

PD-ABA-019
ISN 63330

TM 35:13
6-3-87

AID 1350 I (3 87) *PIO/T	AGENCY FOR INTERNATIONAL DEVELOPMENT PROJECT IMPLEMENTATION ORDER/TECHNICAL SERVICES		1. Cooperating Country Dominican Republic		Page 1 of 53 Pages		
			2. F/O/I No. 517-0256-3-80037		3. <input checked="" type="checkbox"/> Original or Attachment No. _____		
			4. Project/Activity No. and Title 517-0256: AIDS Prevention				
			5. Appropriation Symbol 72-1181021				
DISTRIBUTION	6. Budget Plan Code LDGAB8-25517-KG 13		7. Obligation Status <input checked="" type="checkbox"/> Administrative Reservation <input type="checkbox"/> Implementing Document				
	8. Project Assistance Completion Date (Mo., Day, Yr.) 9/15/1992		9. Authorized Agent M/SER/OP/W/HP				
	10. This PIO/T is in full conformance with FHO/AG No. N.A.		11a. Type of Action and Governing AID Handbook <input type="checkbox"/> AID Contract (HB 14) <input checked="" type="checkbox"/> AID Grant or Cooperative Agreement (HB 13) <input type="checkbox"/> PASA/RSSA (HB 12) <input type="checkbox"/> Other				
	11b. Contract/Grant/Cooperative Agreement PASA/RSSA Reference Number (if an Attachment) DPE-5972-A-00-7057		12. Estimated Financing (A detailed budget in support of column (2) is attached as Attachment No. <u>A</u>)				
	Maximum AID Financing Available		A. Dollars	(1) Previous Total	(2) Increase	(3) Decrease	(4) Total to Date
				-0-	159,482	-0-	159,482
			B. U.S. Owned Local Currency				
13. Mission References Santo Domingo 03253 Santo Domingo 05856		14a. Instructions to Authorized Agent Please amend Cooperative Agreement No. DPE-5972-A-00-7057 with Family Health International (AIDSTECH Project) to provide technical assistance, commodity supply, and intervention activities in the Dominican Republic. Except as herein provided, all other terms of the Cooperative Agreement remain the same. P800066					
		14b. Address of Voucher Paying Office M/FM/PAFD Agency for International Development Washington, D.C. 20523					
15. Clearances - Include typed name, office symbol, telephone number and date for all clearances.							
A. The Project Officer certifies that the specifications in the statement of work or program description are technically adequate. HPD:LHougen <i>LHougen</i>		Phone No. 365	B. The statement of work or program description has within the purview of the initiating office and approved agency programs. PRG:REllert-Beck <i>REllert-Beck</i>		Date 4/16/88		
C. CRD:MBAllen <i>MBAllen</i>		Date 6/13/88	D. Funds for the services requested are available		Date		
E MGT:RFascell <i>RFascell</i>		Date 6/20/88	CONT:TBebout <i>TBebout</i>		Date 6/17		
16. For the Cooperating Country: The terms and conditions set forth herein are hereby agreed to Signature: <u>Dr. Ernesto Guerrero</u> Date: <u>6/20/88</u> Title: <u>PROCETS, Director</u>			17. For the Agency for International Development Signature: <u>Thomas W. Stukel</u> Date: <u>6/20/88</u> Title: <u>USAID/DR Mission Director</u>				

*See HB 2, Sup. A, App. C, Att. B, for preparation instructions. Note: The completed form contains sensitive information whose unauthorized disclosure may subject an employee to disciplinary action.

18. Statement of work or program description for this project is described in Attachment No. D

19. Special Provisions

- A. Language Requirements (specify) All advisors must have a minimum of R-3, S-3 Spanish.
(If marked, testing must be accomplished by AID to assure desired level of proficiency.)
- B. Access to classified information will will not be required by technical specialists. (Indicate level) _____
- C. Duty post(s) and duration of technical specialist(s) services at post(s) (months) Santo Domingo
- D. Dependents will will not be permitted to accompany technical specialist(s).
- E. Geographic code applicable to procurement under this PIO/T is 000 892 935 941 Other (specify) US and DR
(If other than authorized in HB 1, Sup B, Chap 5, Para 5A1d, attach waiver(s).)
- F. Salary approval(s) to exceed FS-1 salary ceiling are attached in process N/A.
- G. Cooperating country acceptance of this project (applicable to AID/WV projects only)
 has been obtained is in process is not applicable to services required by PIO/T.
- H. Justification for use of external resources for consulting services is attached N/A.
- I. Clearance for procurement of ADP equipment, software, and services is attached in process N/A.
- J. OMB approval of any report to be completed by ten or more members of the general public under the statement of work is attached in process N/A.
- K. Participant training is is not being funded as part of this PIO/T.
- L. Requirement (contracts only) is recommended for small business set aside SBA Util Program neither.
- M. Other (specify): N.A.

20. Provisions for Logistic Support

A. Specific Items (insert "X" in applicable column at right. If entry needs qualification, insert asterisk and explain below in C. "Comments")

	IN KIND SUPPLIED BY		FROM LOCAL CURRENCY SUPPLIED BY		TO BE PROVIDED OR ARRANGED BY SUPPLIER	N/A
	AID	COOPERATING COUNTRY	AID	COOPERATING COUNTRY		
(1) Office Space						
(2) Office Equipment		X				
(3) Housing and Utilities		X				
(4) Furniture						X
(5) Household Appliances (Stoves, Refrig., etc.)						X
(6) Transportation in Cooperating Country						X
(7) Transportation To and From Country					X	
(8) Interpreter Services/Secretarial					X	
(9) Medical Facilities (Health Room)		X				
(10) Vehicles (official)						X
(11) Travel Arrangements/Tickets						X
(12) Nightwatchman for Living Quarters					X	
(13)						X
(14)						
(15)						

(OTHER SPECIFY)

20. Provisions for Logistic Support (Continued)

B. Additional Facilities Available From Other Sources

Diplomatic pouch N.A.

PX N.A.

Consistently N.A.

Other (specify, e.g., duty free, entry, tax exemption) N.A.

C. Comments

21. Relationship of Contractor or Participating Agency to Cooperating Country and to AID

A. Relationships and Responsibilities

FHI (AIDSTECH) will provide advisory services and commodity support to the implementing agencies, as described in the attached Statement of Work.

B. Cooperating Country Liaison Officials

Dr. Ernesto Guerrero, Executive Director, PROCETS.

C. AID Liaison Officials

Dr. Lee R. Hougren, Chief, Health and Population Division, USAID/DR.
Mr. Manuel M. Ortega, Project Officer, USAID/DR.

22. Background Information (additional information useful to authorized agent)

As this is a "buy-in" to the centrally-funded AIDSTECH project implemented by Family Health International, the negotiator should be familiar with the principal FHI Cooperative Agreement noted in block 11b.

Please note that USAID/DR has made available a total of \$159,482 for FY 88. This amount exceeds the AIDSTECH request by \$7,141. The additional funding is intended to support activities or supplies which were allocated to the FY 89 AIDSTECH budget. USAID/DR recommends allocating those \$7,141 to the line item selected by FHI, given their professional expertise in identifying priority activities.

23. Summary of attachments that accompany the PIO/T (check applicable boxes)

A. Detailed budget estimate in support of increased funding (Block 12)

B. Evaluation criteria for competitive procurement (Block 14A)

C. Justification for procurement by other than full and open competition or noncompetitive assistance

D. Statement of work or program description (Block 18)

E. Waiver(s) justification(s), clearance(s), certification(s) (Block 19) (specify number _____)

Detailed Budget Estimate

The detailed budget estimate presented below pertains to funding to Family Health International (FHI) for the AIDSTECH project. AIDSTECH represents one of the two recipients of the Mission's funding for AIDS prevention activities for FY 88. AIDSTECH will receive \$159,482 while AIDSCOM will receive \$140,518 (dealt with in a separate PIO/T).

The relationship between the AIDSTECH FY 88 budget and the Mission's four year funding for AIDS can be seen in Attachment D, Section II, G.

