

Dominican Republic PELF: Integrating an Elimination Program During Times of Reform

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Lymphatic Filariasis Elimination in the Americas
6th Regional Program Managers' Meeting
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Background:

DR Health Systems in Process of Reform

- Decentralization: New Regions & Networks
- Separation of purchaser, provider and regulator roles:
 - Purchaser: Health Insurers, Private and Government (SeNaSa)
 - Provider: Regional Network, Region Office, Hospitals, UNAPs.
 - Regulator: SESPAS (MoH) deconcentrated through province office (DPS).
- Basic Health Package for All
- Strengthening of primary health care with cure and prevention focus.

UNAPS (*Unidades de Atención Primaria*)

- Doctor, nurse, community health workers.
- Population of 600 families
- Family records, census data, vaccinations, environmental information. Held at UNAP clinic level.
- Mapping high risk groups and environmental risk areas.
- Cure and prevention
- Referral and counter referral
- Home and school visits.





Study Outline: Impact of integrating PELF into Mainstream Health Services in Region IV, Dominican Republic

1. Describe the process of integration
2. Evaluate impact on health systems
3. Evaluate the impact on the LF Elimination Program

Hypothesis

1. Impact on health systems (HS)

1a. Integration will benefit HS

1b. Integration will harm HS

2. Impact on PELF

2a. Integration will benefit PELF

2b. Integration will harm PELF



A work in progress ...

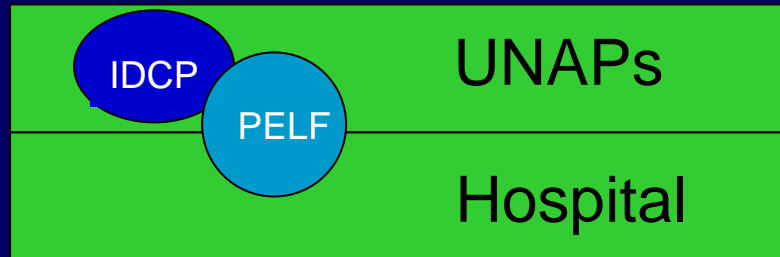
1. Description of Integration Project so far and exploration of potential impacts through
 1. Literature review
 2. *Observation*: Workshops, committee meetings, etc
 3. Focus groups (PELF Team)
 4. Self-administered questionnaires to community volunteers (850)
 5. Self-administered questionnaires to UNAP staff (228)
 6. In-depth interviews with Region IV province and Regional Directors.
2. Measuring the impact
 1. Development of study protocol
 2. Collection of baseline data in Region IV (exposed) and Region V (unexposed)

Operational Integration* (Delivery of Health Care)

MDA

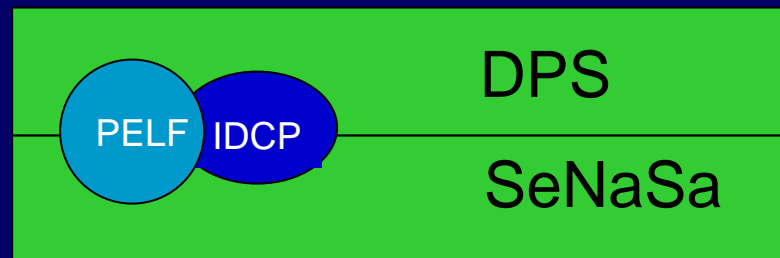


Lymphodema



Hydrocele

Administrative Integration* (Middle Management)



*Terminology as described by Unger et al 2003.

The Intervention: Integration





2002 (1st MDA)

- Contract signed with Jaime Mota Hospital to do hydrocele surgery and with IDCP for treatment of lymphodema cases
- No Integration of MDA as UNAPs not yet implemented.

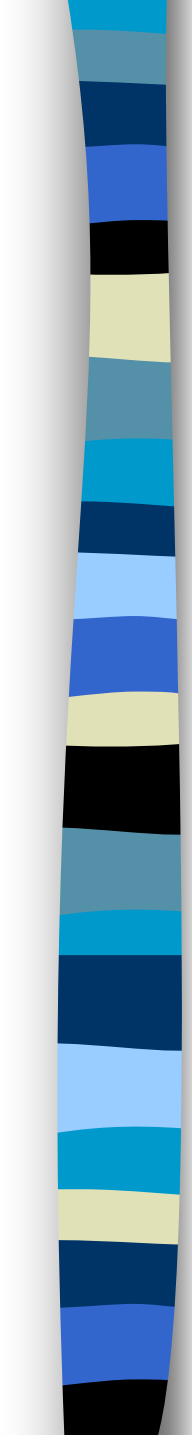


2003 (2nd MDA)

