIAI+ was developed by DIGECITSS and piloted in six hospitals. Unfortunately, due to a number of technical and managerial constraints, the success of this initiative has been limited. A technical working group, involving MOH, USG, and PAHO, was established in February 2012 to review the situation and recommend a plan of action for improving routinely collected hospital HIV data.

The USG has supported the MOH Division of Epidemiology to implement a new reportable disease data system, developed in El Salvador. This system collects information about new diagnoses of a number of priority diseases, including HIV, TB, and STIs. This project contributes to meeting the Dominican Republic's requirements under the International Health Regulations and is supported by the laboratory system strengthening work that CDC is doing with the MOH. (See previous section).

In 2011, USG initiated an activity, jointly funded with Global Fund and PEPFAR resources, to work with the National TB Control Program to develop an electronic TB patient reporting system. This project has introduced several innovations to SI projects in the DR: clinical service providers were involved early, to ensure that the system will make their work more efficient; key decision makers in the MOH were involved early to understand and adapt to the policy environment within the Ministry; a well proven information system design process (HPLC) used in the US was adapted to the DR and provided a systematic approach for developing the system. Building human resource capacity to create and support an information system was a required as part of the project design.

The USG is working collaboratively with the National Council for HIV/AIDS (CONAVIHSIDA, formerly COPRESIDA) to develop M&E capacity at the local level to report the indicators required by the National M&E plan. Additionally, PEPFAR has initiated a mentoring program to develop senior M&E specialists.

In 2012, the USG will continue to provide TA support to the GODR to develop a National M&E Plan.

Capacity Building

In order to build sustainability of systems and procedures, PEPFAR supports capacity building and systems strengthening in: strategic information, including M&E; lab infrastructure and operations; procurement and logistics; and human resources management. All include staff training, development and implementation of quality standards, and registering accurate and timely information. PEPFAR interventions are aligned with the National Strategic Plan and the National Response and are coordinated with the activities supported by the Global Fund.

USG has adapted existing epidemiology training materials for basic and intermediate level courses and supported the MOH to develop a training program for epidemiologists in the Dominican Republic. This training project includes developing trainers and mentors. Additionally, the intermediate level course includes a practical field assignment which is designed by the MOH to answer specific epidemiological questions relevant to their programs, such as the application and effectiveness of contact tracing for TB control. A modified version of the basic training course has been developed and implemented for laboratory personnel who are involved in reporting data to the national surveillance system. This activity supports both the laboratory and surveillance strengthening activities within the International Health Regulations framework.

A key component of the SLMTA process, described above, is the development of human capacity to improve the quality of laboratory services. Activities include both management training and specific technical training for laboratory technicians. For HIV in particular, USG is providing additional training-of-trainer capacity for provincial and regional laboratory supervisors. Like the epidemiology training, practical field assignments are used to generate data required by the MOH for programing and M&E.

Public-Private Partnerships
Currently PEPFAR supports one Public-Private Partnership, but will not put any FY 2011 funds into it. The MOH does not see this as a priority area, and it is unlikely that PEPFAR will undertake a major effort to promote these partnerships in the near future.

MARPs
According to the UNAIDS study "Models of Modes of HIV Transmission" (Modelos de Modos de Transmision del VIH), MSM and GTH will provide one-third of the new infections over the coming year, followed, surprisingly, by persons (mostly women) having a stable, "low risk," relationship (31.9%). Persons living in Bateyes will contribute 9.1% of new infections, followed by clients of sex workers (5.6%) and persons engaging in occasional casual relationships (8.3%). The data of this study have been questioned, but they are included here because this is the only study done recently on this topic. The MOH does not have accurate data on the numbers of migrant populations who are HIV positive, or on the number of MARPs on HIV treatment.

Building MARP-friendly treatment and prevention services has been a slow process. Migrant populations, including Haitians, are able to access HIV services; Haitian women receive MCH attention and HIV services. MSM have a more difficult problem. Some healthcare personnel will not provide services to MSM, a discrimination issue that is on PEPFAR's policy dialogue agenda. In collaboration with MOH partners, PEPFAR will continue to support user-friendly services to MSM and other MARPs.

HRH
Part of the ongoing PEPFAR program includes training staff. As the health sector reform process continues, which decentralizes responsibility for services to the Regional and Provincial levels, training staff to provide treatment will be increasingly important. Together with MOH partners, PEPFAR will continue to provide training in this key area.

Recently the MOH announced its intention to implement the Administrative Career law, which will provide greater stability of staff in their respective positions, especially in transitioning from one presidential term to another. This should have positive results for staff development and training, and will reduce the need for and the cost of continual training of new staff in the same subjects.

As reported in our COP 2011, PEPFAR/DR understands that developing human resources for health is an ongoing task which permeates all USG activities and interventions. Strengthening the management and technical capacity of the National Response requires a strong human resources base. In addition to the training which is part of most PEPFAR program activities, the USG will work with selected universities to review the curriculum of lab technicians, to be sure that pre-service training programs reflect the real needs of professionals on-the-job.

The USG believes that it is not the best use of PEPFAR resources to help train increased numbers of health professionals, and thus contribute to the 144,000 worldwide goal of new health workers prepared. Rather, we believe that the DR has sufficient numbers of professional and semi-professional staff; the key is to ensure that they receive technical update training and are deployed rationally, so that the system has neither excesses nor shortages of trained staff at any site.

The human resources assessment, supported by PEPFAR, which began during FY 2011, is already demonstrating dramatic inefficiencies in the HR system. For example, a comparison of different MOH payrolls showed that 40% of all health workers appear on at least four payrolls and another 30% on at least three. In other words, these staff are being paid three or four times for work done during the same hours, in different locations. This may explain the significant staff shortages found in remote or rural health services. Conversely, health facilities in and around the major cities have staff surpluses. A recent study on the use of staff time in hospitals found that doctors who are contracted and paid for six hours of services, in fact only provide an average of two hours of service.

USG provides TA and support to the MOH to develop the human resource system needed to manage its workforce to perform effectively. Part of this work includes developing new legislation to create a public health career path. Legislation has been developed, with the support of the Ministry of Public Administration and the Ministry of Public Health, and was recently discussed in a forum attended by representatives from 87 organizations, including members of Congress. This regulatory framework addresses the health sector's human resources as a means to ensure good governance. The law was approved by the Senate and is awaiting approval by the Congress.

In addition to the new legislation, the USG continues to provide TA to develop HR policies, HR department structures at the central, regional and hospital levels, position descriptions for staff at each hospital level (municipal, provincial, regional) and the corresponding salary scales.

The findings of the assessment will provide an evidence base for the MOH to strengthen its HR structure, including the rational redeployment of its personnel, in accordance with system and service needs. This approach supports the GHI principle of strengthening health systems, which for GHI/DR, includes "enhanced distribution, training and supervision of human resources."

Technical Area Summary Indicators and Targets

Future fiscal year targets are redacted.

Indicator Number	Label	2013	Justification
P1.1.D	P1.1.D Percent of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	n/a	Redacted
	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	64,000	
P1.2.D	P1.2.D Number and percent of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery	100 %	Redacted
	Number of HIV-positive pregnant women who received antiretrovirals (ARVs) to reduce risk of mother-to-child-transmission	450	
	Number of HIV-	450	

	positive pregnant women identified in the reporting period (including known HIV-positive at entry)		
	Life-long ART (including Option B+)		
	Maternal triple ARV prophylaxis (prophylaxis component of WHO Option B during pregnancy and delivery)		
	Maternal AZT (prophylaxis component of WHO Option A during pregnancy and deliverY)		
	Single-dose nevirapine (with or without tail)		
	Newly initiated on treatment during current pregnancy (subset of life-long ART)		
	Already on treatment at the beginning of the current pregnancy (subset of life-long ART)		
	Sum of regimen type disaggregates		
	Sum of New and		

	Current disaggregates		
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions	n/a	Redacted
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV (PLHIV) interventions	4,720	
P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards	129,766	

	required		
P8.2.D	P8.2.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	65,242	
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the	n/a	Redacted

	minimum standards required		
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	80,124	
	By MARP Type: CSW	25,146	
	By MARP Type: IDU	100	
	By MARP Type: MSM	17,324	
	Other Vulnerable Populations	37,554	
	Sum of MARP types	80,124	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	29,515	Redacted
	By Age/Sex: <15 Male	376	
	By Age/Sex: 15+ Male	10,294	
	By Age/Sex: <15 Female	483	
	By Age/Sex: 15+ Female	18,347	
	By Sex: Female	18,845	
	By Sex: Male	10,670	
	By Age: <15	874	
	By Age: 15+	28,641	
	By Test Result:	22,586	

	Negative		
	By Test Result: Positive	462	
	Sum of age/sex disaggregates	29,500	
	Sum of sex disaggregates	29,515	
	Sum of age disaggregates	29,515	
	Sum of test result disaggregates	23,048	
C1.1.D	Number of adults and children provided with a minimum of one care service	27,168	Redacted
	By Age/Sex: <18 Male	2,206	
	By Age/Sex: 18+ Male	7,251	
	By Age/Sex: <18 Female	4,236	
	By Age/Sex: 18+ Female	13,475	
	By Sex: Female	17,711	
	By Sex: Male	9,457	
	By Age: <18	6,642	
	By Age: 18+	20,726	
	Sum of age/sex disaggregates	27,168	
	Sum of sex disaggregates	27,168	
	Sum of age disaggregates	27,368	
C2.1.D	Number of HIV-positive individuals receiving a	6,993	Redacted

	minimum of one clinical service		
	By Age/Sex: <15 Male	156	
	By Age/Sex: 15+ Male	3,157	
	By Age/Sex: <15 Female	160	
	By Age/Sex: 15+ Female	3,520	
	By Sex: Female	3,680	
	By Sex: Male	3,313	
	By Age: <15	316	
	By Age: 15+	6,677	
	Sum of age/sex disaggregates	6,993	
	Sum of sex disaggregates	6,993	
	Sum of age disaggregates	6,993	
C2.2.D	C2.2.D Percent of HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis	9 %	Redacted
	Number of HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis	599	
	Number of HIV-positive individuals receiving a minimum of one clinical service	6,993	
C4.1.D	C4.1.D Percent of infants born to	99 %	Redacted

	HIV-positive women who received an HIV test within 12 months of birth		
	Number of infants who received an HIV test within 12 months of birth during the reporting period	720	
	Number of HIV-positive pregnant women identified in the reporting period (include known HIV-positive at entry)	730	
	By timing and type of test: virological testing in the first 2 months	120	
	By timing and type of test: either virologically between 2 and 12 months or serology between 9 and 12 months	600	
T1.1.D	Number of adults and children with advanced HIV infection newly enrolled on ART	95	Redacted
	By Age: <1	2	
	By Age/Sex: <15 Male	1	
	By Age/Sex: 15+ Male	43	
	By Age/Sex: <15 Female	3	
	By Age/Sex: 15+	46	

	Female		
	By: Pregnant Women	19	
	Sum of age/sex disaggregates	93	
T1.2.D	Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART)	1,178	Redacted
	By Age: <1	5	
	By Age/Sex: <15 Male	21	
	By Age/Sex: 15+ Male	532	
	By Age/Sex: <15 Female	27	
	By Age/Sex: 15+ Female	593	
	Sum of age/sex disaggregates	1,173	
T1.3.D	T1.3.D Percent of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy	n/a	Redacted
	Number of adults and children who are still alive and on treatment at 12 months after initiating ART	0	
	Total number of adults and children who initiated ART in the 12 months prior to	0	

	the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up.		
	By Age: <15	0	
	By Age: 15+	0	
	Sum of age disaggregates	0	
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	849	Redacted
H1.2.D	Number of testing facilities (laboratories) that are accredited according to national or international standards	12	Redacted
H2.2.D	Number of community health and para-social workers who successfully completed a pre-service training program	1,181	Redacted
H2.3.D	The number of health care workers who successfully completed an in-service training program	8,214	Redacted
	By Type of Training:	0	

	Male Circumcision		
	By Type of Training: Pediatric Treatment	425	

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
6166	PROFAMILIA	NGO	U.S. Agency for International Development	GHP-USAID	131,269
7575	University of North Carolina	University	U.S. Agency for International Development	GHP-USAID	215,000
10643	Partners in Health	NGO	U.S. Agency for International Development	GHP-USAID	210,225
11957	Foundation for Innovative New Diagnostics	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	600,000
11959	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	200,000
11962	HARTLAND ALLIANCE	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and	GHP-State	500,000

			Prevention		
11963	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	50,000
11967	Population Services International	NGO	U.S. Agency for International Development	GHP-USAID	1,000,000
11969	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	241,500
11971	Partnership for Supply Chain Management	Private Contractor	U.S. Agency for International Development	GHP-USAID	550,000
11972	IntraHealth International, Inc	NGO	U.S. Agency for International Development	GHP-USAID	800,000
12928	Management Sciences for Health	NGO	U.S. Agency for International Development	GHP-USAID	950,000
13310	Centro de Orientacion e Investigacion Integral	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	300,000

13334	Population Services International	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	600,000
13417	ENTRENA S.A	Private Contractor	U.S. Agency for International Development	GHP-USAID	1,000,000
13507	Ministry of Health, Dominican Republic	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,055,000
13509	UNIVERSITY OF PUERTO RICO	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	350,000
14594	U.S. Peace Corps	Other USG Agency	U.S. Peace Corps	GHP-State	526,062
14721	Fundacion Genesis	NGO	U.S. Department of Defense	GHP-State	0
14722	U.S. Department of Defense (Defense)	Other USG Agency	U.S. Department of Defense	GHP-State	0
14760	ICF Macro	Private Contractor	U.S. Agency for International Development	GHP-USAID	100,000
16629	Population Services	NGO	U.S. Department of Defense	GHP-State	0

	International				
16630	Johns Hopkins University Bloomberg School of Public Health	University	U.S. Department of Defense	GHP-State	0
17002	John Snow Inc (JSI)	Implementing Agency	U.S. Agency for International Development	GHP-USAID, GHP-State	1,550,000
17004	Management Sciences for Health	NGO	U.S. Agency for International Development	GHP-State	129,646

Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 6166	**Mechanism Name: PROVIDE ACCESS TO CD4 TEST IN THE NORTHERN PROVINCES**
Funding Agency: U.S. Agency for International Development	Procurement Type: Grant
Prime Partner Name: PROFAMILIA	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 131,269	
Funding Source	**Funding Amount**
GHP-USAID	131,269

Sub Partner Name(s)

(No data provided.)

