

Local Health System Sustainability Project



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# ANNUAL PROGRESS REPORT



## DOMINICAN REPUBLIC

Task Order 1, USAID Integrated Health Systems IDIQ  
August 19, 2020 – September 30, 2020

## Local Health System Sustainability Project

The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ helps low- and middle-income countries transition to sustainable, self-financed health systems as a means to support universal health coverage. The project works with partner countries and local stakeholders to reduce financial barriers to care and treatment, ensure equitable access to essential health services for all people, and improve the quality of health services. Led by Abt Associates, the five-year, \$209 million project will build local capacity to sustain strong health system performance, supporting countries on their journey to self-reliance and prosperity.

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# ACRONYMS

<b>AMELP</b>	Activity Monitoring, Evaluation and Learning Plan
<b>CONAVIHSIDA</b>	<i>Consejo Nacional para el VIH y el SIDA</i> (National Council for HIV and AIDS)
<b>DIGECITTS</b>	Directorate for the Control of STI and HIV/AIDS
<b>DO</b>	Development Objective
<b>DR</b>	Dominican Republic
<b>FC</b>	Focus Client
<b>GESI</b>	Gender Equality and Social Inclusion
<b>GODR</b>	Government of the Dominican Republic
<b>ICU</b>	Intensive Care Unit
<b>LHSS</b>	Local Health System Sustainability Project
<b>MOPH</b>	Ministry of Public Health
<b>PLHIV</b>	Person Living with HIV
<b>SAI</b>	<i>Servicio de Atención Integral</i> (HIV Comprehensive Care Service)
<b>SNS</b>	<i>Servicio Nacional de Salud</i> (National Health Service)
<b>SOP</b>	Standard Operating Procedure



# 1. INTRODUCTION

## 1.1 THE LHSS PROJECT IN DOMINICAN REPUBLIC

Through the Local Health System Sustainability Project (LHSS) Dominican Republic (DR) Activity, USAID will strengthen the Government of the Dominican Republic's (GODR's) capacity to sustainably manage quality HIV prevention and services, and drive achievement of the country's commitment to achieving the UNAIDS 95/95/95 targets by 2030. The one-year activity will work with the GODR to advance greater local ownership of HIV prevention and control. The activity will support GODR to operationalize and supervise global standards of clinical care at the facility and community levels, ensuring focus clients (individuals of Haitian descent residing in the DR)<sup>1</sup> have access to quality HIV services. The activity will achieve this goal through the following two objectives: 1) strengthen governance and management of HIV service delivery including at the community level; and 2) strengthen service delivery capacity to improve quality of HIV care at the facility and community levels.

In addition, the COVID-19 response activity in the DR will support the successful placement and operationalization of USAID's donation of 50 mechanical ventilators to the GODR, and strengthen efforts to improve immediate intensive care case management capacities of the national health service, *Servicio Nacional de Salud* (SNS), in addressing the COVID-19 epidemic.

### 1.1.1 LHSS DOMINICAN REPUBLIC ACTIVITY

LHSS will contribute to the overarching goal of USAID's Country Development Cooperation Strategy of improving citizen security in order to promote economic growth, and Development Objective (DO) 3 of advancing an AIDS-free generation. The activity also aligns with the cross-cutting themes of: 1) transparency and accountability; and 2) addressing the needs of marginalized communities, including women, focus clients (FCs), the LGBTQ community, and people with disabilities, through systemic and sector-specific approaches. LHSS activities will also support USAID goals to help priority countries achieve high-performing health systems that offer quality care that is accountable, affordable, accessible, and reliable.

The activity will support USAID's efforts to advance a more client-centered approach that responds to the needs of FCs through greater involvement of communities, including in monitoring health services, and by focusing on supportive supervision, human resources for new models of service delivery, and developing policy, guidelines, and standard operating procedures (SOPs) to strengthen community approaches.

