



ISSUE BRIEF

USAID'S PARTNERSHIP WITH THE DOMINICAN REPUBLIC ADVANCES FAMILY PLANNING

OVERVIEW

- The Dominican Republic has attained one of the highest levels of modern contraceptive use in Latin America and a substantial decrease in maternal and child mortality.
- Effective partnerships between the Dominican Republic Government, the U.S. Agency for International Development (USAID), other external donors and non-governmental organizations were critical in creating a favorable climate for delivering family planning programs and ensuring that messages reached the most vulnerable populations.
- For nearly 5 decades, USAID assisted the Dominican Republic in stabilizing their supply chain for contraception to improve accessibility, setting up a plan to meet future demand and providing financial resources through the Ministry of Public Health and Social Welfare.

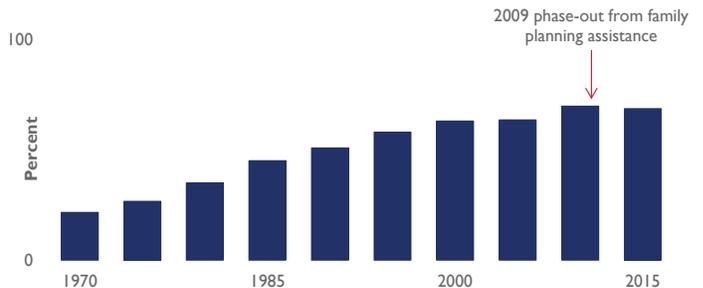
For decades, the Government and people of the Dominican Republic have prioritized family planning programs as a way to promote healthier pregnancies and births, reduce high maternal and child mortality, and respond to individuals' and couples' desires to plan and space their children. In 1970, an estimated 22 percent of married women reported using modern contraceptives (Figure 1). Following family planning outreach, education, and counselling on modern methods and improved access to care, an estimated 69 percent reported using modern contraceptives in 2015. Over time, there were improvements in meeting the demand for modern contraception. In 1970, 37 percent of women reported that their need for these effective methods was satisfied, compared to more than 80 percent in 2015.¹ As modern contraceptive use increased, women and couples in the Dominican Republic achieved what they wanted: healthy timing and spacing of pregnancies and the number of children they desired. This preference is reflected in lower average numbers of births per woman – from more than 7 births per woman in 1965 to 2.5 in 2015.² To contextualize these numbers, today the Dominican Republic's use of family planning to achieve preferred family size is similar to levels in the United States, where 69 percent of married women report using modern contraceptives, and 85 percent say their needs are met.

The decision to have smaller families led to improved maternal and child survival. With a decreasing number of births per woman, the Dominican Republic experienced improvements in maternal survival as the risk of pregnancy-related deaths among women fell 54 percent between 1990 and 2015. Among children, deaths in the first year and in the first 5 years of life fell by nearly half between 1990 and 2015, resulting in rates of mortality similar

to the average mortality of the Latin American and Caribbean region.^{3,4}

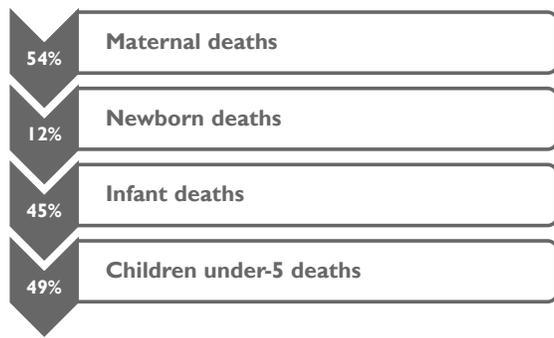
USAID began its family planning support to the Dominican Republic in the 1960s, during a period characterized by political change. Following a coup d'état in 1963, USAID focused its support on private sector initiatives. Financial assistance increased in 1965 with the support of indigenous non-governmental organizations, including PROFAMILIA, La Asociación Dominicana de Planificación Familiar (ADOPLAFAM), and Mujeres en Desarrollo Dominica, Inc. (MUDE). Early efforts focused on raising awareness of the benefits of family planning and improving maternal health. In 1968, through strong civil society commitment, the National Council on Population and Family (CONAPOFA) was formed within the Ministry of Public Health and Social Welfare.⁵

Figure 1. Use of modern contraceptives increased



Over 45 years, modern contraceptive use among married women age 15–49 increased, enabling women and couples to choose the timing and spacing of their children and achieve their desired family size.

Figure 2. Reduction in mortality relative to live births



From 1990 to 2015, improved access to and utilization of family planning led to reduced risk associated with pregnancy and birth. Relative to the number of live births, there were fewer women dying from pregnancy-related complications, and fewer newborn, infant and child deaths.