Overview Narrative

USAID support to PROFAMILIA, the local IPPF affiliate, will contribute to achieve DRPF Goal Area 4, Integrated Attention. They fill a critical gap in the health system by providing access to CD4 tests for patients in 14 of the Northern provinces. PROFAMILIA will design and begin implementing a sustainability plan, including a source for generating revenue. Violence against women has reached epidemic proportions in the Dominican Republic. Although recent statistics are not available, in 2007, more than 11,886 cases of domestic abuse were registered (10,236 against women and children and 1,629 against men). It is unknown how many children have been orphaned because of this. The 2007 DHS module on domestic violence reported that 20% of all women questioned had received physical punishment from their husband or partners since they were fifteen years old, and 10% had in the last twelve months. And 45.1 percent stated that their partners were responsible for the abuse. Also, pregnant women living with HIV have been reluctant to disclose their status to their partners; because they fear economic sanction or that they and their children will be abandoned, abused or killed. The DR enacted Law 24-97 to protect victims of gender-based violence. It classified the different types of violence and sanctions for offenders. The Secretary for Women Affairs and the Office of the Prosecutor Women's Defense Office, have established legal and

emotional services for victims. However, the system is weak and most women that have been killed since 1997 had access to these services but were not protected by them. Their killers were admonished or freed with the promised that they would not stalk their spouses any more.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**6166**
Mechanism Name:	**PROVIDE ACCESS TO CD4 TEST IN THE NORTHERN PROVINCES**
Prime Partner Name:	**PROFAMILIA**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	131,269	0

Narrative:

In the year 2004, one of our local NGOs, PROFAMILIA received a small grant from USAID/DR to develop a strategic plan and a training module both for the judiciary system, police force and the educational system. Although this activity was successful as a pilot project, the number of victims has continued to rise through the years.

As a result USAID/DR has taken the decision to fund PROFAMILIA to carry-out prevention and care activities in order to reduce the number of women and children that are victims of domestic violence, whether as a result of disclosure or to prevent that they become infected with AIDS or a STI.

Although no investigation have linked domestic violence to women and children occurring in the country to disclosure of the HIV status, USAID/DR feels that a unknown proportion may be caused by this action. It is also important to understand that because of the power relation that exists between men and women, it is not easy for women in union or married to negotiate condom use, even if they are aware that their partners may have other concurrent partners.

Through this activity, PROFAMILIA will provide support to improve counseling services in two principal hospitals (in Santiago and Santo Domingo), strengthen peer counseling in the hospitals through the network of person living with HIV/AIDS in order to link these women to the services available in the community, especially to those in need of referral to the judicial and protection services. Coordinate with organizations that support and train women in income generation activities for abused women. Collaborate with the judicial services to strengthen awareness of the situation of domestic violence and sexual abuse and strengthen available shelters and temporary housing to create a safe haven for abused women and children.

Implementing Mechanism Details

Mechanism ID: 7575	**Mechanism Name: MEASURE/TA FOR M&E**
Funding Agency: U.S. Agency for International Development	Procurement Type: USG Core
Prime Partner Name: University of North Carolina	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 215,000	
Funding Source	**Funding Amount**
GHP-USAID	215,000

Sub Partner Name(s)

John Snow Inc (JSI)		

Overview Narrative

In support of Goal Area 1, Public Policies for a Sustainable National Response, of the Dominican Republic

Partnership Framework, MEASURE Evaluation will support the government to implement the Single Unified Monitoring and Evaluation System (SUME) and strengthen the Monitoring and Evaluation capacity of local partners. The SUME system is mandated by the HIV/AIDS law and was developed in collaboration with the National Council on HIV/AIDS (CONAVIHSIDA). The system collects monitoring and evaluation information from the public, private and non-profit sectors. MEASURE will continue to participate in the national HIV Monitoring and Evaluation (M&E) Technical Working Group (TWG) to provide technical assistance to the government and local partners. In order to become more cost efficient, MEASURE will shift from the intensive launch of the SUME system to focus on specific issues related to implementing the system. Over time, CONAVIHSIDA will build the capacity to take on more of these technical assistance responsibilities in order to make the impact more sustainable. Furthermore, MEASURE will continue to actively build the management and technical capacity of the Center of Demographic Studies (CESDEM) to conduct Data Quality Audits (DQAs) in order to transition support directly to CESDEM.

Cross-Cutting Budget Attribution(s)

Key Populations: FSW	75,000
Key Populations: MSM and TG	75,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7575**
Mechanism Name:	**MEASURE/TA FOR M&E**
Prime Partner Name:	**University of North Carolina**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Governance and Systems	HVSI	215,000	0

Narrative:

The overall goal of MEASURE Evaluation's support is to improve the monitoring and evaluation capacity of the government and local partners. It will do so by supporting CONAVIHSIDA to implement the SUME system, participating in the national HIV M&E TWG, training local partners in M&E, and supporting DQAs. The SUME system will facilitate the collection, management, analysis, and use of monitoring and evaluation data by the GODR so it can properly exercise its role as steward of the health system. Furthermore, MEASURE's training of local partners will build their capacity to collect, analyze and use monitoring and evaluation data. And lastly, support to CESDEM on technical and management issues will ensure the existence of an independent entity providing high-quality data. In addition to MEASURE's support, both the Technical Assistance mechanism and the Umbrella mechanism are expected to build the capacity of local organizations to use the SUME system.

Implementing Mechanism Details

Mechanism ID: 10643	**Mechanism Name: STRENGTHEN HIV/AIDS PREVENTION, TREATMENT AND CARE SERVICES IN BORDER PROVINCES**
Funding Agency: U.S. Agency for International Development	Procurement Type: Grant
Prime Partner Name: Partners in Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 210,225	
Funding Source	**Funding Amount**
GHP-USAID	210,225

Sub Partner Name(s)

(No data provided.)

Overview Narrative

USAID will continue to support Partners in Health to improve linkages and referrals to community and clinical

services on both sides of the Dominican and Haitian Border. This mechanism contributes to achieving Goal Area 3: Promotion and Prevention; and Goal Area 4: Integrated Care and Treatment. This mechanism supports work being conducted in the province of Elias Pina with referrals to the regional hospital in San Juan de la Maguana. Partners in Health will complement our support from other sources in order to conduct work in the Central Plateau of Haiti. Rather than implementing parallel programs, Partners in Health will work in close coordination with the government run primary healthcare clinics, municipal hospitals, the provincial hospital, and the regional hospital in order to become more cost effective over time and to ensure sustainability. The project is providing technical assistance to the provincial and municipal hospitals while simultaneously expanding the reach of these hospitals into the communities in order to strengthen HIV prevention, care, and treatment. Partners in Health has an approved Performance Management Plan and will report indicators through the GODR Single Unified Monitoring and Evaluation System. Because of the need to travel to manage multiple local organizations, the project will soon purchase a vehicle.

Cross-Cutting Budget Attribution(s)

Gender: GBV	10,000
Gender: Gender Equality	10,000
Key Populations: FSW	10,000

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support

Mobile Population

TB

Budget Code Information

Mechanism ID:	**10643**

Mechanism Name:	STRENGTHEN HIV/AIDS PREVENTION, TREATMENT AND CARE
Prime Partner Name:	SERVICES IN BORDER PROVINCES Partners in Health

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	60,225	0

Narrative:

The project works in coordination with the provincial hospital, municipal hospitals, and primary healthcare clinics in order to strengthen the clinical care component of the project. Furthermore, leveraging the linkages to the community, the project is also implementing community approaches to HIV care and support. A particular target of the care program will be mobile populations. Partner in Health's reach across the border will ensure improved follow-up with patients that frequently move back and forth across the border. Partners in Health will provide active supervision in both facilities and the communities to in order to optimize the quality of care.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	50,000	0

Narrative:

The project is supporting the implementation of PITC in the clinical context, specifically the integrating HIV testing with MCH and TB services. Furthermore, efforts at the community level increasing demand for HIV testing and counseling as well as being complemented by outreach testing and counseling. Populations being specifically targeted include sex workers and their clients and mobile populations, which are particularly vulnerable to HIV infection along the border region. The project reached 2,300 women in 2011 and will reach 2,490 persons with testing and counseling 1,967 will be women. The project will train 10 people in HIV testing and counseling in order to expand the reach of testing and counseling. The project will leverage linkages to the community and clinical settings in order to provide effective referrals to prevention, care, and treatment programs. The project works in coordination with the provincial hospital, the provincial health directorate (the steward at the local level), and the regional health directorate (responsible for service provision in the region) to strengthen routine collection of data and monitoring quality. Furthermore, the project actively supervises its own community health workers to optimize the quality and robustness of prevention activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	50,000	0

Narrative:

The populations targeted under this project will be sex workers, clients of sex workers, and mobile populations. Due to the unique dynamic of the border region, all three of these groups are particularly vulnerable to HIV

infection and are being targeted with a comprehensive package of prevention services. The project works in coordination with the provincial hospital, the provincial health directorate (the steward at the local level), and the regional health directorate (responsible for service provision in the region) to strengthen routine collection of data and monitoring quality. Furthermore, the project actively supervises its own community health workers to optimize the quality and robustness of prevention activities. The prevention activities will leverage linkages to other community and clinical care and treatment programs in order to provide a more comprehensive package of services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	50,000	0

Narrative:

The PMTCT component focuses on preventing vertical transmission of HIV in the Elias Pina province. The program is strengthened by its cross border reach which ensures continuity of care for persons traveling back and forth across the border. The project aims to reach 920 women with HIV testing and counseling and provide ARVs for 8 women. Partners in Health will work closely with the government run primary health care clinics, municipal hospitals, provincial hospital, and regional hospital in order to improve the quality of care provided. Leveraging Partner in Health's reach into the community, the PMTCT component will be linked to community care and prevention programs. The project will actively monitor PMTCT participation by comparing hospital records to documentation collected by community health workers in order to ensure optimal adherence.

Implementing Mechanism Details

Mechanism ID: 11957	**Mechanism Name: Strengthening clinical laboratories in the Dominican Republic**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Foundation for Innovative New Diagnostics	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 600,000	
Funding Source	**Funding Amount**
GHP-State	600,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Goal: Develop and implement a National Quality Management System at National Reference Laboratory (NRL) and at MoH prioritized hospitals with the aim of guiding these laboratories towards accreditation.

Objectives:

• Increase the number of mentors and assessors from the MoH/NGO/private sectors trained on QMS nationwide, to be able to do supportive supervision at all levels of the lab network.

• Obtain accreditation of the NRL, under WHO/CDC guidelines.

• Train, equip, and make needed renovations at the NRL to further develop the reagent and equipment validation department, related to HIV/ STD testing and new technologies.

• Continue trainings at selected laboratories in MoH hospitals in equipments maintenance and calibration

• Continue support to NRL's EQA on HIV, Hep B, C, syphilis and increase tests on PT External Proficiency Testing.

• Implement a larger scale EQCP on HIV serology, from the NRL, with DTS, including training materials, monitoring and mentoring supervision.

Geographic Coverage & Target Population: Activities will focus on the National Reference Laboratory and prioritized MoH laboratories within the Dominican Republic.

Cost Effectiveness: To ensure cost effectiveness, improve efficacy and minimize service interruption, staff will be training at each of the participating sites.

Transition: The training and related laboratory activities will be delivered jointly with the Ministry of Health National Directorate of Laboratories. The joint training and activities will help ensure host country ownership and sustainability of quality laboratories.

Monitoring and Evaluation: Design and implement a monitoring and evaluation system to verify movement towards accreditation for the National Reference Laboratory and the MoH prioritized hospi

Cross-Cutting Budget Attribution(s)

Human Resources for Health	350,000

TBD Details

(No data provided.)

Key Issues

Child Survival Activities
Military Population
Mobile Population
Safe Motherhood
TB

Budget Code Information

Mechanism ID:	11957		
Mechanism Name:	Strengthening clinical laboratories in the Dominican Republic		
Prime Partner Name:	Foundation for Innovative New Diagnostics		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HLAB	600,000	0

Narrative:

The USG will support the Dominican Republic MoH to develop and implement a National Quality Management System at the National Reference Laboratory and prioritized MoH hospitals, guiding these laboratories towards accreditation. A National Quality Management System will provide sustainable, quality laboratory systems, with a trained workforce and the resources needed for oversight to maintain quality national laboratory programs. The joint training and activities will help ensure host country ownership and sustainability of quality laboratory systems. This will help to ensure the continuity of quality laboratories after PEPFAR, including an accredited National Reference Laboratory.

MoH laboratory infrastructure strengthening activities will focus on the National Reference Laboratory and prioritized MoH laboratories within the Dominican Republic. The training and related laboratory activities will be delivered jointly with the Ministry of Health National Directorate of Laboratories. The joint training and activities will help ensure host country ownership and sustainability of quality laboratories. In addition, the trained personnel will be able to support the Province and Regional Heath Center Directors by offering training to other laboratory. The monitoring and evaluation system will assess movement towards meeting targets of having 30 additional laboratories (including 5 NGOs) implementing External Quality Control Programs on HIV serology,

25 additional laboratorians trained in basic equipment maintenance and calibration, and two (2) engineers trained in the maintenance and calibration of Biosafety cabinets and other more sophisticated laboratory equipment. The M&E plan will also assess the extent to which laboratories move towards obtaining accreditation.

