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# DOMINICAN REPUBLIC TRIP REPORT

Technical Assistance to the United Nations Fund for Population  
Activities

March 6-26, 1995

John Snow, Inc. (JSI)  
Family Planning Logistics Management Project (FPLM)

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## LIST OF ABBREVIATIONS

ADEMI	Association for Small Business Development
ADOPLAFAM	Dominican Family Planning Association
AIDS	Acquired Immune Deficiency Syndrome
AIDSCAP	AIDS Prevention and Control Project
AIDSCOM	USAID-funded AIDS prevention project that preceded AIDSCAP
AIDSTECH	USAID-funded AIDS prevention project that preceded AIDSCAP
ANDECLIP	Hospital and Private Clinic Association
AKA/PF	Dominican private sector organization
ASA	Friends Always Friends
BO	Beginning of Year Balance
CARE	Committee for American Relief Everywhere
CASCO	Coordinator of Sociocultural Animation
CBD	Community based distribution
CDC	Centers for Disease Control
CEA	State Sugar Council
CIPROS	Dominican NGO
COIN	Centro de Orientación e Investigación Integral, Inc., or Center for Integrated Research and Orientation
CONAPOFA	National Family Planning Program
CONASIDA	National AIDS Council
COSALUP	Popular Health Collective
COVICOSIDA	Council for Surveillance and Control of AIDS
CPT	Contraceptive Procurement Table
CSM	Contraceptive (or condom) social marketing
CSW	Commercial sex worker
EEC	European Economic Community
EOY	End of Year Balance
FHI	Family Health International
FOCUS	Condom forecasting methodology developed by John Snow, Inc.
FPLM	Family Planning Logistics Management Project
GODR	Government of the Dominican Republic
GPA	Global Programme on AIDS
HIV	Human Immunodeficiency Virus
HPNO	Health Population and Nutrition Officer
IDDI	Dominican Institute for Integrated Development
IDSS	Dominican Social Security Institute
IEC	Information, education and communication
IEPD	Institute for the Study of Population and Development
INSALUD	National Institute of Health (a policy development agency)
IPPF	International Planned Parenthood Federation
ISH	Institute for Human Sexuality

JSI	John Snow, Inc.
KAP	Knowledge, attitudes and practices
LMIS	Logistics management information system
MOH	Ministry of Health (SESPAS)
MUDE	Women in Development, Inc.
MWM	Men who have sex with men
NGO	Non-governmental organization
OMSA	Dominican market research company
ONE	National Statistics Office
ORS	Oral rehydration salts
PAHO	Pan-American Health Organization
PHC	Primary health care
PRARO	Program for Prevention of Reproductive Risk
PROCETS	STD/AIDS Control Program
PROFAMILIA	Family Welfare Association-IPPF affiliate
PROMESE	Essential Medicines Program
PVO	Private voluntary organization
SESPAS	Secretariat of Public Health and Social Assistance
SIDA	Síndrome de inmunodeficiencia adquirida (AIDS)
SOMARC	Social Marketing Project
STD	Sexually transmitted disease
UDOCETS	Dominican Union Against STDs
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population Activities
USAID	United States Agency for International Development
WHO	World Health Organization

## **I. BACKGROUND**

The United Nations Fund for Population Activities (UNFPA), at the request of the head of the National Family Planning Program (CONAPOFA), a division of the Ministry of Health in the Dominican Republic, assembled a consultant team to carry out a study on "Contraceptive Requirements and Logistic Management Needs." It is hoped that the study will serve as a useful analytic tool and serve the Government of the Dominican Republic (GODR) in its efforts to improve program planning and service delivery.

The FPLM consultant was invited by the UNFPA to participate in the study. His portion of the terms of reference focussed on condom needs for HIV/AIDS programming. The study evaluated public sector, social marketing, community-based distribution, and private commercial sector distribution systems for all contraceptive commodities. The five member team produced long and short-term forecasts of contraceptive requirements, including estimated costs, for the period from 1995-2005.

The consultant would like to thank the UNFPA for the opportunity to participate in this mission. He would also like to express his appreciation to the personnel of CONAPOFA, SESPAS and PROCETS, as well as to the staff of the numerous participating agencies who provided information included in the final report. In particular, the field staff of UNFPA/Dominican Republic made extraordinary efforts to obtain data and arrange transportation for the team. Without their efforts, it would not have been possible to complete the report.

## **II. TERMS OF REFERENCE**

The terms of reference for the entire mission, which included four additional consultants investigating logistics management, non-governmental organizations, contraceptive requirements (of methods other than condoms), social marketing, the private commercial sector, and the financial costs of existing programs, are detailed below. In addition, the individual terms of reference for the JSI/FPLM consultant are also included.

### **A. TERMS OF REFERENCE**

*Re: In-depth Study of Contraceptive Requirements and Logistics Management Needs in the Dominican Republic*

The general terms of reference for the mission are as follows:

The overall objective of the in-depth country study is to assist the country in better assessing and estimating its contraceptive requirements in the 1990s; and in strengthening its contraceptive logistics systems. The study will focus on preparing an assessment of the current status of contraceptive requirements and logistics needs as well as a projection of these requirements and needs over the next ten years. A draft report will be prepared by the end of the mission.

The study will include *inter alia* an assessment and analysis of the following areas:

- Levels and trends in demographic indicators particularly fertility levels and fertility goals;
- Levels and trends in contraceptive prevalence by method, and forecasts of contraceptive commodity requirements to the years 2000 and 2005;
- Estimating condom requirements for HIV/AIDS prevention.
- Current status and future expansion of family planning IEC, and family planning service delivery programmes and activities in both Governmental and Non-Governmental sectors;
- The quality and efficiency of existing logistics system, procedures and practices including: stock-keeping, transaction records, accounting, inventory control, warehousing, storage, distribution, quality assurance testing, importation and port clearance procedures, transportation;
- Procurement of contraceptive supplies: current and future sources; procedures and requirements; and potential for coordinated procurement;
- Sources and uses of funds that financed contraceptive commodity costs in most recent years; trends in financial contributions of private sector, public sector and donor community and projections to years 2000 and 2005 based on these trends; and development of a financing plan for future contraceptive costs.

**B. TERMS OF REFERENCE: CONDOM PROGRAMMING FOR FAMILY PLANNING AND AIDS/STD PREVENTION**

The consultant shall assume and accomplish *inter alia* the following responsibilities and tasks:

Participate in the full in-country mission scheduled for the Dominican Republic (March 6-24), undertaking field trips as necessary.

Prepare a draft report on the specific area identified below whilst in country for inclusion in the complete mission report to be finalized prior to departure.

Assist in debriefing representatives of the Government, other interested agencies, the UNFPA Country Director and UNFPA Headquarters staff.

The study and report will include the following elements:

1. *General Background Information*
  - Current status, pattern and projected trends of HIV/AIDS epidemic.
  - Overview of international donor assistance for AIDS prevention.
2. *Catalogue of Major Service Providers for HIV/AIDS prevention*
  - Review and assessment of current and potential outlets for condom distribution for AIDS prevention in public sector delivery systems (MOH), community-based distribution (CBD), contraceptive social marketing (CSM), and non-governmental and private sector organizations.
3. *IEC Component for HIV/AIDS prevention activities*
  - What IEC strategies and activities are currently in place or will be developed to influence the use of condoms for HIV/AIDS prevention?
  - What methods are being followed to explore in-depth target audience, including women's attitudes, knowledge, and behavior with regard to the use of condoms for AIDS prevention? How is this information being used to develop effective IEC materials?

#### 4. *Forecasting Requirements*

- In the light of the above, what are the likely requirements for condoms for AIDS prevention over the next ten years?

### III. ACTIVITIES AND RECOMMENDATIONS

The consultant team interviewed staff from relevant international donor institutions, public sector agencies and private firms, as well as both Dominican and international NGOs. Brief field visits to Mao, Puerto Plata and Santiago were carried out. Visits to public sector and NGO contraceptive warehouses were also included in the mission's activities. The complete draft chapter on condom programming for HIV/AIDS prevention is included as Annex A of this report. A list of persons contacted is included as Annex B. The principal recommendations for future condom programming are listed below.