The relationship between the AIDSTECH FY 88 budget and AIDSTECH four year proposed funding is shown in the illustrative budgets for FY 89, 90 and 91 included in the following tables. The resources needed for the out years will be incrementally funded by USAID/DR pending the availability of funds.

Summary AIDSTECH Budget by FY*

	FY 88		FY 89		FY 90		FY 91		Total FY 89 - 91		Total
	Central	Mission	Central	Mission	Central	Mission	Central	Mission	Central	Mission	
Personnel	18,500	12,000	14,000	23,500	14,000	19,000	14,000	4,000	60,500	52,500	119,000
Consultants	5,000	16,500	0	39,000	0	19,500	0	8,000	5,000	33,000	38,000
Travel	8,050	14,500	4,100	27,000	4,100	29,900	4,100	5,898	20,350	69,298	89,648
Supplies/ Equipment	0	25,547	0	36,748	0	66,890	0	105,840	0	235,033	235,033
Printing	0	500	0	1,500	0	2,200	0	0	0	4,200	4,200
Shipping	0	1,450	0	2,700	0	2,800	0	0	0	6,950	6,950
Translation	0	2,000	0	5,000	0	5,600	0	0	0	12,600	12,600
Conference	0	0	0	4,000	0	6,000	0	6,000	0	16,000	16,000
Subagreement	0	40,000	0	52,380	0	35,000	0	0	0	127,380	127,380
Expansion	0	0	0	0	0	111,938	0	145,986	0	257,924	257,924
Total Direct	31,550	112,497	18,100	191,828	18,100	239,826	18,100	275,724	85,350	309,935	955,735
G & A	11,674	39,844	6,697	69,146	6,697	106,517	6,697	102,016	31,745	317,523	349,268
Total	43,224	152,341	24,797	260,974	24,797	396,403	24,797	377,740	117,615	1,187,458	1,305,073

* Note that USAID/DR has made available a total of \$159,482 for FY88. This amount exceeds the AIDSTECH request by \$7,141. The additional funding is intended to support activities or supplies which were allocated to the FY 89 AIDSTECH budget. USAID/DR recommends allocating those \$7,141 to the line item selected by FHI, given their professional expertise in identifying priority activities.

Summary AIDSTECH Budget by Sub-Project*
Mission Buy-In Costs

<u>Project</u>	<u>1988</u>	<u>1989</u>	<u>1990</u>	<u>1991</u>
1. Sexual Transmission				
a.Migrant	21,285	45,895	100,000	100,000
b.CSW	0	21,413	75,000	100,000
2. Blood Transfusion				
a.Blood & Cost Assessments	31,168	31,168	0	0
b.Commodity Support Supplies & Vehicles	35,000	25,000	30,000	85,000
3. Surveillance of HIV	64,888	64,888	60,499	15,000
4. Provider Training	0	31,510	41,785	15,000
5. Private Sector Mobilization	0	17,810	31,579	0
6. Commodity Provision	<u>0</u>	<u>23,290</u>	<u>57,540</u>	<u>62,740</u>
	<u>152,341</u>	<u>260,974</u>	<u>396,403</u>	<u>377,740</u>

*Note that USAID/DR has made available a total of \$159,482 for FY88. This amount exceeds the AIDSTECH request by \$7,141. The additional funding is intended to support activities or supplies which were allocated to the line item selected by FHI, given their professional expertise in identifying priority activities.

1.a BUDGET FOR MIGRANT WORKERS PROJECT
 MISSION BUY-IN CGSTS

	FY 88	FY 89	FY 90*	FY 91*
Personnel	1,000	2,000	0	0
Consultants	2,000	13,000	0	0
Travel	1,500	2,500	0	0
Translation	1,000	1,000	0	0
Subagreements	10,000	15,000	0	0
Project Expansion	<u>0</u>	<u>0</u>	<u>72,993</u>	<u>72,993</u>
Total Direct	15,500	33,500	72,993	72,993
G & A (37%)	5,785	12,395	27,007	27,007
Total	21,285	45,895	100,000	100,000

*Pending the availability of USAID/DR funds in FY 90 and 91, the program will be expanded to \$100,000 each year.

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1.b BUDGET FOR CSW/CONDOM DISTRIBUTION PROJECT
 MISSION BUY-IN COSTS

	FY 88	FY 89	FY 90*	FY 91*
Personnel	0	3,000	3,000	0
Consultants	0	2,500	2,500	0
Travel	0	2,500	2,000	0
Shipping	0	250	250	0
Subagreements	0	7,380	8,000	0
Project Expansion	<u>0</u>	<u>0</u>	<u>38,995</u>	<u>72,993</u>
Total Direct	0	15,630	54,745	72,993
G & A (37%)	0	5,783	20,255	27,007
Total	0	21,413	75,000	100,000

* Pending the availability of USAID/DR funds in FY 90 and 91, the program will be expanded to 75,000 (1990) and 100,000 (1991).

2.a BUDGET FOR BLOOD AND COST ASSESSMENT PROJECTS
MISSION BUY-IN COSTS

	FY 88	FY 89	FY 90	FY 91
Personnel	7,000	7,000	0	0
Consultants	7,500	7,500	0	0
Travel	8,000	8,000	0	0
Shipping	<u>250</u>	<u>250</u>	<u>0</u>	<u>0</u>
Total Direct	22,750	22,750	0	0
G & A (37%)	8,418	8,418	0	0
Total	31,168	31,168	0	0

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2.6 BUDGET FOR BLOOD: COMMODITY SUPPORT PROJECT
 MISSION BUY-IN COSTS

	FY 88	FY 89	FY 90*	FY 91
Supplies/Equipment	<u>25,547</u>	<u>18,248</u>	<u>21,898</u>	<u>62,044</u>
Total Direct	25,547	18,248	21,898	62,044
G & A (37%)	9,453	6,752	8,102	22,956
Total	35,000	25,000	30,000	85,000

* Assumes availability of USAID/DR funds in FY 90 and 91.

3. BUDGET FOR SURVEILLANCE PROJECT
MISSION BUY-IN COSTS

	FY 88	FY 89	FY 90 *	FY 91 *
Personnel	4,000	4,000	4,000	3,000
Consultants	7,000	7,000	6,000	4,000
Travel	5,000	5,000	5,000	3,949
Printing	500	500	500	0
Shipping	1,200	1,200	1,200	0
Translation	1,000	1,000	1,000	0
Subagreements	<u>30,000</u>	<u>30,000</u>	<u>27,000</u>	<u>0</u>
Total Direct	48,700	48,700	44,700	10,949
G & A (3%)	16,188	16,188	15,799	4,051
Total	64,888	64,888	60,499	15,000

* Assumes availability of USAID/DR funds in FY 90 and 91.

4. BUDGET FOR PROVIDER TRAINING PROJECT
MISSION BUY-IN COSTS

	FY 88	FY 89	FY 90*	FY 91*
Personnel	0	4,000	5,000	1,000
Consultants	0	3,000	3,000	2,000
Travel	0	5,000	6,700	1,949
Supplies	0	1,000	1,500	0
Equipment	0	2,500	3,500	0
Printing	0	500	700	0
Shipping	0	500	600	0
Translation	0	2,500	3,500	0
Conference Costs/ Workshops/Participant Costs	<u>0</u>	<u>4,000</u>	<u>6,000</u>	<u>6,000</u>
Total Direct	0	23,000	30,500	10,949
G & A (37%)	0	8,510	11,285	4,051
Total	0	31,510	41,785	15,000

* Assumes availability of USAID/DR funds in FY 90 and 91.

5. BUDGET FOR PRIVATE SECTOR MOBILIZATION PROJECT
MISSION BUY-IN COSTS

	FY 88	FY 89	FY 90*	FY 91
Personnel	0	3,500	7,000	0
Consultants	0	4,000	6,000	0
Travel	0	4,000	7,200	0
Printing	0	500	1,000	0
Shipping	0	500	750	0
Translation	<u>0</u>	<u>500</u>	<u>1,100</u>	<u>0</u>
Total Direct	0	13,000	23,050	0
G & A (37%)	0	4,810	8,529	0
Total	0	17,810	31,579	0

* Assumes availability of USAID/DR funds in FY 90.