Implementing Mechanism Details

Mechanism ID: 11959	**Mechanism Name: Increasing the Strategic Information Capacity in the Dominican Republic**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: USG Core
Prime Partner Name: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 200,000	
Funding Source	**Funding Amount**
GHP-State	200,000

Sub Partner Name(s)

COPRESIDA		

Overview Narrative

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

With CDC's TA, the MoH's developed a more efficient, comprehensive tool for case notification and follow up, integrating case overall notification required information. This resulted in the development of a web-based information system that will allow internet based case notification at the National level. CDC's will provide TA and training of local epidemiologists. Efforts will be made to integrate private sector which have traditionally been

left out of provincial surveillance systems.

In M&E, the CDC will build upon its current efforts to continue to provide support to the MOH for the development and implementation of a national M&E system for STI, HIV/AIDS. Great progress has been to develop an inter-institutional technical working group for M&E, and harmonization of key indicators to be included in the national set.

At this time the MoH is strengthening the local capacity for M&E at Regional and provincial levels, adjusting information systems and data collection tools to ensure the availability of timely, quality data for program monitoring. This will involve the training of provincial authorities, health personnel and NGO representatives involved in the provision of both clinical and community-level services at the local levels.
Support to the strengthening of health information systems will be closely aligned to the initiatives described above lead by the MoH.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	150,000

TBD Details

(No data provided.)

Key Issues

Child Survival Activities
Military Population
Mobile Population
Safe Motherhood
TB

Budget Code Information

Mechanism ID:	11959
Mechanism Name:	Increasing the Strategic Information Capacity in the Dominican Republic
Prime Partner Name:	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	200,000	0

Narrative:

1) Surveillance

In support for the MoH's Epidemology Directorate, CDC will work to aid in the implementation of comprehensive surveillance systems that will allow for improvement of case notification in STI, HIV and TB at the National level. This will include:

1.1- Support for training of epidemiologists at the provincial and health facility levels.

1.2- Provision of equipment (computers, printers, etc) in target provincial offices and health facilities.

1.3- Support in the continued development and refinement of electronic system that will facilitate case notification and analysis of information. This will also include development of manuals to guide use of the system.

2) HMIS

Effort will be focused on aiding in the improvement of information systems at the Central, Regional and local (provincial and health facility) levels to ensure access to quality data.

2.1 Assessment of current information systems together with GODR

2.2 Continue to develop and implement plans together with inter-institutional technical working group to address weaknesses identified in HIS.

2.3 Revision and adjustment of instruments used for primary data collection and consolidation of data at the Regional/provincial and National levels, as needed. This will be conducted in partnership with the MoH and in collaboration with Global Fund, UNAIDS, PAHO and other collaborators.

2.4 Training of health authorities and providers on data collection in selected pilot sites.

3) M&E

3.1 TA and support for the development of a National M&E plan, with targets and harmonized set of indicators.

3.2 Review and adjustment of Regional/provincial work plans to ensure that activities focused in STI and HIV/AIDS are included.

3.3 Development of M&E plans in select Regions with Regional and provincial authorities and local health care providers. These plans should also take into account the efforts of private sector and NGOs.

3.4 Support for Regional workshops together with GoDR program managers to facilitate capacity building in data analysis and the use of data for decision making.

3.5 Development of tools to aid provincial and regional authorities in supervision of STI and HIV/AIDS services.

Implementing Mechanism Details

Mechanism ID: 11962	**Mechanism Name: Providing HIV prevention activities to MARPS (Men who have Sex with Other Men)**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: HARTLAND ALLIANCE	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 500,000	
Funding Source	**Funding Amount**
GHP-State	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Goal: To reduce the impact of HIV/AIDS on MSM and their sexual partners by strengthening local capacity to reach MSM at grassroots with key, high-quality HIV prevention and support services.

Objectives:

- Improve the organizational and technical capacity of grassroots MSM-focused organizations to ensure sustainable access to quality HIV services.

- Develop strong local infrastructure for the implementation of MSM-targeted programming beyond the life of this program.

- Reach MSM and their partners with appropriate prevention messages using a network of trained and supported Outreach Coordinators and Peer Educator volunteers.

- Develop service outlets and training outreach workers to provide MSM-sensitive community-based palliative care.

- Create an enabling policy environment by supporting the capacity of MSM organizations to advocate for MSM-friendly health policy, applying human rights principles to health policy development.

Geographic coverage & target population: CDC will continue to support its partner Heartland Alliance to implement evidence-based prevention programs for MSM living in Santo Domingo, Barahona and Santiago during

FY 2013. This NGO will continue implementing their face to face interventions with Gay Men, Transgender and other MSM at gay-friendly meeting places.
Transition Strategy: Heartland Alliance will continue to provide administrative and programmatic capacity building to 10 sub partner NGOs and working on the development and strengthening of their organizational competences for policy change and advocacy. M&E: There will be continuous monitoring of program implementation and activities to track progress on achievement of objectives and targets. Information generated from this process will inform the program on the resources used an

Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000
Key Populations: MSM and TG	400,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Mobile Population

Budget Code Information

Mechanism ID:	**11962**
Mechanism Name:	**Providing HIV prevention activities to MARPS (Men who have Sex with Other Men)**
Prime Partner Name:	**HARTLAND ALLIANCE**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	500,000	0

Narrative:
In FY2013, CDC will continue to support evidence-based prevention programs, including STI services for MSMs living in Santo Domingo, Santiago and Barahona, and Transgenders in Santo Domingo. *CDC funded a formative evaluation targeting gay, transgender and MSM populations in 2011 with the goal to collect information that could complement existing data on MSM with the aim to tailor behavior change interventions to prevent HIV and other STIs. The evaluation also allowed us to explore the linkages between prevention and health care services for these groups and provide recommendations for their improvement. The report of this consultation will be used by Heartland Alliance and its sub-contractors to guide the development of prevention interventions targeting each relevant sub-group of MSM.* *Heartland Alliance has sub-contracted 10 small local non-government organizations that are part of a network of organizations that work with gay, transgender and homosexual persons. Heartland Alliance will continue to provide administrative and programmatic capacity building to these NGOs and work on the development and strengthening of their organizational competences for policy change and advocacy. Through the work of these partners the USG aims to reduce the impact of STIs, HIV/AIDS, stigma and discrimination in this population while promoting safer sex practices and improving access to health care services for Gay Men, Transgendered persons and other MSM in Santo Domingo and Santiago in the Dominican Republic.* *Activities include: face to face IEC interventions with Gay Men, Transgender and other MSM at gay-friendly meeting places including at some local universities and Integrated Care Service clinics (Servicios de Atención Integral –SAI – are clinics that offer HIV treatment and care services) in Santo Domingo, Santiago and Barahona; condoms and lubricants will also be distributed to persons participating in these meetings. In addition, these NGOs will work to identify Gay, Transgender or MSM with leadership potential for training and increasing awareness among peers and the increase awareness of the human right issues of this population with society as a whole through high-impact activities.*

Implementing Mechanism Details

Mechanism ID: 11963	**Mechanism Name: Increasing the Capacity for Early Infant Diagnosis in the Dominican Republic**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: USG Core
Prime Partner Name: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 50,000	
Funding Source	**Funding Amount**
GHP-State	50,000

Sub Partner Name(s)

Ministry of Health, Dominican Republic		

Overview Narrative

Goals: Strengthen the capacity for Early Infant Diagnosis (EID) at the National Reference Laboratory (NRL) of the MOH, increasing the availability of quality assured PCR DNA testing, CD4 and viral loads for children born to HIV+ mothers in the DR.

Objectives:
• Strengthen the GODR MOH's capacity to establish Quality Assurance Systems both at PMTCT and EID large volume hospitals to make a greater impact on the Quality of EID services in the DR.
• TA to improve the current transport/delivery system for EID and any other referred tests to the NRL, so that samples get tested and results reported, in a timely manner and under confidential conditions.
• Support to have updated and complete EID data available, for analysis and decision making, through a strengthened centrally-located EID data base at the NRL.
• TA for improvement of data collection and reporting of EID results at NRL as MOH's centralized site.

Geographic Coverage & Target Population: USG/CDC will work at main MoH maternities and pediatric hospitals, and other high volume regional, mainly in Region 0 (Santo Domingo) and II (Santiago), along the PMTCT working group.

Transition Strategy: USG will work closely with the MoH's Services Division, REDES, to improve the current transport lab network referral, linked to the NRL. This will establish a permanent system owned by the MOH.

Cost Effectiveness: Technical assistance will help assure that quality HIV serology and Syphilis rapid testing is

reported the same day. Laboratory procedures will enable pregnant women get their results during the same visit, and HIV positive cases to get immediate follow-up.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Child Survival Activities
Military Population
Mobile Population
Safe Motherhood

Budget Code Information

Mechanism ID:	**11963**
Mechanism Name:	**Increasing the Capacity for Early Infant Diagnosis in the Dominican Republic**
Prime Partner Name:	**U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	50,000	0

Narrative:

The USG/CDC will provide technical assistance (TA) to the GoDR to strengthen EID services by working primarily with the National Reference Laboratory (NRL), two large Maternities, and the main pediatric Hospital in Region 0. TA will expand to the largest volume regional hospitals and pediatrics centers in time.

TA will seek to support to the NRL to maintain their external quality assurance (EQA) Proficiency Program with CDC, CAP and WHO for HIV, EID PCR, HIV Viral Loads, CD4, Syphilis, and Hepatitis B and C serology and maintaining their Quality Assurance System. USG will work closely with the MoH to improve the collection and packaging of sample referrals and improve the lab network transportation referral, linked to the NRL to ensure that samples get to the NRL in adequate conditions. To ensure that results are reported in a timely manner, we will assist in improving the centrally-located EID data base at the NRL, using the data for planning and decision making and strengthening forecasting and procurement in order to reduce reagent stock-outs. Quarterly meetings will be held with the clinical and laboratory personnel from the maternity and pediatric hospitals and the NRL to share information, lessons-learned, to identify barriers, and to highlight good practices on the efficient use of laboratory support for effective PMTCT and EID service provision.

To improve data usage, the USG will work with the MoH to develop or improve the following: a standardized EID sample requisition form, a centrally-located EID data base at the NRL to improve PMTCT program data collection, and a plan for the routine reporting of data relevant to various programs of the MoH. A standardized monthly reporting form will be developed summarizing EID updated data to be used for decision making.

The MoH Laboratory Directorate will lead the process to develop Quality Assurance programs. This will include Standard Operating Procedures for Rapid HIV and RPR tests and supportive laboratory procedures and supervision including the correct usage of guidelines on HIV and EID algorithms.

Implementing Mechanism Details

Mechanism ID: 11967	**Mechanism Name: Expand comdon social marketing program.**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,000,000	
Funding Source	**Funding Amount**
GHP-USAID	1,000,000

Sub Partner Name(s)

Centro de Orientacion e Investigacion Integral	CEPROSH	MODEMU

Overview Narrative

In the context of the Dominican Republic Partnership Framework, USAID's support to PSI will contribute to achieving Goal Area 1, Public Policies, and Goal Area 3, Promotion and Prevention. Through the life of the Condom Social Marketing Project 2011-2014, PSI will distribute 15 million condoms per year through its total market approach. In addition to expanding access to condoms, PSI will also create condom demand by implementing behavior change interventions targeting MSM, Sex Workers, Clients of Sex Workers, youth, and residents of bateyes (sugar cane plantations). PSI will continue to work with GODR's Contraceptive Security Committee to develop and implement a national condom policy stipulating responsibilities of the GODR and the commercial sector to comply with national AIDS legislation (e.g., no import duties on condoms). Policy development will also include helping the GODR to develop the skills to be able to forecast the quantity of condoms required by each target population and establishing responsibilities for financing, procuring and distributing condoms within the public sector. By taking a total market approach, PSI will look to transition persons from free to subsidized to full-priced condoms. Furthermore, by coordinating with Haiti, it will also mitigate the risk of condom leakage across the border. Through the life of the project, PSI will train local organizations to create sustainability in their condom social marketing strategies. In order to monitor and evaluate performance, the project will use surveys, sales reports and reports measuring both outputs and outcomes.

Cross-Cutting Budget Attribution(s)

Gender: Gender Equality	5,000
Key Populations: FSW	750,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Family Planning

Budget Code Information

Mechanism ID:	**11967**
Mechanism Name:	**Expand comdon social marketing program.**
Prime Partner Name:	**Population Services International**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,000,000	0

Narrative:

PSI will target specific vulnerable populations including MSM, Sex Workers, Youth and Residents of Bateyes with condom promotion and distribution activities. Condom use remains quite low in these populations, so emphasis will be placed not only on access to condoms, but also on creating demand within these vulnerable groups. PSI will leverage Peace Corps Volunteers and other implementing partners, including local organizations supported by USG, to expand the reach of its program.

Implementing Mechanism Details

Mechanism ID: 11969	**Mechanism Name: Improving the Quality of HIV Testing in PMTCT Programs**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: USG Core
Prime Partner Name: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 241,500	

Funding Source	Funding Amount
GHP-State	241,500

Sub Partner Name(s)

Ministry of Health, Dominican Republic		

Overview Narrative

Goals:

• To improve the quality of HIV testing in PMTCT Programs in the Dominican Republic, by assuring timely availability of HIV and Syphilis same day results at PMTCT clinics, in alignment with recently updated EID/PMTCT guidelines on both congenital HIV and Syphilis prevention.