- The GODR should substantially increase funding for AIDS prevention activities, including full funding to implement the revised Medium Term Plan II being developed at this time by PROCETS. As an urgent priority, full implementation of the National IEC Strategy for HIV/AIDS should also be funded. The GODR should actively support the activities of CONASIDA, and promote intersectoral responses to the epidemic along with PROCETS.
- PROMESE and PROCETS should coordinate the immediate resupply of all SESPAS facilities served by PROMESE. The GODR should support their initiative to stock condoms in the "popular pharmacies", as well as the cost recovery plan. Other contraceptives should also be stocked in these pharmacies.
- The GODR should ensure strict enforcement of the condom requirement for all hotels renting rooms for less than 24 hours.
- Ongoing programs with high-risk core transmitters should be intensified, or previous gains may be lost. Large-scale, sustained prevention efforts should be extended to the general population, especially adolescents and domestic workers. Rural areas should also be targeted, as significant

numbers of AIDS cases are now occurring there, and condom use and availability are almost nil.

- KAP studies to guide program development and measure impact should be standardized and carried out at regular intervals for all significant subgroups in the population (for both contraception and disease prevention).
- Family planning service providers should be assisted in developing intensive counseling and risk assessment modules for women who receive services from their institutions, in order that they might be fully informed of the potential need for double protection.
- Public sector institutions and NGOs should target IEC messages to already sterilized women, informing them of the potential need for use of condoms to prevent STD or HIV infection. Community-based promoters might be particularly effective in this effort, since the volunteers may often know who the sterilized women are in their communities. HIV sentinel surveillance could verify whether or not these populations are in fact being impacted by the HIV epidemic in a substantial way.
- Emphasis on consistent condom use must be continued in prevention programming. Interventions which do not include condom messages should be carefully followed through operations research, to verify whether or not such interventions are effective.
- A male-oriented condom should be marketed, and effective IEC approaches to promote it should be developed.
- The condom forecasts in this report should be validated on a yearly basis, assuming logistics systems are improved, and begin to generate accurate, comprehensive logistics and service data.
- If forecasting methods which use behavioral parameters to estimate total need are to be used for national level forecasts, the following data should be systematically collected in KAP studies: 1) data on condom prevalence, 2) consistency of use, and 3) yearly frequency of sex acts requiring a condom.
- A national condom distribution strategy should be developed. This strategy should effectively coordinate the often conflicting efforts of

donors, public sector institutions and NGOs. To the degree possible, the private sector should also be involved in strategy development and implementation. Family planning and AIDS NGOs must remain focussed on overall AIDS prevention goals. The social marketing and community-based distribution systems they utilize must avoid competition that conflicts with these objectives.

- The UNFPA should coordinate condom procurement and distribution efforts with other donors, the GODR, and NGOs, in order to ensure that its efforts enhance, and do not conflict with, ongoing condom distribution program. Project development should also be coordinated by donors, the GODR, and local and international NGOs.
- Donors, public sector organizations such as SESPAS, PROCETS and CONAPOFA, and NGOs should coordinate both program planning and procurement efforts. A revitalized CONASIDA, or similar institution for reproductive health, would be a potential forum for such coordination.
- HIV sentinel surveillance should be strengthened, in order to better track the course of the epidemic, and target resources appropriately.
- AIDS and HIV case notification from the private sector should be increased. The family planning NGOs, as well as institutions such as INSALUD and the Dominican Medical Association, could be forums for promoting increased levels of anonymous case notification from private service providers.

# **ANNEX A**

## **CONDOM PROGRAMMING FOR HIV/AIDS PREVENTION**

## CHAPTER SIX - CONDOM PROGRAMMING FOR HIV/AIDS PREVENTION

### A. INTRODUCTION

#### 1. Current status, patterns and projected trends of the HIV/AIDS epidemic

The first AIDS case was reported in the Dominican Republic during 1983. As of August 30, 1994, there were 2,536 cases reported<sup>1</sup>. However, there is very substantial under-reporting of AIDS cases. Around 90 percent of all cases result from sexual contact, largely heterosexual. The male-female ratio has reached 2:1 and continues to decrease<sup>2</sup>. The epidemic is concentrated in the economically active population, especially within the age groups from 20-44 years old<sup>3</sup>. Perinatal transmission accounted for 3.9 percent of reported cases during 1993, while blood transfusion-related cases were at six percent of the total. Relatively few cases are related to intravenous drug use (less than 1.5 percent)<sup>3,4</sup>. Seroprevalence among pregnant women, which averaged 0.7 percent nationwide during 1993, is reported by the Director of PROCETS as 1.7 percent at this time.

The epidemic is now solidly entrenched in the heterosexual population. The early concentration of cases in the homosexual-bisexual population has shifted: from 42.4 percent of cases from 1983-1986, to barely 7.9 percent of reported cases during 1993. During the same period, the number of cases whose primary risk was heterosexual contact increased from 30.6 to 79.1 percent of the total. Preliminary data, through August 30, 1994, showed a further increase in the proportion of heterosexual cases, to 85.3 percent of those reported<sup>3</sup>. In 1993, seroprevalence of pregnant women in Santo Domingo increased by 50 percent over 1992. In San Juan de Maguana, the increase was over 100 percent<sup>4</sup>.

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<sup>1</sup> Clotilde Peña de Peguero. Final Report of the Sixth Conference of National AIDS Reference Libraries in the Americas. Vancouver, Canada. PROCETS. January, 1995.

<sup>2</sup> National Medium Term Plan II for the Prevention and Control of AIDS in the Dominican Republic 1993-1997. November, 1992.

<sup>3</sup> PROCETS/SESPAS. AIDS Epidemiological Bulletin. Santo Domingo, Dominican Republic. Vol. 6, No. 2. April-May, 1994.

<sup>4</sup> Elizabeth Gomez et al. AIDS and HIV Infection in the Dominican Republic: Present Situation and Future Impact. SESPAS/PROCETS. Scientific Publication No. 4. August, 1994. In press.

Commercial sex plays an important role in the dynamic of the epidemic, and commercial sex workers (CSWs) are estimated to number 25,000-50,000<sup>5</sup>. While most studies show that seroprevalence continues to increase in this population, outreach programs, mostly implemented by NGOs, have made impressive advances in terms of increased condom use and other preventive behaviors in this group<sup>7,6</sup>.

During 1994, a team from SESPAS/PROCETS, with USAID assistance through Family Health International (FHI) and the AIDSCAP Project, developed projections on the number of HIV positive individuals in the country. They developed three projections: for a higher prevalence, a lower prevalence, and an intermediate scenario<sup>6</sup>. With but one exception, all the individuals contacted during the preparation of this report, all of whom are closely involved in HIV/AIDS prevention in the Dominican Republic, believe that the intermediate projection provides a reasonable estimate, or an under-estimation, of the number of cases. A few of these observers believe that the situation is much more serious than the intermediate projection indicates. However, the consensus is that the intermediate projection continues to provide the most accurate estimate of the present state of the epidemic.

By their very nature, projections are inexact. In the Dominican Republic, incomplete epidemiological surveillance data compounds the inexactitude. Notwithstanding, the intermediate projection estimate that, by the year 2000, the number of infected individuals will increase to five percent of the adult population, seems justified<sup>3</sup>. The Director of PROCETS, as well as the Director of Epidemiology for SESPAS, estimate seroprevalence at approximately 1.5-2 percent of the adult population at this time.

## **2. The National STD/AIDS Control Programme and the National AIDS Council**

The STD/AIDS Control Program (PROCETS) was founded in 1985. It directed the GODR's AIDS prevention efforts under the Immediate Action Plan and the Medium Term Plan I (1987-1988 and 1989-1991, respectively)<sup>4</sup>. The Second Medium Term Plan, for 1993-1997, has been largely unimplemented. It is currently being revised, with WHO assistance. The National AIDS Council (CONASIDA), which was active during the 1980s and early 1990s, has not been a major force in terms of providing overall guidance and coordination for several years. At present, PROCETS is attempting to facilitate the

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<sup>5</sup> Santo Rosario et al. *The Sex Industry from the Inside*. Centro de Orientación e Investigación Integral (COIN), Inc. Santo Domingo. June, 1994.

<sup>6</sup> *AIDS and HIV Infection in the Dominican Republic: Preliminary Report*. SESPAS/PROCETS. October, 1994.

return of CONASIDA to an important role in the AIDS prevention effort. PROCETS' operational budget is small and allows minimal programming activity.