6. BUDGET FOR COMMODITY SUPPLY FOR HEALTH CARE WORKERS
MISSION BUY-IN COSTS

	FY 88	FY 89	FY 90*	FY 91*
Local Consultant	0	2,000	2,000	2,000
Supplies & Equipment	<u>0</u>	<u>15,000</u>	<u>40,000</u>	<u>43,796</u>
Total Direct	0	17,000	42,000	45,796
G & A (37%)	0	6,290	15,540	16,944
Total	0	23,290	57,540	62,740

* Assumes availability of USAID/DR funds in FY 90 and 91.

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STATEMENT OF WORK

I. INTRODUCTION AND ADMINISTRATIVE ARRANGEMENTS

In response to a request from the Secretariat of State of Public Health and Social Assistance (SESPAS), the USAID Mission will commence implementation of an AIDS Prevention Project in FY 88. Because of the technical expertise required to implement AIDS prevention programs, USAID will assist the Government of the Dominican Republic (GODR) by means of buy-ins to two centrally-funded projects: AIDSCOM and AIDSTECH. Both of these projects have been analyzed by the Mission and found to be highly responsive to the local needs, offer expert staff to guide program implementation, and provide additional funds which complement the Mission's own DA funding.

The Mission's four year AIDS Prevention Project (517-0256) has received an allocation of \$300,000 for FY 88 and \$500,000 for FY 89. We estimate that an additional \$1,500,000 will be needed for FYs 90 and 91, for a total LOP funding of \$2,300,000. Prerequisite amount of counterpart funds will be forthcoming from the Technical Secretariat of the Presidency through the PL 480, Title I Program.

As the Mission will be working with two centrally-funded projects, two separate PIO/Ts are necessary; one for each collaborating centrally-funded projects.

In Section II of this Statement of Work, we provide a description of the Mission's AIDS Prevention Project, while Section III contains a specific description of the work to be contracted with the AIDSCOM project. Thus, the Scope of Work has been written so that the A.I.D./Washington Contract's Office need only to focus on Section III as the terms of reference to be negotiated with the Academy for Educational Development (DPE-5972-2-00-7070), the principal contractor responsible for the implementation of the AIDSCOM project.

II. PROJECT DESCRIPTIONA. Background:

The incidence of known AIDS cases in the Dominican Republic, as of March 1988, stands at approximately 500 and it is estimated that there are already over 40,000 HIV-positive individuals in the country. Projections for the 1988-1992 period indicate that no less than 20,800 new AIDS cases will occur. Because AIDS has become a life threatening condition to a substantial number of Dominicans and

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imposes new pressures upon an already weak and overburdened national health system, USAID has included this project, aimed at the prevention and control of AIDS, under its Objective No. 9 "Improve Health and Health Services" of the most recent Action Plan.

B. Relationship to Host Country and Other Donors:

In response to the growing incidence of AIDS in the country, in February 1987, the GODR established within SESPAS a Program for the Control of Sexually Transmitted Diseases and AIDS (PROCETS). Soon thereafter, in May 1987, the President of the Dominican Republic created a National Commission for the Study of AIDS (CONASIDA) with joint public and private sector participation to ascertain the magnitude of the domestic AIDS problem and propose steps to contain its spread to the population at large.

In June 1987, CONASIDA presented to PAHO a preliminary version of a National Plan for the Prevention and Control of AIDS. PAHO immediately responded providing initial project funding and additional technical assistance to strengthen the Plan, thus taking the lead among donor agencies in working with CONASIDA and PROCETS. PAHO as well as local implementing agencies recognize, however, the need for additional funding and technical assistance from other international donors, including A.I.D.

C. Conformance with Agency and Bureau Policies:

The project is in conformity with Agency and Bureau policy regarding reducing the transmission of AIDS. Specific reference is made to the 1987 A.I.D. Policy Guideline on AIDS which was transmitted in STATE 100959 (4/4/87).

D. Purpose Statement

The purpose of this four year project is to reduce the transmission of AIDS in the Dominican Republic by providing technical assistance and limited operating funds to the GODR's National Plan for the Prevention and Control of AIDS. PROCETS, operating within SESPAS, will be the main implementing entity. The project will consist of two components: public education (AIDSCOM) and improving technical services (AIDSTECH).

E. Project Components:

Public Education: Under this component, PROCETS staff responsible for preparing public communication will be trained in the preparation of messages for the public at large and for specific high risk populations using social marketing techniques. All messages will be thoroughly field tested and evaluated for their behavior-changing impact. The objective of this component is to inform the Dominican adult population of the dangers of AIDS, its modes of transmission, steps to be taken to prevent transmission and where to seek valid information and competent diagnostic services. To carry out this component, the project will provide PROCETS with: a long term Resident Advisor for four years with expertise in mass communication and social marketing; training in operations research methodology as applied to communication; and operating funds to pay for the publication of pamphlets, posters, T.V. and radio spot messages to raise community awareness of the dangers of AIDS. Also under this component, the project will provide training in the use of research to improve the overall effectiveness of the communications and program impact.

The centrally-funded AIDSCOM project will be contracted through a Mission buy-in to provide short term specialists and the long term Resident Advisor to guide PROCETS in carrying-out these activities.

Technical Services: This component will address three areas of work: studies to ascertain the actual numbers, location and characteristics of AIDS and HIV-positive cases in the D.R.; upgrading of blood banks with appropriate testing to assure that all blood supplies are free from HIV contamination; and training of health personnel on the care of AIDS patients to reduce the chances of patient-to-worker transmission.

The AIDSTECH centrally-funded project will manage this component. They will provide the necessary funds for supplies, equipment, production of materials, operational research programs, and short term technical assistance supported by a buy-in from the Mission.

F. Mission Management and In-country Administrative Arrangements:

The AIDS Prevention Project will be managed by the Health and Population Division (HPD) which has assigned a Project Officer to monitor the activities to be carried out. For the present, the Project Officer is also HPD's Population Program Coordinator who has a working relationship with local institutions involved in AIDS

prevention as well as family planning. The Project Officer will also serve as Mission Contract Monitor for the AIDSCOM and AIDSTECH contracts.

In the management of the AIDS Prevention Project, the Project Officer will be assisted by a Project Implementation Committee whose membership includes representatives from staff and other technical divisions most involved in the successful implementation of the program. The offices represented on the Implementation Committee are: Controller's, Capital Resources, Management Office and Human Resources. The Program Office will participate, as needed.

To guide the day-to-day activities of the AIDSCOM project and to provide TA to its counterpart institutions, AIDSCOM will provide a long term Resident Advisor.

Due to the complementary nature of the work to be performed by the AIDSCOM and AIDSTECH Projects, the AIDSCOM Resident Advisor will also assist with the scheduling of short-term technical assistance and follow up activities for the AIDSTECH project.

With the assignment of a Project Officer and the presence of a long term Resident Advisor, the Mission believes it can provide adequate monitoring and oversight to this program area.

The attainment of project objectives will be monitored by means of monthly project performance meetings chaired by the Deputy Mission Director and semester progress meetings chaired by the Mission Director. Should these reviews reveal difficulty in project implementation, corrective actions will be taken including a restructuring of the Mission's management of the project.

G. Summary Budgets:

TABLE I
Summary Program Budget-LOP Funding
 (\$000)

<u>Component</u>	AID	HC		<u>Total</u>
	<u>FX</u>	<u>LC</u>	<u>In kind</u>	
Public Education (buy-in to AIDSCOM)	1,209	200	185	1,594
Technical Services (buy-in to AIDSTECH)	<u>1,091</u>	<u>200</u>	<u>185</u>	<u>1,476</u>
TOTAL	<u>\$2,300</u>	<u>400</u>	<u>370</u>	<u>3,070</u>
	75%	25%		

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TABLE II
Illustrative Disbursements by FY
 (\$000)

Component	FY 88			FY 89			FY 90			FY 91			FY 92			TOTAL		
	AID FX	LC	HC IK	AID FX	LC	HC IK	AID FX	LC	HC IK	AID FX	LC	HC IK	AID FX	LC	HC IK	AID FX	LC	HC IK
Public Educ. (AIDSCOM)	141	13	13	270	50	45	233	50	45	314	50	45	201	37	37	1,209	200	185
Techn. Serv. (AIDSTECH)	159	13	13	230	50	45	367	50	45	335	50	45	-	37	37	1,091	200	185
TOTAL	300	26	26	500	100	90	600	100	90	649	100	90	201	74	74	2,300	400	370

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This PIO/T will deal only with the Technical Services component of the Mission's AIDS Prevention Project to be carried out with AIDSTECH.