### 1.1.2 LHSS DOMINICAN REPUBLIC COVID-19 RESPONSE ACTIVITY

The COVID-19 response activity supports the successful placement and operationalization of USAID's donation of 50 mechanical ventilators to the GODR, and USAID's efforts to strengthen intensive care case management capacity for COVID-19. Through a multi-sectoral approach emphasizing local capacity development, LHSS will partner with 13 hospitals to provide rapid technical assistance in the review and validation of comprehensive clinical protocols and SOPs related to identification of severe and critical COVID-19 cases, approaches to triage, and critical care case management. The activity will train health

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<sup>1</sup> PEPFAR COP 2020



## 1. Introduction

professional teams in partner hospitals on materials and SOPs for critical care COVID-19 case management. This will include enhancing provider knowledge on the management of severe and critical cases, clinical use and basic operation of mechanical ventilators in the intensive care unit (ICU), and broader hospital management approaches required to manage ICU-level cases of COVID-19.

The COVID-19 activity centers on two overarching objectives:

- *Objective 1:* Develop and validate clinical protocols, SOPs, and ICU-level case management techniques for COVID-19 interventions (with particular attention on the use of mechanical ventilators); and
- *Objective 2:* Train hospital based ICU-teams of various cadres on the COVID-19 clinical protocols and algorithms, SOPs, and critical care case management techniques.

## 1.2 RESULTS FRAMEWORK

### 1.2.1 LHSS DOMINICAN REPUBLIC ACTIVITY

The activity's theory of change maintains that **if** a higher quality of HIV clinical care is provided for FCs at the facility and community levels through improved supportive supervision and staffing, **then** access to high-quality and appropriate HIV services will increase. This is **because** improved capacity and commitment at policy, management, and HIV point-of-service levels are necessary for health system improvements.

The results framework in Figure 1 demonstrates how the project will contribute to USAID Dominican Republic's DOs through this activity. The framework will be used to track results. The framework depicts a causal pathway from activity outputs to sub-objectives (SOs) and objectives' desired outcomes, and to desired outcomes and ultimate impact.

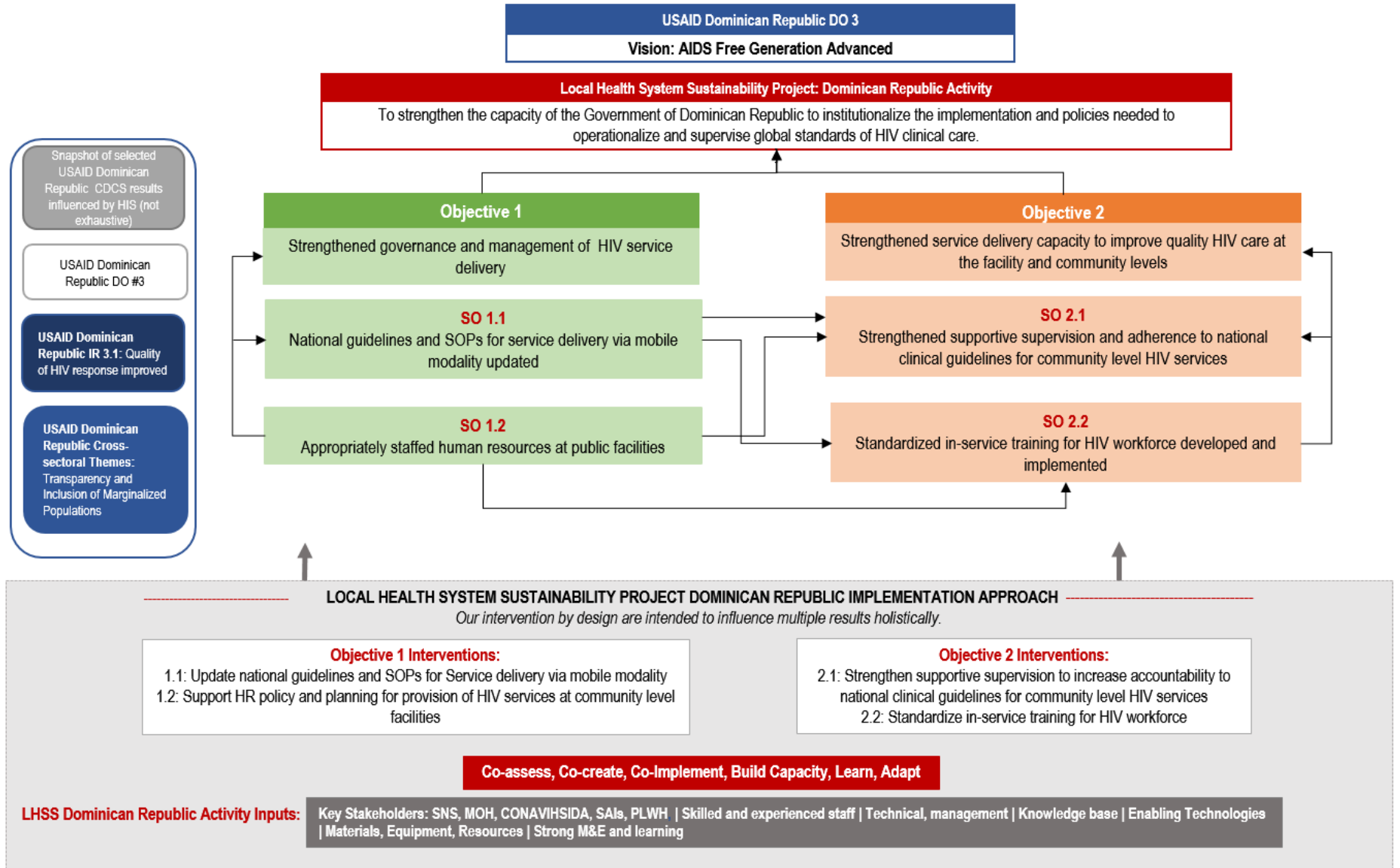
The results framework also links to the overall LHSS Task Order results framework, particularly the following SOs:

- SO 2.1.2: Improved availability and distribution of skilled/motivated human resources for health (HRH), especially in hard to reach areas.
- SO 2.2: Public and private services responsive to population needs.
- SO 3.1: Health services meet evidence-based standards of quality care.
- SO 3.2.1: Improved organization and delivery of cost-effective services.
- Cross-Cutting SO X.1: Strengthened capacity of public, private and civil society institutions to effectively plan, manage and oversee health system functions.



# 1. Introduction

Figure 1: LHSS DR Activity Results Framework



## I.2.2 LHSS DR COVID-19 RESPONSE ACTIVITY

The activity's theory of change maintains that **if** clinical protocols, treatment algorithms, SOPs, and ICU-level case management approaches for COVID-19 are developed and validated, and local hospital personnel and ICU teams are trained on them and in the use of mechanical ventilators, **then** the SNS will be able to present an effective response to COVID-19 because of its strengthened capacity to prevent, detect, and respond to a COVID-19 epidemic, and because strong clinical systems contribute to a resilient health system.

The activity coincides with the overarching effort to protect investments made in the DR's health system. The activity will use a health systems strengthening approach to improve COVID-19 related outcomes by improving access to, and the quality of, clinical care treatment services, and by addressing system-wide challenges, such as workforce capacity development.

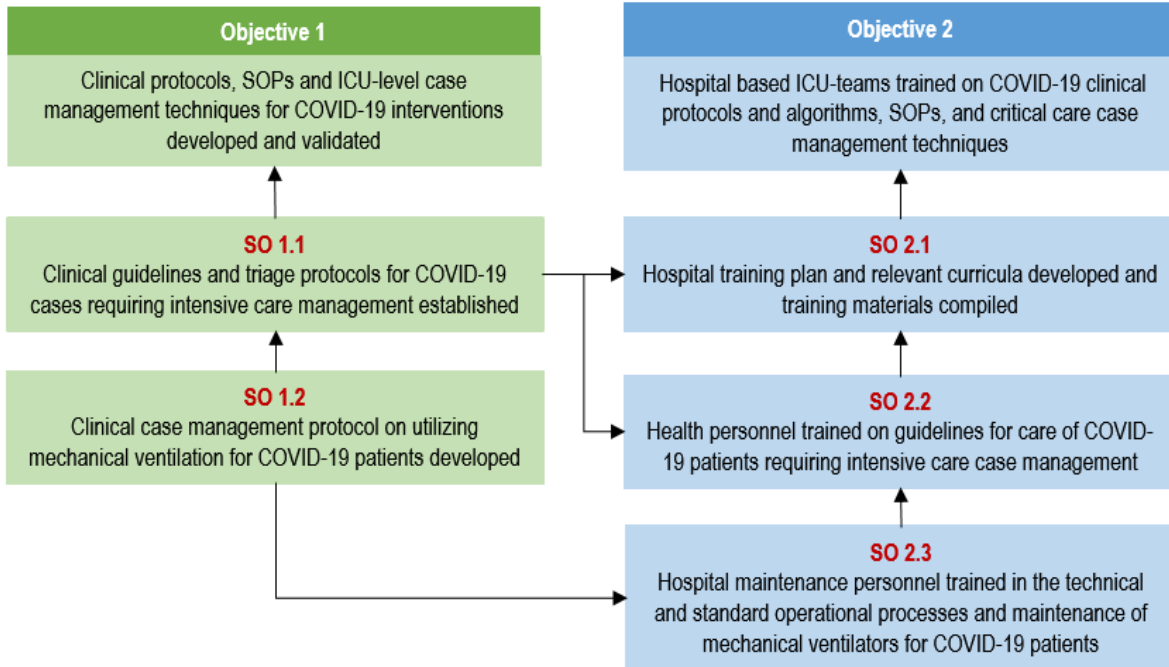
The results framework also links to the overall LHSS Task Order results framework, particularly the following TO SOs:

- SO 2.1.1: Improved availability of services and commodities.
- SO 3.1: Health services meet evidence-based standards of quality care.
- SO 3.2.1: Improved organization and delivery of cost-effective services.
- SO 3.2.2: Strengthened community health services.
- SO X.1: Strengthened capacity of institutions - public, private, and civil society organizations - to effectively plan and oversee health system functions.



**Figure 2: LHSS DR COVID-19 Reponse Activity Results Framework**

**Local Health System Sustainability Project: Dominican Republic COVID-19 Response Activity Goal**  
 Strengthened prevention, detection, and response capacities of the National Health Service (SNS) in addressing the national COVID-19 epidemic



**LOCAL HEALTH SYSTEM SUSTAINABILITY PROJECT DR COVID-19 RESPONSE IMPLEMENTATION APPROACH**

*Our interventions are intended to influence multiple results holistically. A description of the casual pathway from interventions to intended results (objectives and sub-objectives) is described in the Theory of Change.*

**Objective 1 Interventions:**  
 Develop and validate clinical protocols, SOPs and ICU-level case management techniques for COVID-19 interventions developed and validated (1.1, 1.2)

**Objective 2 Interventions:**  
 Train hospital based ICU-teams on COVID-19 clinical protocols and algorithms, SOPs and critical case management techniques. (2.1, 2.2, 2.3)

**Co-assess, Co-create, Co-Implement, Build Capacity, Learn, Adapt**

**LHSS DR COVID-19 Activity Inputs:** Key Stakeholders: SNS | Skilled and experienced staff | Technical, management | Knowledge base | Enabling Technologies | Materials, Equipment, Resources | Strong M&E and learning

## 2. LHSS DOMINICAN REPUBLIC ACTIVITY OVERVIEW

<b>Status</b>	
Since work plan approval in August 2020, the team has finalized partner work orders, hired consultants to support activities, and set up initial engagement meetings with local stakeholders.	
<b>Problem Statement</b>	Systemic challenges persist around the need to standardize HIV services across providers (e.g., by developing policy and procedures for expanding community-based services), and to ensure clinical care and outreach is culturally and linguistically responsive to Focus Clients (FCs). <sup>2</sup> Major constraints include the absence of a systematic quality assurance mechanism that clearly defines roles and relationships, and inadequate management capacity at both the central MOH and the sub-national level for assessing and strengthening the quality of service delivery in HIV comprehensive care service sites (SAI) and the community. <sup>3</sup>
<b>Purpose</b>	<p>LHSS will provide technical assistance to the MOH to create and implement supervision systems and tools in coordination with the national health service, regional health directorates, provincial health offices, and SAI leadership. These systems and tools will ensure compliance with national goals, guidelines, and protocols, prioritizing efforts to control the HIV epidemic among FCs.</p> <p>LHSS will help revise or develop national policies, guidelines, and SOPs, supporting the MOH and the Directorate for the Control of STI and HIV/AIDS (DIGECITTS) to implement newly-adopted national policy changes for the provision of community-level HIV services for FCs (e.g., the Ministerial decree that supports mobile clinical services). This includes development of standardized training curricula and relevant in-service trainings for community level HIV services, as well as job-aids and monitoring and evaluation tools.</p> <p>LHSS will work with the national health service to address human resource shortages and related challenges with improved planning for facility and community level staffing, including for mobile services.</p>
<b>Interventions</b>	<ul style="list-style-type: none"> <li>• Update national guidelines and SOPs for service delivery via mobile modality.</li> <li>• Support HRH policy and planning for the provision of HIV services for FCs at community-level facilities.</li> <li>• Strengthen supportive supervision to increase accountability to national clinical guidelines for community level HIV services.</li> <li>• Standardize in-service training for the HIV workforce.</li> </ul>