The epidemic is still potentially manageable at this time. However, if intensive, sustained and substantially increased levels of prevention activities are not implemented in the near future, the ability of the health care system to deal with the rising number of cases is extremely doubtful. If the epidemic is not addressed now through effective prevention programs, the extremely high social and economic costs that will result could cause irreparable damage to the country.

**RECOMMENDATION:** The GODR should substantially increase funding for AIDS prevention activities, including full funding to implement the revised Medium Term Plan II being developed at this time by PROCETS. As an urgent priority, full implementation of the National IEC Strategy for HIV/AIDS should also be funded. The GODR should actively support the activities of CONASIDA, and promote intersectoral responses to the epidemic along with PROCETS.

## **B. OVERVIEW OF INTERNATIONAL DONOR ASSISTANCE FOR HIV/AIDS PREVENTION**

UNFPA and USAID provide substantial support for AIDS prevention. With the exception of support to PROCETS in epidemiological surveillance, USAID support is exclusively channeled through NGOs, while UNFPA supports both GODR agencies and NGOs. The two agencies are the only donors providing condoms for AIDS prevention or family planning at this time. Previously, condoms for AIDS prevention were provided by PAHO, but that assistance ended about two years ago and is not expected to resume. The European Economic Community (EEC) is evaluating the possibility of providing assistance to PROCETS at this time. A number of international NGOs, including CARE and Plan International, are active in AIDS prevention activities. CARE works through its support of a local NGO, MUDE, in the southwestern border region. MUDE focusses on supporting low-income women in rural areas. CARE also has its own network of extensionists, who carry out primary health care interventions and train local promoters in the same area. Plan International works in both rural and periurban areas, and is presently planning to expand its AIDS prevention activities.

## 1. *United Nations Population Fund*

The UNFPA supports a number of projects with AIDS prevention components. The UNFPA supports the State Sugar Council (CEA), a parastatal organization that provides health and other social services to over 200,000 cane workers and their families, in 250 settlements surrounding 10 of the country's major sugar mills. It also supports two NGOs (IDDI and CASCO) which work in three economically deprived areas of Santo Domingo. Both of these projects include UNFPA donations of condoms and other family planning commodities, and support for program costs. The NGOs are developing networks of community outreach workers who distribute condoms and promote improvements in reproductive and maternal-child health, including AIDS prevention messages. Another NGO, Women in Development (MUDE), receives similar support for its work with rural women in the impoverished southwestern border area with Haiti. A major project supports CONAPOFA, by providing condoms, other contraceptives and technical support for family planning and AIDS prevention. The UNFPA also supports a local NGO, the Dominican Family Planning Association (ADOPLAFAM), in the innovative Responsible Fatherhood Project. Finally, the Fund supports PROCETS in IEC activities. Along with PAHO, it is the only international donor which provides significant support to PROCETS. It supplied these institutions with 2,160,000 condoms during 1994, and plans to provide almost 4.5 million in 1995. While these condoms are divided between family planning and AIDS/STD prevention use, it is certain that a substantial number are used for AIDS prevention. All UNFPA condoms are distributed free to target populations. The projects described above run through 1996.

## 2. *United States Agency for International Development*

USAID provides support primarily to NGOs, although it does support PROCETS' epidemiological surveillance system with HIV reagents and some technical assistance. These and other AIDS prevention activities are implemented through the AIDS Control and Prevention Project (AIDSCAP). This project works with four NGOs which primarily target high-risk groups such as CSWs and men who have sex with men (MWM). Operations research on condom use and KAP of high-risk populations is also carried out by AIDSCAP, in conjunction with PROCETS, local project and NGO staff, and international consultants. Through the associated NGOs, the project has also promoted community based distribution of condoms, using volunteer health messengers. The great majority of donated condoms are sold, as a form of cost recovery for the NGOs. A small percentage are distributed free at educational events. A major media campaign targeting adolescents is planned for 1995. The project is funded until August, 1996 through AIDSCAP. Under the Family Planning and Health Project, AIDS

prevention assistance is slated to last until the year 2000. This project also funds three family planning NGOs, whose activities include AIDS prevention messages and condom promotion.

USAID donates condoms through for AIDS prevention through AIDSCAP. A portion of the condoms donated by USAID to family planning NGOs are used for AIDS/STD prevention. During the 1994 fiscal year, 442,900 condoms were distributed through AIDSCAP. Calendar year figures for AIDSCAP distribution were not available. During 1995, distribution is expected to increase to 675,000. USAID donated 4.2 million condoms for both HIV and family planning during 1994.

### 3. *European Economic Community*

The EEC recently sent a consultant team to study the AIDS situation in the Dominican Republic, as an initial step toward beginning to support PROCETS in AIDS prevention activities. PROCETS is currently awaiting the proposals of the consultant team. The extent and nature of the EEC support for AIDS prevention efforts is not clear at this time.

### 4. *World Health Organization and Pan-American Health Organization*

PAHO is a principal supporter of PROCETS, along with the UNFPA. However, funding has been reduced substantially from previous levels. It supports the epidemiological surveillance system, including training for laboratory technicians. PAHO also provides support for IEC activities, as well as for pre- and post-test counseling for persons undergoing HIV testing. A consultant team from the World Health Organization is currently assisting PROCETS in revising its largely unimplemented Medium Term Plan II.

### 5. *Others*

Countries which provide small levels of assistance include Norway, Canada, France and Japan. Norway may provide additional support in the form of HIV laboratory reagents. Canada supports the Popular Health Collective (COSALUP), which includes some condom distribution through PROFAMILIA, one of the NGOs supported by USAID. France is currently considering an AIDS prevention proposal from the Dominican Planning Center ("Centro de Planificación Dominicana"). The Japanese government formerly financed an IEC project for AIDS and drug awareness with the Youth House ("Casa de la Juventud").

## C. CURRENT CONDOM DISTRIBUTION CHANNELS AND OUTLETS FOR HIV/AIDS PREVENTION

### 1. Condom supply in 1994

In the Dominican Republic, the exact number of condoms distributed in a given year is extremely difficult to ascertain. There is a multiplicity of small scale NGO logistics systems and two parallel public sector systems. Furthermore, both public sector institutions and NGOs loan to, borrow and purchase condoms from one another frequently. While the mutual support and solidarity shown by both public sector institutions and NGOs in the face of commodity shortages is commendable, it makes analysis of the system's function problematic. Loans are often counted as distributed by the loaning institution and counted again by the receiving agency (see Chapter Three on Logistics Management and Chapter Four on Non-governmental Organizations). For example, condoms purchased from the social marketing entity, PROFAMILIA, may be counted as sales by that institution, and again by NGOs which purchase them for resale. The same occurs with condoms which are distributed free, both by NGOs and the public sector.

Based on the extensive review of available logistics data, with cross-checking between institutions when possible to avoid double-counting, a reasonable estimate is that 10.2 million condoms were sold or distributed free through both public and private channels in 1994 (See Table 6.1). According to the mission's Target-Cost projection, 2.9 million condoms would cover the total annual need for all women presently believed to be using the device for contraception (see Table 2.6). An unknown, but probably substantial proportion of the remaining 7.3 million, are used for STD/AIDS prevention purposes.

ORGANIZATION	AIDS	FAM. PLN	SOC MKT	TOTAL
IDDI	0	129,600	0	129,600
ADOPLAFAM	593,800 <sup>1</sup>	467,200	0	1,061,000
MUDE	0	9,214	0	9,214
PROFAMILIA <sup>2</sup>	0	364,600	2,025,500	2,390,100
CONAPOFA <sup>3</sup>	0	951,408	0	951,408
PROCETS	1,171,400	0	0	1,171,400

AIDSCAP <sup>4</sup>	442,900	0	0	442,900
CEA	0	563,328	0	563,328
PRIVATE SECTOR	3,500,000	0	0	3,500,000
TOTAL	5,708,100 <sup>5</sup>	2,025,500 <sup>5</sup>	2,025,500 <sup>5</sup>	10,214,350

<sup>1</sup>. Responsible Fatherhood Program

<sup>2</sup>. No breakdown for men's program; based on 1995 USAID/CPTs.

<sup>3</sup>. Total includes men's progra

<sup>4</sup>. Dispensed Oct. 1993-Sept. 1994

<sup>5</sup>. Totals by category (AIDS, FAMILY PLANNING, CSM) are illustrative only. Real distribution is impossible to verify.