III. DESCRIPTION OF THE WORK TO BE PERFORMED BY AIDSTECH

A. Purpose:

This proposal outlines technical assistance, commodity supply and interventions by FHI to meet the needs of the Dominican Republic in the prevention of the spread of HIV infection. Funding for the collaborative project will be from the AIDS Prevention Project (517-0256) under the USAID/DR bilateral program.

B. Background:

In June 1987, the GDDR in collaboration with WHO's Global Program on AIDS, has developed and approved a preliminary National Plan to address concerns with AIDS and the spread of HIV infection.

FHI is an organization which specializes in providing technical assistance and specific interventions to prevent the spread of HIV infection and AIDS through its AIDSTECH project.

Key constraints to controlling effectively HIV transmission, that are particularly pertinent to AIDSTECH activities within the Dominican Republic, are listed below:

1. Insufficient donor assistance to accomplish many important activities.
2. Insufficient commitment from private industries to support AIDS prevention.
3. Poor organizational integration of the activities of the relevant governmental and non governmental institutions.
4. Insufficient information about knowledge, attitudes and behavior to design good intervention programs.
5. Inadequate seroprevalence data for prioritizing interventions in different high risk groups.
6. Incomplete HIV positive case reporting.
7. Lack of safe blood supply.

8. Inadequate planning strategy for a national blood screening program.

9. Inadequate counselling programs for HIV positive blood donors and other known HIV positive individuals.

10. Undeveloped clinic and outreach infrastructure for treating sexually transmitted diseases and AIDS.

11. Insufficient numbers of trained personnel whether for blood banking/laboratory testing/high risk group counselling/preventive, acute or chronic care.

12. Need for basic tools for management, e.g., vehicles, microcomputers, copy machines.

13. Widespread need for essential equipment and supplies, e.g., disposable gloves/syringes, HIV testing kits and laboratory equipment.

C. Overall Project Summary:

The primary objective of this project is to give technical assistance, commodity support, and introduce interventions, focused on preventing the spread of HIV infection in the Dominican Republic.

The funds provided by this PIO/T will support collaborative sub-projects between FHI, PROCETS and other institutional members of CONASIDA. These activities will be implemented over approximately three months in FY 88 (July 1 - September 30) and throughout FY 89, 90 and 91 should bilateral funds become available.

It is expected that the proposed projects will contribute to GODR's goal of providing blood transfusions that are free from HIV contamination; better knowledge of the status of HIV infections in particular population groups; better informed and more competent health care personnel; information on cost effective strategies for blood screening; health insurance strategies that if implemented will support prevention and treatment of AIDS; and, more sophisticated and effective management control activities in PROCETS and other collaborating organizations. Policy makers within the Dominican Republic are expected to gain information that will assist in designing regulations and policies that will help reduce the spread of infection within the country. The collaborative effort with AIDSTECH will help improve the Dominican Republic's self-sufficiency in AIDS prevention.

22-

D. Implementation:

1. A principal investigator or program manager in the Dominican Republic will be selected for each sub-project prior to the detailed project development phase. Technical proposals will then be developed through the collaborative efforts of the principal investigator and appropriate FHI/AIDSTECH staff.

2. FHI will appoint a technical monitor for each sub-project and will arrange for necessary consultation visits to the Dominican Republic each year by the AIDSTECH Regional Director to:

a) Monitor progress of AIDSTECH technical assistance programs.

b) Provide a forum for continuing dialogue with PROCETS/CONASIDA officials, donor agency representatives, key contractor organizations involved in technical assistance, private industry and other non-governmental organizations involved in AIDS-related programs regarding technical and medical issues as well as health policy and program implementation problems and how all of these affect the implementation of technical assistance programs.

c) Recommend solutions for implementation problems.

3. AIDSTECH will provide technical support to PROCETS, including:

a) Arranging for locally subcontracted technical services and goods subcontracted in the U.S. in support of the National AIDS Plan. This will include identifying appropriate firms/organizations, writing scopes of work, monitoring progress and producing finished product.

b) Bi-monthly mailings of relevant articles from AIDS literature.

E. Clearance:

Fully developed sub-projects will be approved by appropriate GODR Officials and by USAID/Santo Domingo and AID/W, prior to project initiation.

F. Reports:

Quartely progress reports will be provided by AIDSTECH to USAID, SESPAS and AID/W, with information specifically outlining progress on each of the mayor tasks identified in the items under Scope of Work. The reports should include major accomplishments, note problems and delays in implementation, and propose feasible solutions.

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c) Recommend solutions for implementation problems.

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Quarterly financial reports showing expenditures by line items should also be provided to USAID and SESPAS.

An annual report at the end of year one of the project should summarize progress of the year and also propose any reprogramming of the budget or amendments in objectives or tasks as necessary. A Final Project Report is also required, per standard AID regulation.

G. Specific Sub-project Summaries:

Detailed Sub-project descriptions follow. Budgets both for the project and its sub-projects are shown in Attachment A of this PIO/T.

1.a. Seroprevalence of HIV Antibodies and Prevention of HIV Transmission In Migrant Rural Workers at High Risk of Infection In the Dominican Republic

STATEMENT OF WORK

A. Background

A significant fraction of the 352 adult cases of AIDS reported as of October 16, 1987, have been in migrant rural workers. Seroprevalence studies have shown rates between 8 and 16%. It would seem that rural migrant workers in the D.R. are at significant risk of HIV infection. They in turn pose a risk to their sexual partners.

A method of HIV infection surveillance does not exist in migrant rural workers. At this time in the Dominican Republic, migrant rural workers represent a significant percentage of AIDS cases and of known HIV seropositives and they represent an identifiable group of individuals at high-risk who can benefit from targeted educational interventions.

Little is known about the knowledge, attitudes and practices of rural migrant workers in the D.R. regarding AIDS, other sexually transmitted diseases and their use of condoms and spermicides. This information is essential for designing effective strategies to halt the spread of AIDS.

Dominican Republic has large numbers of migrant rural workers, who live in communities called "bateyes". These persons have sexual partners both within and outside their communities. Since the known prevalence of HIV and AIDS is relatively high, limiting the spread of the virus among migrant rural workers and their sexual partners would be of considerable benefit, not only to D.R. but to several other countries.

B. Objectives.

1. To obtain information on the characteristics and lifestyles of rural migrant workers in a batey in rural D.R.;
2. To determine the knowledge and attitudes of migrant rural workers about AIDS, their assessment of personal risk, and the prevalence of condom use;

3. To determine the prevalence of HIV infection among migrant rural workers in a batey ; and,
4. To develop interventions to promote adoption of risk reducing behaviors and to monitor and evaluate the impact of these interventions.

WORK PLAN

A. Project Design.

1. A baseline survey to assess HIV status, knowledge and attitudes about HIV infection and sexual practices including use of condoms:
2. Design of Interventions;
3. Implementation of interventions;
4. Evaluation of the impact of these interventions on behavior change.

B. Project Activities.

1. Data Collection.

The baseline survey will address current knowledge of AIDS, sexual practices and personal risk, frequency of condom use, acceptability of condoms, problems in motivating sexual partners to accept condoms, and general information on STD prevention. A questionnaire will be administered and pretested by contact tracers employed by the MOH Disease Surveillance Group. Questions remain about where interviews and collection of blood for HIV testing should take place. Interviews at the location where the migrants work is preferred to reduced loss of subjects due to an inability to follow-up or to nonparticipation.

