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# Capacity Assessment of HIV Clinics for the Delivery of Community-Based HIV Services – Technical Brief

## Local Health System Sustainability Project (LHSS)

September 2023

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**Local Health System Sustainability Project**

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

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# CONTENTS

Acronyms ..... ii
Introduction ..... 1
Context and Background ..... 1
Assessment methodology and data collection ..... 1
Main Results ..... 2
Recommendations ..... 3

# ACRONYMS

| | |
|---|---|
| CDC | U.S. Centers for Disease Control and Prevention |
| GoDR | Government of the Dominican Republic |
| LHSS | Local Health System Sustainability Project |
| NHS | National Health Service (*Servicio Nacional de Salud*) |
| PEPFAR | U.S. President's Emergency Plan for AIDS Relief |
| SOP | Standard Operating Procedure |
| USAID | United States Agency for International Development |

## INTRODUCTION

Over the past three years, the Local Health System Sustainability Project (LHSS), funded by the United States Agency for International Development (USAID), has supported the Government of the Dominican Republic (GoDR) to incorporate community-based HIV services into the national HIV program. As part of this support, LHSS assessed the capacity and resources available at select HIV clinics to deliver relevant services such as community-based testing, delivery of antiretroviral medicines, and patient follow-up. This technical brief summarizes the assessment methodology, main findings, and recommendations. The full results are available in the Spanish language assessment report *"Evaluación de la capacidad de los Servicios de Atención Integral para la entrega de Servicios Comunitarios" (August 2023).* Results from this report will inform discussions at the central level to guide planning and resource mobilization efforts to strengthen, sustain, and expand community-based HIV services in the national HIV program.

## CONTEXT AND BACKGROUND

The provision of HIV care services in the Dominican Republic largely consists of service provision at clinical sites. Although some of these sites have incorporated community-based patient follow-up into their HIV service portfolio, the Government of the Dominican Republic (GoDR) has only recently incorporated community-based HIV services into the regulatory framework of the national HIV care program. In doing this, the GoDR aims to expand the delivery of community-based HIV services in a sustained and phased manner. Thus far, the new strategy has been implemented primarily in clinical sites supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), with the financial support of PEPFAR-funded care and treatment projects.

During its first and second year of implementation, the LHSS has supported GoDR to expand its plan for community-based HIV services nationwide. To that end, LHSS has worked with GoDR counterparts to review, develop, update, and implement a comprehensive policy framework—including national guidelines and standard operating procedures (SOPs)—that supports the provision of HIV care at both clinical sites and the community level. LHSS has helped train staff at HIV clinic sites nationwide on the use of these new procedures and has assisted the GoDR to identify other essential elements for the successful adoption of the community services strategy within the national HIV service network.

## ASSESSMENT METHODOLOGY AND DATA COLLECTION

In its third year of implementation, LHSS collaborated with the National Health Service (NHS) to assess the human resources for health levels needed to provide adequate coverage and quality services at both the site and community levels. The assessment aimed to evaluate the current delivery of community services within the national HIV service network and identify gaps that inhibited the roll out of community-based services. Through the assessment, LHSS also identified good practices that can support the delivery of community services and recommended ways the GoDR can close identified gaps and continue implementing its community-based HIV strategy.

To complete the assessment, LHSS developed and deployed a questionnaire with five sections:

a. **General information about the clinical site:** site location; management staff; working hours; services provided; and recent statistics on patients enrolled in the Comprehensive Care Service (*Servicio de Atención Integral*, SAI) for clinical follow-up, active in treatment, and lost

to follow-up. These data were disaggregated by general population and prioritized population (Haitian migrant patients and descendants).

b. **Community service delivery:** provision and type of community service (home visits, rapid HIV testing, and delivery of antiretroviral therapy)
c. **Human resources:** personnel assigned to the clinical site, profiles of community teams, and roles for the provision of community-based services.
d. **Logistics:** coverage and availability of financial and transportation resources, external support, and tools or strategies that are used to program community-based services.
e. **Data collection and procedures:** data collection processes for monitoring delivery of community-based services, linkage with clinical services and patient records at the clinical site, and patients lost to follow-up.

LHSS staff used this tool for data collection through health facility visits during the month of July. The LHSS team was accompanied by technical staff from the NHS, who assisted in communicating with the facilities, coordinating with local staff to apply the tool, and providing the necessary information. Site selection was carried out in coordination with the USAID/Dominican Republic Health Office team and the NHS. For comparison purposes, health facilities were purposively selected to include PEPFAR-prioritized and non-PEPFAR-prioritized sites, as well as high- and under-performing sites in community service delivery. The USAID Mission in the Dominican Republic also proposed the inclusion of PEPFAR-prioritized sites supported through the U.S. Centers for Disease Control and Prevention (CDC). The final sample of five clinical sites included two clinical sites supported through USAID, two clinical sites supported through the CDC, and one clinical site not prioritized by PEPFAR. The sites selected were as follows:

**Table 1. Sites selected for the community services provision assessment**

| No. | Clinical Site | Implementing Partner/GoDR |
|---|---|---|
| 1 | *Primary Health Care Center* Batey 5 Casas | USAID |
| 2 | Center for Orientation and Comprehensive Research (*Centro de Orientación e Investigación Integral*, COIN) | CDC |
| 3 | Salvador Gautier Hospital | NHS |
| 4 | Primary Health Care Center Lotes y Servicios | USAID |
| 5 | Sociocultural Movement for Haitian Workers (*Movimiento sociocultural para los trabajadores haitianos*, MOSCTHA) | CDC |

## MAIN RESULTS

- The provision of community services is supported by external (i.e., non-GoDR) resources. This is a major constraint to the expansion of the strategy in clinical sites that are not prioritized by PEPFAR or supported through other cooperation mechanisms. PEPFAR-prioritized sites have a robust health team. However, most of these personnel are financed by donor projects.
- Given its limited human, logistics, and financial resources, the site that was not prioritized by PEPFAR had not implemented the community services strategy. The staff of the Salvador Gautier Hospital told the assessment team they have basic knowledge of the strategy but need technical training on it, as well as the resources that allow the provision of services at the community level. We can assume the rest of the non-prioritized sites in the service network also are in this situation.

- Selected PEPFAR-prioritized sites have greater coverage of service delivery hours at the clinic level, with morning and afternoon shifts. In some cases, extended service hours are implemented with personnel hired by donor-funded projects since the regular hours of operation in most non-prioritized clinical sites are usually a half shift, usually in the morning (8am-12pm).
- All visited sites use the Application Form for Social Policy Programs (*Formulario de Aplicación a Programas de Políticas Sociales*, or FAPPS) to officially report data on the national HIV database as the official system for data recording. However, PEPFAR-prioritized sites have additional tools for internal use to record more comprehensive information on services available and reporting of community service delivery, and other mechanisms for patient surveillance and follow-up.
- Specific community-based services provided by PEPFAR-prioritized sites are rapid HIV testing, medication delivery, and home visits. The services are implemented in accordance with the SOP guidance the NHS developed with LHSS support in 2021 and other internal procedures. The need for wider dissemination of SOPs and further technical training of personnel to implement them is evident.
- There are a variety of non-standardized instruments for the planning and organization of community-based work. Prioritized clinical sites offering community-based services have worked on designing internal tools that support community service planning, service reporting, and follow-up of patients.
- The job of health promoter and/or counselor continues to be a key and multifunctional position within the clinical sites for support of the deployment of community services.
- The NHS is implementing Program 42 at a selection of clinical sites, including sites prioritized by PEPFAR. The program focuses on the surveillance and recovery of patients lost to follow-up. The clinical sites where the program is implemented have additional resources for follow-up tasks, additional health promoters, and a supply of cell phones and other resources to make follow-up calls and home visits. This presents a good opportunity to discuss joint efforts and good practices that can be replicated at both prioritized and non-prioritized clinical sites to strengthen adherence and patient follow-up. This program can also help estimate implementation costs to inform budget planning at the central level.

## RECOMMENDATIONS

The community-based HIV services strategy has helped the GoDR provide timely delivery of health services to hard-to-reach populations and make progress toward the global 95-95-95 goals for HIV. Initially implemented in sites prioritized by PEPFAR, the strategy has been adopted with relative success at these sites. It has contributed to improved outreach to migrant and other vulnerable populations for whom it is difficult to access conventional clinical services. The country should take advantage of the good practices and experience developed in the sites that are already implementing the strategy to expand the use of community-based services to the rest of the national HIV service network. However, the GoDR needs to implement concrete actions in terms of processes, systems, personnel, and financing to achieve this objective.

Based on the assessment of a sample of clinical sites and projecting their situation onto the rest of the network, recommendations for closing gaps in the delivery of community services and expanding this strategy include:

- Explore good practices in the provision of community-based services among PEPFAR implementing partners. Create a space for collaboration and coordination that enables the standardization of data collection tools and the implementation of good practices to expand and optimize community-based service delivery. The evaluation helped identify good practices, such as organizing clinic catchment areas within their territory, developing tools for scheduling visits and deliveries, hiring personnel, and training them in the use of procedures.
- Continue technical efforts to sensitize health personnel to the community-based strategy. This includes training them on the use of SOPs to deliver community-based services.
- Consider a plan to redistribute human resources, particularly health promoters, in the NHS network.
- Carry out a costing study that estimates the budget the GoDR will need to expand and sustain community services. Currently, community services are mostly implemented in PEPFAR-supported clinical sites; this external financial support does not cover each clinical site's local budget. The results of this study will support the NHS in its planning, transitioning, and sustaining the practices first implemented by PEPFAR-funded projects.
- Develop a phased multi-year operating plan, including budget, to drive the process of expanding the community services strategy at the national level.
- Strengthen coordination mechanisms and information exchange between PEPFAR implementing partners and the NHS. Both sides can benefit from sharing good practices related to the provision of community-based services, the performance of PEPFAR-prioritized sites, and tools designed for patient follow-up.