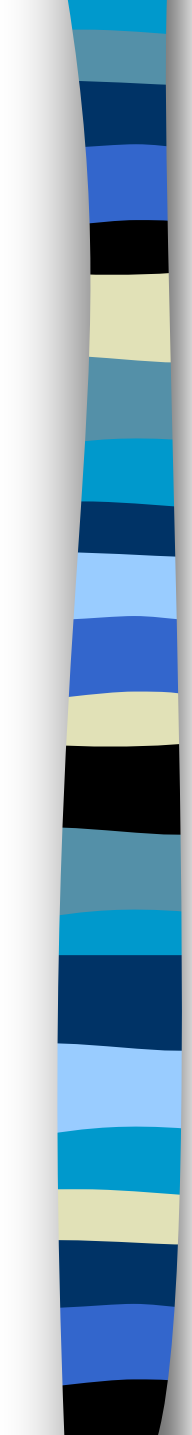
- Initiating Operational Integration:
 - Use of UNAP '*fichas familiares*' (family health-care record) for census
 - Use of UNAP staff as human resource
 - UNAP staff train volunteers
 - UNAPs organize community volunteers
- Involvement of *Dirección Provincial de Salud* (DPS)
- Proposal for funding to train UNAPs in lymphodema management accepted by PLAN International
- Materials for training developed

Obstacles: First Phase Integration



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- *Fichas* were disorganised and UNAPs lack understanding on their use.
 - Drug distributors get confused over which houses are theirs.
 - Dilution of training through cascade system.
 - Some UNAPs do not have staff.
 - DPS managerial staff try to obstruct MDA process.
 - PELF seen as an external organisation.
 - Few hydrocele operations carried out.
 - Funding from PLAN for lymphodema training does not materialize.

2004 (3rd MDA)

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- **Strengthening Operational Integration**
 - Training in use and organisation of fichas.
 - Suggestion to UNAPs to use ‘croquis’ (maps) to organize drug distributors by specific territories.
 - Strengthen health education component.
 - Continue to strengthen UNAPs with no staff.
 - **Initiating Administrative Integration**
 - 1st Integration workshop held with all levels of health care at which a contract is signed with the province (DPS) and regional directors.



2005 (Preparing for 4th MDA)

- **Strengthening Operational Integration**
 - A survey of staff in all UNAPs (joint with Regional Office).
 - Proposed change to month long (not weekend) MDA.
- **Strengthening Administrative Integration**
 - 2nd Integration workshop during which a plan of action to further integration was agreed on.
 - Planned workshops by PELF for DPS managers in planning, evaluation, training, supervision and leadership.

Integration by Activities (Current)

PELF	IDCP	UNAPs	DPS
<ul style="list-style-type: none"> ■ Planning and supervision of the MDA ■ Distribution of drugs ■ Health education materials ■ Training trainers ■ Calculating coverage ■ Sentinel site evaluation ■ Morbidity survey ■ Protocol development 	<ul style="list-style-type: none"> ■ Treatment of lymphodema cases 	<ul style="list-style-type: none"> ■ Census ■ Training drug distributors ■ MDA distribution ■ Treatment of side effects 	<ul style="list-style-type: none"> ■ Supervision ■ Organisation of training ■ Coordination with local NGOs

Impact of Integration





Impact of Integration on PELF

- Expansion of coverage from 11 municipalities to the whole SW Region.
- Increased recognition and job satisfaction for staff.
- Maintained coverage in MDA.

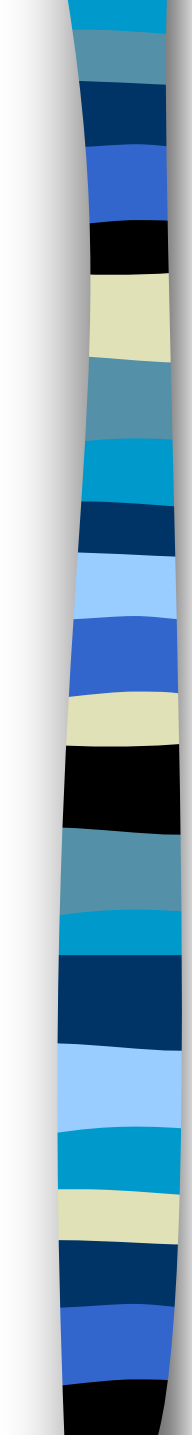
Impact on UNAP of MDA Integration

- Strengthened use of *fichas*.
- Strengthened relationship between UNAPs and community.
 - *50% staff reported visiting houses for the first time during MDA.*
- Strengthened communication skills.
 - *37% mentioned improving communication skills, e.g. talking to patients, carrying out health education in the community and conducting training.*
- Staff felt good taking part in a successful health intervention.
 - *95% glad to take part in the next MDA.*
- Strengthened role of community volunteers.
 - *90% were pleased with the input of the community volunteers which allowed the job to be done faster (10% not sure).*
 - *68% reported using volunteers in other health activities after the MDA, e.g. vaccination campaigns and updating fichas.*
- Direct contribution of LF team to other health programs.