2. Intervention.

Interventions will be developed based on the results of the baseline survey. Possible interventions might focus on education and counselling, condom promotion and distribution, and teaching workers to encourage their partners to accept condoms. Interventions will be introduced by migrant workers at the migrant's workplace to encourage participation. Appropriate strategies for condom promotion and distribution will be developed involving migrant volunteers.

C. Evaluation.

Evaluation of these interventions will include a post intervention survey to assess changes in knowledge, attitudes and behaviors; the volume of condom distribution before and after the intervention, and measurement of the frequency of use reported by the migrants. If possible, a control group from another batee not exposed to the intervention will be included. This group will depend on the mobility of migrants.

D. Use of Results

This project will provide important information about the seroprevalance of HIV infection in this population, the behavioral risk factors which are most important and the type of interventions which are most likely to succeed in reducing risk of infection in this potentially high-risk population. It will provide useful lessons to other countries in the Caribbean which face a similar problem.

TIME LINE

Months 1 2 3 4 5 6 7 8 9 10 11 12 - 20 21 22 23 24

Project Development

Protocol X X
Questionnaire X
Sampling Plan X X X

Data Collection

Training X
Pre-test X
Fieldwork X X X

Intervention

Design X
Implement X X X X X X X X

Post Survey

Analysis XX

Report Preparation XX

1.b. Evaluation of a condom intervention program among commercial sex workers (CSW's) in the Dominican Republic

STATEMENT OF WORK

A. Background

HIV infection and related disease has been noted in DR for several years and CSW's were identified as a potential high risk group. This was supported by a sero-prevalence study which showed that over 1 1/2% of female CSW's in the capital, Santo Domingo, had serological evidence of HIV infection. To diminish the risk of HIV infection to these CSW's and prevent it becoming even higher, condoms have been distributed by the health authorities since early 1987 to CSW's in the capital. It would be important to find out to what extent this initiative has altered knowledge and patterns of behavior among CSW's.

B. Objectives

1. To design an evaluation to determine the effect condom distribution on knowledge and condom usage among a group of female CSW's who have been part of a condom distribution program.
2. To compare CSW's who have been part of a condom distribution program with a group of female CSW's who have not been part of a condom distribution program in respect of knowledge of HIV transmission and condom usage.

WORK PLAN

A. Project Design

The project consists of two surveys one with a group of female CSW's exposed, and one not exposed to a condom distribution program.

B. Activities

A survey of female CSW's will be carried out in the capital, Santo Domingo and at a resort, Puerto Plata. The former has been exposed to a condom distribution program, the latter has not.

C. Evaluation

The project will be evaluated by comparing knowledge of HIV transmission, condom use currently and prior to the condom distribution program, in both groups. Supplementary issues include perception of risk, condom acceptability by clients and source of condoms.

D. Use of Results

Lessons learned from this assessment concerning the effectiveness of this particular condom intervention program should prove useful in other areas of Latin America.

TIME LINE

Months 1 2 3 4 5 6 7 8 9 10 11 12 - 20 21 22 23 24

Project Development

Protocol X X
 Questionnaire X X
 Sampling Plan X X

Data Collection

Training X X
 Fieldwork X X X X X X

Intervention

Design X X
 Implement X X X X X X X X X X

Post Survey

Analysis X XX

Report Preparation X XX

2.a. Need Assessment for Improving the Blood Screening and Laboratory Testing Program in the D.R.

STATEMENT OF WORK

A. Background

The Dominican Republic has developed a blood screening and laboratory testing program with several goals:

- .to reduce HIV transmission through blood transfusion
- .to provide adequate HIV testing capability
- .to discourage payment for blood donation

The government has requested technical assistance to help meet these goals. Assistance is required in planning for expansion and improvement of the current program. This is viewed as an essential component of this project which will assist the D.R. in assessing its current blood screening and testing practices and examine the manpower, cost, equipment supply, and organizational implications for expanding the program.

B. Objectives

This project will have several objectives:

- . to assist the D.R. to examine its current blood screening program and plan for future improvement and expansion.
- . to assist the D.R. to meet its goal to reduce paid blood donation.
- . to assist the D.R. in exploring low cost blood screening practices such as blood pooling.

There is a need to assist the D.R. to carry out a needs assessment of their blood screening program and to develop a plan for improvement and expansion of the program. This should include at a minimum:

- . careful consideration of the existing infrastructure for blood screening and testing.
- . potential for building in low cost strategies including centralizing blood screening and the use of efficient screening methods such as blood pooling or less costly testing kits.

- . program options available to the D.R. in terms of equipment and supply, organizational structure and level of screening performed.
- . strategies for decreasing the private sale of blood and encouraging blood donations.
- . definition and quantification of the costs of a range of options for blood screening programs
- . provision of recommendations for the D.R. program along with the long-term cost implications.
- . plans for decreasing the number of unnecessary blood transfusions.

It is important in planning for an optimal program in the D.R. that sound financial planning for meeting the long-term costs is performed.

WORK PLAN

A. Project design

Blood and financial specialists will provide technical assistance in close collaboration with the National AIDS Committee. Technical assistance will consist generally of data collection and analysis of the existing blood screening program and future demand for program expansion. An assessment of current and future need for blood equipment, supply, manpower and vehicles will lead to a recommended financial and operational plan of action.

B. Activities

The following activities will be undertaken:

1. Technical assessment to examine the current blood screening program and identify immediate commodity shortfall.
2. Technical assessment to define and plan for meeting projected need for blood screening program development in the following areas:
 - . commodities
 - . manpower
 - . training
 - . organizational change
 - . management change

C. Monitoring

Through a series of evaluations, the development of the D.R. blood screening program will be monitored. Technical assistance will be redefined as identified by routine monitoring reports.

D. Evaluation

The implementation of the blood screening plan will be monitored throughout the project and evaluated at the end of the four year period.

E. Use of Results

It is expected that this project will result in substantial improvement of the blood screening program in the D.R. and that the protocol used for the needs assessment and the range of optional blood screening programs developed will be useful for other countries.

TIME LINE

Months	1	2	3	4	5	13 - 24 - 48
Assessment visit by blood consultant and finance consultant	X					
Design of blood screening program options	X					
Site visit for assessment of current program and future need			X			
Report on operational and financial analysis of current program				X		
Plan for improving and expanding blood program with specific recommendations					X	
Blood pooling project				X		
Development of specific operational and financial five year plan for blood screening program						XXXXXX
Technical assistance in various components of Plan implementation						XXXXXX
Evaluation of blood program evolution						XXXXXX
Technical assistance in Plan implementation						XXXXXX
Evaluation of blood program evolution						XXXXXX

2.b. Commodity Support for Improving the Blood Screening and Laboratory Testing Program in the D.R.

STATEMENT OF WORK

A. Background

The Dominican Republic has developed a blood screening and laboratory testing program with several goals:

- .to reduce HIV transmission through blood transfusion
- .to provide adequate HIV testing capability
- .to discourage payment for blood donation

The government has requested commodity assistance to help meet these goals. Assistance in blood screening equipment and supplies is requested as well as purchase of a vehicle.

B. Objectives

- . to assist the D.R. by providing supplies and equipment to strengthen the National HIV Reference Center.
- . to provide a vehicle to strengthen the Government's capability to monitor the blood banking system.

There is an immediate need to provide equipment and supplies to strengthen the National Reference Center for HIV. The reference center serves as the core facility for HIV testing in performance of confirmation tests, training and supervision of a quality assurance program for the entire country. It is currently unable to meet its official mandate and is requesting support from AIDSTECH. In addition, there is an identified need for a vehicle to strengthen the Government's capability to monitor the blood banking system.

WORK PLAN

A. Project design

- . AIDSTECH will purchase and deliver one vehicle.
- . AIDSTECH to support maintenance and gasoline for above vehicle for two years.
- . AIDSTECH will purchase and deliver laboratory equipment and supplies. The specific purchases will be determined following laboratory assessment visit.

- 38'

TIME LINE

Months

Purchase vehicle

Support maintenance & gasoline

Purchase supplies

1 2 3 4 5 13 - 24

X

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

3. Surveillance of HIV Infection

STATEMENT OF WORK

A. Background

Long term surveillance of HIV infection is necessary in order to measure changes in the incidence of HIV infection, which will be reflected subsequently in the course of the AIDS epidemic. For many purposes, surveillance of the level of HIV infection is more important than the surveillance of AIDS cases because changes in HIV infection predate changes in the number of AIDS cases by 5 to 10 years.