Objectives:

• To update the HIV testing guidelines, to incorporate the use of a standardized logbook for HIV tests processes and results.

• To provide emergency wards at main maternities with basic laboratory infrastructure to be able to report HIV and Syphilis quality rapid tests, with quality and in a timely manner.

• To improve sample referral transport and delivery for CD4, HIV viral loads and EID testing.

GC: The target population to be addressed includes pregnant women who visit the antenatal clinics and emergency wards at the two largest maternity hospitals, and at the high volume hospitals located in the poorest neighborhoods in Region 0, Region I, Region II , Region V , and Region VIII.

TS: The participating laboratories will enroll in the first group of the External Quality Assurance Program for HIV serology, from the NRL, to further become hubs for their regions, in trainings and as leaders, to make these changes sustainable and cost-efficient over time.

CE: By integrating a Quality Assurance System at these laboratories, lead by the Lab Directorate of MOH, the whole institution will benefit from waste management and biosafety measures implemented, as well as mentors, staff trainings, establishing standardized protocols at all levels, and improvements in plan designs.

M&E: Periodic review of standardized HIV tests logbook and direct feedback to lab supervisors and staff.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	50,000

TBD Details

(No data provided.)

Key Issues

Child Survival Activities
Mobile Population
Safe Motherhood

Budget Code Information

Mechanism ID:	**11969**
Mechanism Name:	**Improving the Quality of HIV Testing in PMTCT Programs**
Prime Partner Name:	**U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	241,500	0

Narrative:

USG will continue to provide technical assistance (TA) and advocate for the provision of same-day HIV and syphilis test results through a series of activities, such as the validation of HIV reagents that are available in the country; development of an official HIV testing algorithm to be implemented within PMTCT, and TA to switch over to RPR instead of VDRL for syphilis diagnosis. The USG will provide TA to ensure quality testing. To accomplish this objective, an external quality assurance (EQA) program for HIV serology will be rolled out initially in the 10 PEPFAR PMTCT priority hospitals including the two largest maternities. This EQA program will also focus on strengthening the management system and personnel in the processing and reporting of HIV results. This initiative works in parallel and has synergies with the SLMTA initiative also taking place, which focuses on human resources strengthening at maternity and high-volume hospitals.

Through this implementing mechanism, the USG/CDC will focus on strengthening testing within the PMTCT in Region 0. This includes the assurance that HIV and syphilis testing is conducted at labor and delivery at the main maternity hospitals and the development of an ER laboratory. TA also will be provided to strengthening the CD4 and viral load sample transport system, as well forecasting and procurement to reduce stockouts in the country. In

addition, the USG will advocate and provide TA for the MOH to switch from VDRL to RPR for syphilis testing/diagnosis within PMTCT hospitals, since it is a rapid test recommended by CDC. *As part of the overall USG effort, the CDC will provide TA in the implementation of the new HIV testing guidelines and standardized logbook released by the MOH (DIGECITSS). CDC will also provide TA on the updated National Quality Norms, revised last year with support from CDC, recently released by the MoH viceMinistry of Quality. The USG/CDC will also facilitate quarterly meetings with regional hospitals to share lessons learned, barriers and successes in their PMTCT programs, as well as sharing programmatic information. These meetings will be coordinated with DIGECITSS and the National Reference Laboratory.*

Implementing Mechanism Details

Mechanism ID: 11971	**Mechanism Name: Providing access to quality diagnostic tests for HIV/AIDS patients.**
Funding Agency: U.S. Agency for International Development	Procurement Type: USG Core
Prime Partner Name: Partnership for Supply Chain Management	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 550,000	
Funding Source	**Funding Amount**
GHP-USAID	550,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

USAID will provide funds for the centrally managed Supply Chain Management Systems mechanism to procure HIV Rapid test kits; reagents for EID and CD4 tests; and ARVs on an emergency basis to avoid stock-outs. Procuring HIV rapid tests and laboratory supplies will improve access to quality counseling and testing services. 180,000 HIV test kits will be procured during this year. This activity fits with the Partnership Framework Implementation Plan, addressing the need identified in the plan to address the low access to HIV testing. This is due to stock outs of rapid tests and local purchase of tests which are not validated. This mechanism seeks to address these needs, in

conjunction with the activity to strengthen procurement systems described in the Management Sciences for Health mechanism.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**11971**		
Mechanism Name:	**Providing access to quality diagnostic tests for HIV/AIDS patients.**		
Prime Partner Name:	**Partnership for Supply Chain Management**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVCT	550,000	0
Narrative:			
SCM will procure HIV/test kits and confirmatory kits according to the PFIP agreement made with the GODR.			

Implementing Mechanism Details

Mechanism ID: 11972	**Mechanism Name: CapacityPlus**
Funding Agency: U.S. Agency for International Development	Procurement Type: USG Core
Prime Partner Name: IntraHealth International, Inc	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 800,000	
Funding Source	**Funding Amount**
GHP-USAID	800,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The MOH employs approximately 57,000 health and administrative workers. Additional health staffs are employed by the Dominican Armed Forces (DAF), the Social Security Institute (IDSS) and the Teachers Health Insurance System (SEMMA), and the private for-profit and non-profit Sectors. The GODR estimates that 6 percent of its 57,000 workers are in the process of retiring (some are over 80 years old) and the government doesn't know where another six to seven percent of its employees are. In addition, a comparison of different MOH payrolls showed that 40% of all health workers appear on at least four payrolls and another 30% on at least three. This may explain the significant staff shortages found in remote or rural health services. Conversely, health facilities in and around the major cities have staff surpluses. A recent study on use of staff time in hospitals found that doctors who are contracted and paid for six hours of services, in fact only provide two hours. USAID/DR provides support to the MOH to develop a HR system needed to manage its workforce to perform effectively. This work includes developing new legislation to create a public health career and health worker career paths. This legislation was developed, with the support of the Ministries of Public Administration and of Public Health, and was discussed in a forum attended by representatives from 87 organizations, including members of Congress. This addresses the health sector's human resources as a means to ensure good governance. The law approved by the Senate is awaiting approval by Congress. In addition, Capacity Plus provides TA to develop HR policies, HR structures at all levels, position descriptions for staff at each hospital level and the corresponding salary scales.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	600,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	11972		
Mechanism Name:	CapacityPlus		
Prime Partner Name:	IntraHealth International, Inc		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	550,000	0

Narrative:

During 2013 CAPACITY Plus will continue to reinforce the importance of country-led implementation, provide TA and other support to the MOH to implement the new Public Health Career Law, and support the MOH to develop the HR departments needed at the central level and in least in three regions. It will also support the MOH to increase transparency in the payroll system, unify the different payrolls and implement a Human Resource System that will include the elemental HR functions, such as position descriptions, salary scales, supervision and evaluation, training plans and promotions to ensure health worker retention, transparency and accountability. All of this will translate into better access to care and improved health outcomes.

The CAPACITY PLUS local office will also train the HR staff at the various levels, so they will have the necessary tools and knowledge to implement the Human Resource System.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	250,000	0

Narrative:

To ensure that the impact of strengthening human resource management is felt directly in improvements to HIV service delivery, the project will work with the MOH on the design and rollout of supportive site supervision with the 16 hospitals prioritized in the national strategy for elimination of mother to child transmission of HIV and

congenital syphilis. The consultation report by the PEPFAR PMTCT TWG visit in January 2013 recommended that supportive site supervision is a critical gap that PEPFAR could help to fill. Benefits of investing in supportive supervision include: (1) Improvement in service quality; (2) Improvement in data quality; and (3) Standardized way to provide routine feedback on program performance.

Implementing Mechanism Details

Mechanism ID: 12928	**Mechanism Name: MSH/SPS to provide TA and support to MOH to implement a unified and procurement system for pharmaceuticals and commodities necessary for health services.**
Funding Agency: U.S. Agency for International Development	Procurement Type: USG Core
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 950,000	
Funding Source	**Funding Amount**
GHP-USAID	950,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

USAID will continues to provide support to MSH for the implementation of a unified procurement and logistics system. This activity includes training of human resources at all levels. In 2010, the GODR announced the implementation of a single purchasing system for medications for public health sector services, known by its Spanish acronym SUGEMI. This provides opportunities to streamline purchasing of medications, increase availability, reduce stock-outs and reduce costs. Improving treatment for patients with HIV requires strengthening of forecasting, planning and sustainability. This mechanism addresses the need to improve supply chain management highlighted in the Partnership Framework Implementation Plan. This mechanism aims to develop and strengthen the national system, rather than creating a parallel system to support PEFAR activities. PROMESE, the GODR entity responsible for procurement, logistics, and distribution of essential medications and supplies has expressed a

commitment to improve its systems. This is an important step towards sustainability. It fits strongly with country ownership, and is an example of PEPFAR contributing to broader health system strengthening, while also directly benefitting the national HIV/AIDS and TB programs. System strengthening is critical for effective and sustainable programs and is a key focus of our regional strategic approach. The process, which was launched in 2008, has not been exempt from the complexities accompanying an intervention carried out within the framework of health sector reform and government decentralization. These constraints, which have been systematically and successfully addressed, can now serve as lessons.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000

TBD Details

(No data provided.)

Key Issues

Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

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

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Governance and Systems	HVSI	200,000	0

Narrative:

USAID/DR continues to support the implementation of a robust procurement and logistic system, which will include an information system that is sustainable and will provide quality, reliable and accurate data to help avoid stock-outs. This system will also provide information for decision-making.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	750,000	0

Narrative:

It addresses the barrier of inefficient procurement and supply chain management resulting in high costs for medications and stock outs which undermine program delivery. It addresses this barrier through supporting the development of a Single Unified Procurement and Logistics System. It turns a barrier into an opportunity by working to setup and strengthen a national system which will improve procurement across the health sector, in addition to preventing stock outs of ARV medication and other vital pharmaceutical supplies for the national HIV/AIDS response.

Implementing Mechanism Details

Mechanism ID: 13310	**Mechanism Name: Increasing Local Capacity to Provide HIV Prevention Services to Drug Users in the Dominican Republic**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Centro de Orientacion e Investigacion Integral	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 300,000	
Funding Source	**Funding Amount**
GHP-State	300,000

Sub Partner Name(s)

Pangaea		

Overview Narrative

Goal: Mitigate the impact of the HIV/AIDS/STD epidemic among drug users (DU) in the Dominican Republic.

Objectives:

• Improve the provision and quality of health services, especially sexual and reproductive health for DU and DU having other risk conditions (SW, MSM)

• Reduce high-risk behaviors related to HIV among DU in the targeted geographic areas.

• Strengthen CBOs and the Ministry of Health to develop strategies for HIV prevention in DU

• Promote the implementation of evidence-based strategies to improve the health of DU in targeted regions.

Geographic Coverage & Target Population: DUs in Santo Domingo, Santiago, Barahona and Higuey.

Transition Strategy: Over the 3 years of this project, COIN, in partnership with the MOH and other stakeholders, will strengthen coordination of services; identify new funding opportunities; exchange best practices; and work towards improving legislation to ensure basic human rights for drug using populations.

Cost Effectiveness: Promoting evidence-based prevention strategies with the concurrent participation of all involved stakeholders to improve the health of drug users in targeted regions will translate into the reduction of overlapping efforts, with better investment of resources.

M&E: Monthly visits to the Comprehensive Care Units, mobile clinics and groups of peer educators will be used to monitor the quality of interventions through the duration of the funding. Participating sites and sub-contracting partners will provide data on the number of DU reached with HIV testing and counseling services, number of DU treated at fixed or mobile clinics, number of DU referred through the referral system linking community services to and from clinical sites, and other indicators.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Mobile Population

Budget Code Information

Mechanism ID:	**13310**
Mechanism Name:	**Increasing Local Capacity to Provide HIV Prevention Services to Drug Users in the Dominican Republic**
Prime Partner Name:	**Centro de Orientacion e Investigacion Integral**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	300,000	0

Narrative:

In 2008, the Behavioral Surveillance Survey conducted by COPRESIDA (AIDS Presidential Counsel) in collaboration with the CDC/DR reported prevalence rates for HIV, syphilis, hepatitis B and hepatitis C among drug users (DU) of 8%, 10.6%, 3.2% and 2.4%, in four provinces (National District, Santiago, Barahona and Higuey). These rates were well above the national average and highlighted the need to institute effective prevention and care services specifically targeted for this population.

COIN was awarded funding in 2011 to work with DUs. COIN partnered with COPRESIDA and the MOH to develop normative guidance materials and provide training for MOH health care personnel and in two newly developed drug use treatment centers created by the National Council on Drug Use. VOLVER (subcontractor) will be in charge of training and the development of training materials and job aides. PANGAEA (subcontractor) will work to strengthen the institution capacity of all participating NGOs.

The key goals for FY2012 are to: 1) improve the provision and the quality of comprehensive health services for DU and DU with other risk factors (e.g.: SW, MSM) so that 60% of DU and overlapping MARP in targeted areas

receive HIV testing and counseling, STI screening and integrated treatment and prevention packages; 2) reduce high risk behaviors related to HIV and STIs among DU in the targeted areas so that 50% of DU will report knowledge of how preventive behaviors and would report reduction in the number of unprotected sexual encounters in the previous 3 months; 3) strengthen the capacity of CBOs and the MOH to implement evidence based interventions for HIV prevention among DU linking at least 10 provinces into a network of organizations that work with DU and 90% of staff and volunteers providing prevention services will receive standardized training. *The minimum package of services to be provided will include: communication strategies to promote behavior change through peer and community education; access to VCT services; educational and informational campaigns focused on drug using populations; access to condoms and water-based lubricants, access to STI diagnosis and treatment and referral to HIV care and treatment services.*

Implementing Mechanism Details

Mechanism ID: 13334	**Mechanism Name: Increasing the Capacity to Provide HIV Prevention Services to Mobile Populations in the Dominican Republic**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 600,000	
Funding Source	**Funding Amount**
GHP-State	600,000

Sub Partner Name(s)

BRA Dominicana	MOSCTHA	

Overview Narrative

Goal: To strengthen the capacity of the Dominican Republic to provide HIV/STI/TB prevention and risk reduction

interventions among Mobile Populations.

