Evaluation of BRA's Humanitarian Health Service Program in the Bateyes, Dominican Republic
Batey Relief Alliance

FINAL REPORT

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TABLE OF CONTENTS

I.		**EXECUTIVE SUMMARY**	**5**
II.		**INTRODUCTION**	**6**
	2.1	Introduction to the Batey Relief Alliance	7
	2.2	Purpose and Scope of the Evaluation	7
	2.2.1	Program Profile and Context	8
	2.2.2	Background on the HIV/AIDS Epidemic in the Dominican Republic	9
	2.3	Program Scope - Geographic Context	11
	2.4	Primary Health Care Background and Context	13
	2.5	HIV/AIDS Care and Treatment Background and Context	13
	2.6	HIV and TB Health Promotion Background and Context	14
III.		**METHODOLOGY**	**18**
	3.1	Overview	18
	3.2	Quantitative versus Qualitative	19
	3.3	Qualitative Tools	20
	3.3.1	Documentation Review	20
	3.3.2	Focus Group Discussions	20
	3.3.3	Interviews	21
	3.4	Quantitative Tools	22
	3.4.1	Questionnaires	22
	3.5	Risks and Limitations	23
IV.		**FINDINGS AND RECOMMENDATIONS**	**24**
	4.1	Primary Health Care	24
	4.1.1	Effectiveness and Results Achievement	24
	4.1.2	Patient Access and Satisfaction	25
	4.1.3	Internal and External Factors Affecting Implementation	26
	4.2	HIV/AIDS Care and Treatment	31
	4.2.1	Effectiveness and Results Achievement	31
	4.2.2	Internal and External Factors Affecting Implementation	32
	4.3	HIV and TB Health Promotion	36
	4.3.1	Effectiveness and Results Achievement	36
	4.3.2	Unintended Results	38
	4.3.3	Internal and External Factors Affecting Implementation	39
	4.4	Strategic Positioning	43
	4.5	Relevance of the Program	46
	4.6	Sustainability	48
V.		**Conclusions**	**50**
VI.		**Follow-Up Plan**	**52**
REFERENCES			**56**
APPENDICES			**57**

APPENDIX I: Information Gathering Tools for Beneficiaries………………………………………………………….. 58

APPENDIX II: Information Gathering Tools for BRA's Management and Staff………………………………….. 77

APPENDIX III:Information Gathering Tools for Stakeholders…………………………………………………….. 87

APPENDIX IV: Terms of Reference …………………………………………………………………………….. 90

APPENDIX V: BRA Workplan….…………………………………………………………………………………... 94

ACRONYMS

ARV	Antiretroviral
ARVT	Antiretroviral Treatment
BRA	Batey Relief Alliance
CBO	Community Based Organizations
CEA	Consejo Estatal del Azúcar (State Sugar Council)
CIAC	Centro de Investigacion y Apoyo Cultural (Center for Research and Cultural Support)
CMI	Centro Médico Integral (Medical Center)
CM	Clínica Móvil (Mobile Clinic)
COPRESIDA	Consejo Presidencial del Sida (Presidential AIDS Council)
DIGECITSS	Dirección General de Control de las Infecciones de Transmisión Sexual y SIDA (General Directorate for Control of Sexually Transmitted Infections and AIDS)
DR	Dominican Republic
ENDESA	National Demographic and health Survey
FGD	Focus Group Discussion
FHI	Family Health International
IEC	Información, Educación y Comunicación (Information, Education and Communication)
IPPF/WHR	International Planned Parenthood Federation/ Western Hemisphere Region
M&E	Monitoring and Evaluation
MDU	Medical Care Units
NGO	Non-Governmental Organizations
PHC	Primary Healthcare
PLWHA	People Living With HIV/AIDS
PF	Planificación Familiar (Family Planification)
PSI	Population Services Internacional
SESPA	Secretaria de Estado de Salud Publica y Asistencia Social (State Secretariat of Public Health and Social Welfare)
TB	Tuberculosis
USAID	United States Agency for International Development

I. Executive Summary

An evaluation team from Columbia University's School of International and Public Affairs carried out an independent process evaluation of BRA's Primary Health Care services, HIV/AIDS Care and Treatment, and Health Promotion programs from December 2006 through April 2007.

BRA has been providing health and humanitarian services to the underserved Batey communities in the Dominican Republic since 1997. After ten years, the organization seeks to collect data and assess organizational and community needs in order to appropriately plan for long-term capacity-building and growth.

BRA invited the evaluation team to assess the implications of its program implementation on the program effectiveness, the strategic positioning of the organization, the relevance of the programs in the local context, the internal and external factors affecting program effectiveness with regards to the delivery and quality of services, and the sustainability of the programs' systems and results.

During its two field visits to the DR, the team collected data through focus groups, surveys and interviews. A total 101 beneficiaries provided data through focus groups; 63 beneficiaries provided responses to health care and health promotion surveys; and the evaluation team conducted a total of 14 interviews with BRA staff and seven interviews with key informants and partner organizations.

The Team found that BRA's programs are meeting an unmet need for health care in the community and has a very high level of satisfaction among beneficiaries. Some key findings are listed below:

- BRA has greatly improved the batey population's ability to obtain available health services;
- 96% of patients reported being "satisfied" or "very satisfied" with BRA's services;
- BRA has an absolute advantage in providing HIV Care and Treatment services in the province of Monte Plata;
- and BRA has a strong advantage in the provision of health promotion services through numerous volunteer health promoters.

Despite the evaluation team's finding that BRA's relatively well-positioned, major obstacles remain for the provision of quality care to beneficiaries. BRA has expanded rapidly over the past decade, and organizational systems have been a subordinated to growth and expansion. Currently, a monitoring and evaluation system and a comprehensive long-term strategic plan are needed to support and reinforce BRA's programs as the organization moves forward into the next decade. The evaluation team offers the following recommendations on how BRA can enhance its effectiveness in program delivery. Our main recommendations are summarized below:

- BRA needs to develop strategically defined indicators by which they can measure the efficacy of their programming;
- BRA needs to establish a monitoring and evaluation system that incorporates measurable outcomes;
- Rather than focusing on expansion into specialized services, BRA should focus on improving its existing infrastructure and service delivery;
- Funding research and donor identification should be done in a more strategic manner;
- BRA must find a more strategic way in which to procure medicines, especially specific medications which are always in need.

II. Introduction

2.1 Introduction to the Batey Relief Alliance

The Batey Relief Alliance (BRA) was formed in 1997 in response to the dire health situation in the Dominican Republic's (DR) Batey communities. BRA's mission is to provide humanitarian health services to underserved people throughout the Caribbean in order to mitigate the lack of government and other service providers reaching the residents of these impoverished communities. The Batey Relief Alliance aims to provide health care and treatment services, health promotion services, and other vital health services to an estimated population of 200,000 people living in the Bateyes[1].

As BRA enters its tenth operating year, the organization seeks to collect data and assess organizational and community needs in order to appropriately plan for the organization's long-term capabilities and growth. In order to achieve this, BRA commissioned a process and performance evaluation of its program.

2.2 Purpose and Scope of Evaluation

A process and performance evaluation of BRA's current **Primary Health Care (PHC), HIV Care and Treatment, and HIV and TB Health Promotion** programs is a necessary first step to strategically plan for potential growth and development of services in the Bateyes. While BRA offers a wide range of medical services through out the Dominican Republic, these three programming areas are primarily implemented within the Monte Plata region and are representative of BRA's primary work in the Batey communities.

The following dimensions were developed by the evaluation team in consultation with the client to frame the scope of the evaluation of BRA's health programs. The evaluation team designed the evaluation to assess:

- indications of effectiveness and results of the program
- the strategic positioning of the organization
- the relevance of the programs in the local context
- the internal and external factors affecting program effectiveness with regards to the delivery and quality of services
- the sustainability of the programs' systems and results

The evaluation team assessed the PHC, HIV Care and Treatment, and Health Promotion programs to identify indications of program effectiveness in relation to program implementation and intended outcomes. Given BRA's current systems and program design, BRA and the evaluation team agreed that a process evaluation, as opposed to a comprehensive outcome evaluation, would provide the most beneficial information,

[1] World Bank. Dominican Republic Poverty Assessment: Poverty in a High Growth Economy. Report No. 21306-DR. December 2001.

which would enhance BRA's ability to utilize the findings for future program planning and design. Additionally, time constraints and the lack of baseline data for the program target populations were significant barriers to a more systematic measurement of outcomes.

2.2.1 Program Profile and Context

Currently, BRA manages operations in the DR through BRA Dominicana, an independently incorporated arm of the organization. Through the main office in Santo Domingo, BRA Dominicana administers a number of different health and humanitarian programs. Henceforth, BRA and BRA Dominicana will both be referred to as BRA.

The health programming offered through BRA, is the central focus of the organization's work in the Batey communities. The provision of health care services in any setting is a detailed and nuanced endeavor that comes with numerous responsibilities. In the Bateyes, unique circumstances make the provision of health services challenging. Therefore, in evaluating the implementation and effectiveness of these programs it is important to understand the context of the Bateyes and the unique barriers to the provision of health services in these communities.

A Batey is "the shantytown camp where the [Haitian and Haitian-descendant] cane cutters live"[2] and have developed into permanent rural impoverished communities. Currently, unlicensed Haitian immigrants and poor Dominicans, who arrived in the Bateyes as *braceros,* or sugar cane workers, inhabit these communities. The circulation of labor and international population displacement was a result of the aggressive recruitment of the multi-national companies that owned the sugar cane industry; often the decision to emigrate was predetermined by severe poverty constraining the bracero's freedom of choice.

As the economic and political divide between the Dominican Republic and Haiti increases, the marginalization of Haitian immigrant communities living and working in the DR's Batey communities has become increasingly distressing. The Batey populations in the DR are particularly at risk, as they:

- Are frequently not recognized as citizens or residents eligible for government services[3];
- Experience a high level of stigma and discrimination[4];
- Their source of social services and support, the DR government and the agricultural firms, once responsible for providing social services to them, are no

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[2] National Coalition for Haitian Rights. *Beyond the Bateyes: Haitian Immigrants in the Dominican Republic*. May 1996. p. 3
[3] Amnesty International Country Reports. "*Dominican Republic: A Life in Transit – The Plight of Haitian Migrants and Dominicans of Haitian Descent*." March 2007. p.11
[4] Ibid. p. 38

longer in operation or have renegotiated their legal responsibilities toward their agricultural labor force[5];
- Their quality of life, as well as economic opportunities, has decreased due to a significant reduction in agricultural production in the Dominican Republic[6].

Providing health education and health care and treatment services in the Batey communities requires both patience and ingenuity. There is very limited infrastructure for transportation, water, communication systems or electricity in and around the Batey communities. Electrical plants often fail and entire areas frequently go for two to four days without electricity. Additionally, there is limited landline or cell phone coverage in these areas. As will be discussed further in the Findings sections, this impacts the type of work that BRA and other service provides can conduct in the Bateyes. Social service infrastructure is also lacking, which creates difficulties in identifying venues for appropriate provision of services and in organizing existing systems for coordinating and presenting health promotion activities in a strategic manner.

As BRA has recognized the increasing need for services in the Bateyes over the past ten years, the organization has rapidly expanded its organizational structure and service provision. Simultaneously, the Dominican Republic Secretariat of Health (SESPAS) has introduced various policy initiatives to reform the health care sector of the Dominican Republic, which are specifically aimed at providing universal coverage, efficiency of services and appropriate human resources.[7] Included within these government initiatives are plans to enhance NGO cooperation, HIV/AIDS prevention and treatment, and reproductive health.[8] Within this context, BRA has emerged to fill an unmet need and to compliment existing services for healthcare in the Batey communities.

BRA has established a number of strategic alliances with donor organizations and government agencies. BRA has aligned themselves with various organizations that provide funding and support in various capacities including government support from Consejo Presidencial del SIDA (COPRESIDA), donor support from the United States Agency for International Development (USAID), Population Services International (PSI), and the Clinton Foundation. BRA has also partnered with a number of "sister organizations", within the Dominican Republic, providing similar services to the Batey communities.