The objective of surveillance of HIV infection is to help prioritize intervention activities by geographic area and sub-population. In addition, trends in HIV infection also provide a basis for evaluation of prevention programs, long before any changes would be apparent in the number of AIDS cases.

WORKPLAN

A. Project Design

Based on an analysis of symptomatic cases and the criteria listed below, up to five population groups will be chosen as targets of long term surveillance. At least one group should be a "sentinel" group which will allow for inexpensive passive surveillance among low prevalence groups over large geographic areas (eg. STD patients, truckers, prisoners, TB patients). At least one group should be a high prevalence population which can be targeted for a cohort approach, or serial population samples. At least one group should be representative of a sexually active but low risk population group, e.g. women during pregnancy, volunteer blood donors or health care providers.

Factors which should be taken into consideration in the choice of populations to study include the following:

1. Can this population be studied in different geographic regions of the country?
2. Can this population be
 - enrolled in a cohort;
 - sampled on a routine basis through sentinel health facilities; or

- surveyed on a regular basis (eg. every year)?

3. Is this population the target of an intervention program.
4. Does this population include people practicing high risk behaviors, or is this a population which is more representative of the general population?

Based on the results of the surveillance program, needs for additional epidemiologic studies will probably be identified.

B. Project Activities

The following activities will be undertaken as part of the surveillance plan.

1. Identification of target groups and estimation of sample sizes and type of follow-up.
2. Setting up sampling and blood drawing procedures and coordinating the laboratory testing.
3. Setting up a plan for regular data analysis.
4. Analyzing and interpreting surveillance data in collaboration with SESPAS officials.
5. Preparing and disseminating regular reports of surveillance data to appropriate officials.
6. Proposing additional studies based on discussion of the surveillance results with SESPAS officials.

C. Monitoring

An internal evaluation should occur at the end of the first year of operation of the surveillance system. This would involve primarily SESPAS and AIDSTECH personnel. At the end of the second year, an external evaluation should be planned, with participation of USAID and WHO/PAHO or CAREC personnel if possible.

D. Evaluation

Evaluation of the surveillance system will be based on (1) whether it produces timely reports; (2) whether they are useful in assessing long term trends in HIV infection; and (3) whether the surveillance system results in the identification of needs for additional studies or prevention programs.

If the USAID/SESPAS AIDS control project has sufficient funds in the third and fourth project years, a national or regional population-based survey could be carried out to validate the picture developed from the sentinel surveillance activities.

E. Use of Results

Given timely information, decision makers will be able to redeploy existing resources, and where necessary garner additional resources to help slow HIV transmission.

42-

TIME FRAME

Months

1 2 3 4 5 6 7 8 9 10 11 12

Choose groups
Initiate surveillance
Maintain surveillance
Semi-annual reports
Internal evaluation

XX
XXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XX
XX
XX

Months

13 14 15 16 17 18 19 20 21 22 23 24

Maintain surveillance
Semi-annual reports
Propose new studies
External evaluation

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XX
XX
XX
XX

4. Training of Health Care Providers

STATEMENT OF WORK

A. Background and Importance.

Most activities related to AIDS in the Dominican Republic are coordinated by the Ministry of Health. The Ministry regards the technical training of health care personnel at all levels as an urgent priority. There is a widespread need to convince doctors, nurses and auxiliaries of the severity of the AIDS epidemic in urban areas and its potential spread to rural areas.

Health care providers in the Republic also need a better understanding of the etiology and epidemiology of AIDS, its diagnosis, and infection control precautions. In addition, they need training in the counseling of sero-positive persons and those suffering from AIDS.

B. Objectives

1. To assess current levels of knowledge and performance of selected urban and rural health care providers with regard to AIDS and prevention activities, supervision and management.
2. To identify technical and psycho-social training needs and develop appropriate training strategies.
3. To develop a series of prototype training modules appropriate for health care providers at different levels, and adapt and translate the modules as appropriate.
4. To identify personnel capable of undergoing training as trainers, and with their assistance adapt prototype training modules to the context of the Dominican Republic.
5. To provide training in the theory and practice of competency-based training, AIDS-related content, and instructional methodologies.
6. To provide technical assistance for developing and institutionalizing a systematic program of inservice training.
7. To assess achievements of inservice training by means of periodic evaluation of knowledge and performance of selected urban and rural health care providers.

WORK PLAN

A. Project Design

The project would consist of an initial assessment of training needs, followed by the completion, translation and adaptation of prototype training modules. These phases would be followed by training of selected personnel as trainers, during a series of three five-day workshops to be held within the first fifteen months of the project. Personnel trained would subsequently plan, initiate and implement systematic inservice training. At periodic intervals, performance evaluation of selected health care providers would indicate the relative effectiveness of inservice training and the need for any improvements in the program.

B. Activities

AIDSTECH will design a series of appropriate instruments that will identify training needs of the different categories of health care providers in the Dominican Republic. On the basis of test results, AIDSTECH will develop (or adapt) competency-based training materials that will be used initially in the training of trainers and subsequently by them in the training of health care providers.

AIDSTECH will provide trainers with technical assistance in setting up a system of inservice training in the Dominican Republic, and will participate in initial inservice training activities.

C. Monitoring

Through a series of performance evaluations, AIDSTECH will monitor the effectiveness of inservice training and recommend improvements or remediation, as necessary, and provide appropriate technical assistance.

D. Evaluation

Formative evaluation, described above, will take place throughout the project. Summative evaluation will be made twelve months after completion of the training of trainers, by similar means.

45

E. Use of Results

During years 2 and 3 of the project, the program can be extended to cover additional types of providers, as well as providing remedial training to providers who have already been trained. Exact programming would depend on the results of the summative evaluation from Year 2.

If successful, this project could be replicated in other Spanish speaking countries, or elsewhere. Materials produced could be translated into other languages and used by inservice trainers and preservice training institutions in a number of countries.

TIME LINE

Months	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>
Training needs assessment	X							
Identification of inservice trainers	X							
First training session			X					
Second training session						X		
Third training session							X	
Performance evaluation			X			X		X
Translation of modules								
Disease Control		X						
Sterilization		X						
Leadership	X							
Supervision	X							
Inservice	X							
Counseling			X					

5. Development of a Plan for Private Sector Investment in AIDS Control in the D.R.

STATEMENT OF WORK

A. Background

The D.R. is interested in knowing how to mobilize D.R. resources including the private sector to make a comprehensive AIDS prevention program a success. This project will identify the private companies and not-for-profit organizations which could potentially contribute directly or indirectly (e.g. through insurance schemes) to AIDS control. These could include banks (e.g. Citibank, Royal Bank of Canada, Barclays), independent auditing firms, chamber of commerce, Lions Clubs, U.S. embassy Commercial Section, or the Dominican Industry Associations).

B. Objectives

The objectives for the project will be to:

.Meet with private organizations to solicit specific interest

.Identify schemes for mobilizing the private sector

.Design projects to involve the private sector

WORK PLAN

A. Project design

This project will involve solicitation of the private sector in the D.R. AIDSTECH technical consultants will design a plan and assist identified in-country consultants to define, notify and meet with potential interested organizations. Projects involving interested organizations will be developed by the AIDSTECH financial specialist in close collaboration with in-country consultants.

B. Project activities

The following steps will be taken:

Prepare a list of prevention and control activities within the scope of the D.R. mid-term plan which is of potential relevance to commercial entities with large number of employees or other private organizations.