## 2. *Public sector*

The public sector distributes condoms through hospitals, sub-centers, and rural clinics, with about 723 total outlets in the country (including hospitals, sub-centers and rural clinics)<sup>7</sup>. About half of these facilities are presently supplied by the Essential Drug Program (PROMESE), although only 329,600 condoms were available to supply the approximately 350 clinics during 1994. PROMESE ran out of condoms in mid-December, 1994, and has been without stock for over three months. "Popular pharmacies" supplied by PROMESE are attached to most facilities and are also found in towns without health clinics. However, condoms are not stocked in these pharmacies at this time. The inclusion of condoms in the "popular pharmacies" is being planned by PROCETS and PROMESE at this time. For the first time, some type of cost recovery may be included for public sector condoms.

**RECOMMENDATION:** PROMESE and PROCETS should coordinate the immediate resupply of all SESPAS facilities served by PROMESE. The GODR should support their initiative to stock condoms in the "popular pharmacies", as well as the cost recovery plan. Other contraceptives should also be stocked in these pharmacies.

PROCETS, through PROMESE, purchased two million condoms during 1994, and plans

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<sup>7</sup> Health Conditions in the Americas, 1994 edition, Volume II. PAHO.

to purchase three million during 1995. In 1994, over 500,000 pieces were transferred from PROCETS/PROMESE to CONAPOFA, the other public sector condom distributor, which covers the remaining 350 outlets. CONAPOFA is slated to expand this coverage substantially during 1995. About 300,000 additional condoms were transferred from PROCETS to family planning NGOs with community based distribution programmes. These NGOs, mostly focussing on family planning, distributed the condoms in local communities. Only about 1.2 million of PROCETS' condom supply was distributed specifically for AIDS prevention. However, the distinction between condoms distributed for AIDS prevention and those for family planning is very poorly defined, given the myriad of complex distribution systems and the exchanges between institutions for different programmes. CONAPOFA distributed at least 950,000 condoms during 1994. However, the number distributed by its men's programme, which is primarily focussed on HIV prevention, could not be obtained. To date, all public sector condoms have been distributed for free. Total public sector distribution during 1994 was around 2.7 million, with two million purchased by PROMESE, and the remainder donated by UNFPA. This includes those condoms distributed by the CEA, a parastatal organization.

These consumption figures were compared with quantities donated by UNFPA, USAID, purchases by PROCETS, and estimated sales from the private sector, not including CSM (since those condoms were donated by USAID). The analysis was corrected for the Beginning of Year and End of Year Balances for 1994, to account for stock balances that would distort the comparison of receipts and distribution. The comparison resulted in relatively close agreement between the receipt and distribution figures, indicating that the analysis probably approximated correct distribution for most institutions (See Table 6.2). However, as noted in Chapter Three, the logistics management information systems at most institutions are severely lacking in quality. Furthermore, some public sector condoms, intended for free distribution, have leaked into the private commercial market. This makes even these painstakingly assembled and cross-checked figures less than 100 percent reliable.

TABLE 6.2: CONDOMS RECEIVED DOMINICAN REPUBLIC 1994	
ORGANIZATION	QUANTITY RECEIVED
UNFPA	2,160,000
PROCETS	2,000,000

USAID	4,176,600
PRIVATE SECTOR <sup>1</sup>	3,500,000
TOTAL RECEIVED	11,832,200
TOTAL DISTRIBUTED 1994 <sup>2</sup>	10,214,350
DIFFERENCE	1,613,800
BOY 1994-EOY 1994 <sup>3</sup>	1,520,914
DIFFERENCE	92,336
<sup>1</sup> Midpoint of estimated amount sold, excluding CSM condoms, is used as "amount received". <sup>2</sup> Total from Table 6.2, Condoms Distributed-1994. <sup>3</sup> BOY = Beginning of Year Balance EOY = End of Year Balance	

### 3. *Community-based distribution*

A large number of NGOs utilize CBD to distribute condoms, contraceptives, and other health care commodities, such as oral rehydration salts (ORS). A parastatal organization, the State Sugar Council (CEA), also uses CBD to service the impoverished residents of the "bateyes", or communities surrounding the sugar mills. This population, a mixture of Haitians, Dominicans and Dominican-Haitians, is a high-risk group for HIV infection. Seroprevalence rates as high as 9.3 percent have been found in this population<sup>6</sup>. The CEA receives condoms from the UNFPA, and provides condoms to "batey" residents. It distributed over 560,000 during 1994, through its network of community volunteers and employee supervisors. UNFPA plans to provide the organization over 1.5 million condoms during 1995-1996.

The Dominican Institute for Integrated Development (IDDI), together with another NGO, the Coordinator of Sociocultural Animation (CASCO), have a joint project to provide services, including condoms to adolescents and mothers in several impoverished Santo Domingo neighborhoods. The two NGOs have experienced some difficulties in coordination of condom supplies for CASCO, which received condoms donated by UNFPA, but channeled through IDDI. CASCO focusses on adolescents and believes that it would be difficult to sell condoms to this population. Both IDDI and CASCO use volunteer promoters from within the community. In CASCO's case these workers are adolescents. IDDI has experienced some difficulty with young women distributing condoms, as this is considered culturally inappropriate. Other devout

Catholic promoters do not sell condoms, but promote other types of health services through preventive activities. IDDI distributed about 130,000 condoms during 1994. Other NGOs use similar methodologies, with paid supervisors, each of whom is responsible for a group of ten or more volunteers.

Some organizations, such as MUDE and ADOPLAFAM, purchase social marketing condoms from PROFAMILIA, sell them to their supervisors, who sell them to the promoters. The promoters then sell the condoms to local residents, with a very small profit at each level. This type of programme provides a stronger possibility of sustainability in terms of maintaining the network of promoters, since they are remunerated in this way. Purely volunteer programmes tend to have high attrition among community health workers. PROFAMILIA has its own promoter network, with a similar structure.

The recent study by Development Associates, Inc. showed that promoters from all three NGOs needed further training to improve their knowledge of the key health educational messages they deliver<sup>8</sup>. The study also showed high rates of stock-outs in condoms among promoters. On a positive note, a high percentage of the service providers at the NGOs' fixed-site clinics advised women at risk of STDs or AIDS to use a condom, if they were using a hormonal method or IUD for contraception. Clinic attendees were also very pleased with the services they received.

Other NGOs also include AIDS prevention messages in their family planning or maternal-child health programmes. MUDE works with women in rural areas, and has added health care interventions to its microenterprise development programmes of long standing. CARE, as well as Development Associates, provide support to MUDE. ADOPLAFAM has a creative CBD programme, the Responsible Fatherhood Project, in which barbers give AIDS prevention messages and free condoms to clients. The NGO also sells condoms through beauty shop operators. The two programmes distributed over a million condoms in 1994. See Chapter Four for more information on non-governmental organizations.

AIDSCAP supports several AIDS NGOs, which have CBD programmes. The Center for Integrated Research and Orientation (COIN), in Santo Domingo, and the Council for Surveillance and Control of AIDS (COVICOSIDA), in Puerto Plata, have CBD networks which utilize female commercial sex workers to sell condoms to their peers. COIN also works with industrial workers. Until 1992, the NGOs distributed free condoms to these populations. Since that time, health messenger-leaders, themselves CSWs, have

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<sup>8</sup> Situational Analysis of the NGO Family Planning Services in the Dominican Republic, 1994. Development Associates. Family Planning and Health Project USAID 517-0259.

purchased condoms from the NGOs, and sold them to colleagues (health messengers), who sell them to other CSWs, with a small profit at each level. COVICOSIDA also works with hotel employees in Puerto Plata.

COIN serves as a central condom warehousing and distribution point for both NGOs, as well as for Friends Always Friends (ASA). An NGO which works with men who have sex with men (MWM) in five cities, ASA also has a peer volunteer distribution network, with paid health educators who serve as supervisors for the volunteers. These 3 NGOs distributed about 400,000 condoms from October 1993-September 1994. USAID provides these commodities through AIDSCAP. Over three quarters of the total were sold, and the remainder distributed free, either to low income individuals or at educational events. An intensified CBD effort is expected for these NGOs during 1995, possibly involving private sector leveraging with commercial distributors, in order to get condoms into more outlets, and generate income for the NGOs. COIN, COVICOSIDA and ASA also sell to hotels that specialize in renting rooms by the hour for sexual activity. By law, these establishments are required to place two condoms in each room for every client who enters.