2.2.2 Background On The HIV/AIDS Epidemic In The Dominican Republic

Two of BRA's main programming components, Health Promotion and HIV Care and Treatment, attempt to address the HIV/AIDS epidemic within the Bateyes. The latest data on the HIV/AIDS epidemic in the Dominican Republic, published by UNAIDS in 2005,

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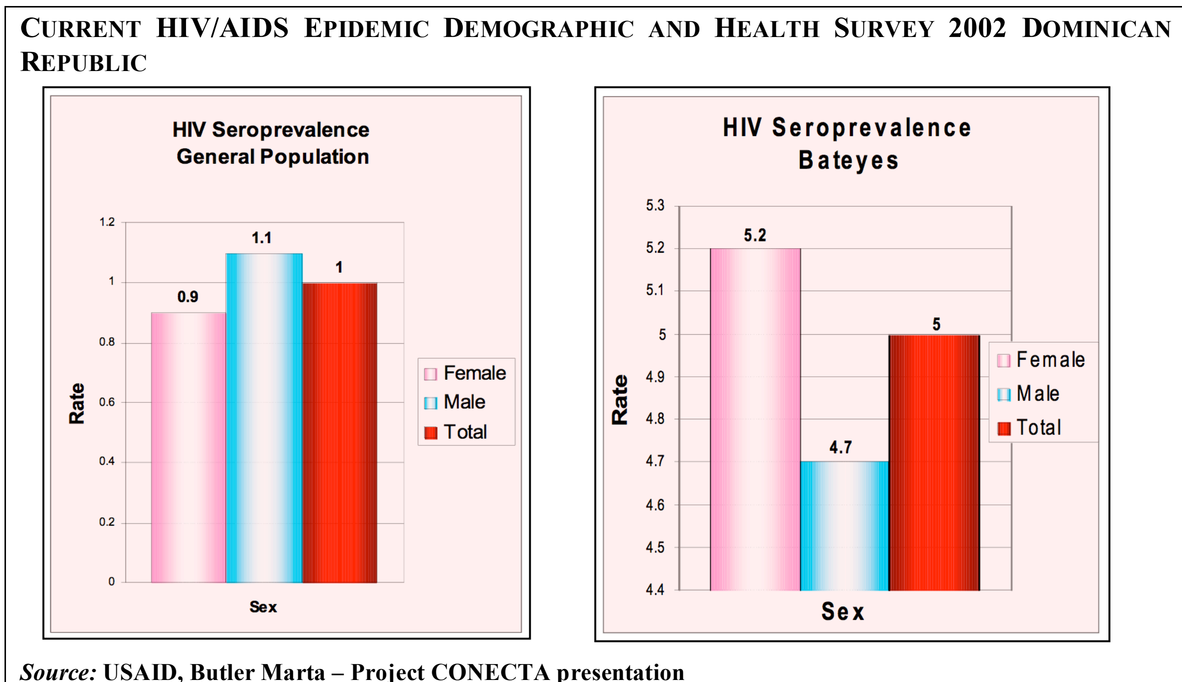
[5] Ibid. p. 6
[6] Ibid. p. 7
[7] Glassman, Amanda, Michael R. Reich, Kayla Laserson, and Fernando Rojas. *Political Analysis of Health Reform in the Dominican Republic*. Health Policy and Planning Journal, volume 14, no. 2. pg 115-126. Oxford University Press, June 1999.
[8] USAID. Dominican Republic Operational Plan, Fiscal Year 2006. USAID/Dominican Republic Country Office. June 2006. available online: http://pdf.usaid.gov/pdf_docs/PDACH413.pdf

shows an HIV prevalence rate in the country of 1.1% among adults aged 15 and older. In addition, in 2005 not enough people in the Dominican Republic were getting treatment: 2,582 people were receiving ARV treatment while the estimated number of people aged 0-49 years old needing ARV treatment was 15,000.

According to the 2002 Demographic and Health Survey (ENDESA), the highest HIV prevalence rate (5%) in the country was registered among the residents of the Bateyes. The Batey communities constitute a high-risk population for HIV/AIDS transmission due to conditions of structural poverty, lack of health services, and a history of socio-cultural marginalization.

CURRENT HIV/AIDS EPIDEMIC DEMOGRAPHIC AND HEALTH SURVEY 2002 DOMINICAN REPUBLIC



Source: **USAID, Butler Marta – Project CONECTA presentation**

The national response to the HIV/AIDS epidemic is a joint effort between the government, civil society, and the private sector. The Presidential AIDS Council (COPRESIDA) established in 2001, is the multi-sectoral body under the Executive Branch that leads the national fight against the HIV/AIDS epidemic. Also, the General Directorate for the Control of Sexually Transmitted Infections and AIDS (DIGECITSS) was founded in 2002 with the purpose to implement the national policies on prevention and control of HIV in the Dominican Republic. The country has adopted a strong multi-sectoral and cross-disciplinary approach to fight HIV and AIDS.

Under DIGECITSS, the government sanctions **46 HIV/AIDS medical care units** (MCUs) (*Unidades de Atención Integral a PVVS (UAI's))* that provide integral care and treatment to HIV patients.[9] The Medical Center of BRA in the province of Monte Plata

[9] HIV/AIDS Medical Care Units that provide services in the Bateyes:

1. *Hospital Municipal Dr. Alejandro Martínez (San Pedro Macorís),*
2. *Centro Fe y Alegría de Manoguayabo,*

(*Centro Médico Integral Bra Dominicana)* is one of only **5 national MCUs** that provide services to HIV patients exclusively in the Batey communities where residents of about 43 Bateyes in the province are currently receiving services at BRA's Medical Center.
The World Health Organization states that the Dominican Republic has the greatest burden of TB in the Latin American region. USAID states that "the Dominican Republic also has one of the highest rates of TB drug resistance in the Western Hemisphere, with 6.6 percent of new TB cases multi-drug-resistant" and that, "in 2004, an estimated 9.6 percent of TB patients had HIV/AIDS."[10] Indeed, for a patient with HIV, the diagnosis of TB disease means they have moved from HIV infection to full-blown AIDS. To compound these statistics, experts note that there is a high rate of TB among immigrants to the DR from Haiti and a lack of knowledge regarding cold versus TB symptoms in impoverished immigrant communities[11]. Thus, the high rate of both HIV and TB in the Batey communities greatly increases the overall impact on the health status of residents.

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3. *Centro Hijas de María de la Higuera (El Seibo),*
4. *Centro Divina Providencial (San Pedro),*
5. *Centro Médico Integral Bra Dominicana (Monte Plata).*

[10] USAID. Dominican Republic: Tuberculosis Profile. Sept. 2006. available online: http://www.usaid.gov/our_work/global_health/id/tuberculosis/countries/lac/domrep_profile.html

[11] Kaiser Network. *Tuberculosis : Insufficient Focus on TB in Dominican Republic Has Led to High Incidence*. Feb 9, 2007. available online: http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=42831

2.3 Program Scope – Geographic Context

BRA currently administers community-level health care and treatment that aims to reach more than 40 *Bateyes* in the province of Monte Plata, the poorest province in the Dominican Republic. BRA's approach to health care incorporates volunteer and paid health promoters in 62 *Bateyes*, who provide health education, social support, and counseling. BRA operates the *Centro Médico Integral Bra Dominicana* in Cinco Casas, a fully operational health care facility in close proximity to a number of Bateyes that provides primary health care, specialty health care services, emergency services, medication and preventative health services to Batey and other local residents. The mobile clinic in the remote Batey Cojobal provides limited primary health care services and medications to local residents. Travel from BRA's central office in Santo Domingo to various Bateyes in Monte Plata can take on average 2-4 hours.

2.4 Primary Health Care Background and Context

The Primary Health Care program provides the basis for BRA's work in the Bateyes of Monte Plata and is housed in two separate health facilities: the Medical Center in Cinco Casas and the Medical Unit in Batey Cojobal. BRA's Primary Health Care services attempt to address a variety of individual health care needs through low cost medical consultations. Medical services are supplemented by an on-site pharmacy that provides available medication free of charge and referrals are arranged in the event that treatment cannot be completed onsite. This program provides BRA with the foundation for the HIV/AIDS Treatment and Care program as well as the Health Promotion program.

A recent study of health needs, which was conducted at BRA's health clinics, indicated that the top three most prominent health concerns for Batey residents include cold, parasites and fungal infections; all of which are treated through PHC or general medicine clinics. Besides BRA, the other prominent entities offering PHC services in the Monte Plata region are all government facilities and include:

- Hospital Provincial de Monte Plata
- Hospital Municipal de Sabana Grande
- Hospital Municipal de Yamasa
- Government Clinic in Don Juan

These facilities are also able to offer more specialty services than BRA, which include TB testing and Mother to Child Transmission services (MTCT). The location of these clinics within towns and cities outside of the Bateyes, and the limited transportation system in the rural DR, make these clinics difficult to access for Batey residents.

2.5 HIV Care and Treatment Background and Context

BRA's HIV/AIDS Care and Treatment program is administered through the Medical Center in Cinco Casas, where patients of the program can receive the following key services:

- On-site HIV rapid testing
- HIV pre- and post-test counseling
- Administration of ARVT
- Free medicines to treat opportunistic infections
- Free transportation to and from the Medical Center for PLWHA and their families
- Free medical care for family members of PLWHA
- HIV health promotion, which involves domestic visits, patient follow-up and supervision
- Support groups for PLWHA and their families
- Provision of clothing and house ware
- Provision of personal hygiene kits
- Provision of nutritional supplements (vitamins)

The HIV/AIDS Care and Treatment program of BRA is supported by three main sources:

1) The General Directorate for the Control of Sexually Transmitted Infections and AIDS (DIGECITSS)
2) The Clinton Foundation
3) The US Agency for International Development (USAID) – Project CONECTA

In 2004, the Dominican government signed an agreement with the Clinton Foundation to finance the national program of integral care, including the procurement of antiretrovirals. The Medical Center in Cinco Casas receives antiretrovirals through a distribution program administered by DIGECITISS and both the Clinton Foundation and DIGECITSS train medical personnel.

BRA has worked with the Clinton Foundation since 2005. The Clinton Foundation provides financial and technical support to BRA and provides the Medical Center with a computer and a software program for the confidential registration of HIV patients, HIV rapid test kits, and off-site viral load and CD4 count analysis of HIV patients. The Foundation also pays for the lab analysis of about 50 HIV patients each month.

The relationship between BRA and USAID was formed under Project CONECTA. Through CONECTA, BRA has received funding distributed through Family Health International to implement project **Arco Iris.** In brief, Arco Iris is a community program that provides HIV clients with medical care, referral services as needed, free medicines for opportunistic infections, follow-up of patients, domestic visits, peer education, social support networks, free nutritional supplements, training in care of HIV patients, pre and post counseling services, clothing, and house ware. Arco Iris is a complement to the HIV Care and Treatment unit at the Medical Center. The termination of Arco Iris in December 2007 will mean that the HIV Care and Treatment project will lose the benefits of HIV health promoters, clothing supplies, and nutritional supplies for HIV patients and their families.

2.6 HIV and TB Health Promotion Background and Context

Health promotion is intended to create behavior change in order to improve health outcomes, primarily through education directed at knowledge, attitudes and skills. The HIV and TB Health Promotion Program attempts to disseminate knowledge and awareness about HIV and TB within Batey communities for the successful prevention and treatment of these diseases. This program utilizes selected community leaders to provide education and guidance about these specific illnesses and BRA’s medical services in general. Community meetings, called *charlas*, provide a venue for education on prevention, symptoms, reducing stigma and discrimination, modes of transmission, and available treatment and testing services. A social marketing campaign including condom distribution is a major component of this program.