<sup>2</sup> PEPFAR COP 2020

<sup>3</sup> M. Rathe. 2018. *Dominican Republic: Implementing a Health Protection System That Leaves No One Behind*. Universal Health Coverage Study Series, No. 30. Washington, DC: World Bank Group.

## Planned Deliverables

- Revised guidelines, SOPs, and M&E tools.
- Report on needs assessment.
- Validation report from catchment area analysis.
- Stakeholder consultation report.
- National level HRH plan.
- PEPFAR site HRH plans.
- Initial supportive supervision implementation report.
- Supervision undertaken for improvement program for up to 40 quality leaders/managers.
- Quality improvement practicum program complete for up to 100 front line health workers across the continuum of care.
- Systematization report.
- Revised training curricula.
- Training of trainers conducted.
- Training conducted for providers on new guidelines and SOPs.

## Contribution to Task Order Objectives



### Objective 1:

**Increased financial protection**



### Objective 2:

**Increased population coverage**



### Objective 3:

**Increased service coverage of quality essential services**



**Cross-cutting:  
Strengthened community voice, institutional capacity, and collaboration**

SO 2.1.2: Improved availability and distribution of skilled/motivated HRH, especially in hard to reach areas.  
SO 2.2: Public and private services responsive to population needs.

SO 3.1: Health services meet evidence-based standards of quality care.  
SO 3.2: Improved organization and delivery of cost-effective services.

SO X.1: Strengthened capacity of institutions - public, private, and civil society organizations - to effectively plan and oversee health system functions.

The LHSS team in the DR has been in start-up mode since receiving approval of the workplan. USAID hosted kick-off meetings with other partners in-country. However, there was a transition of government following the August 2020 elections, and LHSS is now awaiting an official introduction by the Ambassador to the new Minister of Health. The team will then start to engage local stakeholders to review current national policies and guidelines for mobile modalities of HIV service delivery.

The LHSS team in the DR is in the process of hiring a field-based technical project officer to support in-country activities and engaging consultants to support and lead several of interventions. Coordination meetings with partner Institution for Healthcare Improvement (IHI) have begun.

## 2.1.1 WORK PLAN PACKAGE

The work plan was initially submitted and approved in June 2020, for a budget of \$762,000 and a six-month implementation timeline. Shortly after, the team received notification of an increased budget of \$1,000,000 and expanded scope, for which a work plan was developed and subsequently approved on August 19, 2020.

## 2.1.2 STRATEGIES AND PLANS

### **Monitoring, Evaluation, and Learning Plan:**

LHSS submitted a draft Activity Monitoring, Evaluation, and Learning Plan (AMELP) to USAID on April 27, 2020. Following the revised scope and budget for the Year 1 Work plan, the AMELP was resubmitted on August 12, 2020 and received approval with the work plan on August 19, 2020. The LHSS team will finalize the AMELP by the end of Y2 Q1 with USAID and MOH engagement.

### **Gender Equality and Social Inclusion Strategy:**

The approved activity work plan and AMELP reflect and reinforce the LHSS project Gender Equality and Social Inclusion (GESI) Strategy (2019). In line with the LHSS GESI Strategy and the USAID DR Country Development and Cooperation Strategy (2019), the LHSS activity will:

1. Integrate GESI into the analysis, design, implementation, monitoring, evaluation, and learning (MEL) of interventions;
2. Promote meaningful participation by women and other socially excluded groups in health systems management, leadership, and governance; and
3. Not exacerbate the problems and barriers faced by women, underserved, and socially excluded groups in accessing and using quality health services.