#### 4. *Condom social marketing*

PROFAMILIA has a long-standing social marketing programme, which sold around 2.4 million condoms during 1994. USAID donates the commodities to the IPPF affiliate. Including its non-social marketing sales, the NGO accounted for about 25 percent of condoms distributed for all purposes in the country during 1994. See Chapter Five for more information on social marketing by PROFAMILIA. There is some discrepancy on the exact amount of condoms distributed by PROFAMILIA during 1994. PROFAMILIA's own records show 1.7 million distributed for CSM, with total distribution of 2.2 million. USAID's 1995 Contraceptive Procurement Tables (CPTs) show 2.4 million, with 2 million for CSM. For the purposes of the analyses in this Chapter, the 2 million figure is utilized.

#### 5. *Non-governmental organizations*

Descriptions of NGOs involved in condom distribution are included in the section on community-based distribution above. See Chapter Four for further information on NGOs involved in family planning, many of which include AIDS prevention messages in their programmes.

## 6. *Private sector*

One estimate has private sector sales totaling 5 to 6 million during 1994<sup>9</sup>. Extrapolating from PROFAMILIA's KAP intercept survey data, this figure would be around 5 million. This assumes that the NGO's combined market share is 40.3 percent for Protector and Escudo, and that 1994 sales were 2 million, as estimated in the 1995 CPTs<sup>10</sup>. However, the Intercept data is from Santo Domingo only, and may not be representative of the country as a whole. Not including the 2 million in CSM sales by PROFAMILIA, the private sector would account for 3 to 4 million, or 30-40 percent of the total estimated national condom distribution. The leading distributor of low-cost private sector condoms, Sunsky, recently went out of business. The remaining national distributors service primarily clients who desire more expensive brands. Market penetration by condom distributors is believed to be relatively low, especially in the ubiquitous neighborhood convenience stores ("colmados"). As a result, there appears to be room for major expansion of condom sales in retail markets<sup>11</sup>.

## D. DEMAND-GENERATION ACTIVITIES AND BEHAVIORAL RESEARCH ON CONDOM USE

### 1. *Research*

The Dominican Republic has been the site of innovative research on condom use and other aspects of human behavior that impact HIV/AIDS prevention efforts. Funding limitations have kept the extremely talented local researchers from undertaking more frequent and extensive studies of risk groups, as well as the general population. Local researchers have received valuable support from international agencies, particularly USAID, which has channeled support through the AIDSTECH, AIDSCOM and now the AIDSCAP project. WHO/PAHO and WHO/Global Programme on AIDS (GPA) have also supported important research. PROCETS, COIN and COVICOSIDA are local institutions with strong research capabilities. Two other institutions, the Institute for the Study of Population and Development (IEPD, a PROFAMILIA-sponsored institution), and the Institute for Human Sexuality (ISH), have done important KAP studies on

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<sup>9</sup> Glenn K. Wasek et al. National Condom Retail Audit. Dominican Republic. John Snow, Inc. (JSI)/AIDSCAP. December, 1994.

<sup>10</sup> 1994 Condom KAP Intercept . Executive Summary. PROFAMILIA.

adolescents, including sexual behavior and condom use. Market research by PROFAMILIA is also useful in terms of providing information on behaviors and attitudes regarding condoms and other contraceptives<sup>12,11</sup>.

Innovative studies involving visits to hotel and motel rooms used for casual sex were carried out in 1988, 1989, 1990 and 1994. The early studies had relatively small sample sizes. The recent study was carried out in 1,701 rooms, from 40 hotels in Santo Domingo, selected randomly. Each room was inspected immediately after the clients left, to verify if any condoms used in sexual activity were left in the room. The study showed an increase in the percentage of rooms with used condoms from 12 to 21 percent, compared with the 1990 study. In hotel rooms with condoms placed by the management, used condoms were encountered in 26.6 percent of the rooms. In hotels which did not normally place condoms in the room, the study team placed condoms in one half of the rooms selected, and left the other rooms without condoms. In the rooms with condoms, used condoms were found in 21.6 percent after the guests left, compared with 12.6 percent in the rooms without condoms<sup>12</sup>.

This study shows the potential of the National AIDS Law, passed in March, 1994, to increase condom use during high-risk sexual activity. Some areas of the country are using health inspectors to enforce the law. However, a recent study found that only 50 percent of the hotels surveyed were complying with the law<sup>11</sup>.

**RECOMMENDATION:** The GODR should ensure strict enforcement of the condom requirement for all hotels renting rooms for less than 24 hours.

Other research has focussed on the sexual behavior of CSWs and men who have sex with men (MWM). Since the first study in 1985, research on CSWs has demonstrated that greatly increased percentages of the workers are using condoms consistently with new clients. Over 90 percent of the women are doing so in many areas, although prevalence varies by type of client (new versus steady, or tourist), as well as by type of CSW (from bar, street or brothel). Even in areas where COVICOSIDA and COIN have never actively implemented educational interventions, up to 85.8 percent of CSWs are using condoms<sup>7</sup>. This shows the spillover effects that can be achieved by such outreach

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<sup>11</sup> Final Report. First Phase Condom KAP Intercept 1993. OMSA. PROFAMILIA. November, 1993. Executive summary from 1992 Condom KAP Intercept.

<sup>12</sup> Ernesto Guerrero et al. Availability and use of condoms in hotels and motels which rent rooms by the hour. Dominican Union Against STDs (UDOCETS). Santo Domingo, 1994.

in the highly mobile CSW population. Increased numbers of women are also using condoms with regular partners and spouses, apparently as a result of these educational interventions<sup>7</sup>.

Research on sexual behavior of adolescents shows that Dominican young people are having sexual relations at a much earlier age than just a few years ago. Of young women aged 15-19 having sex for the first time, 35.9 percent began before age 15, compared with only 16.1 percent in women aged 20-24. The figures for young men were 43.6 and 29.1 percent, respectively<sup>13</sup>. This finding highlights the high-risk nature of the adolescent population, particularly young women. This group has very low rates of condom use, according to the same study.

2. *Current and planned information, education and communication strategies and activities for AIDS prevention*

AIDS prevention programmes in the Dominican Republic have developed extremely creative and successful approaches to provide condom education and other services to high-risk populations. These programmes, including peer outreach workers and innovative educational materials and media, have been proven effective in KAP studies on condom use and consistency of condom use. Current programmes are largely implemented by NGOs. They work with CSWs, MWM, adolescents, "batey" and low-income neighborhood residents, and hotel and industrial workers in the "free trade zones", who are mostly women. Projects with customers of barbers who serve as health promoters, as well as women of the general population, are implemented by family planning NGOs. Most of the projects are small in terms of population reached, with the exception of the "batey", barbershop, and women's programs of the CEA and the family planning NGOs. However, those are not intensive interventions, and IEC messages may not be effectively imparted in all cases. To date, large scale, sustained programmes for the general population, and significant geographic expansion or intensification of programmes for high-risk groups, have not occurred.

During 1995, AIDSCAP plans to launch a major campaign targeting adolescents. This will be a phased effort, with AIDSCAP supporting the first phase. Unfortunately, it is not certain that such large scale campaigns targeting the general population will be sustained, especially given the current levels of GODR support for AIDS prevention. The situation could be exacerbated by the funding shortfall that international donors seem likely to face in coming years.

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<sup>13</sup> National Youth Survey. Enjoven 92. Preliminary Report. Centers for Disease Control and Prevention (CDC)/Institute for Studies in Population and Development (IEPD). October, 1993.

**RECOMMENDATION:** Ongoing programmes with high-risk core transmitters should be intensified, or previous gains may be lost. Large-scale, sustained prevention efforts should be extended to the general population, especially adolescents and domestic workers. Rural areas should also be targeted, as significant numbers of AIDS cases are now occurring there, and condom use and availability is almost nil.

**RECOMMENDATION:** KAP studies to guide programme development and measure impact should be standardized and carried out at regular intervals for all significant subgroups in the population.

The large number of Dominican women who use contraceptive methods other than condoms are at substantial risk of STD or HIV infection. The potential need for double protection does not appear to be systematically promoted by family planning implementing agencies. Furthermore, it is not clear that family planning NGOs or public sector clinics provide effective risk counseling for women who are using contraceptives other than condoms. Such counseling should focus on the potential need for double protection: the use of a condom in addition to a hormonal or barrier method.