The BRA HIV and TB Health Promotion programming encompasses several different projects and activities that, while inter-related in many of the outcomes and objectives, have unique streams of funding, activities, and various types of programming activities. Resources for these programs often overlap and there is not always a clear division between the health promoters' work on different projects. Given the nature of this evaluation, the integrated program implementation procedures, and the limitations mentioned in the methodology section, we conducted a broad process evaluation of those implementation activities that were linked across health promotion programs. Thus, this evaluation attempts to assess the effectiveness of those health promotion activities that are directly related to TB and HIV. The decision to look at both HIV and TB health promotion programming stems from current biological and epidemiological evidence regarding the intricate relationship between these two diseases and the subsequent impact on the health of resource poor communities. BRA's current HIV and TB Health Promotion programming includes the following programs:

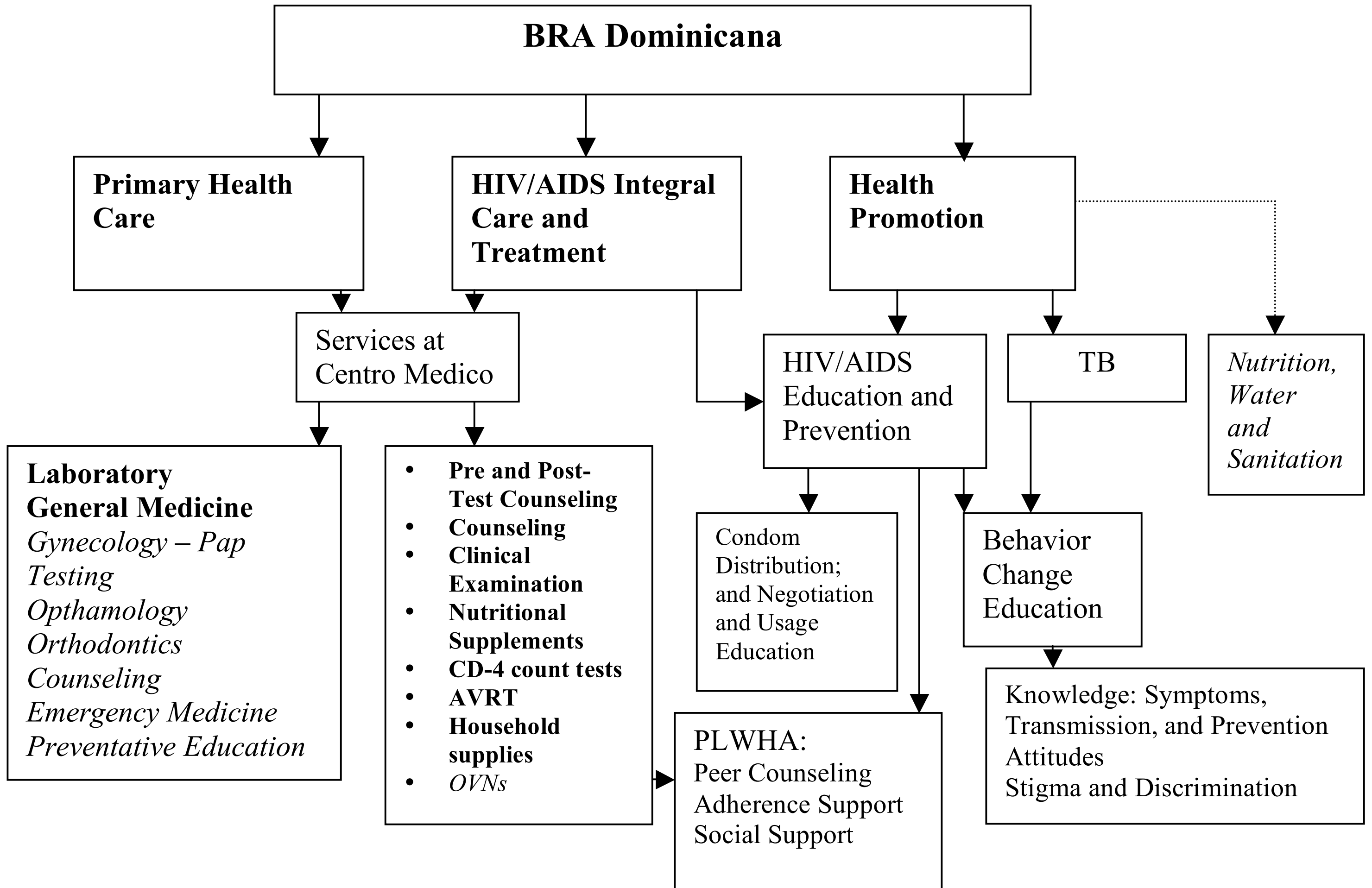
Table 2.1

Program	**End Date**	**Funder**	**Program Focus/ Main Objectives**
Arco Iris/Conecta (HIV)	December 2007	USAID →Family Health International (FHI)	• Increase knowledge about HIV/AIDS • Increase preventative behavior • Lower stigma and discrimination through charlas • Increase in testing and treatment • Support for PLWHA through in-home visits.
Alianza de Bateyes	November 2007	Global Fund →COPRESIDA→Alianza: Proyecto Comunidades→CIAC	• Education about HIV/AIDS prevention, transmission, and testing through charlas and other community activities (theater and art); • Increase knowledge and prevention behaviors • Lower stigma and discrimination through education; • Refer people to pre-test counseling.
Prevention of STIs/HIV/AIDS	April 2007	KFW →Population Services International	• Social Marketing of Condoms

and Promotion of Condoms		(PSI)	• Condom promotion, sales and distribution. • Increase in consistent and correct use of prevention resources
Conecta (TB)	May 2007	USAID →Family Health International	• Increase knowledge about HIV/AIDS; • Lower stigma and discrimination through charlas. • Support people with TB disease or symptoms through referrals and in-home visits • Increase testing and treatment adherence

These programs each incorporate some aspect of health promotion. As discussed above, the Arco Iris program also includes HIV care and treatment while the PSI prevention and condom promotion program is also closely linked to on-going free condom distribution activities that are supported by COPRESIDA. For the purposes of this report, condom distribution will be discussed as one single program and distinctions between PSI and COPRESIDA condom distribution will be made only where necessary.

BRA's health programs are intricately interconnected and in many cases share resources for implementation. Each of the programs shares the over-arching goal: **To lower disease prevalence and the impact of diseases on quality of life for Batey residents.**



III. Methodology

3.1 Overview

The evaluation team utilized a number of different qualitative and quantitative tools to gather data. These tools were designed, created and implemented to satisfy the scope of the evaluation dimensions listed above. In order to facilitate a comprehensive data collection process, the team generated an exhaustive matrix, organized by evaluation dimension, and specifically enumerated the key questions to be answered in the evaluation. Qualitative and quantitative tools were then created in a systematic manner based on the need to address each of these evaluation questions. All of the tools were designed to gather data that allows for the "triangulation" of results. In other words, the tools were designed to be cross-referenced with each other during the analysis process.

The team conducted two trips to the Dominican Republic for data collection:

1. **January 29th – February 2nd, 2007:** This trip was conducted to discuss the scope of the evaluation with the client in the DR; to determine the geographic scope of the programming and logistical factors for future data collection; to collect necessary program documentation for analysis in NY; to conduct preliminary interviews with staff and beneficiaries to be used to provide context for the development of data collection tools.

2. **March 11th – March 23rd, 2007:** This trip was designed to use the tools described below to gather data from stakeholders, BRA staff, and beneficiaries in four Bateyes in Monte Plata, the two clinics, and various agencies in Santo Domingo.

All beneficiaries who participated in data collection for this evaluation were informed of the purpose of the information being gathered, the intended use of the information, the methods the evaluation team would utilize to ensure confidentiality for all participants, and each individual's right to decline to participate or answer questions at any time.

There were four Bateyes sampled for the purpose of this evaluation. The selection of Bateyes was based on varying distances from BRA's clinics and accessibility given the limited time frame and transportation limitations. The evaluation team relied on BRA staff to recommend Bateyes where they provided services and had health promoters. The evaluation team has concluded that, given the range of geographic, social and structural differences between the Bateyes, this was a small but relatively representative sample.

Table 3.1

Data Collection Method	Sample Size	Location
Documentation Review	Please See References for a list of key documents reviewed	Santo Domingo Office and

		Centro Medico
Focus Group Discussion	1 Group of 12 Men (ages 17-85) 1 Group of 8 Women (ages 17-85)	Payabo
	1 Group of 8 Women (ages 17-85) 1 Group of 4 Health Promoters (2 men and 2 women)	Cojobal
	1 Group of 10 Men (ages 17-85) 1 Group of 10 Women 1 Group of 4 Health Promoters (all women)	Triple Ozama
	1 Group of 12 Men (ages 17-85) 1 Group of 16 Women 1 Group of 5 Health Promoters (1 man)	Bosque Abajo
	1 Group of PLWHA Beneficiaries (1 man and 10 women)	Centro Medico
Interviews	Staff: 3 Program Coordinators and CEO	Santo Domingo Office
	Clinton Foundation Population Services International CIAC COSALUP USAID COPRESIDA SSID COSALUP	Stakeholder Office in Santo Domingo
	Staff: Administrator, 2 Nurses, 2 Health Promotion Supervisors, HIV/AIDS doctor and psychologist, 2 general medicine doctors, 2 registration assistants, and pharmacy staff	Centro Medico and Mobile Clinic
Health Promotion Beneficiary Questionnaires	28 beneficiaries	Payabo, Cojobal, Triple Ozama, Bosque Abajo
Primary Health Care Questionnaires	35 beneficiaries	Centro Medico and Cojobal
Staff Questionnaires	12 Staff (25% of total staff)	Centro Medico and Santo Domingo Office

3.2 Qualitative versus Quantitative

The majority of the data collected is qualitative in nature and some of the analysis conducted is based on anecdotal evidence. The focus groups and interviews were conducted in order to reach a point of saturation, where information and themes were consistently repeated across respondents. This was a purposeful decision on the part of

the evaluation team, as the data requirements to assess the evaluation dimensions and the practical resource constraints lent themselves to qualitative analysis.

That being said, the qualitative data was collected in a systematic manner, and allows for accurate and precise analysis. Quantitative data was gathered through non-random convenience sampling with focus group participants and clinic beneficiaries at the point-of-exit from focus groups and clinics, and is used to supplement or support the qualitative data.

3.3 Qualitative Tools

3.3.1 Documentation Review

Prior to conducting fieldwork for the evaluation, the evaluation team conducted a documentation review covering the following topics: health sector and health sector reform in the Dominican Republic; 'best practices' literature for Health Promotion programs, HIV/AIDS prevention and treatment programs; and a historical perspective of Haitian-Dominican relations to the present. This was not a comprehensive review of the literature but rather a brief overview to provide the evaluation team with a foundational knowledge regarding the program context in the DR and a framework for understanding best practices for comparable organizations providing health services in similar settings.

During the first trip to the DR, the team spent significant time working with BRA staff to gather relevant program and organizational documents. These documents were carefully analyzed to develop program theory and logic models, which were used as the basis for subsequent evaluation planning and tool design. These documents also provided important information regarding the implementation plan for the programs, against which, data regarding program implementation from interviews and focus groups were compared.

3.3.2 Focus Group Discussions

The team primarily used focus group discussions (FGDs) to gather data about BRA's health promoters and beneficiaries of general health services, health promotion services, and recipients of HIV/AIDS care and treatment.[12] The FGD tools were designed to acquire important information in an efficacious manner about community perceptions and experiences of BRA's programming from at least 20 people in each Batey sampled. Thus, these tools were created for the multiple purposes of gathering data on attitudes, knowledge acquisition, community needs, BRA's role in the community, and general satisfaction of BRA's intended beneficiaries.

BRA's health promoters, working on behalf of the evaluation team, organized two groups of approximately eight beneficiaries of both the Primary Health Care services and Health Promotion services in each community (with the exception of Cojobal, where the promoters were unable to find any men to participate due to the men's work schedules). By utilizing community health promoters to organize focus groups, the evaluation team

[12] See Focus Group Discussion Guide and Questions, Appendix I

was able to benefit from the participatory approach to recruitment that included: welcome and trust from community members, easily accessible meeting locations, and efficient use of time in locating beneficiaries. However, utilizing BRA's paid health promotion supervisors may have lead to bias in our focus group sample, given that promoters may have chosen their own friends and family, and beneficiaries may have associated the evaluation team with BRA staff and subsequently felt a need to speak positively of BRA. The evaluation team attempted to deal with this bias by ensuring that promoters were not present for the focus group discussion, fully explaining the confidentiality procedures, encouraging the discussion of both positive and negative opinions, and encouraging *all* group members to share their honest opinions.