The way forward ... building on strengths

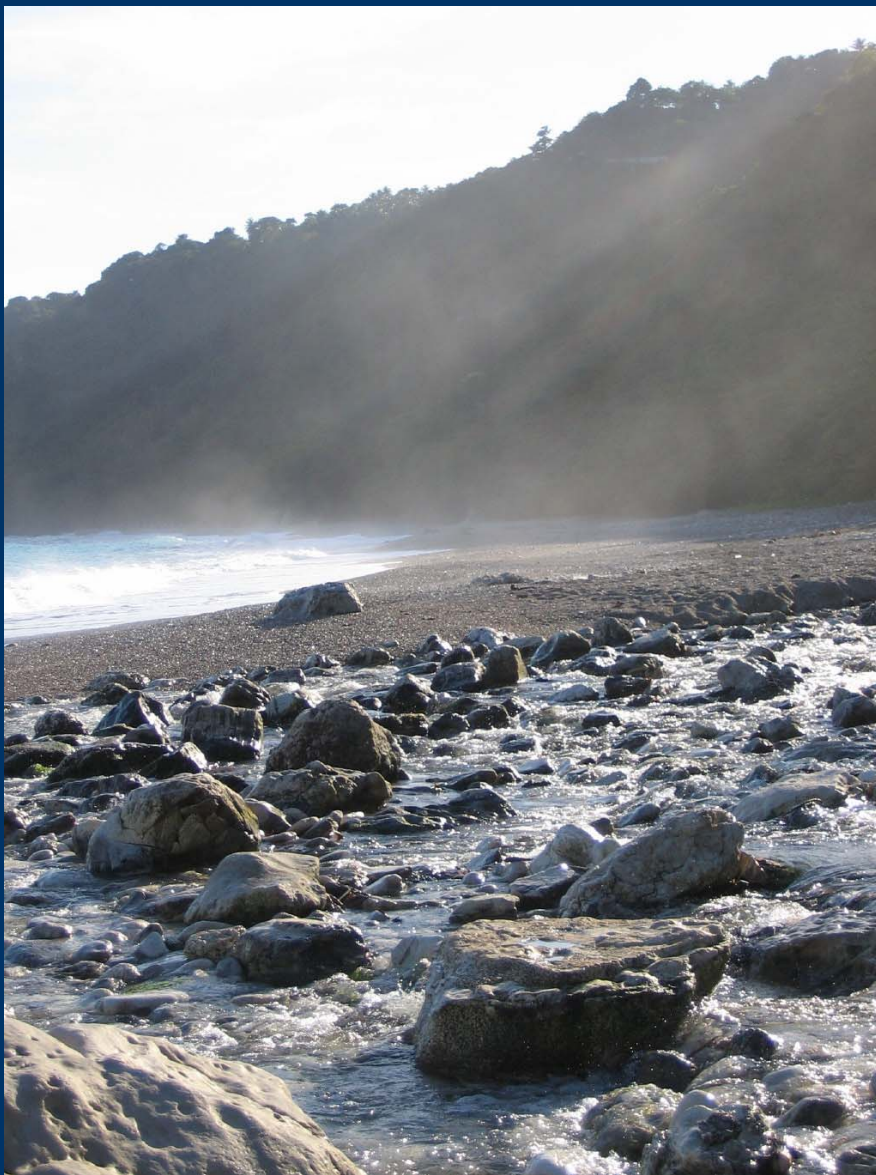
- Ability of PELF team to be evolutionary and their commitment to the dual aims of sustaining PELF and strengthening health systems.
- Positive experience of UNAP staff:
 - *80% already view the MDA as part of their job (11% view as a separate project).*
 - *88% happy with efforts so far towards integration (0% unhappy).*
 - *75% think taking on more responsibility for the MDA is a good idea (3% said they were not).*
 - *Many said because it would allow better coordination at local level.*
 - *81% happy to work with lymphodema patients (2% said they were not).*

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- High level of community support.
 - *High coverage of MDA.*
 - *87% Glad to have taken part in the MDA: it was a job well done, they learned something, they were helping their community and their was a good response from the community.*
 - *89% would be happy to volunteer working with lymphodema patients.*
 - High level of support from DPS directors who want to be more involved.
 - *“Before the LF team was seen as a separate department to the province office, but now we see them as a part of us, very much one of us”.*
 - *“At a local level the responsibility of LF elimination is of the province, though the PELF team should stay involved”.*
 - Opportunities for integration with other heath activities.
 - *57% carried out other health activities while doing MDA (eg updating fichas, informal situational analysis, health promotion.*
 - *80% think skin diseases are an important problem in their area. Eg. Scabies and fungus infection but only 10% UNAPs report having any basic training in dermatology.*



Strengthening weaknesses

- Funding
- Drug delivery system
- Morbidity program
 - *Only 20% of UNAPs report having training in management of lymphoedema*
- MDA not currently in DPS plan of action



Thank You

To be continued.....