



Providing Quality Health Care to Women and Children in the Dominican Republic

Overview

In 1996, Project HOPE, in collaboration with the American and Dominican Associations of the Order of Malta (ADOM), opened the doors of the Clínica Materno Infantil (the Maternal and Child Clinic) in Herrera – an impoverished and densely populated area of Santo Domingo. Project HOPE designed and managed the facility and provided extensive training to the staff. Project HOPE also procured and donated vital equipment and supplies for the clinic.

After six years, Project HOPE turned over complete management and operation of the clinic to ADOM. Through the creation and the cautious management of an endowment, and through the collection of minimal sliding fees for service, the clinic became fully financially self-sufficient, able to operate without any further infusion of outside capital. Thus, within six years, Project HOPE helped to create a financially and operationally self-sustaining model clinic. Today, in addition to patient care and preventive health education, the clinic serves as a training site for nurses and other health care workers and as a site for community outreach and public health education.

In 2003, a second clinic in the Dominican Republic – also developed collaboratively through the efforts of Project HOPE and the Order of Malta – opened in the town of Monte Plata, north of Santo Domingo; it continues to provide similar services to its community members.



The Herrera Clinic in Santo Domingo and Monte Plata Clinic

Since 1996, in addition to its continuing management and technical support of the clinics, Project HOPE has provided \$96.7 million in donated medicines and medical supplies to the country. In December 2007, Project HOPE delivered more than \$32 million worth of life saving vaccines and other medicines to the Dominican Republic – one of the largest donations of medicine to a single country in HOPE's 51-year history. The shipment included enough vaccines to treat one million

people. On an annual basis Project HOPE is able to provide about \$5 million of medical supplies to the clinics and the Dominican Republic.

Health Needs in the Dominican Republic

Overcrowding, severe health problems and inadequate or nonexistent sanitary facilities are a way of life in many of the communities throughout the Dominican Republic. Dominican mothers and their children face difficult odds: a child in the DR is six times more likely to die before the age of two than a child in the United States; a mother there faces a 30 times greater risk of dying during childbirth than a mother giving birth in the United States. As is true in most developing countries, preventive health care is rare, with parents seeking treatment for presenting illness rather than engaging in preventive behaviors such as immunizations, growth monitoring, nutritional supplementation, and practicing healthy behaviors.

Herrera and Monte Plata Clinics

Since it opened in 1996, the Herrera Clinic has provided more than 900,000 client services. Over 30,000 residents have benefited from health education sessions, and 15,000 home visits have been conducted. Laboratory facilities (including prenatal ultrasound) on-site allow for basic testing; a cost-recovery pharmacy makes medications readily available to clinic patients.

At Herrera, a community health team not only provides in-clinic health education counseling, but also takes their job into the streets. Each week, the team compiles a list of women who have missed their appointments and certain “high risk” patients identified by the doctors. Each day, the health education team walks the streets of Herrera and nearby neighborhoods, visiting these women to find out why they missed appointments and to assess whether they need immediate medical care or health counseling.

These visits serve many purposes. The team is able to build relationships with people in the community, spread the word that the clinic is there to provide healthcare to those in this community, and take their health education messages directly to the patients. In addition to direct service and community education, the Herrera Clinic has served as a training facility for Ministry of Health staff.



The Herrera Clinic model was recently recognized in a public ceremony by the Dominican Ministry of Health and the Pan American Health Organization (PAHO) as a highly efficient and replicable model for preventive health care throughout the region. The Clinic was cited for its “innovative, sustainable model of primary health attention” and for the quality of services offered.

The maternal and child health clinic in Monte Plata was built upon the Herrera model of efficiency and sustainability. Monte Plata is a remote, mountainous area, where preventive health and health information is scarce: only 35% of the children of Monte Plata receive regular growth monitoring, and pregnant women average just 2 or 3 prenatal visits. Vaccination rates for children under five in Monte Plata are dangerously low, with only one-third of children receiving the complete series of DPT vaccinations; only 29% receiving the Polio3 injection, and just half of the children immunized against measles. After years of success, the PAHO and the State Secretariat for Public Health and Social Work have recognized the clinic staff for their efforts in

educating the public about the importance of childhood vaccinations. Additionally, the clinic was accredited as a national vaccination center.

The 5-Star Strategy for Improved Maternal and Child Health

In July 2011, HOPE launched the “5-Star” strategy to improve the health of women and children by strengthening and systematizing service quality combined with incentives for desired care. The strategy focuses on **five essential services** that pregnant women must know about and receive (tetanus toxoid immunization, HIV/AIDS/STI testing, laboratory tests [including blood, urine, sonogram, dental exam), over the course of at least five prenatal examinations and a post-natal visit within seven days of delivery. The pregnant mother is awarded a star for each of these key services, noted in her patient chart. After acquiring all five stars, she is classified as a VIP (Very Important Person) and recognized publically by the community. The 5-Star Strategy was designed by HOPE staff and has received nationwide acclaim for its innovative way of enhancing health worker coordination, as well as patient education. Recognizing that women and children’s health outcomes are interrelated from pregnancy on is at the root of the “5 Star” approach, signaling a promising environment for wider applicability at the national level.

Financial Sustainability of the Clinics

The Project HOPE/ADOM clinics are cost-effective and sustainable with strong financial, management and information systems. The clinic environment is focused on a positive patient experience. Patients pay very small fees for high quality and responsive service, which has proven to be highly effective in terms of establishing the value and importance of services. Free services are provided for those clients who cannot pay even the modest fees. Additional revenues come from national insurance capitation fees and reimbursement payments. Collectively, the clinics are able to cover their operational costs and ensure long-term viability.

Crucial to sustainability is the high quality care and patient-centered approach that creates a high level of loyalty and a feeling of ownership among the patient base. In fact, most patients of HOPE clinics find out about them through family members, friends or neighbors. There is no substitute for word-of-mouth advertising and the clinics’ unsurpassed quality and welcoming attitude make it easy. Moreover, private physicians and even public health facilities in the vicinity refer patients to HOPE clinics for care and services such as laboratory tests, sonograms, psychiatry and dentistry. Approximately 40 percent of lab tests are referrals which enhance clinic revenues and also present the opportunity to retain patients who experience and learn about available services.

The on-going technical support provided by Project HOPE to the clinics is shared with other national entities by HOPE’s participation in a number of national policy-making committees, including antenatal care, breastfeeding, IMNCI and immunization, further strengthening the bond with the Ministry of Health, as well as other international agencies, like the Pan-American Health Organization (PAHO), who in 2002, recognized the clinics as a global model.