Objectives:
• Increase the opportunity, ability and motivation of mobile populations to adopt safer sexual behaviors.
• Strengthen the capacity of the GODR and partners to deliver HIV/AIDS services to mobile populations.
• Improve the supply and availability of affordable, high quality condoms among mobile populations.

Geographic Coverage: The target populations include construction and agricultural workers, truckers and street vendors. Will work in partnership with three experienced local non-government organizations; MOSCTHA, BRA Dominicana and CEDESCO. MOSCTHA will work in the city of Santo Domingo, the eastern provinces of La Romana, Higuey (Municipality of Verón) and Dajabón (on the border with Haiti); BRA Dominicana will work in Villa Mella, Santo Domingo and in the provinces of Pedernales (SW border with Haiti), Sanchez Ramirez (central) and Monte Plata (central) and CEDESCO will work in the provinces of Independencia (on the southern border area with Haiti), Bahoruco (southern) and Pedernales.

Transition Strategy: PSI/DR will work with subcontractors to build their technical, administrative, reporting and management capacity.

Cost Effectiveness: Partner organizations will provide services and referrals using existing public health clinics, organizational offices and mobile clinical units.

M&E: Monthly visits to the Integrated Care Units (UAI), treatment centers, and the mobile clinics are planned as part of routine supervisory and monitoring activities for this project. In addition, regular interactions with peer educators will be conducted each quarter to moni

Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Mobile Population
Safe Motherhood
TB

Budget Code Information

Mechanism ID:	**13334**
Mechanism Name:	**Increasing the Capacity to Provide HIV Prevention Services to Mobile Populations in the Dominican Republic**
Prime Partner Name:	**Population Services International**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	600,000	0

Narrative:

Population Services International (PSI/DR) will focus on the provision of prevention interventions and services for construction workers, agricultural workers, and street vendors. The main goals are to address the gaps in access to effective HIV, TB and STI prevention interventions and access to health care services to reduce the incidence of HIV and other STIs in these populations.

PSI/DR will use evidence-based interventions that have shown effectiveness in similar populations in other countries, but adapted to the Dominican context, including approaches using Popular Opinion Leaders (POL) which have been effective in high-risk populations in the US. PSI/DR partnered with three local organizations: MOSCTHA will target construction and street vendors in Santo Domingo, the eastern provinces of La Romana, Higuey and the northwestern province of Dajabón (on the border with Haiti); BRA Dominicana will work with street vendors and agricultural workers in Villa Mella, Pedernales (southwestern border with Haiti), Sanchez Ramirez (central) and Monte Plata (central); and CEDESO will work with street vendors and agricultural workers in the provinces of Independencia (southern border area with Haiti), Bahoruco (south) and Pedernales (southwestern border with Haiti).

PSI will also work with these organizations to gradually build their technical, administrative, reporting and management capacity in collaboration with the MOH. Health care providers working in facilities were PSI and its contracting organizations are located will be targeted for training to improve access to prevention interventions, service provision and referral linkages for mobile populations.

Over the next three years PSI plans to reach 10,989 mobile populations and their sub-groups with individual and/or small group evidence based interventions; aiming to have increased HIV testing by 15% and reduced the percent of persons who have two or more partners by 5% below the baseline estimates and increase by 150 the service outlets that offer socially marketed condoms aimed at mobile populations. PSI will be using existing mobile units to extend access to HIV, TB and STI clinical services for hard to reach mobile populations.

Implementing Mechanism Details

Mechanism ID: 13417	**Mechanism Name: ALERTA JOVEN**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: ENTRENA S.A	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,000,000	
Funding Source	**Funding Amount**
GHP-USAID	1,000,000

Sub Partner Name(s)

Instituto Dominicano de Desarrollo Integral	PROFAMILIA	Research Triangle International

Overview Narrative

The new youth activity will support Goal Area 3 of the DRPF, Promotion and Prevention. It will innovatively support the Dominican government and civil society to strengthen and/or develop systems to ensure youths' health, safety, and success in school, work, family, and the community. The intervention will focus specifically on youth aged 10-17 years old living in the corridor between Santo Domingo and Puerto Plata, where 70% of the population and a majority of at-risk youth live. Targeting school drop-outs, youth engaged in delinquent activities, and those living in difficult family situations, youth participants will be selected based on their need for and potential for responding to interventions such as school-reintegration; life-skills and vocational training; STI and HIV/AIDS prevention and screening services; prevention of unwanted pregnancies and income-generating activities. This

activity will leverage Caribbean Basin Security Initiative funds at a ratio of 4:1. The project will commit to sustainability, scale-up, and partner country leadership of development efforts by promoting collaborative partnerships among government entities, civil society, youth, the private sector and donors. The project will develop a robust monitoring and evaluation plan from its beginning in order to measure the project's impact.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	500,000
Gender: Gender Equality	150,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13417**
Mechanism Name:	**ALERTA JOVEN**
Prime Partner Name:	**ENTRENA S.A**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	0	0

Narrative:

The project is expected to roll out an innovative model for providing a social safety net for at-risk youth. The strategies chosen will combine evidence-based interventions and new models. The performance of the model and the project will be assessed through a robust evaluation that will include baseline data and, potentially, a control group. The project leverages multiple funding sources, including the Caribbean Basin Security Initiative in order to achieve a multi-sectoral impact.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Governance and Systems	OHSS	0	0

Narrative:

Overview Narrative: The "Alerta Joven" implementing mechanism supports Goal Area 3 of the Dominican Republic Partnership Framework, Promotion and Prevention, and directly addresses the health goal of the Dominican Republic Global Health Initiative Strategy. It is a unique mechanism that leverages resources from the Caribbean Basin Security Initiative (CBSI) in addition to PEPFAR resources (at a ratio of 4:1) in order to support the Dominican Government and civil society to strengthen and develop systems to ensure the health, education, job readiness, and safety of youth. Over the life of the project, the implementing mechanism aims to reach 100,000 unemployed and out-of-school youth 10-24 years old living in the central corridor from Santo Domingo through Santiago and San Francisco de Macoris to Puerta Plata. Youth will be reached with evidence-based prevention interventions such as Grassroots Soccer (which has already been piloted successfully in the Dominican Republic) and referred to economic opportunities such as school re-integration and vocational training. In order to become more cost-efficient, the local implementing partner is forging public private partnerships so that over the long-term the private sector will invest in the on-going project in order to ensure well trained cadre is available for their jobs. In order to monitor and evaluate the program, one of the sub-partners, RTI, is developing a robust information system, which tracks youth through their unique profiles. The profile tracks the number of interventions and trainings received and will also serve as a professional networking site to connect to potential employers. In addition to the prevention indicators reported to Washington to which the program directly contributes, the project will also track indicators related to HIV testing and counseling and Gender-Based Violence to ensure that the implementing mechanism is appropriately targeting their interventions.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	250,000	0

Narrative:

Over the life of the project, the implementing partner aims to reach 47,000 youth aged 10-17. The 2007 Demographic and Health Survey (DHS) revealed high levels of early sexual debut (15% of young women and 23.5% of young men reported sexual initiation before age 15) and high levels of teen pregnancy (20.6 percent of teens (15-19) were either pregnant or already mothers). These high rates indicate reaching boys and girls aged 10-17 with messages about delay of sexual debut and secondary abstinence is critical to reducing their risk of HIV infection. In addition youth must also receive messages about partner reduction (The 2007 DHS revealed that 8 % of young women and 39% of young men reported multiple sexual partners in the previous year). To transmit these messages, the implementing partner will likely implement existing interventions already developed and adapted for the Dominican Context such as Peace Corps' "Escojo Mi Vida," Grassroots Soccer, or the Life Skills Program developed under the previous USAID-funded Strengthening HIV/AIDS Services Project implemented by FHI 360.

The prime implementing partner will be responsible for ensuring the standardization of the intervention across current and future sub-partners and describing the minimum package (mix and dose) as part of the project level Performance Monitoring Plan (PMP). USAID and the prime partner will share responsibility for ensuring adherence to the minimum package.

Two drivers of the epidemic among youth are Gender-Based Violence and Economic Opportunity. According to the 2007 DHS, 9.7% of women aged 15 – 49 experienced physical violence and 10.1% experienced sexual violence in 2007. Of those who had experienced sexual violence, 38.5% experienced their first aggression before the age of 20, with 6.5% of respondents stating they were younger than 10 years old when they first experienced sexual violence. This indicates that young people are not necessarily choosing to engage in sex, but are rather forced to engage in sex. The comprehensive nature of this project will work to strengthen the social safety net and reduce this vulnerability. Economic opportunity is an additional driver of HIV, with high rates of transactional sex being reported anecdotally (Additional evidence should result from the proposed PLACE study). Because this project has such a strong focus on economic opportunities for these at-risk youth, through referrals to vocational training and employment opportunities (with funding from other sources), this vulnerability should also be mitigated. In addition to the economic opportunity referrals the project will promote strong and effective linkages to clinical HIV and family planning services.

RTI, a sub-partner under the implementing mechanism will develop a robust information system, which tracks youth through their unique profiles. The profile tracks the number of interventions and trainings received and will also serve as a professional networking site to connect to potential employers and a resource page to direct youth to health services including HIV testing. In addition to the prevention indicators reported to Washington to which the program directly contributes, the project will also track indicators related to HIV testing and counseling and Gender-Based Violence to ensure that the implementing mechanism is appropriately targeting their interventions.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	750,000	0

Narrative:

Over the life of the project, the implementing partner aims to reach 100,000 youth (47,000 youth aged 10-17 and 53,000 youth aged 18-25). The DHS revealed that only 34% of young women (15-24) reported condom use at their previous sexual encounter compared to 62% of young men. This is despite young women demonstrating a more comprehensive knowledge of HIV compared to their male peers (40.8% among females vs. 33.7% among males); therefore a stronger focus on behavior change communication and promotion of correct and consistent condom use is fundamental for young people.

To transmit these messages, the implementing partner will likely implement existing interventions already developed and adapted for the Dominican Context such as Peace Corps' "Escojo Mi Vida," Grassroots Soccer, or the methodologies developed by the Centro de Orientation e Investigación Integral (COIN) to target sex workers as part of the Dominican 100% Condom Campaign. The prime implementing partner will be responsible for ensuring

the standardization of the intervention across current and future sub-partners and describing the minimum package (mix and dose) as part of the project level Performance Monitoring Plan (PMP). USAID and the prime partner will share responsibility for ensuring adherence to the minimum package. *Two drivers of the epidemic among youth are Gender-Based Violence and Economic Opportunity. According to the 2007 DHS, 9.7% of women aged 15 – 49 experienced physical violence and 10.1% experienced sexual violence in 2007. Of those who had experienced sexual violence, 38.5% experienced their first aggression before the age of 20. The comprehensive nature of this project will work to strengthen the social safety net and reduce this vulnerability. Economic opportunity is an additional driver of HIV; with anecdotal evidence indicating high rates of transactional and commercial sex among these age groups (Additional evidence should result from the proposed PLACE study). Previous size estimates indicate that there are approximately 100,000 sex workers in the Dominican Republic and site visits confirm that many of these girls are young (including girls younger than 18 which is illegal). This project provides economic alternatives for these young women (and in some cases men), through referrals to vocational training and employment opportunities (with funding from other sources). In addition to the economic opportunity referrals the project will promote strong and effective linkages to clinical HIV and family planning services.* *RTI, a sub-partner under the implementing mechanism will develop a robust information system, which tracks youth through their unique profiles. The profile tracks the number of interventions and trainings received and will also serve as a professional networking site to connect to potential employers and a resource page to direct youth to health services including HIV testing. In addition to the prevention indicators reported to Washington to which the program directly contributes, the project will also track indicators related to HIV testing and counseling and Gender-Based Violence to ensure that the implementing mechanism is appropriately targeting their interventions.*

Implementing Mechanism Details

Mechanism ID: 13507	**Mechanism Name: Strengthening Dominican Republic Public Ministry of Health in the Areas of Epidemiology, Monitoring and Evaluation, Tuberculosis, Blood Safety, Prevention and Laboratory**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ministry of Health, Dominican Republic	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: TA	

G2G: Yes	Managing Agency: HHS/CDC

Total Funding: 1,055,000	
Funding Source	**Funding Amount**
GHP-State	1,055,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Due to space limitations all areas cannot be fully explained in this section. Additional information is included under the budget code narrative for each setion
Goal: To strengthen the DR's Ministry of Health Capacity in the Areas of Epidemiology, Monitoring and Evaluation, Tuberculosis, Blood Safety, Prevention and Laboratory

Objectives:
• Create a pool of skilled trainers, with high motivation and plans to retain staff as needed.
• Design and implement a national blood donor program which encourages the general population to increase volunteer's blood donation
• Train health care providers in a client centered model and how to collect data from patients at selected sites.
• To implement electronic platform at central, regional and local level in 150 selected TB sites provinces
• Increase the number of health establishment that notify cases of HIV/AID pediatric and PMTCT from 25% to 50% using electronic notification system and the alignment form official tool

Geographic Coverage & Target Population: The MOH plan will cover the entire country.

Cost Effectiveness: Trained personnel will be able to create a much stronger, better prepared and empowered work force to conduct the public health role.

Transition: All training and related activities will be prepared jointly and delivered sole by the Ministry of Health.