Each group included an age range of 17-85, which allowed for a more comprehensive set of views from beneficiaries with different needs and perspectives. Additionally, focus groups were segmented by gender to provide a more open environment to discuss sensitive issues such as illness, sexual practices, relationship issues, and gender specific health and social concerns. In each Batey (with the exception of Payabo where there is only one health promoter) one group of health promoters was conducted by the evaluation team. In this way, data was gathered from approximately 100 participants from four Bateyes of varying size and distance from BRA's service outlets.

Ideally, FGDs would have been carried out separately with Primary Health Care beneficiaries and Health Promotion beneficiaries. However, there was significant overlap of services, and it was assumed by BRA that participants had accessed both types of services. Given this, and logistical constraints, the health promoters were not able to organize separate focus groups for the different types of programs. Thus, the team combined both the Primary Health Care and Health Promotion beneficiaries tools into one focus group discussion, while attempting to clearly distinguish the different data sought from the participants through careful note taking.

Additionally, focus group discussion was conducted, making arrangements necessary to ensure the comfort of the participants, with recipients of BRA's HIV/AIDS Care and Treatment program at BRA's Medical Center. The evaluation team was unable to conduct a more in-depth analysis with a larger sample from this population due to concerns regarding patient confidentiality and logistical/transportation constraints, which are largely related to the broad variety of geographical locations where these patients live. The focus group was intended to gain insight into knowledge acquisition and patient satisfaction with a specific focus on BRA's HIV/AIDS Care and Treatment program. Unfortunately, the small sample size of only 8 people makes it difficult to draw any reliable conclusions from this discussion.

3.3.3 Interviews

The team conducted key informant interviews with relevant BRA staff and partners. The interviews were used to gather in-depth data on BRA's program implementation. As the literature and documentation of some of BRA's programs are not particularly detailed or explicit (due to resource constraints and donor requirements), the data gathered from the

interviews was necessary to fill in data gaps and to cross-reference data collected using other tools.

A total of 10 interviews were conducted with BRA's staff.[13] The purpose of these interviews was to gather very specific and comprehensive data about BRA's programs, program implementation, internal processes and procedures of service provision, as well as the underlying program logic and intended outputs. Similar questions were asked of all BRA management and project coordinators in order to compare responses and identify gaps in information.

Interviews were conducted with partner and donor organizations including: three donor organizations, two government agencies and one sister organization.[14] The purpose of these interviews was to obtain data regarding BRA's strategic positioning, as well as to provide an external view of BRA's programs. The data gathered from these interviews was used to determine how BRA fits into the overall goals of the organization/agency, as well as to determine how BRA compares to similar agencies. Additionally, subjective views of BRA's programs were solicited, in order to examine an overall sentiment toward BRA and its programs.

3.4 Quantitative Tools

3.4.1 Questionnaires

Questionnaires were designed to gather data from health promotion beneficiaries, health service beneficiaries and BRA staff. In order to supplement the qualitative data, tools were created to quantify the data regarding BRA's program implementation and outcomes of BRA's programs. While the team recognized that the majority of data collection would be qualitative in nature, it was determined that a quantitative analysis of the programs would help to validate qualitative data.

Health Promotion beneficiary questionnaires[15] were conducted within three of the Batey communities and **PHC beneficiary questionnaires** were conducted within two of the Batey communities that were visited by the evaluation team and at the Medical Center. The tools for health promotion beneficiaries were meant to gather both quantitative data and qualitative data about knowledge acquisition and general attitudes about HIV and TB. The members of the evaluation team administered questionnaires to the beneficiaries in various locations. The data from PHC beneficiary questionnaires was designed to determine the quality of service, patient satisfaction and a general demographic description of the beneficiaries.

Due to realities in the field, these methods evolved into semi-structured interviews and surveys, as participants often provided significant additional information in the form of lengthy responses and comments. In the end, the evaluation team found the application of the questionnaires to be useful for data analysis purposes, but recognize that there is a

[13] See Interview Questions for BRA Management and Program Coordinators, Appendix II
[14] See Interview Questions for BRA Stakeholders, Appendix III
[15] See Health Promotion Beneficiary Questionnaires, Appendix I

lack of validity and reliability in any inference drawn from the quantification of the data, due to differing methods utilized to administer the questionnaires in different circumstances.

A staff satisfaction questionnaire[16] was disseminated to all staff of BRA in the head office in Santo Domingo and in the Medical Center in Cinco Casas. In total, 12 of BRA's staff members (approximately 25%) responded to the self-administered questionnaire. These questionnaires were designed to measure the level of job satisfaction and morale within the organization.

3.5 Risks and Limitations

BRA staff and health promoters organized the group of beneficiaries for focus group discussion. Thus, there is a significant **possibility of bias** in the data collected, with the prospect that beneficiaries were selected based on their positive relationship with BRA. Sampling procedures for both focus groups and questionnaires did not allow for a random or representative sample. Additionally, the use of convenience sampling may lead to self-selection bias in the data, as beneficiaries who were happier with BRA's services may have been more or less willing to speak with the evaluation team. This implies that data cannot be generalized to the broader population of BRA's beneficiaries or to all Bateyes.

Additionally, **the language and cultural divide** could potentially skew results. This factor was significantly mitigated by the participation of a naturalized U.S. citizen from the Dominican Republic, on the evaluation team. This team member was able to build rapport with community members and staff, communicate very effectively with community members, and was successful in increasing participant "buy-in" during the data collection process.

Measures were taken to diminish potential problems and assist in the mitigation of bias and inaccuracy. These include the strategic overlap of the themes in the methodological tools, triangulation procedures within the data collection process, consistently verifying necessary tool modification with other team members, and attempts to ensure participant confidentiality during data collection.

The following evaluation can provide a general picture of BRA's results achievement. That said, the methods utilized do not satisfy requirements of reliability, validity or generalizability needed to precisely measure the relationship between programs and outcomes. Further study in this area is necessary.

[16] See Staff Satisfaction Survey, Appendix II

IV. Findings and Recommendations

4.1 Primary Health Care

4.1.1 Effectiveness and Results Achievement

Key Findings:

- **The Primary Health Care program lacks previously established baseline statistics.**
- **BRA does not currently have a comprehensive health information management system and thus cannot accurately and rigorously track disease prevalence and total patient numbers.**
- **BRA's paper filing system presents itself as a barrier to monitoring and evaluation.**

BRA's official documentation states that the Medical Center in Cinco Casas "has the capacity to treat more than 12,000 people from more than 60 communities and Bateyes in the Monte Plata province," it also states that the Medical Unit at Batey Cojobal "provides primary health care to 5700 people annually." These are only vague estimates, the Primary Health Care program lacks baseline numbers; both clinics provide health care services to an area previously largely ignored and inadequately served by NGO's and the government alike. Therefore, information on baseline numbers is not available. The absence of these baseline statistics from BRA's programs makes it difficult for the evaluation team to accurately assess the actual effectiveness and impact of the Primary Health Care program. Programmatic achievements must be compared against established indicators in order to evaluate the overall saliency of results.

BRA's patient database for both health facilities is not computerized, rather, they both utilize a paper filing system, organized by last name, which is kept at the respective service locations. A paper filing system makes it highly labor intensive to monitor exact beneficiary numbers, patient demographics, and disease burden. Furthermore, the turnover within the target population, numbers served versus numbers targeted, and whether beneficiaries receive adequate treatment is also difficult to quantify in the database's current form.

In an attempt to review patient records, the evaluation team found that BRA encounters problems with monitoring program delivery and tracking clients because the records are largely paper based, making it challenging to assess the true impact on the target population. BRA should move forward by pursuing an organized and systemic data and information organization system that would allow them to overcome these challenges. A comprehensive health information management system would allow BRA to have detailed information on registration, disease surveillance and response, service statistics, financial data, and resource tracking.

That being said, the evaluation team observed that both health facilities treat a large number of beneficiaries every day. Quantifying and qualifying this observation may be

problematic, but it cannot be ignored that BRA provides a much-needed service in the region.

Key Recommendations:

- **By establishing baseline numbers, BRA will be able to better assess future programmatic achievements and performance.**
- **BRA needs to establish a computerized patient registration and database that will assist the organization in providing quality, equity, and efficiency in its health system.**
- **Beyond a computerized patient database, BRA needs to establish a comprehensive health information management system by establishing health indicators according to national guidelines, disease surveillance and response, and a system to analyze and monitor resources.**

4.1.2 Patient Access and Satisfaction

Key Findings:

- **Beneficiaries of BRA's Primary Health Care program overwhelmingly expressed their satisfaction and gratitude with the services they received. Patient questionnaires revealed that 43% felt "satisfied" while 53% were "very satisfied" with BRA's health services.**
- **BRA currently has only two locations in the geographically large Monte Plata province, thus access to services is problematic for patients that live in communities that are not in proximity to these facilities.**
- **Medications are often unavailable at both health facilities.**
- **Patients often must wait for long periods of time before seeing a doctor.**
- **The price of consult has increased and presented itself as an economic barrier for many beneficiaries.**
- **The hours of operation was also cited as a barrier to access.**

BRA's official documentation states that their target population resides in "more than sixty" communities and Bateyes in the Monte Plata province. Again, because of the nature of BRA's patient database, we cannot evaluate the full range of patients and their geographic locations. However, focus group discussions indicated that those communities that were in close proximity to the clinics were able to access services more easily than others; meaning that it is a challenge to consistently provide health services in a uniform manner to all target communities. BRA lacks infrastructure and funding to provide transportation to its target population. Thus, the location and the price of consult are insurmountable barriers for some and not for others. Focus groups with beneficiaries indicated that, besides economic or financial barriers, location or the geographic distribution of the target population was the next largest barrier to access for the majority of BRA's target population given the widespread nature of the Monte Plata province.

That being said, patient satisfaction was high, statistically (even with a low sample size), the feedback was overwhelmingly positive. A beneficiary questionnaire revealed that 43% were 'very satisfied' while 53% were 'satisfied.' The overwhelming sentiment from beneficiaries was an unequivocal support and gratitude towards BRA in being a reliable place to access quality health care. The high level of patient satisfaction was also noted in a previous study done by the Mailman School of Public Health.[17]

A sentiment often expressed in focus group discussions was that "there are no other health services, thus, they are good," demonstrating that high patient satisfaction cannot always be considered a rigorous indicator for *quality* standards. Other conflicting results of focus groups were that medications were often unavailable even though patients had already paid for the consultation, long wait times at clinics, and the high price of consultation. A reliance on beneficiary perception of care does not necessarily reflect the presence of fundamental elements of quality in the provision of health care services, as indicated here.

The results found in this study point to both positive and negative outcomes. The current physical infrastructure and high patient satisfaction demonstrates that BRA is well on its way of achieving its goals of providing quality health care services to this rural and poor population. Negative data identified in this study included:
1. inconsistent provision of medication
2. inability of patients to pay for consult or reach the facilities
3. inconvenient hours of operation.

Key Recommendations:
- **To improve quality of care, BRA should undertake systematic evaluations of their processes and the variation within these processes coupled with a comprehensive health information system mentioned earlier.**
- **Continuous monitoring of services offered with the use of indicators to compare services to internationally recognized norms will greatly improve the organizations quality of care.**
- **Patient access should be improved by exploring ways to keep the price of consult low meaning that BRA must find others sources of long term funding.**
- **Operating hours should be extending to accommodate the target population's needs.**
- **Medications should be pursued in a more systematic manner to ensure that patient's receive what they require.**

4.1.3 Internal and External Factors Affecting Implementation

[17] The questionnaires and interviews give us a good idea of the strengths of BRA's clinics. Overall, clients speak highly of the clinic, 71% come through a recommendation from a friend, family member, or community member. Furthermore, 100% of the clients said that they would recommend the clinic to someone else. It is important to recognize the potential of this trend and encourage patients to do this while, at the same time, recognizing the limitations of a system that relies heavily on an informal system (word of mouth). Additionally, more than half of the patients said that what they liked most about the clinic is the treatment they received from the doctors.