JB

2. For each prevention and control activity listed, develop intervention schemes for presentation to include:
 - model corporate policies on AIDS
 - materials and programs for employee orientation and training
 - training the trainer programs for corporate staff, local consultants, or a consortium of organizations to provide ongoing employee training on AIDS prevention.
 - technical assistance to corporate or health officers.
3. For each scheme identify areas to which companies could provide cash contribution or in-kind support to private or public sector programs.
4. Examine existing company insurance policies to explore opportunity for increasing coverage to include preventive and/or treatment costs of AIDS.
5. Prepare and implement a questionnaire survey to all identified companies and organizations to provide information about technical assistance available and about the need to control AIDS within their industry and to determine:
 - Current level of AIDS control support
 - Interest in promoting and supporting AIDS control through a variety of mechanisms.
 - Current awareness of need for AIDS control
 - Feasibility of developing specific projects with private sector groups
6. Implement, where possible, studies to examine the projected financial impact of AIDS on company operations.
7. Design other projects to mobilize the private sector in AIDS control

C. Monitoring

Through a series of evaluations, AIDSTECH will monitor the growth in private sector investment in AIDS control. Technical assistance will be redefined as indicated by routine monitoring report.

D. Evaluation

The key evaluative variable will be changes in private sector contribution to AIDS control. This will be measured throughout the project and at the conclusion of the program.

E. Use of Results

It is hoped that this project will serve as a model for private sector initiative in other countries.

TIME LINE

Months	1	2	3	4	5	6	7	8	-	24
Field for design project	X									
Finalization of project sub-agreement		X								
Identify and make initial contact with private sector organizations			X							
Design and Implementation of questionnaire survey			X							
Design specific projects with identified private sector organizations				X						
Provide technical assistance to private organization in implementation of projects									XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
Evaluation of private sector projects and model development for other countries								X		

6. COMMODITY SUPPLY FOR HEALTH CARE WORKERS

STATEMENT OF WORK

A. Background and Importance

Health care workers are at risk of HIV infection when touching HIV contaminated materials, e.g. blood, placenta. Owing to a shortage of sterilizing equipment, reusable syringes and needles may not be properly sterilized to prevent possible HIV transmission. In addition, there are shortages in the Dominican Republic of reusable and disposable syringes and needles.

B. Objectives

1. To provide gloves to health care providers who are at the greatest risk of HIV occupational infection.
2. To provide needed sterilizing equipment, reusable and disposable syringes, and needles to health care settings that cater to population groups with elevated seroprevalence levels.

WORK PLAN

A. Project Design

This is a commodity supply program.

B. Activities

AIDSTECH will provide technical assistance to the Dominican Republic MOH to help determine which health care workers are at the greatest risk of HIV transmission.

AIDSTECH will provide technical assistance to the Dominican Republic MOH to help determine which health care institutions are deficient in sterilizing equipment, syringes, and needles.

AIDSTECH will assist the MOH in deciding which of the latter patients have the more elevated seroprevalence levels.

AIDSTECH will provide technical assistance to help prioritize health care worker types by category and institution.

TIME LINE

Months

	1	2	3	4	5
Determine needs by prioritizing workers and institutions.	X				
Provide equipment and supplies.		X	X	X	X
Provide 3 monthly assessment of appropriate new use, delivery, etc.					X

AIDSTECH will provide technical assistance to help the MOH prioritize the deficiently equipped institutions by estimated seroprevalence levels of their patients.

AIDSTECH, based on available budget, will provide necessary commodities and equipment. AIDSTECH will contract with a local consultant to distribute commodities and equipment.

AIDSTECH will encourage MOH to provide necessary equipment and supplies during years three and four.

C.D. Monitoring and Evaluation

This project is an on-going program. It will be necessary to avoid over and understocking of supplies and equipment. Project monitoring will determine whether supplies are being under utilized or inappropriately utilized, eg. reuse of disposable supplies.

E. Use of Results

This project will demonstrate the feasibility of providing supplies and equipment based on prioritizing institutions by risk to health care workers and patients.

memorandum

W. R. H.

DATE: June 22, 198

REPLY TO
ATTN OF: Lee R. Hougen, Chief, Health and Population Division, USAID/Dominican Republic

SUBJECT: Obligation of PIO/T No. 517-0256-3-80037; buy-in to AIDSTECH Project.

TO: M/SER/OP/W/HP.

IMPORTANT NOTE

PLEASE BE AWARE THAT THE GODR IS PRESENTLY IN VIOLATION OF SECTION 620 (Q) OF THE FAA AND NO FUNDS MAY BE OBLIGATED FOR THE SUBJECT BUY-IN AT THIS TIME. USAID RECOMMENDS TO M/SER/OP/W/HP PROCEED IN PREPARATION OF ALL DOCUMENTATION AND NEGOTIATE SCOPE OF WORK WITH RESPECTIVE FIRM. HOWEVER, HOLD, REPEAT HOLD, OBLIGATION UNTIL CONFIRMATION CAN BE OBTAINED FROM USAID/DR CONTROLLER'S OFFICE THAT MISSION IS NO LONGER UNDER 620 (Q) RESTRICTIONS. MR. TOM BEBOUT, USAID/DR, CONTROLLER, CAN BE REACHED AT (809) 685-5703 OR (809) 541-2171 EXT. 371, 375.

AIDSTECH BUDGET

1989

	<u>CENTRAL</u>	<u>USAID/DR</u>		<u>LOCAL</u>	<u>TOTAL</u>
		<u>AIDS</u>	<u>HEALTH</u>	<u>CURRENCY</u>	
Sexual Transmission	0	107,921	0	0	107,921
Blood Needs					
Assessment	0	31,168	0	0	31,168
Blood Commodities/ Vehicles	0	0	60,000	0	60,000
Blood Pooling/ Self Exclusion	0	0	40,000	0	40,000
Surveillance	0	50,827	0	0	50,827
Training	0	12,000	0	0	12,000
Private Sector	0	15,000	0	0	15,000
Commodity Supply	0	15,000	0	0	15,000
Rental*	0	18,084	0	0	18,084
Project					
Coordination	24,797	0	0	0	24,797
TOTAL	24,797	250,000	100,000	0	374,797

* Central funds will be put in reserve in case of repairs needed under the lease.

AIDSTECH BUDGET

1990

	<u>CENTRAL</u>	<u>USAID/DR</u>		<u>LOCAL</u>	<u>TOTAL</u>
		<u>AIDS</u>	<u>HEALTH</u>	<u>CURRENCY</u>	
Sexual Transmission	0	230,000	0	0	230,000
Blood Needs					
Assessment	0	0	0	0	0
Blood Commodities/ Vehicles	0	0	100,000	0	100,000
Blood Pooling/ Self Exclusion	0	0	0	0	0
Surveillance	0	45,000	0	0	45,000
Training	0	25,000	0	0	25,000
Private Sector	0	30,000	0	0	30,000
Commodity Supply	0	25,000	0	0	25,000
Rental*	0	20,000	0	0	20,000
Project					
Coordination	24,797	0	0	0	24,797
TOTAL	24,797	375,000	100,000	0	499,797

* Central funds will be put in reserve in case of repairs needed under the lease.

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AIDSTECH BUDGET

1991

	<u>CENTRAL</u>	<u>USAID/DR</u>		<u>LOCAL</u>	<u>TOTAL</u>
		<u>AIDS</u>	<u>HEALTH</u>	<u>CURRENCY</u>	
Sexual Transmission	0	70,000	0	0	70,000
Blood Needs					
Assessment	0	0	0	0	0
Blood Commodities/ Vehicles	0	0	0	0	0
Blood Pooling/ Self Exclusion	0	0	0	0	0
Surveillance	0	0	0	0	0
Training	0	14,683	0	0	14,683
Private Sector	0	0	0	0	0
Commodity Supply	0	0	0	0	0
Rental*	0	22,000	0	0	22,000
Project					
Coordination	24,797	0	0	0	24,797
TOTAL	24,797	106,683	0	0	131,480

* Central funds will be put in reserve in case of repairs needed under the lease.

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STATE 273464

8/24/88
h.c. [unclear]

(10) ACTION: AID-S
INFO: AMB DCM AC CHRON
GVOMVZCZCEG0677
OO RUEBDS
DE RUEHC #3464 2351747
ZNR UUUUU ZZH
O 221749Z AUG 88
FM SECSTATE WASHDC
TC AMEMBASSY SANTO DOMINGO IMMEDIATE 3757
BT
UNCLAS STATE 273464

N.B.
On 8/23 a telegram
only / Spain's annual
this cable: AIO/W
is extending the
deadline for (S) [redacted]
until Sept. 30. h.s. paid said AIO/W does
not need [unclear]

LOC: 101 522
22 AUG 88 1746
CN: 00668
CHRG: AID
DIST: AID

AIDAC

E.O. 12356: N/A

TAGS:

SUBJECT: DOMINICAN REPUBLIC AIDS PREVENTION PROJECT
(NO. 517-0256)

m.o.