Among this sizable risk group are the over 400,000 women in the Dominican population who have already been sterilized. Most of these women do not return to family planning clinics, where a substantial portion of the AIDS prevention efforts for the general population are concentrated. A large number of these women are sexually active. Sterilization continues to be the most widely used method of family planning utilized in the Dominican Republic, and all indications are that it will continue to be so for the foreseeable future. Existing IEC programmes do not attempt to systematically inform this sizable group of the extent to which they are at risk of STDs and AIDS.

**RECOMMENDATION:** Family planning service providers should be assisted in developing intensive counseling and risk assessment modules for women who receive services from their institutions, in order that they might be fully informed of the potential need for double protection.

**RECOMMENDATION:** Public sector institutions and NGOs should target IEC messages to already sterilized women, informing them of the potential need for use of condoms to prevent STD or HIV infection. Community-based promoters might be

particularly effective in this effort, since the volunteers may often know who the sterilized women are in their communities. HIV sentinel surveillance could verify whether or not these populations are in fact being impacted by the HIV epidemic in a substantial way.

Inclusion of recommendations for mutual monogamy, partner reduction and abstinence are important IEC components of any prevention programme. However, any reduction in emphasis on consistent condom use as a principal means of preventing HIV/AIDS infection, is likely to result in major increases in the spread of the disease.

**RECOMMENDATION:** Emphasis on consistent condom use must be continued in prevention programming. Interventions which do not include condom messages should be carefully followed through operations research, to verify whether or not such programmes are effective.

**RECOMMENDATION:** A male-oriented condom should be marketed, and effective IEC approaches to promote it should be developed.

## **E. FORECASTING CONDOM REQUIREMENTS FOR HIV/AIDS PREVENTION**

### *1. Methodology*

There are several types of data that can be used in estimating condom needs for HIV/AIDS prevention. Ideally, comprehensive logistics data and service statistics are used to develop forecasts, in situations of adequate supply and well organized logistics management information systems (LMIS). However, forecasts based on logistics data are typically accurate for only about three years into the future. Population-based data can complement logistics or service statistics and be used to validate forecasts based on logistics data and service statistics. This data should include rates of population growth, information on the other proximate determinants of fertility, and behavioral data related to coital frequencies, condom use and consistency of use.

In the absence of information systems that effectively collect this information, and in situations where insufficient supplies cause rationing to occur, forecasting is problematic. It is difficult to estimate real demand for condoms or other commodities. This is the case in the Dominican Republic. Population-based data, including KAP surveys, can be used to estimate demand in such situations, but it is meant to be used in conjunction with reliable logistics data. Depending on the criteria employed, need can also be calculated. Furthermore, systemic capacity to deliver products is not considered

in population-based forecasts. Data used for population-based forecasting of condom needs for HIV prevention includes: 1) population size of at-risk populations, or general population cohorts which potentially use condoms<sup>14</sup>; 2) frequency of sex acts requiring condoms in the target groups; 3) percentage of the target population or segment who use condoms; 4) percentage of condom users who use them consistently; 5) individual and systemic wastage; and 6) rates of increase or decrease in any of the above criteria. Buffer stocks can also be calculated and included.

In the Dominican Republic, comprehensive, reliable consumption data is not available. Furthermore, existing consumption data from the public and NGO sectors is extremely difficult to analyze, due to the constant loans, sales and transfers between implementing organizations, as well as the nascent logistics management information systems. In most cases, private sector data is not forthcoming. However, a survey during 1994 provided an estimate of the private sector market total<sup>11</sup>. The team subtracted the amount resulting from social marketing from the total estimated in this survey. Public sector data was analyzed, and double counting for distribution eliminated to the degree possible. It was not possible to utilize systematic expert judgement, the preferred methodological option when KAP or logistics data is unavailable, in a consistent fashion. However, a close approximation of estimated condom consumption during 1994 appears to be 10.2 million units (see Table 6.1)<sup>15</sup>. The portion of this quantity distributed

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<sup>14</sup> These may be large groups, such as those used in earlier UNFPA Technical Reports, per the WHO/GPA methodology, or more narrowly defined groups, per John Snow, Inc.'s FOCUS methodology). The WHO/GPA methodology has evolved over time to more closely resemble FOCUS, which was originally presented at the World AIDS Conference held in Amsterdam during 1992.

<sup>15</sup> The figures for total social marketing distribution during 1994 were conflicting. PROFAMILIA presented distribution figures indicating that approximately 1.7 million units were distributed through CSM. USAID Contraceptive Procurement Tables (CPTs) for 1995 indicated that 2,025,500 units were distributed through CSM of both Protector and Escudo condoms during 1994. PROFAMILIA KAP Intercept data was extrapolated, using PROFAMILIA's own estimate of its market share, and USAID's CPT estimate of 1994 CSM sales by the NGO, to give estimated total private sector sales of 5 million. However, as noted previously, the PROFAMILIA Intercept data is not representative of the entire country. The midpoint between the PROFAMILIA extrapolation and the National Retail Condom Audit high estimate, 5 and 6 million, 5.5 million, was selected as the estimated total for private sector sales. After subtracting 2 million for CSM sales, 3.5 million was selected as the approximation of total private sector sales excluding social marketing.

free by the public sector and UNFPA-supported NGOs is substantial, around 3-4 million. It is uncertain whether or not all these condoms reached end-users, due to the vagaries of commodity distribution systems in the country. The team estimates that 2.9 million condoms would cover the annual needs of all women currently using condoms for contraceptive purposes (see Table 2.6). A large proportion of the remaining 7.3 million distributed in 1994 may have been used for HIV/AIDS prevention, although it is impossible to accurately separate contraceptive from disease prevention use.

The forecast utilizes the estimated 1994 total consumption from Table 6.1, and increases it by two rates, giving a high and low estimate of total condom consumption in the Dominican Republic. These condom prevalence growth rates are gradually tapered off as condom prevalence increases, since experience shows that, as contraceptive prevalence increases, it becomes more difficult to increase the percentage of the population who use the method.

Projections of condom usage rate increases for 1995 are speculative, but there are grounds for utilizing two projections; one to calculate a low scenario, with a 5 percent annual increase, and a second for a high scenario, with an initial 20-30 percent annual increase. The lower estimate reflects the 1994 PROFAMILIA KAP Condom Intercept Study, which showed an increase in condom use by males from 17-59 years of age, from 28.6 percent in 1993, to 33.8 percent in 1994.

This prevalence would be an optimistic prediction of the general population's behavior, since it does not count rural inhabitants. Rural populations use substantially fewer condoms, and have less access to the commodity. However, the sizable commercial sex worker population uses more condoms than the average Dominican. If high use by the CSW population is assumed to counterbalance the rural population's lower prevalence, the five percent annual increase seems reasonable.

The high estimate is based on projections of substantial increases as a result of mass promotional IEC campaigns aimed at the general population, as well as increased CBD and private sector leveraging activities by AIDS prevention NGOs. Figures for this projection begin with a 25 percent increase during the first year. This is reduced to 10 percent in 1996, and 5 percent per year thereafter. The results of this forecast are presented in Table 6.3.

Pertinent behavioral data exists on some population segments, but is difficult to interpret, since it is collected to guide IEC interventions or measure program impact, not to facilitate forecasting. Population segments which seem worthy of special treatment, due to their high-risk nature, include MWM, CSWs, adolescents, and general population

males likely to practice high risk sex. Forecasts were not prepared using these methodologies, since adequate study information was not available to extrapolate to the general population. FOCUS has been used previously in the Dominican Republic, for forecasts of specific populations targeted by AIDSCAP and PROCETS. However, the behavioral methodologies are less appropriate for national-level forecasting, unless accompanied by reliable logistics data.

**RECOMMENDATION:** The condom forecasts in this report should be validated on a yearly basis, assuming logistics systems are improved, and begin to generate accurate, comprehensive logistics and service data.

**RECOMMENDATION:** If forecasting methods which use behavioral parameters to estimate total need are to be used for national level forecasts, the following data should be systematically collected in KAP studies: 1) data on condom prevalence, 2) consistency of use, and 3) yearly frequency of sex acts requiring a condom.

Existing KAP studies are difficult to access, and only one forthcoming AIDSCAP study with a high-risk group gives comprehensive information that approximates the FOCUS and WHO/GPA parameters listed above. Unfortunately, preliminary results of that survey were not available at the time of this mission.