Key Findings:

- **Major external barriers to implementation are: lack of funding, problems with physical infrastructure (chronic water and electricity shortages), and a difficult policy environment (i.e. customs).**
- **Competency of trained health workers is high and well received by beneficiaries.**
- **Lack of funding proves as the greatest barrier to effective implementation.**
- **Procurement and Supply Management is flawed: meaning that medications are not always available and are not stored in ideal conditions.**
- **Staff morale is high, with few exceptions. Workers feel strongly about what they do and the people they serve. Any dissatisfaction has to do with low compensation and high work burden.**
- **The Medical Center in Cinco Casas is well built, clean, and in good condition while the Medical Unit at Batey Cojobal needs repairs and upgrades immediately.**
- **Communication systems between the Santo Domingo office, the Medical Unit, and the Medical Center are not ideal. The lack of consistent and reliable paths of communication (telephone service and email) creates problems for program delivery.**

External Factors

There are three major external barriers to implementation: funding, physical infrastructure, and the policy environment. Funding research and donor identification is not pursued in a strategic manner and it is difficult to obtain unrestricted funding for on going service management. Thus, BRA tends to receive funding for programs and projects that come with stipulations that restrict its ability to choose its activities according to the needs of the target population. The medical center suffers from occasional shortages of water and electricity, both of which are factors which BRA cannot control and greatly affect their service provision. The mobile clinic needs repairs and both locations do not have the proper conditions to store medication properly. Furthermore, medications do not always pass through customs in a time efficient manner and the focus group discussions indicate the great impact this has on the availability of medication.

Internal Factors

The quality and accountability of technical expertise and inputs, however, is solid. Beneficiaries expressed a great satisfaction and faith in the ability and quality of the service providers at both health facilities. In fact the focus groups indicated that patient satisfaction derives largely from *how* BRA health service staff treat the beneficiaries, the clarity of the consultation, and the competency of the medical team.

Financing systems & Availability

The overall lack of funding means that there are funding gaps at both of BRA's health clinics. BRA makes up for this by charging a small fee for the medical consultation,

which produces revenues that are collected and sent to the main office and then distributed when needed to keep the organization running. The salaries for all the health service staff and personnel at the clinics are covered by a range of donors and may pose a problem for the consistent provision of PHC. The salaries of the medical staff are contingent upon program cycles, which puts the core of the provision of health service at risk.

Procurement of Resources

Focus group discussions indicate that the lack of medication is a consistent problem. The team found that the warehouse seems to stockpile medicines that are rarely utilized while others are constantly scarce. This issue is pressing in that BRA aims to consistently provide *quality health care services*. In order to do so, this problem must be addressed as soon as possible. The team found that the lack of medication has much to do with the system of medication procurement currently in place and perhaps a more aggressive program for the procurement of *specific* medicines should be pursued. BRA should ensure that staff is properly trained in procurement and supply management as well as maintaining batches of essential drugs as defined by the target population's needs.

Staff Satisfaction

The level of staff morale, found in the staff satisfaction survey, demonstrated that many were frustrated that they could not do a better job because of lack of funds and resources, the commute to the Bateyes, and their salaries. However, the connection that workers feel with their patients and the non-economic satisfaction that the staff derives from their work is high and the general sentiment expressed in the survey was positive. Furthermore, they represent a valuable form of human capital, as the beneficiaries are drawn to BRA's health facilities because of the people who work there. This is certainly one of BRA's strong points in terms of quality care for their clients. The connection that the medical team and staff have with the beneficiaries is strong, the team has a solid understanding of the local context. BRA can and should use their expertise when drafting their strategic plan.

Physical Infrastructure

BRA has achieved what no other non-profit organization has with the completion of the Medical Center in Cinco Casas. The facility is well built and has the capacity to hold and service a large number of beneficiaries. Focus group discussions indicated that the hygienic nature and cleanliness of the Medical Center is another reason why they keep coming back. The Medical Unit in Batey Cojobal is older and needs repairs. In order for the medical team to continue doing their work, BRA needs to invest in bringing the clinic at Cojobal up to date and in better condition.

Communication Systems

Given the resource poor setting of the clinics, communication is a problem for BRA. Without internet and reliable telephone connections, the head office has a difficult time maintaining contact with both health facilities. Interviews with staff revealed that communication between the head office and the health facilities was unreliable and that at times "three to four days would pass without communication." Passing lists and letters

through the mail are not an efficient use of time and resources, especially because of the often time sensitive nature of BRA's programs.

Human Resources

BRA is understaffed, the beneficiaries greatly outnumber the health workers and management is overburdened as well. This means that at times there are administrative problems, such as issues with critically ill patients or numerous cases where transportation of HIV patients is a difficult.

Financial Management Systems

The evaluation team found that BRA does not have a reliable system for financial management and expenditure tracking. Again, a largely paper based system allows certain expenditures to go unaccounted. Recently, BRA Dominicana hired a full-time accountant, a move that will greatly improve all aspects of program delivery for the organization. The next step should be to ensure that the accountant diligently records all transactions and balances according to program, prepares regular and reliable financial statements, and allows the disbursement of funds to recipients and suppliers in a timely and transparent fashion.

Program Design

The PHC program, like many of BRA's programs was not "designed" based on any kind of formal needs assessment, health care theories, or evidence from the field. Therefore, evaluating program design is difficult since the formal programming plan does not exist. It appears that BRA's program design has been done piecemeal, adding on services, personnel, medications, and repairs as needed.

This has implications towards many different aspects of BRA's efficacy and success in program delivery. The focus groups indicate that BRA has been able provide health services to this poor rural population. However, the *lack of strategic program design* makes it highly problematic for BRA to demonstrate *measurable* and *effective* results. The ability to definitively present proven results and targets achieved will allow BRA to improve its program delivery and efficacy, as well as aid in appropriate and dependable funding flows. Many large organizations that provide funding for such health service delivery programs *require* that this kind of programmatic information be reported, with quality control, each year.

Through strategic program design involving key stakeholders, BRA will be able to establish targets and indicators that are relevant to the target population. At every point in the program delivery, results can be tracked and performance can be assessed at each step in the program process, meaning that "success stories" and lessons learned can be applied to future program design and operations.

The disconnection that the evaluation team found between the design of the programs and the services offered is the result of the lack of a formal design process. Focus groups often indicated a lack of awareness on the part of the beneficiaries about the full range of BRA's services and because of donor program restrictions, health promotion curricula do

not always buttress the primary health care service as it should (this will be discussed further in a later section). To enhance efficiency and effectiveness in the implementation of the Primary Health Care program, BRA must address these critical gaps in program design.

Key Recommendations:

- **Funding research and donor identification should be done in a more strategic manner. BRA should only pursue funds that allow them to cater to their target population's needs.**
- **The physical infrastructure of the Medical Unit in Batey Cojobal requires repairs, BRA should find out what needs to be fixed and do so accordingly.**
- **BRA should look into a system to store medications that is appropriate.**
- **BRA must find a more strategic way in which to procure medicines, especially specific medications that are always in need.**
- **Communication issues must be addressed in order for BRA to function more effectively.**
- **BRA must pursue strategic program design for its future endeavors.**

4.2 HIV/AIDS Care and Treatment

4.2.1 Effectiveness and Results Achievement

Key Findings:

- **BRA is not likely to reach its target population of 1,100 adults infected and affected by HIV as well as 1,700 orphans and vulnerable children.**

At the time of the evaluation, the HIV medical unit at the Medical Center had 174 registered HIV clients, 52, of which, were receiving antiretroviral therapy; 7 out of 13 HIV positive children are receiving ARVT. Official documentation of the HIV/AIDS Care and Treatment program states that BRA has planned to reach 1,100 people infected and affected by HIV as well as 1,700 orphans and vulnerable children during the project cycle of Arco Iris, which will end in December 2007. In interviews, supervisors of the project indicated that BRA's targets are one of the highest as compared to other organizations receiving Project CONECTA (Arco Iris) funding.

Stakeholders expressed a belief that BRA has the capacity and the commitment to push the project forward in achieving its targets. However, considering the large gap between actual people reached and the target number, it is likely that BRA will not be able to achieve its objectives by December 2007. This speaks to BRA's ability and responsibility to comply with donor stipulations, and the organization's need to set feasible targets in line with its financial and human capital resources.

In addition, the evaluation team cannot reach a conclusion on the effective implementation of actual activities planned under Arco Iris as they relate to meeting specific targets. BRA does not have a monitoring system that keeps track of outcomes reached. This is a drawback for the implementation of any development project, since it negatively affects reporting to donors in a timely and effective manner. Additionally, this is an obstacle to any future evaluations that may seek to determine projects' effectiveness and efficiency. BRA should consider integrating a monitoring and evaluation system in the near future.

Patient Satisfaction

Evidence from one focus group and interviews with 11 people infected and affected by HIV, indicates that there is a high level of satisfaction with the HIV Care and Treatment services provided at the Medical Center. HIV beneficiaries saw BRA's services "as life saving" and expressed gratitude for the care and treatment as well as for the respect they received from BRA's medical personnel and health promoters. The HIV medical unit is seen as a reliable place to access not only quality HIV treatment services, but also to receive social and emotional support and counseling. In addition, HIV clients are consistently reimbursed for transportation costs to and from the Medical Center and

receive free hygiene kits, nutritional supplements, clothing and household supplies. Family members of HIV patients also receive free basic medical care at the Centro Medico. All of the above factors contribute to the overall satisfaction with the services provided at the clinic.

Recommendations:

- **BRA should set feasible targets that are within its reach and capability.**
- **BRA needs to establish a monitoring and evaluation system that incorporates measurable outcomes.**

4.2.2 Internal and External Factors Affecting Implementation

Key Findings:

- **BRA is implementing HIV care and treatment activities in line with national policies on HIV and AIDS and internationally established standards.**
- **There is not a consistent supply of medications to treat opportunistic infections in HIV positive patients.**

HIV Testing and Laboratory Capacity

HIV testing at the medical Center is complimented by pre- and post counseling administered by a trained psychologist. The HIV medical unit uses rapid test kits supplied free of charge by the Clinton Foundation for primary and confirmatory testing, which is allowed by Dominican HIV law. To reduce frequencies of false negative results, tests are repeated within three months. However, if the tests show uncertain results, then confirmatory testing is done with ELISA at a laboratory in Santo Domingo. Interviews with key stakeholders, beneficiaries, and BRA staff indicate that HIV medical personnel of BRA consistently follow these procedures, which are in compliance with national HIV laws and international standards.

For patients on ARVT, lab analysis (viral load and CD 4 count)[18] is conducted off-site with the technical and financial support of the Clinton Foundation. In fact, BRA incurs no costs for these tests. Approximately twenty to thirty lab samples are collected at the Medical Center every fifteen days. There are about fifty tests conducted per month on behalf of BRA, which indicates that monitoring the progression of HIV in patients receiving ARVT is consistent. This speaks to quality of care and treatment provided by BRA to its HIV patients. However, with the potential increase of HIV patients treated at the Medical Center, BRA's management should explore further options for increasing the capacity for testing and treatment of registered patients.

[18] The CD 4 count tells a doctor how strong a patient's immune system is, and how far has HIV disease advanced. The combination of CD 4 count and viral load test, the analyses indicate the staging of the disease. Therefore, close monitoring of the patient's immune system helps identify possible problems and indicate preventive treatment for opportunistic infections.

