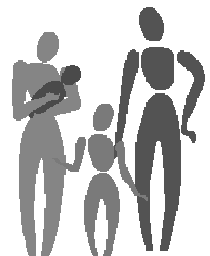**Technical Report # 28**
Addendum to
PRIME Technical Report 19
Results of the Second Follow-up Study
of the Dominican Republic Performance
Improvement Project Evaluation

November 2001

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PRIME II

PRIME II is a project for training and supporting primary providers of reproductive health services around the world. PRIME II is implemented by Intrah in collaboration with Abt Associates, Inc.; EngenderHealth; PATH (Program for Appropriate Technology in Health); and TRG (Training Resources Group), Inc.

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Table of Contents

Graphs, Tables, and Appendices

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Acknowledgements

Acronyms

CPI	Client-Provider Interaction
IDSS	Dominican Social Security Institute
MCH	Mother and Child Health
PI	Performance Improvement
RH	Reproductive Health
STI/HIV/AIDS	Sexually Transmitted Infections/Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome

Executive Summary

The Dominican Republic Performance Improvement Pilot Study compared the relative efficacy of three performance improvement (PI) interventions aimed at improving the quality of client-provider interaction (CPI) in facilities providing reproductive health (RH) services within the Dominican Social Security Institute (IDSS). Each of the interventions was implemented in one of three provinces: San Cristobal, La Vega, and La Romana. San Cristobal received the full set of PI interventions, including provider training, dissemination of service quality norms, and distribution of educational materials. La Romana received only the norm dissemination component, and La Vega served as a control and received no programmatic intervention.

In March-April 1999, prior to the implementation of the interventions, data were collected to measure baseline CPI levels at each of the intervention sites using two separate methods: client exit surveys and direct observations on client-provider interactions. Both methods were subsequently applied at two follow-up points (August 1999, and July-August 2000) in order to assess prospectively the impact and sustainability of each intervention. The application of two separate methods for measuring CPI had the benefit of permitting an analytical check on the consistency of the patterns perceived.

The results of the study show that the only consistent and statistically significant improvements in CPI occurred in the province of San Cristobal, where the full set of PI interventions was conducted. Further, these results are reasonably consistent as assessed by both the client exit surveys and the direct observations of client-provider interaction. The client exit surveys show consistent and significant improvements in San Cristobal at each follow-up point, as compared with significant net **decreases** in La Vega and La Romana between baseline and second follow-up. The direct observations of client-provider interaction generally echo these findings, with one notable exception. CPI as assessed by observation increased significantly in San Cristobal between baseline and first follow-up, contrasting with no significant changes in La Vega and La Romana. However, observation scores show that CPI levels dropped in San Cristobal between first and second follow-ups (but did not reach baseline levels), suggesting an attenuation of the full intervention over time.

Nevertheless, this apparent inconsistency between the client exit surveys and direct observations in assessing CPI trends in San Cristobal is explicable when the observational data is disaggregated by facility type. Indeed, between first and second follow-ups, CPI actually **increased** in the small and multi-service clinics in that region, but decreased dramatically in the large hospitals. This suggests that the main challenge to the long-term impact of the full intervention occurred in the largest facilities, where staffing changes due to the political patronage of the new Dominican government may have created additional barriers to sustainability.

Introduction

This report presents the quantitative analysis for the second follow-up of the Dominican Republic Performance Improvement Pilot Study. The pilot study was conducted to evaluate the efficacy of three RH interventions that were implemented in San Cristobal, La Vega, and La Romana, Dominican Republic. Each province received a different intervention package in order to test the relative efficacy of interventions that were identified in the Performance Needs Assessment conducted by PRIME staff between September and October 1998.

Interventions were conducted as follows. The province of San Cristobal received the full set of interventions, which included:

1. reproductive health training for providers;

2. "expectation setting" (communication of expectations to both providers and clients regarding norms of service quality within the IDSS system); and

3. dissemination of educational materials.

La Romana received only expectation setting and educational materials; and La Vega served as a control and received no programmatic intervention.

Methodology

Prior to any interventions, baseline data were gathered using three methods designed to measure key areas of quality of care:

- client satisfaction surveys, applied upon patients' exit from reproductive health facilities;
- direct observation of provider-client interaction; and
- interviews with providers.

Both the client satisfaction surveys and the direct observation guides contain the same 16 questions designed to measure the following CPI norms (see Appendix 1 for a sample of the instrument):

1. Courtesy

2. Privacy

3. Information Given

4. Continuity of Services

The guide used for provider interviews was designed to measure providers' awareness of the following five key components of reproductive health:

1. Family planning

2. Maternal and child health care

3. Sexually transmitted diseases and AIDS services

4. Breastfeeding promotion

5. Prevention of breast and cervical cancers

Each of these methods was conducted at baseline, first follow-up, and second follow-up. The dates of the baseline and follow-ups are presented in Table 1.

Table 1: Dates of gathering baseline and follow-up data

Baseline	March-April 1999
First Follow-up	August 1999
Second Follow-up	July-August 2000

This report discusses the quantitative results for the second post-intervention follow-up, and compares these to baseline and first follow-up.