Population estimates do exist for the segments described above. It is believed that there are 25,000-50,000 female CSWs in the Dominican Republic<sup>7</sup>. PROCETS estimates that there are 101,323 homosexuals among the populace, although some observers feel that this estimate is too high<sup>6</sup>. Adolescent males, defined as those individuals from 15-19 years of age for in the Dominican Republic, numbered 408,004 in 1995. The number of sexually active young men in this group total 196,250. Males aged 20-59 number 1,697,101<sup>16</sup>. Condom needs forecasts for Dominican males should include men aged 15-59. Age 15 is used, rather than 17 as in some other UNFPA Technical Reports, because 14-16 is the average age at which male Dominicans begin having sexual relations<sup>15,17</sup>). These are the population segments that could be considered for future forecasts, if sufficient behavioral and logistics data is available.

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<sup>16</sup> ONE. Dominican Republic. Estimates and Projections of Population. 1950-2025. 1985.

<sup>17</sup> Rafael García et al. Sexual Behavior in the Dominican Adolescent. Institute of Human Sexuality. 1992.

At present, as a result of varying research goals and methodologies, comprehensive, comparable and reliable figures on condom use and consistency of use, along with coital frequency, either do not exist, or are conflicting.

2. *Assumptions underlying the estimates*

In the low distribution scenario based on estimated 1994 consumption, it is assumed that the 1993-1994 PROFAMILIA KAP survey population's condom prevalence is a reasonable proxy figure for the total population, and that the condom prevalence increase of 5 percent per year recorded for males during 1994 will hold steady in years to come. The high estimate assumes that substantial IEC campaigns will occur during 1995 and 1996, as well as intensified CBD and private sector leveraging efforts to increase condom distribution. Both estimates assume that the baseline total condom distribution quantity of 10.2 million for 1994 is approximately correct. This total includes all condoms used or distributed during 1994, through private commercial, social marketing, NGO and public sector channels.

3. *Estimate of condoms required for Family Planning and HIV/AIDS prevention: 1995-2005*

Two scenarios are presented for the distribution data: 1) a 5 percent annual increase in overall distribution; and 2) a 25 percent increase in distribution in 1995 as a result of intensified IEC campaigns, CBD and private sector leveraging, with a 10 percent increase in 1996, and 5 percent per year thereafter. These estimates reflect total national condom use, by private commercial, CSM, CBD and public sectors, for both AIDS/STD prevention and family planning. Under the low estimate, condom needs would increase from 10.2 million in 1994, to 12.4 million in 1998, and 17.5 million in 2005. Total estimated need for the period 1995-2005 is 152.3 million. The high estimate results in total national condom requirements increasing from the 1994 estimated distribution total of 10.2 million, to 15.5 million in 1998, and to 21.8 million by the year 2005. Total estimated need for the period 1995-2005 is 189.5 million. No buffer stocks are included in these totals, they reflect only expected consumption.

The cost of the commodities would range from \$U.S. 429,003 in 1995, for the low estimate, to \$U.S. 803,620 in the year 2005. The total cost of condoms, using the low estimate, is \$U.S. 6,641,633 for the period from 1995-2005. Using the high estimate, the annual cost would rise from \$U.S. 510,717 in 1995 to \$U.S. 1,002,247 in the year 2005. The total cost for condoms from 1995-2005 would be \$U.S. 8,258,895. As noted earlier,

these estimates were prepared using UNFPA unit costs. Higher unit costs for USAID and the GODR increase the total costs for 1995 by 4.8 percent. Unit costs of the private commercial sector condoms (sales estimated at 3.5 million pieces during 1994) are unknown, and could vary significantly from UNFPA, USAID and GODR unit costs.

It is important to note that the 1994 baseline distribution data is distorted by several factors: 1) PROMESE rationed condoms to over 300 hospitals, sub-centers and clinics during 1994, and was stocked out for two months, while overstocking may have occurred at CONAPOFA; 2) despite the best efforts of the team, some double-counting probably occurred in the analysis of the distribution figures, and some consumption was probably not reported by agencies, due to the poor functioning of some institutions' logistics systems; and 3) some public sector condoms, found for sale in the private sector, may have been counted as distributed by NGOs or public sector institutions. Annual estimates, costs and totals for the period 1995-2005 are presented in Table 6.3.

Table 6.3: FORECAST: ESTIMATED TOTAL CONDOM CONSUMPTION FOR FAMILY PLANNING AND AIDS/HIV PREVENTION, DOMINICAN REPUBLIC: 1995-2005\*

YEAR	Low Estimate (millions) Total Condoms Distributed by all sectors (Public, CSM, CBD, private commercial)	UNIT COST** (U.S.\$)	TOTAL COST (U.S.\$)	High Estimate (millions) Total Condoms Distributed by all sectors (Public, CSM, CBD, private commercial)	TOTAL COST (U.S.\$)
1995	10.7	0.040	429,003	12.8	510,717
1996	11.3	0.040	450,453	14.0	561,789
1997	11.8	0.042	496,624	14.7	619,373
1998	12.4	0.042	521,455	15.5	650,341
1999	13.0	0.042	547,528	16.3	682,858
2000	13.7	0.044	602,281	17.1	751,144
2001	14.4	0.044	632,395	17.9	788,701
2002	15.1	0.044	664,015	18.8	828,136
2003	15.8	0.046	728,907	19.8	909,068
2004	16.6	0.046	765,352	20.8	954,521
2005	17.5	0.046	803,620	21.8	1,002,247
TOTAL:	152.3	N/A	6,641,633	189.5	8,258,895

\*This table represents total need, not unmet need, and includes all estimated consumption: public, CSM, CBD and private commercial.

\*\*Unit costs are the same for the low and high estimates, and are based on UNFPA costs. Since USAID and GODR costs are slightly higher than UNFPA unit costs, this is a conservative estimate of total costs. Procurement of USAID condoms and/or GODR condoms using current sources results in a slight increase in total costs.

## **F. CONDOM POLICY PROGRAMMING AND POLICY ISSUES FOR HIV/AIDS PREVENTION**

AIDSCAP NGOs coordinate effectively in terms of condom distribution, and maintain a central warehouse that serves three NGOs. However, the integration of AIDS prevention interventions, including condom distribution, by family planning programs has not been coordinated with AIDS NGOs in a coherent fashion. Present efforts to prevent HIV infection by condom promotion and use are hampered by a lack of comprehensive coordination and planning by donors, public sector institutions, and NGOs who presently provide condoms to the population through sales, community-based distribution, social marketing, and free distribution. The need for some level of cost recovery, to ensure institutional and programme survival in a period of decreased funding, must be balanced with the all-important need to provide condoms to both high-risk groups and the general population.

**RECOMMENDATION:** A national condom distribution strategy should be developed. This strategy should effectively coordinate the often conflicting efforts of donors, public sector institutions and NGOs. To the degree possible, the private sector should also be involved in strategy development and implementation. Family planning and AIDS NGOs must remain focussed on overall AIDS prevention goals. The social marketing and community-based distribution systems they utilize must avoid competition that conflicts with these objectives.

**RECOMMENDATION:** The UNFPA should coordinate condom procurement and distribution efforts with other donors, the GODR, and NGOs, in order to ensure that its efforts enhance, and do not conflict with, ongoing condom distribution programmes. Project development should also be coordinated by donors, the GODR, and local and international NGOs.

Total condom supply levels, along with those of other contraceptives, are not being tracked in a systematic or coordinated fashion by either donors, public sector organizations, or NGOs involved in AIDS and family planning activities.

**RECOMMENDATION** Donors, public sector organizations such as SESPAS, PROCETS and CONAPOFA, and NGOs should coordinate both programme planning and procurement efforts. A revitalized CONASIDA, or

similar institution for reproductive health, would be a potential forum for such coordination.

While some efforts have been made to strengthen the sentinel surveillance system, many areas of the country are not covered effectively. Case notification from private service providers is minimal.

**RECOMMENDATION:** HIV sentinel surveillance should be strengthened, in order to better track the course of the epidemic, and target resources appropriately.

**RECOMMENDATION:** AIDS and HIV case notification from the private sector should be increased. The family planning NGOs, as well as institutions such as INSALUD and the Dominican Medical Association, could be forums for promoting increased levels of anonymous case notification from private service providers.