## 2.1.3 MANAGEMENT AND STAFFING

LHSS has deployed a dedicated team in the DR to support implementation. Activities will be overseen and led initially by the chief of party, with support from the finance and administration manager. Hiring of a technical project officer and several local consultants is in progress.

An LHSS home office coordination team oversees and guides the LHSS activity. The home office team includes a regional manager, country manager, program analyst, and technical subject matter experts. The home office team also provides support for MEL, operations, finance, and communications.

Abt is the lead implementing partner in the DR, and is supported by the technical expertise of consortium partners, IHI.

# 3. CURRENT AND CUMULATIVE PROGRESS

## 3.1 DELIVERABLES

- Revised guidelines, SOPs and M&E tools:
  - Progress: work towards this deliverable has not started beyond initial engagement with implementing partners and USAID in the DR.
  - Activities to be undertaken during the following quarter: hiring of consultant underway to initiate and lead the activity in Q1.
- Report on needs assessment:
  - Progress: work towards this deliverable has not started beyond initial engagement with implementing partners and USAID in the DR.
  - Activities to be undertaken during the following quarter: desk review to start after official introduction from Ambassador.

### 3.1.1 LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP

Developed zero draft of the capacity and transition plan.

## 3.2 GESI PROGRESS

The LHSS home office team has met with the GESI technical lead to discuss DR activities and brainstorm about initial opportunities to incorporate a GESI strategy into the program. A training in Y2 Q1 is forthcoming.

## 3.3 COMPLETED REPORTS AND DELIVERABLES

Approved work plan.

## 3.4 UPCOMING EVENTS

Formal kick-off is awaiting presentation of the activity by the USAID Ambassador to Minister of Health.

### 3.5 ACTIVITIES TO BE UNDERTAKEN DURING THE FOLLOWING QUARTER





Activities to be undertaken during the following quarter:

- Kick-off with in-country stakeholders.
- Desk review of the revised policy and existing SOPs and guidelines to identify gaps and areas for updates.
- Assessment and analysis of HIV service delivery modalities.
- Assessment and adaptation of existing supportive supervision tools and systems.
- Workshop with USAID in the DR to review and finalize AMELP.

# 4. LHSS DR COVID-19 RESPONSE ACTIVITY OVERVIEW

<b>Status</b>	
Initial facility assessments have started in coordination with the <i>Servicio Nacional de Salud</i> in anticipation of delivery of 50 mechanical ventilators.	
<b>Problem Statement</b>	On February 29 2020, the first case of COVID-19 in the Dominican Republic (DR) and the Caribbean was confirmed. By July 24, the DR had 59,077 confirmed cases and 1,036 confirmed deaths. Medical care across the country has been severely strained, with hospitals close to full capacity and struggling to manage the number of cases. On July 6, the Dominican Society of Critical Medicine and Intensive Care issued a formal alert requesting the Ministry of Public Health and relevant committees to respond to the significant increase of affected patients, noting the need to secure more intensive care unit (ICU) beds, ventilators, and health personnel able to provide surge medical support. In addition, Protocols and guidelines for hospital and ICU-based management of the influx of patients infected with COVID-19 are also lacking.
<b>Purpose</b>	The US government donated 50 ventilators to the Government of DR, which were expected to arrive in the country in August 2020 for distribution to 13 hospitals. Due to the mounting public health crisis, the need to ensure the rapid and effective use of donated equipment was of paramount importance. This included improving and enhancing health staff performance and skills in the use of ventilators and management of critical cases.
<b>Interventions</b>	<ul style="list-style-type: none"> <li>• Establish clinical guidelines and triage protocols for COVID-19 cases requiring intensive care case management.</li> <li>• Develop clinical case management protocol on using mechanical ventilation for COVID-19 patients.</li> <li>• Develop a hospital training plan and compile relevant curricula and training materials.</li> <li>• Train health personnel on guidelines for care of COVID-19 patients requiring intensive care case management.</li> <li>• Train hospital engineering/maintenance personnel in the technical, standard operational processes, and maintenance of mechanical ventilators for COVID-19 patients.</li> </ul>