Procurement
In the Dominican Republic, there is a national supply of ARVs through cooperation between the Clinton Foundation and SESPAS. However, this agreement for the procurement of ARVs expires in 2009. BRA's HIV medical unit directly receives monthly supplies of antiretrovirals from DIGECITSS, which operates under SESPAS. Therefore, BRA's HIV medical unit is dependent on the government for a consistent supply of ARVs. For this reason, the HIV medical unit sometimes experiences delayed delivery or low levels of ARV supplies, which jeopardizes the treatment regimens and adherence schedules of HIV patients. Although the evaluation team believes that it is important to note BRA's dependency on government supply of ARVs, we would like to acknowledge that BRA does not currently have enough leverage to influence the status quo. Therefore, while planning for the next ten years of operation and working on its Strategic Plan, BRA may want to consider to what extent the organization should plan public policy and advocacy activities that may influence the national agenda on HIV.

In addition, continued adherence is crucial for the efficacy of ARVT. Once started, ARVT continues during the life span of the patient and requires at least 98% adherence. To provide quality HIV care and treatment services, it is crucial for BRA's medical unit, recognizing the above outlined factors, to secure to the best extent possible the availability of ARVs at the Medical Center. The provision of ARV drugs opens new perspectives of hope and better quality of life for PLWHA, but the lack of or low adherence to ARVs is as dangerous as not providing treatment to PLWHA, since the threat of drug resistance is very high.

Moreover, as discussed in the Primary Health Care program section, there is an inconsistent availability of medications. These include medications to treat opportunistic infections in HIV patients. Through interviews with stakeholders and field observations, it appears that available medications are limited to basic painkillers like Tylenol, and some nutritional supplements (vitamins). However, there is consistent limited availability of medications or antibiotics to treat serious opportunistic infections such as fungal infections, which seem to be predominant in the Batey communities as indicated by past assessment reports and focus groups. However, BRA has taken steps to establish partnerships with local hospitals in Monte Plata and Sabana Grande de Boya and provides referrals in order to secure the necessary care and treatment for its patients.

Physical and Human Capital
A major strength of BRA's HIV medical unit is its computerized system for registration of HIV clients. The system is a great asset for the HIV unit as it allows for close monitoring of HIV patients registries, clinical histories and facilitates donor reporting. As of now, the medical staff has managed to run the HIV/AIDS Care and Treatment project effectively with the resources and capabilities available. However, as BRA is close to reaching the 200 HIV patients mark, they will need to consider hiring an additional HIV specialist at the Medical Center, as an increase in the flow of patients would require more human capital. Currently there are only three HIV specialists, an HIV nurse, and a psychologist who work exclusively with HIV clients. Moreover, the Clinton Foundation

has a requirement for an additional HIV specialist to be hired at HIV medical units that have more than 200 patients.

So far, the medical personnel of the HIV medical unit have been highly praised by beneficiaries and stakeholders as professionals who provide excellent care and follow-up for patients. However, it is very important that all the medical personnel undergo periodic trainings on HIV care and treatment, including on HIV regimens and treatment of opportunistic infections. HIV/AIDS science is constantly changing and for BRA's Centro Medico to provide high quality care and treatment services, its medical staff need to maintain a good level of training.

The evaluation team found three cases where critical HIV patients have required specialized care. In these cases BRA's Medical Center did not have the capacity to provide quality care and services for a number of reasons such as unavailability of medications and limited healthcare resources, factors that have been outlined in previous discussions. Hence, those patients have been referred to hospitals in Santo Domingo (Morgan and Salvador Gautier). BRA covers transportation costs for HIV patients, however, in these cases, an ambulance was borrowed from the hospital in Monte Plata. This situation raises concerns in terms of BRA's utilization of resources. For instance, BRA owns an ambulance, which is stationed at the Medical Center, but it is not utilized. The fact that this ambulance is not used, affects BRA's ability to offer better quality services to all its patients.

Funding Cycles

As outlined earlier in the report, the funding flows for the HIV care and treatment program are coming from different sources. Under Arco Iris, ending in December 2007, there is a network of promoters who provide domicile visits to assist with adherence and monitor for side effects from ARVs. Therefore, the end of Arco Iris will have a negative impact on the range and quality HIV services provided by the program. In addition, the salaries of the HIV medical personnel, health promotion staff and peer educators are covered by these limited funds, which poses a problem for the consistent provision of HIV Care and Treatment services with the end of the project cycles.

Program Design

Similarly, as noted for the primary health care program, there is not a set program design for the HIV Care and Treatment program. HIV Care and Treatment services have been designed around the provision of HIV health promotion services, and subsequently BRA added the HIV treatment and care at the Medical Center. Currently, the lack of program design is reflected in significant overlap of activities between programs and confusion in responsibilities of projects' stakeholders. However, with the drafting of a strategic plan and careful design of future programs in accordance with BRA's capacities and capabilities, the above outlined issues may be resolved.

Recommendations:

- **BRA should develop a system to procure medications for opportunistic infections in a timely manner, in order to ensure that patients receive necessary and quality services.**
- **BRA should begin plans to increase its HIV medical staff**
- **BRA should focus on strengthening existing physical capital before expanding or increasing services and programs.**

4.3 HIV and TB Health Promotion

4.3.1 Effectiveness and Results Achievement

Key Findings:

- **BRA is in need of more strategically defined indicators by which they can measure the efficacy of their programming.**
- **There is some indication that BRA has been successful in increasing individual knowledge regarding transmission, prevention, and treatment.**
- **BRA has been successful in distributing condoms in communities.**
- **There is some confusion regarding the modes of transmission and symptoms for both diseases.**
- **There is a lack of consistency in the accessibility of health education services across communities.**
- **There is some indication that BRA's work in the community has helped to lower stigma and discrimination.**
- **Unintended results: Community members seem to view TB and other diseases as less severe or less threatening, and therefore less worrisome, in comparison to HIV. Additionally, there is a strong belief that HIV "means**

In general, BRA's program objectives and indicators include specific goals regarding the *number of people* to be reached and the *number of activities* to be conducted during the program. These are important measures, but do not provide BRA or other stakeholders with sufficient guidelines for measuring the overall fidelity of program implementation, health and behavior outcomes for individual participants, or the long-term impact on the Batey population. Current literature on best practices for health promotion programs indicates that effective monitoring and evaluation requires:

1. **Specific indicators for specific behavioral and health changes**
2. **A direct link between the activities of the program and the specific indicators to be affected by the program**[19]

As BRA generally lacks such indicators in their program design and has not been able to gather baseline data, it is difficult to identify the efficacy or effectiveness of program activities.

That said, the evaluation team was able to broadly assess the role of BRA's programming as viewed by the beneficiaries in the Bateyes. Beneficiaries repeatedly stated that BRA has helped to improve their families and communities, as people now understand how to protect themselves and are able to educate their children regarding healthy behavior. Additionally, beneficiaries in all communities that were sampled stated the importance of using condoms. In most cases, people accurately expressed a basic knowledge regarding

[19] Bartholomew, L. K., Parcel, G.S., Kok, G., Gottlieb, N. H.. *Planning Health Promotion Programs: An Intervention Mapping Approach*. San Francisco: Jossey-Bass Publishers. 2006.

HIV symptoms but were less clear regarding the symptoms for TB. In general, focus group participants accurately stated the distinction between HIV and AIDS. However, during focus groups there was conflicting information given regarding the modes of transmission for HIV (i.e. via kissing or through cuts on a person's hand). Over half of the people we spoke with indicated that they were not at risk for contracting HIV or TB (n=28). This sentiment was confirmed through focus group conversations with both beneficiaries and promoters.

In three communities, there was mixed sentiment regarding whether or not HIV existed or was a problem in the community. In Cojobal, beneficiaries in focus groups stated that HIV and TB were not a problem in their community. In most communities, there was a belief that TB did not currently exist in the community. In many cases, individuals stated that while they were not currently at-risk, they could become at-risk in the future.

These findings demonstrate that BRA's programming is potentially linked to the improved knowledge and attitudes in regards to HIV and TB in the community. However, we were not able to measure the direct impact that this has had on individual behavior change or health status. These findings also indicate that there is a lack of consistency in the accuracy of individuals' knowledge and in risk perceptions in the community; especially in regards to modes of transmission, especially mother-to-child, and disease symptoms. This is important as confusion can lead to increased stigma or decreased utilization of appropriate prevention.

In terms of prevention and behavior change, all focus group participants agreed that issues of fidelity and the number of sexual partners was a serious problem. While most people strongly endorsed the use of condoms, they also felt that it was very difficult to negotiate condom use within a marriage relationship. The negotiation of condom use, especially within a marriage, is an important social aspect of life in the Bateyes that needs to be enhanced in BRA's health promotion curriculum.

In general, the 11 promoters that we spoke with demonstrated a consistent level of knowledge regarding both HIV and TB. However, some promoters clearly had more confidence and clarity when expressing this knowledge. Almost all community members expressed a high level of confidence and trust in the promoters and believed in their ability. Focus group conversations with health promoters indicated a very positive sentiment towards their work and their experience of BRA. All promoters that we spoke with felt that working with BRA had increased their knowledge, their self-confidence, and given them a place of respect within the community. They also expressed a deep commitment to create change and positively serve their communities. This level of commitment and enthusiasm is a very positive indication of satisfaction and good rapport with the organization. However, civil society stakeholders, funding agencies and promoters expressed a need to provide consistent and appropriate incentives to all of the health promoters. This is especially relevant to BRA, as the organization strongly relies on health promoters for the majority of program implementation in the community.

From conversations with BRA's staff and promoters, funding agencies, and a limited number of PLWHA beneficiaries, it appears that BRA's work providing individual in-home support services is quite positive. BRA is able to meet its goals in appropriately serving the target number of PLWHA in the community, and in identifying and referring potential cases of TB to government clinics for treatment. PLWHA beneficiaries and their family members expressed gratitude and confidence in BRA's provision of counseling and medication adherence support. Doctors at the Medical Center also emphasized the important role of the promoters in following up with and assisting patients outside of the clinic.

According to focus group discussions and informal conversations, condom distribution seemed to be consistently strong in all of the communities that we visited. The majority of individuals who answered questionnaires (89%, n=27) knew where to purchase condoms, which was confirmed by focus group responses. PSI expressed confidence in BRA's distribution of condoms in the target communities. However, both PSI and BRA staff indicated that BRA is not as strong in the implementation of their condom education activities, and have not been meeting their target number of educational activities. This is strongly related to a lack of staff and capacity available to carry out the activities outlined in BRA's proposal to PSI, as there is only one volunteer currently carrying out educational activities related to condom use in all of the targeted Bateyes.

4.3.2 Unintended Results

Many focus group members strongly expressed their interpretation of HIV and/or AIDS as a death sentence; an idea which they appeared to have learned in BRA's charlas regarding TB and HIV. There is likely a social component to this perception that stems from community members observing HIV positive individuals who are sick and dying. This is an unintended consequence, which could have been the result of an attempt to motivate people to prevent HIV infection by emphasizing the severity of HIV. That said, BRA should carefully monitor if and how this affects an individuals motivation to be tested for HIV and to seek treatment.

Key Recommendations:

- **BRA should establish an internal system for developing strategic activities that will lead to specific behavior change objectives in the community.**
- **A monitoring system that measures on-going progress towards specific objectives of behavior change is also necessary for the on-going assessment of program effectiveness.**
- **Program specific pre- and post- test evaluation would be particularly useful in identifying changes in knowledge and attitudes.**
- **Important social concerns in the Bateyes, such as the negotiation of condom use, should be further addressed in BRA's health promotion curriculum—moving the education from knowledge to skills acquisition.**
- **BRA should carefully monitor what its capacity and resources will allow when designing program proposals and accepting funding.**
- **BRA needs to monitor how the "unintended results" of its programming may be related to other factors in the community, and how this will affect individuals' health behavior.**

4.3.3 Internal and External Factors Affecting Implementation

Key Findings:

- **BRA is strong in monitoring and reporting on the number of activities implemented.**
- **BRA has not been able to implement all intended programming components due to a lack of capacity.**
- **BRA's program design is not fully tailored to the specific target population.**
- **BRA's program design does not reflect sequential, strategic planning to meet specific knowledge and behavior change outcomes in the community.**
- **BRA does not consistently monitor the individual beneficiaries or promoters who attend specific types of trainings**
- **BRA's health promoters express confidence in the knowledge gained from trainings**

Communication

Multiple individuals at various levels within BRA expressed concern and frustration regarding the lines of communication within the organization and the impact that this had on BRA's programming. For example, promoters are often given very short notice regarding upcoming charlas and are unable to effectively recruit participants. In addition, communication between the Santo Domingo office and the field, and between the various Bateyes is often strained by distance and a less than ideal response time. This relates to the lack of consistency in program implementation and planning discussed above and below. That said, it appears that the central program coordination between Arco Iris and PSI condom promotion is both consistent and strongly supportive for staff and promoters across activities.