Monitoring and Evaluation: Technical working groups will be established to guide and evaluate the proposed activities.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	40,000

TBD Details

(No data provided.)

Key Issues

Child Survival Activities
Mobile Population
Safe Motherhood
TB

Budget Code Information

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

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	200,000	0

Narrative:

Goal: To strengthen the epidemiological surveillance within the operational information and epidemiological system of the National Tuberculosis Control Program (NTCP).

Objectives:

• To implement electronic platform at central, regional and local level in 150 selected TB sites provinces

• To train 80 health workers (facilitators), technical staff or others in the Provincial and regional Health Directory and the National TB and HIV Programs

• To support in establishing research epidemiological trends of co-infection TB and HIV and support in the

formulation of the national plan relating to the subject.

Geographic Coverage: The surveillance system will be implemented at multiple levels including the central, regional (0, I, II, IV, V, VII) and local levels in 150 selected TB sites.

Cost effectiveness: Epidemiological surveillance will become more cost effective over time with the implementation and use of a harmonized TB case detection system.

Transition: This project is building capacity for a sustainable surveillance program within the operational information and epidemiological system of the National Tuberculosis Control Program (NTCP).

M&E: 100% of the TB sites selected will perform monitoring and evaluation following the harmonized TB and HIV M&E national plan.

CDC will continue to provide support for the implementation of a national TB information system assessment. This assessment will allow the MoH to analyze data from key source such as routine testing, care, treatment and referral of TB patients from TB clinics, hospital and pediatric TB/HIV. This system has the opportunity to significantly contribute to the development and better understanding of the TB/HIV burden in the country. It will also provide reliable and timely information for the collaborative activities at TB and HIV national programs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	0	0

Narrative:

Goal: Develop and implement a National Laboratory Strategic Plan that provides sustainable, quality laboratory systems, with a trained workforce and the resources needed.

Objectives:
• Continue to strengthen, expand, implement and support the National Quality Management System (QMS) for prioritized clinical laboratories from MOH hospitals towards accreditation.
• Create a pool of skilled trainers, with high motivation and plans to retain staff as needed.
• Provide TA to the MoH for the Equipment Maintenance and Calibration Plan
• Assist MoH to disseminate and implement a program to update Biosafety, and management of contaminated and toxic waste norms and guidelines.

Geographic Coverage: Will focus on the national Reference Laboratory and targeted province and regional

laboratories within the Dominican Republic.

Cost Effectiveness: Trained personnel will be able to support the Province and Regional Heath Center Directors on QMS

Transition: Joint planning and training will help ensure host country ownership and sustainability of quality laboratory systems, creating a pool of highly trained mentors and tutors to work simultaneously at regional training hubs, which will reach out to NGOs and private sector labs as well.

M&E: A technical working group will be established to guide activities outlined in the National Laboratory Strategic Plan.

The MoH will support the implementation of a National Laboratory Strategic Plan that provides sustainable, quality laboratory systems, with a trained workforce and the resources needed for oversight to maintain quality national laboratory programs. A technical working group, lead by the MoH, will coordinate roadmaps towards prioritized goals with a general vision for Dominican laboratories, bringing together MoH/NRL, the different vice ministries of Health, Education, Finances, Academics, professional and research institutions, NGOs as well as supporting agencies to make long lasting changes.

Having both Quality and Biosafety/Contaminated and Toxic waste management updated norms and guidelines, efforts will be made to disseminate and implement them at all levels by the MoH laboratory middle managers give constant capacitating supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	565,000	0

Narrative:

Goal: To develop and monitor guidelines for mandatory disease surveillance and the training of epidemiological personnel within the public health system nationwide.

Objectives: 1) Increase the number of health establishment that notify cases of HIV/AID pediatric and PMTCT from 25% to 50% using electronic notification system and the alignment form official tool. 2) Implement a rapid EID in 100% of the maternity facilities and sites selected.

Geographic Coverage: 75% of the PMTCT/EID sites in select provinces with seven Health Regions (0, I, II, III, IV, V, VII).

Cost Effective: This strategy will allow the use of a standardized tool and procedures for PMTCT/EID notification in order to validate the guidelines for use of DNA-PCR in the select provinces. Through the use of standardized procedures and a facilitator to train new health providers on site, the notification should become more cost efficient over time.

Transition: The implementation strategy is conducted and lead by the MoH and other stakeholder at various levels within the health system. Thematic epidemiological surveillance groups are being developed to strengthen the local TB and STI/HIV/AIDS services under a new data flow guideline.

M&E: Follow-up visits to local level facilities by MoH will be conducted to assess progress towards achieving targets.

CDC will provide a technical assistance to the MOH to strengthen the PMTCT/EID components in order to develop a routine strategic flow of DBS data from maternity hospital to the National Reference Laboratory and vice versa. This system will greatly enhance exiting early infant diagnostic surveillance system and will contribute to improve our understanding of the HIV epidemic among the pregnant women in Antenatal care clinics (ANC). CDC will also provide capacity building to the DR MoH in order to improve the collection, analysis, monitoring and dissemination of accurate PMTCT/EID data.

The existing data and sample form PMTCT/EID will be analyzed in order to evaluate important variables regarding the HIV epidemic in the pregnant women and newborn.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	140,000	0

Narrative:

Goal: Develop and implement a National Safe Blood Plan to guarantee access to sufficient, prompt and quality blood components

Objectives:

• Develop and implement the National Blood Services plan in the most important Health Centers in Dominican Republic

• Design and implement a national blood donor program which encourages the general population to increase volunteer's blood donation

• Design an information system and implement the system for 10 prioritized blood services

Geographic coverage: Will focus on targeted province and regional areas within the Dominican Republic.

Cost Effectiveness: To ensure cost effectiveness, improve efficacy and minimize service interruption staff will be training at each of the participating sites.

Transition: joint training and activities will help ensure host country ownership and sustainability of a quality management system in blood safety. This will help to ensure the continuity of blood safety after PEPFAR, including accurate and efficient costing of blood products.

Based on the population of the Dominican Republic, there is the demand for approximately 280,000 blood units per year. In 2010, only 94,884 units were collected, a shortfall of approximately 66%. Of the units collected, 19% came from volunteers and 58% came from relatives or replacement donors. This situation opens up a gap for the transmission of infectious and contagious diseases through blood transfusion.

Some of the objectives are to continue to strengthen the capacity of the Ministry of Health to provide blood safety services that will guarantee access to sufficient, prompt and quality blood components. The specific activities include developing and implementing a National Safe Blood Plan including the:

- *Collection of blood only from voluntary, non-remunerated, low-risk blood donors*
- *Universal blood screening for HIV, Hepatitis B and Hepatitis C viruses and Syphilis*
- *Appropriate clinical use of blood*
- *Installation of Blood Bank Information System to improve data management in blood services*
- *Design and implement a monitoring and evaluation system to verify compliance with the National Strategic Plan in Blood Safety.*

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	150,000	0

Narrative:

Goal: An effective sustainable sentinel surveillance system with emphasis on the collection, analysis, dissemination and appropriate use of data targeting the general population and vulnerable groups.

Objectives:

• Train health care providers in a client centered model and how to collect data from patients at selected sites.

• Implement two Prevention interventions integrating a community liaison and covering biomedical component (laboratory diagnosis of STD), the change of behavior and the use of condoms

• Develop and implement a VICITS national protocol to be implemented in the STI/HIV services.

Geographic Coverage: VICITS will be implemented in two provinces (Santo Domingo y La Vega) Health Regions 0 and VIII. The primary target populations will include male and female sex workers, men who have sex with men and drug users who are seeking STD and HIV services.

Cost Effectiveness: VICITS will analyze the first year data for lesson learned in order to improve the program for the second year. This will allow the health department to become more cost efficient over time.

Transition: The project is currently been conducted by the MoH and their staff has been train to conduct the intervention independently.

M&E: 100% of the establishments selected will perform monitoring and evaluation of VICITS activities as specified in the harmonized M&E national plan.

In FY2012 the CDC/GAP-DR will continue to provide support to the MoH for the development and implementation of a STD/HIV surveillance sentinel service in most at risk population (MARPs) which include MSM, FSW, DU). We will be implementing a model called VICITS which has been very successful in Latin America.

Funds under this mechanism will be used to strengthen STD detection services in the country by providing training and technical assistance to clinical staff, advocating for policy change and improving linkages with other prevention, care and treatment services.

CDC will also provide a capacity building to MoH staff on the use of existing STD/HIV/AIDS data. This process will seek to improve the collection, analysis, monitoring and dissemination of accurate epidemiology information.

Implementing Mechanism Details

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

G2G: No	Managing Agency:

Total Funding: 350,000	
Funding Source	**Funding Amount**
GHP-State	350,000

Sub Partner Name(s)

COPRESIDA	Ministry of Health, Dominican Republic	

Overview Narrative

Goal: Increase public health workforce capacity to collect and use surveillance data, monitor and evaluate the effectiveness of interventions and use data in the planning and decision-making process for health care events and services.

Objectives:

• Improve the capacity of health personnel in monitoring and evaluation of methods and best practices

• Develop and implement active and passive national, regional and local surveillance activities by training of public health workers

• Increase the capacity in laboratory managers to establishing and utilize laboratory performance-based surveillance systems for priority diseases thereby, improving the ability to help respond to outbreaks.

• Strengthen the epidemiology and public health capabilities of the network of laboratories.

• Promote partnership and cooperation between epidemiologists and other health workers

Geographic Coverage & Target Population: These activities will target epidemiologists, laboratories, and monitoring and evaluation personnel within the MOH and other organizations conducting these activities through the Dominican Republic.

Transition Strategy: Over the 5 years of this project, the University of Puerto Rico, in coordination with the MOH and other stakeholders, will strengthen the capacity of epidemiologists, laboratories and other monitoring and evaluation personnel to collect, analyze, monitor, and utilize data for planning and decision-making.

Cost Effectiveness: Strengthen capacity of public health workers, including epidemiologists and other monitoring and evaluation personnel, will allow for better planning and decision-making with regards to resource allocations for health care events and services.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	350,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**13509** **Strengthening Dominican Republic Public Health Capacity in the Areas of Epidemiology, Monitoring and Evaluation and Laboratory Surveillance** **UNIVERSITY OF PUERTO RICO**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	350,000	0

Narrative:

For several years, the Dominican Republic has been evaluating the provision of health care services. In 2001, the Dominican legislature approved two laws designed to ensure quality, equity and efficiency of health services in the country. Both legislations complement each other and decentralize the basic functions of the National Health System from the Ministry of Health (MOH). Under the new law, the functions of the MOH are to regulate the health system, develop public policy, monitor and evaluate the system and continue to conduct surveillance activities. The actual provision of services is now under the responsibility of the regional level, supervised by the National Social Security Council. Complete implementation of this new model began in January 2009.

The health care reform brings additional challenges in ensuring appropriately trained health workforce to

implement and strengthen HIV/AIDS services that will no longer be the responsibility of the National AIDS Program, but under the Regional Service Direction in each region. Successful health sector reform will depend largely in part upon a trained, competent workforce at national, regional and local levels. Frequent replacement of qualified staff adversely affects all programs and underscores the need for ongoing training.

This is particularly problematic as each change in Dominican Republic government administrations tends to lead to the replacement of many trained staff. In addition, the lack of a civil service program impedes recruitment and retention of staff. Low salaries impede staff loyalty and full dedication which often leads to multi-employment, poor management, program planning, and standardization. The United States Federal Government continues to work with other donors to engage the Dominican Government in developing and implementing a civil service and administrative career law which will provide stability to health staff, thus improving retention of personnel and reducing staff turnover. This funding announcement will be one step in this in this direction.

Implementing Mechanism Details

Mechanism ID: 14594	**Mechanism Name: Escojo Peace Corps for Youth And Adolescents in the DR**
Funding Agency: U.S. Peace Corps	Procurement Type: USG Core
Prime Partner Name: U.S. Peace Corps	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 526,062	
Funding Source	**Funding Amount**
GHP-State	526,062

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Peace Corps DR plans to expand and deepen Volunteers' work with communities to design and implement context-appropriate prevention interventions addressing the keys drivers of the epidemic, including sexual and behavioral risk, harmful gender/cultural norms. PC promotes behavior change through use of evidence-based programs and integration of efforts with other USG agencies and implementing partners. Programs also include a

cross-cutting focus on reduction of stigma and discrimination among low-income and at risk adolescent populations.

In prevention, volunteers work with communities to design and implement context-appropriate and evidence-based prevention interventions, including sexual and behavioral risk, skills and attitudes to make healthy decisions to care for themselves and their families.

In support of care and treatment, Volunteers aid community members and organizations in designing and implementing care programs for PLHA, OVCs and their caretakers to mitigate the effects of HIV, improve the developmental growth of OVCs, improve household nutritional status and optimize the quality of life of adults and children living with and affected by HIV.