## **ANNEX B**

**PERSONS CONTACTED BY THE UNFPA MISSION  
IN THE DOMINICAN REPUBLIC: MARCH 7-24, 1995**

## **I. PUBLIC SECTOR**

### **State Sugar Council, or Consejo Estatal del Azúcar (CEA)**

Dr. Luz Mercedes, Social Development Director  
Rodolfo Coiscou, IEC

### **Ministry of Health (SESPAS)**

Dr. Victor García Santos, Secretary (Minister)  
Dr. Elvis Pichardo Cornelio, Assistant to the Secretary  
Dr. Angela Ricardo, Regional Director (Region II)  
Olga Cruz, Statistical Auxiliary, Buenos Aires Peripheral Clinic; Santiago  
Verónica Reyes, Nursing Auxiliary, Buenos Aires Peripheral Clinic; Santiago  
Ana Silvera Veras, Nursing Auxiliary, Santiago de la Cruz Rural Clinic  
Dr. Manuel Cabral, Social Service Physician, Santiago de la Cruz Rural Clinic  
Dr. Sergio Varela, Social Service Physician, Santiago de la Cruz Rural Clinic  
Cristina Cruz, Nursing Auxiliary, Restauración Maternal Health Center  
María Morfis, Administrative Assistant, Restauración Maternal Health Center  
Dr. Clara E. Maluca, Director, Las Minas Health Center  
Dr. Rafael E. Pérez Valdez, Medical Assistant, Las Minas Health Center  
Merian Serranom, Maternal-Child/Family Planning Director, Las Minas Health Center

### **National Family Planning Program (CONAPOFA)**

Dr. Rita González, Medical Director  
Dr. David Joa, National Supervisor  
Viriato Acosta, National Nursing Supervisor  
Dania Bonelly, National IEC Coordinator  
Gina Georgina Durán  
Bienvenida Rodríguez, Evaluation Dept.  
Dr. Luis Cruz, Medical Assistant, Dajabon  
Dr. Francisco López Severino, Medical Director, Mendoza Rural Clinic  
Dr. José Alberto Santana, Regional Director, Mao  
Dr. José Cabral, Obstetrician/Gynecologist, Mao  
Dr. Virgilio Baldera, Medical Supervisor, Mao  
Hector Bonilla, Educator, Mao  
Severina Cáceres, Nursing Supervisor, Mao  
Adolfina Nuñez, Administrative Assistant, Santiago  
Dr. Brinia Cabrera, Medical Supervisor, Santiago  
Dr. Felix A. Medina, Supervisor, Santo Domingo  
Esmeralda del Rosario, Nursing Supervisor, Santo Domingo

### **Dominican Social Security Institute (IDSS) Hospital**

Dr. Manuel E. Perdomo, Medical Director

Dr. A. Reynoso, Medical Director

### **Maria Cabral y Baez Hospital; Santiago**

María Martínez, Administrative Secretary

Milagros Vásquez, Nursing Auxiliary

### **Loma de Cabrera Hospital**

Dr. Montilla

Mrs. Santana, Nursing Auxiliary

### **National AIDS/STD Control Programme (PROCETS)**

Dr. Ernesto Guerrero, Director

Dr. Elizabeth Gómez, Epidemiological Surveillance Director

Gisela Ventura, IEC, UNFPA Project Coordinator

Ruben Darío Burdiez, National IEC consultant

### **National Planning Office (ONAPLAN)**

Raysa Facundo, Social Planning Director

### **Essential Medicines Program (PROMESE)**

Dr. Ángel Rafael Rodríguez, Program Director

## **II. NON-GOVERNMENTAL ORGANIZATIONS (NGOs)**

### **Dominican Institute for Integrated Development (IDDI)**

Lilian Rocha, UNFPA Project Coordinator

Ramón Seiffes, Planning Director

Sonia Aquino, IEC

### **Association for Small Business Development (ADEMI)**

Pedro Jiménez, Executive Director

### **Dominican Family Planning Association (ADOPLAFAM)**

Dr. Ramón Portés Carrasco, Executive Director  
Daniel Almonte, Contraceptive Distribution  
Dr. Elías Dinzey, Health services Director  
Dr. Gilberto Rivera, UNFPA Project Coordinator  
Evaristo Labour, Planning Director  
Jesus Corletto, Finance Director  
María Montero, Information Manager  
Miguel Torres, Educator  
Dr. Fausto Javier Ángeles, Director, La Cuesta Clinic (affiliated clinic)

### **Hospital and Private Clinic Association (ANDECLIP)**

Dr. Luis Horacio Betances, President

### **CIPROS**

Florentina Villanueva

### **CARE**

Frank Sullivan, Director  
Romana Campos, Family Planning Technical Advisor

### **Coordinator of Sociocultural Animation (CASCO)**

Elizardo Puello, General Coordinator  
Betania Betances, IEC

### **Center for Integrated Research and Orientation (COIN)**

Santo Rosario, Executive Director  
José Robinson, Administrator  
Tony de Moya, Sociologist/Researcher

### **National Consortium of Child Survival/Maternal-Child Health Organizations (CONASUMI)**

Dr. Ángel Luis Alvarez, Executive Director

**Council for Surveillance and Control of AIDS (COVICOSIDA)**

Dr. Ballardo Gomez, Director

**Development Associates, Inc.**

Edward Scholl, Project Director

María A. Castillo, Family Planning and Health Project Coordinator

Peggy Koniz-Bohoher, IEC

Ani Portella, IEC

**Dermatological Institute/Puerto Plata**

Dr. Ángel Gómez, Director

**Dermatological Institute/Santiago**

Dr. Freddy Simonó, Director

Dr. Pedro Vargas, STD Clinic Manager

**Women in Development, Inc. (MUDE)**

Rosa Rita Alvarez, Executive Director

Francisco Javier Reyes, Deputy Director for Programming

Dulce Bobadilla, Deputy Director for Administration

Henry Guerrero, Planning Director

Javier Reyes, Technical Director

Wilfredo Machuca, Analyst

Victoria Cruz, IEC

**Family Welfare Association (PROFAMILIA)**

Magaly Caram de Alvarez, Executive Director

Dr. Fausto Mejía, Men's Clinic

Ivellise Rosario, Contraceptive Distribution

Gianna Sangiovanni, Planning Director

Nilda Ramona Guzmán, Coordinator

Bernardo Santana, IEC

Carmen Espailat, Clinical Director, Rosa Cisneros Clinic, Santiago

Jorge L. Yordan, Marketing Manager, Rosa Cisneros Clinic, Santiago

Emilia Clase, Secretary, Rosa Cisneros Clinic, Santiago

Dr. Ángel Adames Felix, staff physician, Mauricio Baez Medical Group (affiliated clinic)

## **Plan International**

Rezene Tesfamariam, Representative  
Dr. Francisco Fernandez, Technical Coordinator in Health

## **Program for Prevention of Reproductive Risk (PRARO)**

Dr. Alejandro Parada, Director

## **AIDSCAP**

Dr. Martha Butler, Resident Advisor  
Maura McCarthy, Program Officer  
Dr. Lillian Gómez, Condom Logistics

## **John Snow, Inc.**

Glenn Wasek, Vice President  
Peter Paterson, Logistics Systems Analyst

## **III. PRIVATE COMMERCIAL SECTOR**

### **Altagracia Maternity Hospital**

Dr. Vinicio Calventi, Director

### **ARAPF**

Fernando Ferreira A., Executive Director

### **Yolanda Guzmán Clinic**

Dr. Wilson Marte de Oca, Auxiliary

### **Gassó, Gassó and Company**

Nilka Pérez, Representative  
Ricardo Guerrero, Sales Manager

### **Schering Dominicana**

Diego Degaudenzi, Marketing Manager

## **IV. INTERNATIONAL ORGANIZATIONS**

### **World Health Organization/Pan-American Health Organization (WHO/PAHO)**

Dr. Carlos Valerín, Health Services Consultant

Dr. Delmín Cury Sulsona, National AIDS/STD Advisor

### **European Economic Community (EEC)**

Antonio Fernandez Avilés, Third Secretary

### **United States Agency for International Development (USAID)**

Christine Adamzyck, Health, Population and Nutrition Officer (HPNO)

Sarah George, AIDS Program Manager

Paul Schenkel, Project Manager

### **United Nations Development Programme (UNDP)**

Dr. Miguel Bermeo E., Resident Representative

### **United Nations Fund for Population Activities (UNFPA)**

Heidi Swindells, Representative

Gilka M. de Chez, Programme Officer

Dr. Alexandra Batista, Project Medical Coordinator

Raissa Crespo, Programme Assistant