Monitoring

After a careful review of BRA's documents, it appears that BRA has been successful in monitoring the *number and type* of activities implemented in each community. Funders and supervisory organizations expressed satisfaction in BRA's ability to turn in timely monitoring reports. On the other hand, most funders identified that BRA has *not* been *consistently* excellent in program implementation in relation to the established targets. That said, funders also stated that BRA has consistently demonstrated a positive reputation in the Batey communities, which is confirmed by positive comments from beneficiaries during FGDs; a commitment to the community; a strong and positive reputation for committed and qualified personnel; and a willingness to make improvements where necessary.

Unless required by the funder, BRA does not currently keep careful record of *which individuals* participate in *different health education services/programs* in the *different communities*. This may be a natural tendency, as the promoters and health promotion activities often overlap between programs. However, this creates difficulty in accurately

assessing who has received a specific type of education or intervention and how that education has affected the individual's knowledge and behavior.

Capacity and Coordination

To the extent that BRA still needs to make improvements in achieving and monitoring results, internal and external stakeholders have indicated that BRA is over stretched in terms of capacity. For example, while BRA has numerous (120) health promoters working in 60 Bateyes, there is a lack of central coordination for many of the health promotion activities and for timely, strategic planning for programming implementation. Thus, while the evaluation team found that the promoters and the promotion services provided were highly regarded and appreciated by community members, the promoters are not always well coordinated through the Santo Domingo office.

This is not true of the paid Health Promotion Supervisors who are very closely linked to the central operations of BRA Dominicana. However, there are only four supervisors for 60 Bateyes, who, despite their dedication, have limited capacity in terms of logistical and communication resources. The implications for this lack of coordination are that programming is not always implemented or monitored in a strategic, timely, or intended manner. Unless this address, the lack of consistent coordination will continue to be a barrier to effective implementation of programs and monitoring of program effectiveness.

Program Design and Indicators

The evaluation team discovered a lack of consistency regarding the number, sequencing and type of educational activities provided to each individual and each community. In attempting to identify the best measurement tools for BRA's health promotion programs, the evaluation team noted that many community members choose to participate in different charlas for different programs in an ad hoc manner. There are not specific, sequential modules for training and educational charlas, which could ensure that individuals receive information in a strategic manner.

Program design is a highly influential element related to BRA's effectiveness in the community. Currently, program design is developed in an ad hoc process for each charla, and incorporates generic curriculum templates and tools that have been developed by other agencies to address HIV or TB. Up to this point BRA has had limited capacity to fully address the issue of program design. The data from questionnaires and focus groups suggest that BRA has been successful in utilizing pre-existing program materials from other agencies or contracted facilitators/consultants to augment limited resources and implement important educational services in the Bateyes. However, this does not mean that the program curricula have been effective in achieving the desired health behavior changes and outcomes. This is also reflected in the fact that BRA has not established systematic targets for program outcome, as discussed in the section on Results Achievement, that relate to the program curricula's content.

Where there are inconsistencies in knowledge, behavior change, and the reach of programming, these can be addressed through a more strategically designed program and curriculum. In addition, it does not appear that BRA has incorporated beneficiaries or

promoters in the design process, which would provide BRA with important information regarding community needs and the nuances of how information is received and interpreted. While many good and effective programming components may have been developed by other agencies, it is important that each part of BRA's health promotion curriculum be tailored to the community and be implemented in a strategic manner.

Training

Training for health promoters appears to be implemented frequently, in collaboration with a diversity of experts and agencies in the field. Promoters stated that they feel they are very adequately trained and receive a lot of important and well-presented information at trainings. This is important for both the promoters' confidence and the appropriate dissemination of information in the community. However, we were not able to measure the promoters' actual level of knowledge and cannot speak to the efficacy of the trainings.

Resources

Additionally, BRA has a tendency to over extend itself without securing the needed resources for service provision. This places a strain on the entire organization and particularly on the effectiveness of the programs. Internal and external stakeholders repeatedly noted that BRA is often expected- by funders and community members- to accomplish a lot of work with very limited resources. The findings of this evaluation indicate that BRA is not able to provide adequate coordination and logistical support to its promoters. For example, BRA does not currently have a staff coordinator for the Alianza de Bateyes program, which has affected BRA's ability to meet the program targets.

This speaks to the central issue of funding decisions and the allocation of resources within the organization. In a very short time, BRA has taken on numerous, high-profile activities and implemented many different services in the Bateyes. As the health needs in these communities is great, there is a high level of demand for almost every type of health service. However, funding for health promotion programs is both politically driven and quite limited. To compound this, the flow of funds from donor organizations to BRA is sometimes quite delayed. This results in delayed program implementation and in BRA's inability to meet set targets for that time period. On the other hand funding opportunities often emphasizes HIV or TB over other more prevalent diseases such as flu, scabies and diarrheal illnesses.

Key Recommendations:

- **BRA should carefully consider future funding opportunities and program planning based on its human and physical resource capacity.**
- **In order to appropriately measure the effectiveness of BRA's health promotion programs, more specific record keeping procedures should be operationalized in the organization.**
- For future planning, there are four major considerations for BRA's program design include: **1. The sequence that information or lessons are presented in for each community or group of people; 2. The medium through which information is presented (i.e. the ethnicity of the person depicted in graphics and the use of computers or reading materials); 3. The relationship between the specific information being presented and the specific behavioral outcomes that are desired; 4. The specification of measurable outcomes to be achieved within a specific time frame.**
- **BRA should conduct on-going monitoring of the health promoters level of knowledge and their ability to implement that knowledge before and after the trainings.**
- Stakeholders identified two areas within the organization where the issue of capacity and resources could be addressed: **1. BRA should be more selective in applying for and accepting funding for projects; 2. BRA should more strategically organize its staff and resources, with an emphasis on depth instead of breadth. 3. More precisely, BRA should provide more supervisory support to its promoters and focus its energies on those programs that have the most impact.**

4.4 Strategic Positioning

Key Finding:

- **BRA has an absolute advantage in providing HIV care and treatment services in the province of Monte Plata**
- **BRA also has a strong advantage in the provision of health promotion services through numerous volunteer health promoters**
- **There are several hospitals and clinics offering health services in the Monte Plata province.**
- **There are several agencies providing**
- **Beneficiaries are often referred to other locations in order to receive care that BRA cannot provide, including TB testing, surgery, and other specialized services.**
- **There is a divergence in the level of health promotion services provided to different communities in more distant locations.**

BRA has a positive reputation as a service provider in the Bateyes and is known for conducting successful "public relations" activities. That is, BRA has a reputation for successfully marketing itself. This has helped BRA to achieve a good political position with both government and donors in the Dominican Republic. In interviews, partner agencies repeatedly commented on the high level of good work that BRA has been able to accomplish as a young organization. BRA is well positioned in the community, providing low cost, quality health care. However, it is not a hospital and often refers its clients for such services.

BRA refers its patients to any of the surrounding hospitals (or to the capital) for services needed, which BRA cannot perform including x-rays, TB tests, surgery, etc. Focus group discussions indicate that beneficiaries use other health services when BRA is not available (for example, night hours) or when the service they need is not available at BRA (maternity). The beneficiaries that qualify for social security will take advantage of this service because it is free and offers a more comprehensive set of services.

There is an issue of duplication in services, focus groups indicate that, specifically among the elder target population, beneficiaries will utilize social security *and* BRA for the same primary health care services. The downside to the social security services is that it is generally offered in the capital. Usually this is the only deterrent that affects these beneficiaries decision to choose BRA over other clinics. It was expressed that the social security services are more comprehensive, free, and of consistently better quality. The problem is that social security services only cater to a small portion of the target population and thus do not represent an entity that directly competes with BRA's Primary Health Care program. This does, however, represent an entity that BRA could partner with in the provision of care for those who qualify for social security; a move that could potentially lower costs for BRA.

As discussed earlier, determining whether BRA is the best positioned in the community to provide health services depends on a formal needs assessment and strategic program design. The evaluation team found that BRA is well equipped to provide basic primary

health care (i.e. general medicine and check ups). TB testing is not done on the Centro Medico premises and is already outsourced to a nearby hospital. Other services for more critical ailments that require surgery or specialization are also referred to a better-equipped facility, such as a hospital.

However, interviews with staff indicated that BRA is considering expansion into more specialized services, such as acquiring an x-ray machine. The evaluation team does not recommend this kind of expansion, at this time, as funding is an issue and this kind of expenditure is not strategic. A hospital is better equipped to handle this service in addition to any follow-up treatment that would have to be done. The funds would best be spent on improving BRA's existing infrastructure rather than on expansion. BRA should work on more formal partnerships with these hospitals rather than focusing on its own expansion.

As it has been noted, the Medical Center in Cinco Casas is the only facility that offers HIV integral care in the province of Monte Plata. Therefore, for all residents in the province, including for the Batey communities, the Medical Center is the only available healthcare facility that offers HIV/AIDS services. BRA has an absolute advantage in offering HIV/AIDS integral care in the province of Monte Plata. However, the HIV medical unit does not have the capacity to offer HIV services to pregnant women who are HIV positive or to treat all opportunistic infections in patients with AIDS. In those cases, BRA's HIV medical unit refers its patients to national hospitals in Santo Domingo and surrounding areas that can provide additional services. The evaluation team found that BRA has formed strong, collaborative working relationships with clinics and hospitals in the province of Monte Plata.

Strategic Positioning for Health Promotion

As each health promotion program has a separate list of target communities, there is only some overlap in the intended reach of each program. Due to time and resource limitations, we were not able to sample Bateyes according to each of the health promotion projects' specified target communities. Thus, it is difficult to comment on whether BRA has been able to provide each of the intended services appropriately in the all of the intended communities. That said, we did identify discrepancies in the distribution of programming between the communities that were sampled.

Community members in Triple Ozama and Payabo expressed frustration that more charlas were not held directly in their communities. For these individuals, attending charlas in neighboring communities, such as La Cruze, increases travel time and decreases time and resources available for other important work. The distance from charlas decreases their personal connection to the promoters facilitating or organizing the charlas. In both Payabo and Cojobal there was a distinct difference in the level of knowledge and enthusiasm regarding BRA's health promotion work in the community in comparison with the other communities sampled. As BRA seeks to target the most vulnerable and underserved populations, special future consideration should be given to reaching more isolated or distant communities with more frequency.

During our time in the Dominican Republic, we did encounter other health promotion services provided in the Bateyes by other NGOs (i.e. Fundacion de Salud y Bien Estad), the Clinton Foundation working with other CBOs, Alianza de Bateyes partner organizations (working in areas where BRA is not working) and government public health agencies. However, in the area of Monte Plata, BRA is well positioned and has a comparative advantage as a unique health promotion service provider, with a presence in approximately 60 Bateyes and has 2-4 promoters working in each Batey.

The organization is able to utilize this network of health promoters to consistently reach a wide range of Bateyes. Most beneficiaries we spoke with had attended a BRA charla or were aware of BRA's charlas in or near the community. It appeared that other agencies working in Monte Plata were not able to provide the same level of services to the communities where BRA is working. Publicly funded and religious organizations administer to a number of small clinics and educational services that operate in towns within a reasonable distance from Batey communities. These organizations ostensibly compete with BRA with regard to clients, but in reality BRA's proximity to Batey residents as well as local reputation has made BRA a significant provider of services within Batey communities. Indeed, government and partner agencies noted that they are currently considering BRA for a leadership role in coordinating health promotion services with other agencies in the area.