In the area of Governance and Systems, Volunteers work side-by-side with community partners to leverage all appropriate and locally-available resources and technology for development of sustainable, community-led responses to HIV. Volunteers placed in local organizations strengthen institutional capacities in the areas of communication, financial management, outreach to target populations, monitoring, evaluation and reporting.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Increasing women's access to income and productive resources
Mobile Population
Family Planning

Budget Code Information

Mechanism ID:	14594		
Mechanism Name:	Escojo Peace Corps for Youth And Adolescents in the DR		
Prime Partner Name:	U.S. Peace Corps		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	526,062	0

Narrative:

Volunteer and Project Partners will have the following activities:

• Certification Workshop. Youth leaders are trained and certified as Coordinators.
• Executive Conference to promote the Escojo methodology and to create an opportunity to dialogue between key Escojo/PEPFAR stakeholders.
• Regional Conference to focus on training youth in the basic curriculum which includes healthy decision making, HIV/AIDS prevention, avoiding adolescent pregnancies, building self-esteem, and focusing on creating positive futures.
• Sub regional Management Workshop to learn about how to coordinate the sub-regional follow-up meetings.
• Sub-regional Follow-up Meeting, a small scale, one-day meeting to focus on forming networks between groups working in the same geographic areas.
• Monitoring, Reporting and Evaluation Workshop to learn how to report according to the Peace Corps procedures and guidelines provided by PEPFAR.
• Sustainability Conference to give support to active groups who are no longer working directly with a Peace Corps Volunteer in their community.
• National Conference to train participants on maintaining the level of quality information, to continue social marketing, and to promote sustainability of the groups.
• VAST Grants to provide resources for community groups to develop and organize local conferences and activities for HIV/AIDS prevention training.
• World AIDS Day event to promote HIV/AIDS awareness among Dominican youth.
• National Health Promoter Conference to further train Healthy Communities participants who are community leaders.
• Health Promoter Regional Workshop to focus on training the Health Promoters in the basic Healthy Communities curriculum of healthy decision-making which includes HIV/AIDS prevention.
• Health Promoter Certification Workshop rural community leaders are trained and certified as Healthy Community Trainers.
• Brigada Verde (Green Brigade) Regional Conference to focus on training Dominican youth in basic community

environmental action and healthy decision making, and HIV/AIDS prevention.
• National Conference Brigada Verde, to further train Brigada Verde participants on Peer sharing of successful interventions and education on HIV/AIDS.
• Five day National GLOW Girls Camp for Peer Educators to receive training in leadership, healthy decision making, prevention of HIV/AIDS and early pregnancy through the use of interactive activities.
• Regional GLOW camp conferences to focus on training youth Peer Educators in the basic GLOW goals of positive decision making and HIV/AIDS prevention.
• Superman Five day National Boys Camp
• Superman Regional camps for boys
• Sub regional GLOW conferences to reinforce local girls groups
• Sports for Life (Deportes para la Vida) TOT to replicate in bateyes with children at risk.
• Sports for Life National Trainer Network meetings
• Gender and Discrimination Conference
• OVC National Conference for professionals working with at risk youth
• OVC Family Camps
• GLOW/DpV National Sports Camp
• Build Your Dreams economic empowerment workshops on making healthy decisions

Implementing Mechanism Details

Mechanism ID: 14721	**Mechanism Name: Fundacion Genesis**
Funding Agency: U.S. Department of Defense	Procurement Type: Grant
Prime Partner Name: Fundacion Genesis	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Dominican Republic Armed Forces (FFAA) population falls within the other vulnerable populations at risk for STIs and HIV. Fundacion Genesis will provide technical assistance to support military capacity to administer HIV program activities in Sexual Prevention, Testing and Counseling, Strategic Information, Adult Care and Health System Strengthening. Prevention emphasis will be on expansion and enhancement of existing combination prevention programs. FFAA members will be provided the necessary skills to change behaviors, engage in safe sex practices, decrease other risk behaviors and learn their HIV status. Fundacion Genesis will strengthen the capacity of the FFAA to provide accessible, confidential, and quality testing and counseling (TC) services. Efforts will be made to integrate TC services into existing medical health services and routine medical care through provider-initiated testing and counseling (PITC). Fundacion Genesis will strengthen the capacity of the FFAA to plan, manage, and implement HIV programs. Referral networks and service integration will be strengthened for HIV/STI/TB diagnosis, care and treatment. Strategies for improving partnerships with other governmental organizations, NGOs, and private entities working on HIV and health will be emphasized. The program will aim to incrementally increase the financial and human resource contributions of the FFAA. Fundacion Génesis will assist and strengthen the service delivery within the FFAA along the continuum of HIV prevention, treatment and care.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Military Population

Budget Code Information

Mechanism ID:	**14721**

Mechanism Name:	Fundacion Genesis		
Prime Partner Name:	Fundacion Genesis		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	0	0

Narrative:

Fundacion Génesis will assist and strengthen the service delivery within the FFAA along the continuum of HIV prevention, treatment and care. Referral networks and service integration will be strengthened for HIV/STI/TB care and treatment. Strategies for improving partnerships with other governmental organizations, NGO, and private entities working on HIV and health will be emphasized. Specifically, the partner will work with both military testing and counseling sites and Ministry of Health care service delivery sites to improve linkage to services for military dependents not eligible for care under the military health care system or outside the geographic area for follow-up with military specific treatment facilities in the capitol.

Fundacion Génesis will continue to build the capacity of the Dominican FFAA to strengthen their monitoring systems for HIV positive patients, utilizing information captured during visits for decision making and improvements in the provision of quality care and treatment.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0

Narrative:

Activities will encourage partner militaries to review and utilize data to improve the military healthcare system, direct policies, and improve the quality and cost-effectiveness of HIV prevention, treatment, and care and support services in militaries. Continued support for building capacity will be provided in the areas of monitoring and evaluation and the use of strategic information.

Short-term technical assistance and periodic on-site training and mentorship will be provided in data collection, utilization of program monitoring data. Strategic Information activities with the partner military will also help to inform policy. Military personnel will be trained in M&E of military-specific HIV operational plans to identify needs and gaps related to programs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

This activity will strengthen the capacity of the FFAA to plan, manage, and implement HIV programs. Referral

networks and service integration will be implemented for HIV/STI/TB care and treatment. Specific strategies to be implemented for improving partnerships with other governmental organizations, NGO, and private entities working on HIV and health will be developed.

Program activities will secure FFAA leadership support of interventions addressing integration of prevention programs into military training. Those integrated trainings will address gender norms and behavioral changes that support the adoption of healthy lifestyles. In addition FFAA will incorporate resources for program success and sustainability. Mechanisms for leveraging additional resources and creating greater resource efficiencies will be developed.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0

Narrative:

FY12, activities will strengthen the capacity of the FFAA to provide accessible, confidential, and quality testing and counseling services. Efforts will be made to integrate Testing and Counseling (TC) services into existing medical health services and routine medical care through provider-initiated testing and counseling (PITC).

TC opportunities for military personnel will be expanded (i.e. on bases, pre/post deployment, and temporary assignment) and activities will link with other prevention activities as well as provide access to other support services. TC activities will link with prevention sensitization activities to educate participants and access other support services. As the military increase their capacity for managing TC activities, couples TC will be promoted among military personnel and their partners in order to identify serodiscordant couples and encourage safe sex practices and other preventive behaviors. Fundacion Genesis will work with military health and national supply chain mechanisms to ensure TC sites have sufficient supplies, adequate and secure storage facilities, as well as inventory monitoring and tracking systems for HIV test kits.

TA in the provision of quality HIV TC services will be provided to military TC providers. Counseling will be performed in accordance with national guidelines and will include targeted prevention messages, emphasizing the reduction of risk behaviors, and address issues surrounding stigma and discrimination.

Building on previously funded trainings, training and refresher training of counselors will begin to focus on management and supervision and advanced TC skills such as posttest counseling that works with individuals to develop specific risk reduction plans.

A monitoring and evaluation system will be implemented through i.e. standardized logbooks, client data forms, monthly reporting forms, and other methods that comply with the national reporting systems and requirements.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

The goal of the prevention program is to decrease new HIV infections in the FFAA. Strategies to accomplish this

goal include: 1) Increase coverage and quality of behavior change communication (BCC) messages. 2) Support the provision of HIV prevention messages beyond abstinence and faithfulness for MOD/military members. 3) Capacity building of Commanding officers for leadership support and integration of HIV prevention education and training within routine military training and schedules 4) production and dissemination of information, education and communication (IEC) materials focusing on HIV/AIDS prevention, consistent and correct condom use.
Key prevention activities include:
• Develop military specific prevention information, education and communication materials on issues such as stigma reduction, gender norms, condom availability and use, STIs, the influence of excessive alcohol use on risk taking behaviors and the promotion of healthy living and health seeking behaviors. Such information will also be made available during national and international days such as World AIDS Day, TB Day, National Testing Day and Military Days.
• Further training on gender and HIV/AIDS and male norms initiatives will be conducted with FFAA personnel.
• Support FFAA participation in regional military HIV/AIDS conferences to share best practices and lessons learned and other scientific meetings to share the evaluations of their interventions and programs.
• Leadership of the MOD will be consulted and involved in planning, implementation and monitoring and evaluation of the program.

Implementing Mechanism Details

Mechanism ID: 14722	**Mechanism Name: DOD**
Funding Agency: U.S. Department of Defense	Procurement Type: USG Core
Prime Partner Name: U.S. Department of Defense (Defense)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

DoD has the goal of increasing laboratory, health systems and strategic information capacity in the FFAA. DoD

will support laboratory training and development of information management systems in FFAA laboratories. DoD will support health systems strengthening through DGCM y SM participation in DoD sponsored conferences and trainings. FFAA disease surveillance and epidemiology capacity will be improved via development of training of staff in data collection; analysis and the use of data collection tools to better understand their epidemic.
Cost efficiency and quality will be improved by increasing capacity of FFAA healthcare workers to conduct trainings internally, leverage partnerships with local organizations, and share best practices across militaries in the region. The program will aim to incrementally increase the financial and human resource contribution of the host country military.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Military Population

Budget Code Information

Mechanism ID:	**14722**		
Mechanism Name:	**DOD**		
Prime Partner Name:	**U.S. Department of Defense (Defense)**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HLAB	0	0
Narrative:			
The US military lab, NAMRU 6 in Lima, Peru will work directly with FFAA clinical laboratories to increase the			

capacity of those laboratories in the diagnosis of HIV and other STIs, TB and OIs. NAMRU 6 will specifically train in the areas of bacteriology, serology (HIV, hepatitis), and lab information management. In addition to the formal trainings, NAMRU 6 will provide in-country support to the FFAA labs. As a result of this training and mentoring intervention, the health system will be strengthened in the ability to provide timely and accurate diagnostic services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0

Narrative:

NAMRU 6 will work with the FFAA to strengthen linkages between data collection and program design, implementation and monitoring using simple monitoring tools across program areas that allow implementers to transmit program information in a more efficient and timely fashion, and allow the central HIV Directorate (DGCM Y SM and COPRECOS DR) routine access to information for analysis and corrective program changes/improvement. Continued support for building capacity will be provided in the areas of monitoring and evaluation and use of strategic information. Short-term technical assistance and periodic on-site mentorship will be provided in data collection, utilization of program monitoring data, and complementing the goals of the national strategic plans for HIV/AIDS. TA will be provided for the timely and accurate collection of national HIV indicators within military HIV programs and facilitates data flow mechanisms for linkage to national and regional systems.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

FFAA leadership and program technical support members will be invited to participate in the bi-annual International Military HIV/AIDS Conference (IMiLHAC) sponsored by the DoD. Training opportunities in HIV clinical care, prevention and monitoring and evaluation will also be available to FFAA staff via the Military International HIV Training Program (MIHTP). MIHTP offers a six-week clinical course and three-week courses in epidemiology and prevention. DoD will also host quarterly to semi-annual technical meetings with regional militaries in Central America-DR focusing on areas such as prevention, care, lab, strategic information and health system strengthening.

Implementing Mechanism Details

Mechanism ID: 14760	Mechanism Name: Dominican Republic

	Demographic and Health Survey 2012
Funding Agency: U.S. Agency for International Development	Procurement Type: USG Core
Prime Partner Name: ICF Macro	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: TA	
G2G: No	Managing Agency:

Total Funding: 100,000	
Funding Source	**Funding Amount**
GHP-USAID	100,000

Sub Partner Name(s)

Centro de Estudios Sociales y Demograficos - CESDEM		

Overview Narrative

The Demographic and Health Survey (DHS) will serve as the primary data for many of the outcome and impact level indicators necessary to measure progress towards the National HIV Plan, the National Development Strategy, the Partnership Framework Implementation Plan and the Global Health Initiative Strategy. The DHS will include a country-level representative sample and specific data will be able to be disaggregated down to the provincial level. The Government of the Dominican Republic is taking the lead on planning the DHS and will be contributing to its implementation. In addition, the field work will be conducted through a local entity which will make it more cost effective.

Cross-Cutting Budget Attribution(s)

Gender: GBV	10,000
Gender: Gender Equality	10,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**14760**		
Mechanism Name:	**Dominican Republic Demographic and Health Survey 2012**		
Prime Partner Name:	**ICF Macro**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	100,000	0

Narrative:

This activity will support the surveillance and surveys component of Strategic Information. The information generated during this activity will serve as the primary data for impact and outcome level indicators of the National HIV Plan, the National Development Strategy, the Partnership Framework Implementation Plan and the Global Health Initiative Strategy. This activity will support national capacity building by providing a forum for the Government of the Dominican Republic to exercise its role in Donor Coordination and will work to strengthen the capacity of a local organization to collect, manage, and analyze data with technical assistance from ICF International. Data collected from the 2012 DHS will be used by the Government, local organizations, international organizations, and donors for decision making.