<b>Planned Deliverables</b>	<ul style="list-style-type: none"> <li>• Analysis of compiled documents from facility assessments.</li> <li>• Assessment reports on clinical guidelines and protocols.</li> <li>• Package of supplemental materials to support the manufacturer’s general operations information and manuals.</li> <li>• Hospital training plan.</li> <li>• Training report detailing the number of health personnel trained, their cadres, and pre/post-training test scores.</li> <li>• Training report detailing number of engineers trained, their cadres, and pre/post-training test scores.</li> </ul>
<b>Consortium Partners</b>	<ul style="list-style-type: none"> <li>• Abt</li> </ul>

<b>Contribution to Task Order Objectives</b>			
			
<b>Objective 1:</b>	<b>Objective 2:</b>	<b>Objective 3:</b>	<b>Cross-cutting:</b>
<b>Increased financial protection</b>	<b>Increased population coverage</b>	<b>Increased service coverage of quality essential services</b>	<b>Strengthened community voice, institutional capacity, and collaboration</b>
	SO 2.1.1: Improved availability of services and commodities.	SO 3.1: Health services meet evidence-based standards of quality care. SO 3.2.1: Improved organization and delivery of cost-effective services. SO 3.2.2: Strengthened community health services.	SO X.1: Strengthened capacity of institutions - public, private, and civil society organizations - to effectively plan and oversee health system functions.

Since receiving work plan approval in August 2020, LHSS engaged a subcontractor, Sigil, with the expertise to lead the COVID-19 response activity. Sigil was introduced by USAID to local ministry counterparts, and initiated facility assessments in the 13 hospitals receiving ventilators to understand their readiness for use once they arrive. In addition, Sigil has started to prepare training materials for critical case management of COVID-19 ICU patients, which will complement materials from the ventilator manufacturer.

### 4.1.1 WORK PLAN PACKAGE

The work plan was developed in August 2020 when the LHSS team learned of the Bureau of Humanitarian Assistance donation of 50 ventilators to the GODR. Sigil was identified as a key implementation partner, with the expertise to lead this activity, and provided input into workplan development. The workplan with a budget of \$225,000 was approved on August 13, along with relevant indicators, a results framework, and an environmental management and mitigation plan.



## 4.1.2 STRATEGIES AND PLANS

### **Monitoring, Evaluation, and Learning Plan**

Due to the small budget for this activity, a separate AMELP was not developed, but an abbreviated version was included in the work plan annex.

### **Gender Equality and Social Inclusion Strategy**

The activity is guided by GESI principles from the DR HIV work plan, which recognizes a gendered approach to address specific constraints to accessing quality health services, including COVID-19 services, faced by women, girls, and marginalized groups in poor communities and among FC.

## 4.1.3 MANAGEMENT AND STAFFING

LHSS identified Sigil, a Colombian-based consulting firm, as an important lead partner for this activity. Following execution of their subcontract, Sigil and their consultants will lead implementation of this activity under the guidance of the LHSS chief of party in the DR.

# 5. COVID-19 RESPONSE ACTIVITY CURRENT AND CUMULATIVE PROGRESS

## 5.1 DELIVERABLES

- Analysis of compiled documents from facility assessments:
  - Progress: Facility assessments conducted.
- Assessment reports on clinical guidelines and protocols:
  - Progress: Facility assessments have started, and inputs for reports and analysis are being compiled and drafted.

## 5.2 COMPLETED REPORTS AND DELIVERABLES

Work plan approved.

## 5.3 UPCOMING EVENTS

- Validation workshop on revised standard operating procedures (SOPs) and guidelines for critical case management.
- Clinical staff training on updated guidelines for critical care patients,

## 5.4 ACTIVITIES TO BE UNDERTAKEN DURING THE FOLLOWING QUARTER

- Define and compile guidelines, protocols, and algorithms with counterparts.
- Validate materials with counterparts.
- Compile best practices, and design and prepare protocol for COVID-19 critical care patients.
- Hold workshop with USAID Dominican Republic to review and finalize the Activity Monitoring, Evaluation and Learning Plan (AMELP).