In the 1970s, as the island's new democracy created a stable multiparty political system, political leaders turned to USAID and the United Nations Population Fund (UNFPA) for technical and financial family planning assistance. With an effort to expand programming nationwide, particularly to underserved, lower income groups, the Ministry's CONAPOFA grew rapidly throughout the country and by the end of the decade was active in 244 family planning clinics. USAID's 1979 assessment of CONAPOFA indicated that 12.4 percent of women using modern family planning methods at that time received their contraceptives from these government-run clinics. During the 1970s, PROFAMILIA's innovative work focused on several key interventions: increasing access to contraception in the country, starting an innovative community-based distribution program, radio broadcasts on the value of family planning, and providing education and contraceptive methods through a home visiting system.⁶

In the 1980s, USAID focused on increasing country ownership and preparing for future changes in funding by continuing to work with the public sector to expand family planning service delivery through private sector programs. USAID efforts assisted public and private partners implementing family planning programs by reducing program expenses and improving efficiency overall. Efforts included the development of cost-recovery mechanisms to ensure sustainability beyond donor assistance. Non-governmental organizations, including PROFAMILIA, MUDE, and ADOPLAFAM, improved their institutional capacity to manage and evaluate family planning programs. During this decade, private sector programs became the primary family planning providers. They provided medical, legal, and psychological counseling, distributed modern contraceptive methods, engaged men's participation in family planning, and provided training in community mobilization and social marketing. USAID's expanded programming also provided support to improve infant and child survival and promote birth spacing.⁵

Despite economic downturns in 1990 and 2003 that affected health service delivery, reforms in national health programming and policies aimed to sustain family planning programs in the Dominican Republic.⁷ In 2001, the Dominican Republic incorporated reproductive health programs into its social security system to ensure family planning remained a focus in the health system. A

health reform plan in 2005, which transformed public health programs, guaranteed universal insurance coverage, and emphasized disadvantaged groups.^{8,9} Adolescent pregnancy was of particular concern. According to a 2007 study, 44 percent of women age 20 – 49 had their first child before age 20.¹⁰ The Ministry of Public Health and Social Welfare implemented health-sector reforms to increase public spending for family planning, while USAID built the institutional capabilities of the Ministry and non-governmental organizations to support these reforms.¹¹

To strengthen the supply chain for modern family planning methods, the Dominican Republic joined the USAID-supported Regional Initiative on Contraceptive Security in Latin America and the Caribbean in 2005. With the steady rise in modern contraceptive use in the 2000s, the public sector faced contraceptive stock-outs and limited access to family planning programs. These factors contributed to unplanned pregnancies, abortions, and high rates of maternal mortality.¹² The Regional Initiative was established as a south-to-south network in which countries can share lessons to improve results in their own nations to ensure that women and couples have the ability to choose, obtain, and use high quality contraceptives and condoms for contraception or to prevent sexually transmitted diseases. In 2007, the President mandated that the country would focus this contraceptive security on men and women of reproductive age, particularly those in the low income strata.¹³ The Regional Initiative enabled governments in the region to buy family planning supplies through international agencies, such as UNFPA, that have had the capacity to serve as high-volume, lower-cost global contraceptive procurement agents.¹⁴ The Dominican Republic achieved dramatic savings by procuring contraceptives through the UNFPA.¹⁵

USAID's plan for the Dominican Republic's graduation from family planning assistance focused on meeting key family planning goals by 2009 and instituting a plan to sustain progress.¹⁹ The Dominican Republic, like El Salvador, Honduras, Nicaragua, Paraguay, and Peru, experienced gradual, strategic reductions in USAID funding for family planning as per their graduation plans. This approach encouraged both public and private health sectors to provide programming to meet the need for care. Achievements included improved family planning programs, strategically designed family planning communication and educational materials, trained health workers, greater stakeholder coordination, and improved supply chain management, including contraceptive distribution.⁹

Since graduation, USAID has successfully supported family planning, maternal and child health and access to broader healthcare programming. Through the Regional Contraceptive Security Initiative, USAID promotes equitable program access and advocates for protected budgets for contraceptive security. With approval from the Minister of Health, USAID's Health Policy Project and partners launched a contraceptive security committee that facilitated family planning and reproductive health committees in targeted municipalities.¹⁸ Support of maternal and child health and HIV projects to lower death rates among women and children have also continued.^{3,4,9} Given that maternal mortality is higher than the average for the region, USAID and the Government of the Dominican Republic launched the Maternal and Child Excellence Initiative in 2010 to improve obstetric care.¹⁹ USAID continues to work with the gov-

ernment to reform the country's health sector, including expanding access to quality healthcare, improving HIV and AIDS treatment and prevention services, detecting and treating tuberculosis, and implementing a health component under the social security system.²⁰

The Dominican Republic's success in investing in sustainable and targeted family planning programming has resulted in ongoing progress in meeting the needs of women and couples. The country has maintained service delivery and continues to address reproductive health needs. Since USAID phased out family planning assistance in 2009, use of and satisfaction with modern contraceptives have been stable, and the maternal and child mortality rates continue to fall.⁹ Addressing adolescent pregnancy, outreach to remote and rural areas, and addressing the needs of underserved women and couples remain a challenge. For example,

the adolescent birth rate in the Dominican Republic is the highest in the region at 100.6 births per 1,000 women and nearly 1 in 5 babies were born to girls aged 15–19 in 2015.²

The Government of the Dominican Republic, in partnership with non-governmental organizations, the private sector and external donors, remains committed to not only maintain, but also to expand, their work in reproductive health. Efforts continue to focus on improving access to quality healthcare and effective family planning methods to reduce the risk of pregnancy, which in turn decreases maternal and infant deaths.^{9,11} Through these joint public-private sector programs, innovative approaches to financing and community outreach activities, and external support from agencies like USAID, women and couples are able to choose their family size and the timing of their children to promote healthy families.

LOOKING TO THE FUTURE: THE UNFINISHED AGENDA

- Increase demand for family planning among adolescents.
- Remove barriers to use for modern contraceptives among adolescents, including offering alternative methods and reducing stigma.
- Integrate family planning services into decentralization reforms.

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