Implementing Mechanism Details

Mechanism ID: 16629	**Mechanism Name: Population Services International**
Funding Agency: U.S. Department of Defense	Procurement Type: Grant
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

PSI will utilize pipeline funds to conduct prevention programming in Dominican Republic. The acivities PSI will execute include training of peer educators in HIV and STI prevention to promote healthy sexual behaviors; "Troop Level" HIV/AIDS prevention education and behavior change communication;strengthening military capacity to effectively implement HIV prevention activities and increasing access to high quality condoms for STI and HIV prevention. Activities will be supported by refresher training and monitoring by PSI.The purpose of the program is to (a) increase the adoption of safer sexual behaviors among military personnel by increasing correct and consistent condom use with all sexual partners and (b) increase comprehensive knowledge and awareness among the target group. This project is designed to increase the capacity of the Dominican Armed forces to effectively manage its HIV prevention programs from within the military and will involve key members of the military in all stages of program development and execution.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Military Population

Mobile Population

Budget Code Information

Mechanism ID:	16629		
Mechanism Name:	Population Services International		
Prime Partner Name:	Population Services International		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	0	0
Narrative:			
PSI will utilize pipeline funds to conduct a TRaC end line evaluation, to measure the effect of the project in the target population related to Knowledge, Abilities and Practices on HIV and Condom use (PSI TRaC). The partner will also continue MIS to support tracking output and activities indicators and an endline MAP study to evaluate the availability and access of condoms to the target population in neighborhoods where soldiers live.This project is designed to increase the capacity of the Dominican Armed forces to effectively manage its HIV prevention programs from within the military and will involve key members of the military in all stages of program development and execution.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	0	0
Narrative:			
PSI will utilize pipeline funds to conduct prevention programming in Dominican Republic. The acivities PSI will execute include training of peer educators in HIV and STI prevention to promote healthy sexual behaviors; “Troop Level” HIV/AIDS prevention education and behavior change communication;strengthening military capacity to effectively implement HIV prevention activities and			

increasing access to high quality condoms for STI and HIV prevention. Activities will be supported by refresher training and monitoring by PSI.The purpose of the program is to (a) increase the adoption of safer sexual behaviors among military personnel by increasing correct and consistent condom use with all sexual partners and (b) increase comprehensive knowledge and awareness among the target group. This project is designed to increase the capacity of the Dominican Armed forces to effectively manage its HIV prevention programs from within the military and will involve key members of the military in all stages of program development and execution.

Implementing Mechanism Details

Mechanism ID: 16630	**Mechanism Name: Johns Hopkins University**
Funding Agency: U.S. Department of Defense	Procurement Type: Grant
Prime Partner Name: Johns Hopkins University Bloomberg School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

JHU will utilize pipeline funds to conduct SI programming in Dominican Republic. Systems will be developed and implemented in the partner military to collect disease surveillance and program monitoring information. Activities will be supported by training and computer system development. This activity will support increased capacity within the Central American militaries in the areas of surveillance, monitoring and evaluation (M&E), and analysis and utilization of strategic information. Activities will encourage the partner militariy to review and utilize data to improve the military healthcare system, direct policies, and improve the quality and cost-effectiveness of HIV prevention, treatment, and care and support services in militaries. Continued support for building capacity will be provided in the areas of monitoring and evaluation and use of strategic information. Short term TA and periodic on-site mentorship will be provided in data collection, utilization of program monitoring data, and complimenting the goals of the national strategic plans for HIV/AIDS. Improvements will be made to the militarys' health

information management systems enabling them to provide strategic, data-based decisions in a timely manner. Capacity will be built among defense force personnel to conduct operations research to evaluate the effectiveness of program implementations (e.g. behavioral intervention assessments). TA will be provided for the timely and accurate collection of national HIV indicators within military HIV programs and facilitate data flow mechanisms for linkage to national and regional systems. National resources will be leveraged to improve strategic information systems and capacity in the military.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Military Population
Mobile Population

Budget Code Information

Mechanism ID:	**16630**
Mechanism Name:	**Johns Hopkins University**
Prime Partner Name:	**Johns Hopkins University Bloomberg School of Public Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0

Narrative:

JHU will utilize pipeline funds to conduct SI programming in Dominican Republic. Systems will be developed and implemented in the partner military to collect disease surveillance and program monitoring

information. Activities will be supported by training and computer system development. This activity will support increased capacity within the Central American militaries in the areas of surveillance, monitoring and evaluation (M&E), and analysis and utilization of strategic information. Activities will encourage the partner militariy to review and utilize data to improve the military healthcare system, direct policies, and improve the quality and cost-effectiveness of HIV prevention, treatment, and care and support services in militaries. Continued support for building capacity will be provided in the areas of monitoring and evaluation and use of strategic information. Short term TA and periodic on-site mentorship will be provided in data collection, utilization of program monitoring data, and complimenting the goals of the national strategic plans for HIV/AIDS. Improvements will be made to the militarys' health information management systems enabling them to provide strategic, data-based decisions in a timely manner. Capacity will be built among defense force personnel to conduct operations research to evaluate the effectiveness of program implementations (e.g. behavioral intervention assessments). TA will be provided for the timely and accurate collection of national HIV indicators within military HIV programs and facilitate data flow mechanisms for linkage to national and regional systems. National resources will be leveraged to improve strategic information systems and capacity in the military.

Implementing Mechanism Details

Mechanism ID: 17002	**Mechanism Name: ADVANCING PARTNERS AND COMMUNITIES (APC)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: John Snow Inc (JSI)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,550,000	
Funding Source	**Funding Amount**
GHP-State	756,494
GHP-USAID	793,506

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Advancing Partners and Communities (APC) Project is a 5-year USAID-funded project implemented by JSI and FHI 360. APC's grant making and capacity building assistance will be used to strengthen local NGOs. The PEPFAR DR Partnership Framework includes broad civil society participation, prevention and promotion and universal access to integrated care and treatment, especially for key populations, including sex workers, men who have sex with men, mobile populations, and women with fewer than four years of formal education. Through the APC project, USAID/DR will provide grants and technical assistance to 4 lead NGOs to implement evidence-based HIV prevention programs with key populations, in each of the following geographical areas: Santo Domingo, Santiago, La Romana and Puerto Plata. Interventions delivered by lead NGOs and subgrantees (where required) will include sexual prevention, prevention with people living with HIV, and prevention of mother to child transmission. The program will strengthen linkages between NGOs, health facilities, and the private sector for programmatic and financial sustainability. In line with USAID Forward, this mechanism will support the transition to direct funding of local NGOs by the USAID Mission, through building the capacity of NGOs to manage and implement. The activity will draw on PLACE findings (when available), BSS data, Research to Prevention (R2P) studies to maximize effectiveness.

Cross-Cutting Budget Attribution(s)

Gender: GBV	100,000
Gender: Gender Equality	100,000
Key Populations: FSW	750,000
Key Populations: MSM and TG	250,000
Motor Vehicles: Purchased	75,000

TBD Details

(No data provided.)

Key Issues

TB

Budget Code Information

Mechanism ID:	17002		
Mechanism Name:	ADVANCING PARTNERS AND COMMUNITIES (APC)		
Prime Partner Name:	John Snow Inc (JSI)		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVCT	350,000	0

Narrative:

All NGOs have a complete program of pre and post-test counseling and have trained psychologists to assist patients in managing the information regarding their test results. Pre and post-test counseling will be the main assistance provided through this indicator. To be counted in this indicator, NGOs ensured people received an HIV test and when possible, counseling and follow up referrals for care and/or treatment. Testing occurs either in a hospital, clinic or at HIV testing sites. Coverage of HTC among the key populations cannot be estimated accurately, as there is no size estimation data. This gap in population size estimates should be addressed through CDC-supported surveys due to share data during 2013. Active referral to PMTCT and accompaniment to support linkages from HTC to care, treatment and other prevention services will be a key focus area of the project for female members of key populations.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,000,000	0

Narrative:

Size estimation and intervention design will be informed by the 2012 BSS data currently being analyzed by CDC. As well as ensuring that interventions focus on the most important determinants, the size estimation will enable an estimation of population coverage for different key populations (MSM, FSW, DU). PLACE will be supported through Measure Evaluation to enable more effective targeting of prevention activities with key populations. The following geographical areas: Santo Domingo, Santiago, La Romana and Puerto Plata. Quality assurance standards and supportive supervision will be the part of the remit of the implementing agency (JSI) to ensure effective interventions. The prevention package for key populations is still being defined, including differences in specific packages for populations. The packages are expected to include: Peer education and outreach; Sexual risk reduction counselling; Condom and lubricant promotion and distribution; Peer health navigation and accompaniment; HIV testing and counselling; STI screening and treatment; Prevention, diagnosis and treatment of TB; Solidarity and community mobilization; Linkages to other health, social, economic and legal services; Referrals to HIV care and treatment, including prevention of mother to child transmission. Prevention with positives is expected to include: HIV testing and counselling of sexual partners; Support to safe

disclosure to sexual partners and family members; Safer sex counselling; Alcohol use assessment and counselling; Family planning and safer pregnancy counselling; Assessment and treatment of other STIs; Condom distribution and promotion; Adherence counselling and support; Development and support of client-driven prevention goals; Participation in relevant peer support activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	200,000	0

Narrative:

A key recommendation from the PEPFAR TWG assessment visit to the DR in January 2013 was to include PMTCT elements in minimum package of evidence based interventions offered to female key populations. It is important to include high-priority PMTCT messages in national key populations BCC programming and related key pops-focused campaigns. Case reporting that includes risk factor data can be used to inform both PMTCT and key populations programming. Referrals to services should include PMTCT, preferably through active linkage. As well as providing PMTCT services in some instances, the NGO grants will support demand creation for PMTCT through community mobilization and active referrals to facilities providing PMTCT to increase PMTCT uptake and improve adherence and retention in treatment for HIV positive women.

Implementing Mechanism Details

Mechanism ID: 17004	**Mechanism Name: GRANTS MANAGEMENT SOLUTIONS (GSM)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 129,646	
Funding Source	**Funding Amount**
GHP-State	129,646

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In support of Goal Area 1 of the Partnership Framework (Public Policies for a Sustainable National Response) and Priority Area 1 of the Global Health Initiative Strategy (Strengthened Health System), USAID will leverage the Grant Management Solutions (GMS) project to provide short-term technical support to the country's Country Coordination Mechanism (CCM) for the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). GMS was established by the US Government to provide urgent, short-term technical support to countries receiving grants from the GFATM. GMS is a USAID-funded project managed by the Office of the Global AIDS Coordinator (OGAC). It is led by MSH with four partners. GMS contribution includes assisting in resolving Country Coordinating Mechanism (CCM) governance and leadership challenges. The PEPFAR team is a voting member of the CCM for the GFTAM program in the DR. A number of major shortcomings have been identified with management and implementation of the GFTAM program, which is the major funder for treatment in the country. The GFTAM and the US Government are seeking to work more closely together at global and national level. The PEPFAR team requested that USAID include funding for GMS in the COP 2013

The objective of this project in the Dominican Republic (DR) will be to strengthen the leadership of the CCM as the GFATM transitions out of the DR. This activity will leverage GFATM resources for technical support, which the CCM does not currently have the capacity to implement. The project will be monitored based on a set of milestones which will be developed in conjunction with the CCM. Ultimately, the impact of this project should result in improved and sustained performance of the GFATM project in the DR.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	17004		
Mechanism Name:	GRANTS MANAGEMENT SOLUTIONS (GSM)		
Prime Partner Name:	Management Sciences for Health		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	129,646	0

Narrative:

The principal health systems barrier that GMS will address is the lack of leadership in confronting the National Response to HIV. In addition to managing and overseeing implementation of the GFATM, the CCM serves as the principal donor coordination forum in the health sector. An added advantage of this model compared to traditional donor coordination models is the additional participation of government, civil society and the private sector.

Unfortunately, the CCM has not taken advantage of this diverse participation. As a result the management and implementation of the Global Fund—the principal resource for ARVs and Human Resources in the HIV response—has been seen as weak. The first activity will be a scoping visit to develop a technical assistance plan to improve Global Fund project management in the Dominican Republic. As a result of this scoping visit, the project in conjunction with the CCM will develop a list of milestones to track progress towards improved management and leadership of and by the CCM. USAID is able to allocate a relatively modest budget towards this activity because it is expected that GFATM resources for technical support will be leveraged.

The PEPFAR team holds a voting position on the CCM. The PEPFAR team is seeking to take greater advantage of opportunities to coordinate activities with the GFTAM. Recent visits by the GFATM Portfolio Manager for the DR indicate an increased willingness to ensure coordination. As such, this mechanism will be a strategic vehicle to ensure that coordination.

In addition, the GFATM is transitioning out of the country. In 2011, the GFATM was procuring 100% of the country's ARVs; within two years it is expected that the GODR assume 100% of this cost. Concurrently, there is also a need to transition human resources currently supported by the GFATM. Focused technical assistance will help to inform the transition process beyond GFATM and eventually beyond PEPFAR.


PEPFAR
U.S. President's Emergency Plan for AIDS Relief

USG Management and Operations

Assessment of Current and Future Staffing.

Redacted

Interagency M&O Strategy Narrative.

Redacted

USG Office Space and Housing Renovation.

Redacted

Agency Information - Costs of Doing Business

U.S. Agency for International Development

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
USG Staff Salaries and Benefits		992,407		992,407
Total	**0**	**992,407**	**0**	**992,407**

U.S. Agency for International Development Other Costs Details

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

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Computers/IT Services	15,000			15,000
ICASS		147,566		147,566
Institutional Contractors	815,000	0		815,000
Non-ICASS Administrative Costs	162,681			162,681
Staff Program Travel	60,000			60,000
USG Staff Salaries and Benefits	575,668	224,085		799,753
Total	**1,628,349**	**371,651**	**0**	**2,000,000**

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

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GAP	CDC ITSO Service	15,000
ICASS		GHP-State	ICASS Costs	147,566
Non-ICASS Administrative Costs		GAP	Translation, Vehic Maint, office materials, state FOBs, etc	162,681

U.S. Peace Corps

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Non-ICASS Administrative Costs		36,334		36,334
Peace Corps Volunteer Costs		254,378		254,378
Staff Program Travel		1,247		1,247
USG Staff Salaries and Benefits		156,932		156,932
Total	**0**	**448,891**	**0**	**448,891**

U.S. Peace Corps Other Costs Details

Category	Item	Funding Source	Description	Amount
Non-ICASS Administrative Costs		GHP-State		36,334