ACTION COPY	
ACTION TAKEN	[Signature]
INITIALS	m.o.

ACTION:	
HPD	
DATE DUE	
DIR	---
DC	---
CON	---
M/SI	---
MC	---
ADP	---
CRD	---
PRG	---
AP	---
PEC	---
HPD	---
HRD	---
CHRON	---
RF	---

1. THIS CABLE PROVIDES LAC BUREAU'S PROGRAMMATIC APPROVAL FOR THE SUBJECT PROJECT. THE REVIEW OF THE NEW PROJECT DESCRIPTION (NPD) FOR THE AIDS PREVENTION PROJECT (IOP USDOLS 2.3 MILLION) WAS HELD ON JULY 26, 1988 AND THE NPD WAS APPROVED SUBJECT TO THE FOLLOWING:

(A) THAT THE MISSION PLAN TO SUPPLEMENT ANY PROJECTED FY89 AND FY90 SHORTFALL IN AIDS FUNDS FOR THE SUBJECT PROJECT WITH MISSION HEALTH FUNDS, IF NECESSARY. (THE MISSION'S FY88 OYB FOR AIDS IS USDOLS 300,000. USDOLS 500,000 IN AIDS FUNDING IS PROPOSED FOR FY89; USDOLS 750,000 FOR FY90.) MISSION SHOULD ESTIMATE WHAT AIDS RESOURCES ARE REQUIRED FOR FY91.

(P) THAT THE MISSION PREPARE, AS SUPPLEMENTARY INFORMATION TO THAT CONTAINED IN THE 2 PIO/TS WHICH WE HAVE REVIEWED, A SHORT DESCRIPTION OF THE EXPECTED PROJECT ACCOMPLISHMENTS/END OF PROJECT INDICATORS AND A

BUDGET WHICH INDICATES HOW PROJECT RESOURCES WILL BE ALLOCATED BY FUNCTIONAL ACCOUNT (AIDS AND HEALTH) AMONG AIDSCOM, AIDSTECH, AND ICCAL COSTS. IF LOCAL COSTS ARE SUBSTANTIAL, A BILATERAL PROJECT SHOULD BE DESIGNED IN FY89 TO COMPLEMENT THE AIDSTECH AND AIDSCOM BUY-INS.

2. DELEGATION OF AUTHORITY TO THE MISSION DIRECTOR IS NOT REQUIRED SINCE THE PROJECT IS TECHNICALLY BUY-INS TO A PREVIOUSLY AUTHORIZED ST/H PROJECT, AIDS TECHNICAL SUPPORT, 936-5972. ST/H HAS ADVISED THE LAC BUREAU THAT THE USAID/DOMINICAN REPUBLIC PROJECT IS WITHIN THE UMBRELLA AUTHORIZATION CEILING FOR THE ST/E AIDS PROJECT. THEREFORE, NORMAL HANDBOOK 3 AND LAC PROCEDURES FOR AUTHORIZING THE PROJECT ARE NOT REQUIRED. THE MISSION IS REQUESTED, HOWEVER, TO FORWARD A COPY OF THE INFORMATION REQUESTED ABOVE TO LAC/DR NO LATER THAN AUGUST 31, 1988 AS DOCUMENTATION FOR OUR PROJECT FILES.

3. LAC/DR HAS ADVISED ST/H THAT THE DOMINICAN REPUBLIC

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.AY GO INTO 620(Q) ON AUGUST 13. ST/E EXPECTS TO BE
ABLE TO OBLIGATE THE 2 PIO/TS THIS WEEK. WHITEHEAD
PT
#3464

NNNN

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STATE 273464

memorandum

DATE: September 30, 1988

REPLY TO
ATTN OF: Manuel M. Ortega, AIDS Prevention Program Coordinator, Health and
Population Division. *Manuel M. Ortega*SUBJECT: Supplementary Information Regarding Accomplishments/End of Project
Indicators and Budgets for the Dominican Republic AIDS Prevention
TO: Project (517-0256).

Barbara Spaid, LAC/DR/HN, Room 2247 NS.

THRU: Lee, R. Hougen, Chief, Health and Population Division. *like for*REF. (A) STATE 273464; (B) SANTO DOMINGO 9919.
PIO/Ts: 517-0256-3-80036 (buy-in to AIDSCOM Project); and
517-0256-3-80037 (buy-in to AIDSTECH Project).

In State 273464 of August 22, 1988, the LAC Bureau requested that USAID/DR prepare, as "supplementary information" to that contained in the two referenced PIO/Ts obligated by AID/W on August 12, 1988, a "short description of the expected project accomplishments/end of project indicators and a budget which indicates how project resources will be allocated by functional account (AIDS and Health) among AIDSCOM, AIDSTECH, and local costs."

The requested information regarding both programmatic accomplishments/indicators and complementary budget figures was obtained during a two day meeting held in Santo Domingo on September 15-16, 1988. The September 15th session on budgets was attended by AIDSCOM representatives Mr. Michael Ramah and Dr. Reynaldo Pareja, AIDSTECH representatives Dr. Paul Raza and Ms. Lynda Cole, and USAID/DR officials Dr. Lee R. Hougen and Mr. Manuel Ortega. The September 16th session on accomplishments/indicators was attended by all the above-mentioned AIDSCOM, AIDSTECH and USAID/DR representatives, plus the following GODR and PAHO counterpart officials: Dr. Ernesto Guerrero (Director, GODR's Program for the Control of STDs and AIDS), Mr. Antonio de Moya (IEC Specialist, GODR's Program for the Control of STDs and AIDS), Dr. Mirta Roses (Resident Representative, PAHO/DR), Dr. Laurent Zessler (Epidemiologist, PAHO/Washington), and Ms. Adriana Gómez (IEC Specialist, PAHO/Washington).

The two day meeting successfully arrived at definitive conclusions regarding both programmatic and budgetary issues which were agreeable to all parties involved in the implementation of the Dominican Republic's National Plan for the Prevention and Control of AIDS. It should be stated here, however, that the enclosed accomplishments/indicators as well as budget figures are exclusively those dealing with the USAID AIDS Prevention Project (517-0256) which constitutes the Mission's contribution to the National Plan for the Prevention and Control of AIDS and is being implemented through two buy-ins to the centrally-funded AIDSCOM and AIDSTECH Projects.

In reference A, the LAC Bureau suggested (paragraph 1,B) that the Mission consider developing a bilateral project if local costs and currency needs were substantial. Given the fact that the Mission has access to its Local Currency (LC) Program, the AIDS Prevention Project has been able to use this source of funds to meet LC requirements. The LC Program requires that the GODR's implementing agency prepare a program plan and budget. USAID/DR assists in the development of those plans to make sure they complement the work projected under the two buy-ins to AIDSCOM and AIDSTECH. USAID/DR also reviews and approves the final budget requests. The Mission thus considers that this mechanism can cover the planned local costs for the AIDS Prevention Project.

The enclosed documents, entitled "Project Accomplishments and Indicators for AIDSCOM and AIDSTECH" and "Budgets for AIDSCOM and AIDSTECH," are self-explanatory and should be viewed as supplementary and/or updating information (as requested by the LAC Bureau) to that contained in the Statements of Work and Budgets of the two referenced PIO/Ts. USAID/DR will be willing to provide any further information which the LAC Bureau may desire.

cc: ST/HN, Jeff Harris
ST/HN, Robert Wrin
ST/ED, Chloe Ogara
AIDSCOM/AED, Michael Ramah
AIDSTECH/FHI, Paul Raza
AIDSCOM/Res. Adv., Reynaldo Pareja
PAHO/DR, Mirta Roses
GODR/PROCETS, Ernesto Guerrero

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