The main concern, which BRA should carefully consider, is whether or not BRA has the capacity to effectively coordinate and support health promoters in the field. Additionally, BRA should work closely with other community stakeholders to carefully analyze the appropriateness of BRA's role, and the dependence of other stakeholders on BRA, as a main service provider with fluctuating funding streams and capacity levels.

Key Recommendations:

- **BRA should seek to build and cultivate strategic partnerships with other NGO's, government agencies, and the hospitals in the area to compliment each agency's work and ensure the provision services that BRA does not have the capacity to accommodate.**
- **Rather than focusing on expansion into specialized services, BRA should focus on improving its existing infrastructure and service delivery.**
- **BRA should focus future program planning on reaching more isolated or distant communities with more frequency.**
- **BRA should carefully consider the efficacy of its position as a primary service with fluctuating funding resources.**

4.5 Relevance of the Program

Key Findings:

- **Most frequent illnesses treated in the Primary Health Care program were related to fever, cough, cold, flu, parasites, skin rashes, and body pains.**
- **BRA hopes to expand services offered.**
- **Beneficiaries hope that BRA will expand into offering Emergency Care.**

As noted previously, the HIV prevalence rate in the Batey communities is one of the highest in the country; demonstrating a clear need for HIV services delivered within or in close proximity to the Batey communities. BRA's HIV Care and Treatment program is filling a niche, providing free HIV care and services to a population that has limited access and availability of healthcare services.

Data collected from multiple sources indicate that the HIV and TB health promotion programs are relevant to the needs, assets and interests within the Batey communities. That said, there are specific concerns with regards to who should receive service according to socio-cultural realities vs. who was able to receive health promotion services. Men were less likely to participate in charlas then women. Focus group participants indicated that men would be very interested in attending charlas and in learning more about HIV/AIDS/STIs. The time of charlas, during the day, is the main barrier to access for men. Considering the difficulties that many women have in addressing gender-based power differentials and in negotiating condom use, there is a need to reach men with the same educational services as are provided to women.

Focus group discussions indicated that the most frequent types of ailments in Primary Health Care were cold, cough, fever, flu, parasites, and headaches. BRA supports these illnesses to the extent possible given their restrictions and limitations in the procurement of specific medications. In general, BRA is working well in suiting the needs of their target population and addressing its most frequent health problems. Additionally, BRA has expanded its health promotion programming to address issues of nutrition, water, and sanitation. Beneficiaries repeatedly expressed a high degree of satisfaction with the inclusion of these subjects in BRA's health promotion programming.

In interviews with staff, the team found that BRA hopes to expand it services offered at the clinics to include more specialties, for instance x-ray. Focus groups indicated that this kind of expansion would be desirable but, simultaneously, beneficiaries expressed a desire for other kinds of expansion including longer operating hours and emergency capability. In fact, one of the most frequently cited services that beneficiaries wanted BRA to offer was the use of the ambulance. BRA has an ambulance on the premises of the Medical Center in Cinco Casas and beneficiaries are confused as to why this is not utilized to their benefit. No doubt, the use of the ambulance would be very helpful to the target population and BRA should look into their next steps in how to make the ambulance functional.

In order to improve their services and tailor them to the needs of the target population, BRA should periodically undertake needs assessments. To maintain relevance of services to the target population, BRA needs to keep in mind the most pressing needs of its clients. The focus group discussions indicated that beneficiaries greatly enjoyed the opportunity to speak their minds and have an open discussion about health and what BRA has to offer to them. This is a method that BRA can and should use periodically in the future, in order to keep up with their target beneficiaries and to make sure that they are offering the best and most relevant services and that gaps in programming are filled.

Key Recommendations:

- **BRA should conduct periodic needs assessments and incorporate lessons learned into program planning.**
- **BRA should investigate the use of the ambulance as a functioning service at their Cento Medico at Cinco Casas.**
- **BRA should adapt program implementation to include all vulnerable populations, across age and gender.**

4.6 Sustainability

Currently BRA does not have a monitoring and evaluation system (M&E) for its Primary Health Care or Health Promotion programs. This may be one of the most important steps that BRA can take towards sustainability and effectiveness. Monitoring of programs, as well as assessing implementation processes in a routine manner will allow quality of care to improve as well as accessibility and utilization of services. At *all* levels, monitoring and evaluation is important for improving service delivery and bringing BRA one step closer to institutionalization.

Having a functional M&E system requires the creation of a strong health information management system. BRA currently faces great challenges in its information organization, but it is one aspect that *cannot* be ignored. Proper data collection, organization, and analysis will integrate *all* of BRA's projects so that they consistently complement one another. Furthermore, a proper health information management system will lead to improved planning and decision-making and allocation of new resources.

Given the lack of proper infrastructure in the Bateyes, it is a difficult task to fully improve on information and communication systems within the organization. The evaluation team recognizes that BRA is working very hard to overcome these challenges through the implementation of a generator and a satellite phone at the Medical Center. The evaluation team would also like to suggest that BRA consider the use of laptops with spare, rechargeable batteries for use in implementing an electronic patient database at the Medical Center. This could provide a sustainable solution to the ongoing problems of power shortages.

The addition of a full-time accountant demonstrates BRA's commitment to financial accountability and sustainability in the future. BRA should ensure that the accountant diligently records all transactions and balances according to program, prepares regular and reliable financial statements, allows the disbursement of funds to recipients and suppliers in a timely and transparent fashion.

A long-term strategic plan, that incorporates all of the above, is an important step towards sustainability. In the long-term strategic plan, BRA needs to put less weight on patient consultation fees as a means to fund their activities. Focus group discussions indicate that the increase in the consultation price has presented itself as a barrier to access for many of its patients and since the main goal of BRA is to provide this population with low cost and affordable health services, BRA needs to explore other means of funding and revenue generation. Additionally, BRA needs to more clearly define the specific outcomes it would like to achieve in the community and the most efficient means to achieve those outcomes. This will help BRA to focus its programming targets in a more in-depth manner, and will help to balance the organizations tendency to try to meet all needs at all times.

Focus groups indicated a high percentage of goodwill toward BRA and all beneficiaries explicitly expressed that they appreciate its services and hopes that BRA will continue to do its work in the community. This bodes well for the community's support of BRA's work and also demonstrates a high amount of motivation for both entities to work together in the future. Above all, BRA should continue to emphasize the ability of their target population to obtain quality health care services no matter their economic or financial situation and geographic location.

To a greater extent the HIV/AIDS care and treatment project of BRA is highly dependent on a consistent national HIV policy as well as to continued government commitment to the fight against HIV. As the agreement between the Clinton Foundation and the government expires in 2009, there is a threat to the national capacity for procurement of ARVs, and in turn to the effective operation of the national HIV care and treatment units, including that of BRA. Therefore, BRA needs to plan in advance on possible shortages of ARVs.

This demonstrates the importance of politics in BRA's programming, as policy constraints within the DR are frequently attributed to BRA's ability or inability to provide effective service. This raises that question of BRA's role as an NGO, providing basic social services. Looking toward true sustainability, it would be ideal if the kinds of health care services that BRA provides were offered in an institutionalized manner, and not dependent on the receipt of outside funding and donations. It is important that BRA continue to cultivate its relationship with the DR government, in order to address infrastructure issues impacting the Bateyes; and to integrate the quality services provided to Batey residents into the national health care system for long-term sustainability.

V. Conclusion

In an area where availability, accessibility, and affordability of quality health services are scarce, the Batey Relief Alliance and BRA Dominicana are meeting an unmet need. BRA has greatly improved the batey population's ability to obtain available health services, in fact, the evaluation team found that offering low cost quality health care from locations situated *within* the bateys is one of BRA's strongest assets. Numerous focus group discussions indicated a high level of satisfaction among BRA's beneficiaries, who cited the quality of service delivery and infrastructure as some of the reason's they keep returning to BRA's health facilities. The high patient satisfaction was also mirrored in the HIV/AIDS Treatment and Care program, where beneficiaries and key stakeholders, namely the Clinton Foundation, indicated the strength of the quality of care and follow-up. It is evident that BRA is making a marked difference in the lives of its target population, providing low-cost quality health care and essentially extending and improving the lives of its beneficiaries.

The evaluation team found that BRA is relatively well positioned to offer basic health care to the batey population. Not only are they optimally positioned *inside* the bateys, but also, the Medical Center at Cinco Casas is a well-built, clean, and modern health facility. Furthermore, BRA has a significant amount of social capital, well-trained medical staff and personnel as well as a highly motivated and widespread network of health promoters, the majority of which are not paid. The focus groups demonstrated the strength of the health promotion program in spreading knowledge, decreasing stigma and discrimination, as well as improving the quality of life of the health promoters as well as those they educate, live, and work with.

Despite this position of relative strength, the Batey Relief Alliance and BRA Dominicana, in its tenth year of operation, still needs improvement in many aspects of its programs. The evaluation team found, in all of BRA's programs, a lack in strategic program design, which adversely affects the effectiveness and efficiency of BRA's projects. Similarly, BRA does not procure funds in a strategic manner, namely, by identifying donors that are aligned with their mission and target population's needs as well as planning for long term funding flows. Much of BRA's activities have come to depend on donor stipulations for funding, which constricts the organization's ability to effectively cater to their patient's needs. In addition, BRA tends to engage in other projects even when its capacity cannot accommodate them.

As mentioned earlier, BRA lacks a comprehensive health information management system, one that incorporates disease specific indicators according to national guidelines. Of primary importance in this system would be the creation of a computerized patient database that allows BRA to track specific disease prevalence rates, patient behavior, as well as essential medications needed at the health facilities. A solid health information management system lays the groundwork for a proper Monitoring & Evaluation (M&E) system. Effective health systems are necessary in order to meet goals and sustain achievements in HIV/AIDS treatment and care, TB, motherhood, and child survival. Retrospective review is essential in obtaining a strong and effective health system, where,

based on pre-established standards, the organization can determine the existence of discrepancies between actual practice and suggested standards of care. BRA lacks a retrospective system completely that allows it to monitor its activities as well as aspects of the people that it aims to assist.

The quality of primary health care needs improvement; specifically, with regards to the consistent provision of medications. The evaluation team found that essential medications were often unavailable and, despite the external barrier that the DR customs system presents, BRA must work to solve this issue. Quality is also threatened by the fact that BRA's health facilities are under staffed, the amount of patients greatly outnumbers medical staff and personnel putting great stress upon the workers and making service delivery problematic.

Funding is a constant barrier for many comparable organizations and is likely remain so. Nonetheless, BRA needs to pursue *long-term* funding strategies that will ensure that beneficiaries do not experience further price increases and gaps in service delivery. This is particularly important, as BRA is an NGO providing basic social services that typically fall under the purview of government intervention. Hence, long-term funding and strategic placement will continue to be an issue for BRA as they move forward.

BRA lacks a strategic plan, which can help guide the organization by tying together all its programs and projects together in a cohesive manner. The evaluation team has found that for the future of the BRA, a comprehensive strategic plan is needed to help guide the organization through its next stage of development. This process would begin by making a systematic inquiry into the current organizational capacity, beyond the scope of this evaluation, as well as identifying strengths and weaknesses of its programs and projects.

Implementing a formal needs assessment of BRA's target population will allow the organization to document baseline data and core indicators that can be utilized in future program design. In fact, a key component of the strategic plan should include a systematic program design for all of BRA's future projects, as the use of indicators is crucial to proper program design. This would allow BRA to compare services to norms. Furthermore, involving key stakeholders and input from staff in the drafting of the strategic plan will ensure that clear objectives and indicators are established that are appropriate to and relevant for the target population.

The evaluation team believes that through the actions mentioned above, BRA will see an improvement of process *throughout* the life cycle of the service delivery, meaning that at all levels, BRA will be strengthened and fortified. Lastly, but most importantly, leadership and commitment to this process from top management will guarantee BRA's further success and sustainability in the future.