Analysis

The analysis of data for the second follow-up follows the pattern of the first follow-up, described in PRIME Technical Report 19 (pp. 10-15).[1] For the analysis of the client satisfaction surveys and direct observation guides, scores were assigned to each questionnaire, which served as the dependent variables for the statistical analysis. Four scores were calculated for each questionnaire by summing the positive ("yes") answers in each of the four sets of questions corresponding to key areas of quality of care. In addition, an overall score was given to each survey based on the total number of positive ("yes") answers to all questions.

The highest possible overall score was 12, since four of the original 16 questions – questions 6, 7, 10, and 15 (see Appendix 1) – were discarded in the analysis. This was done because these four questions did not apply to a significant number of clients and therefore had unacceptably high proportions of missing values. Despite the elimination of these questions in the analysis, there still remained some surveys with a few non-applicable questions. In these cases, answers were "weighted" to obtain a comparable score regardless of the reduced number of applicable questions.[2]

Data were entered in SPSS 9.0 and ANOVA tables were run to compare mean scores across the three regions at the three points in time (baseline, first follow-up, and second follow-up). The threshold for statistical significance was set at $p < .05$.[3]

For the analysis of the interviews with providers, one point was counted for each of the five RH components mentioned by the providers, and the sum point score was then divided by the total number of possible points to achieve a percentage. These scores (percentages) were then compared across the regions to measure changes in provider knowledge.

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1   Further details concerning the development of interventions and the different intervention packages tested in the pilot study are provided in "PRIME Technical Report 19: Dominican Republic Performance Improvement Project Evaluation." This report also provides details of the quantitative analysis for the first follow-up conducted in August 1999 (see pp. 10-15 of the report).

2   For example, if a survey contained two non-applicable questions, and four of the remaining questions were answered with "yes," the overall score was calculated as a proportion of the "yes" answers on applicable questions (or 4/10), multiplied by the total possible score (12). The resulting weighted score is $(4/10) (p < .05) 12 = 4.8$.

3   For the purposes of this report, statistical significance will be reported using the following format: $(p < .05)$ indicates statistical significance within a confidence level of 95%, while $(p < .01)$ indicates statistical significance within a confidence level of 99%.

Results

A. Client Satisfaction Surveys

Humanistic treatment was assessed by clients in satisfaction surveys applied upon the patients' exit from services at the facilities. The number of clients who assessed providers' adherence to CPI norms is presented below, by facility type and region, in Table 2. A total of 163 clients participated in the surveys at baseline, 166 at first follow-up, and 290 at second follow-up.

Table 2: Distribution of number of clients evaluating providers' adherence to CPI Norms, by province, facility, and time

Province and Time			Facility			Total
			Hospital	Policlinicas	Consultorio	
La Romana	Time	Baseline	20	37	0	57
		1st Follow-up	23	34	5	62
		2nd Follow-up	20	40	30	90
La Vega	Time	Baseline	20	0	23	43
		1st Follow-up	19	0	23	42
		2nd Follow-up	20	0	30	50
San Cristobal	Time	Baseline	18	21	24	63
		1st Follow-up	20	19	23	62
		2nd Follow-up	40	60	50	150
		Total	200	211	208	619

Table 3 shows the average overall CPI scores by province and follow-up time. The only province to show an increase in CPI score between baseline and first follow-up was San Cristobal, the site of the full intervention, where scores increased from 6.79 at baseline to 7.28 at first follow-up (p<.01). Both La Romana, the site of the partial intervention, and La Vega, the control site, showed decreases in overall score between baseline and first follow-up, but only the decrease in La Romana was statistically significant (p<.01).

Table 3: Mean CPI scores, as assessed by clients, by province and time

Province	Time	Overall Mean CPI Score
La Romana	Baseline	8.04 ⎤**
	1st Follow-up	6.79 ⎦ ⎤ **
	2nd Follow-up	7.71 ⎤** ⎦
La Vega	Baseline	6.92
	1st Follow-up	6.48 ⎤ *
	2nd Follow-up	6.82 ⎦
San Cristobal	Baseline	6.79 ⎤**
	1st Follow-up	7.28 ⎦ ⎤ **
	2nd Follow-up	8.07 ⎤** ⎦
Total Mean Score		**7.43**

Significance levels: * = p<.05; ** = p<.01

Between first and second follow-ups, scores increased for all regions, with the largest increase in La Romana, where scores rose from 6.79 at first follow-up to 7.71 at second follow-up (p<.01). However, while the rise in score in San Cristobal was also significant (p<.01), the increase in La Vega was not.

Graph 1 shows changes in CPI scores, by province and time. Both La Vega and La Romana show a V-shaped curve, with the lowest scores reported at first follow-up. However, as noted above, the changes in CPI score for La Vega are subtle, and none are statistically significant. Also note that La Romana has a higher baseline score value at baseline than the other two provinces, an aspect that will be discussed later.

Graph 1: Provider adherence to CPI norms, by region, as assessed by clients
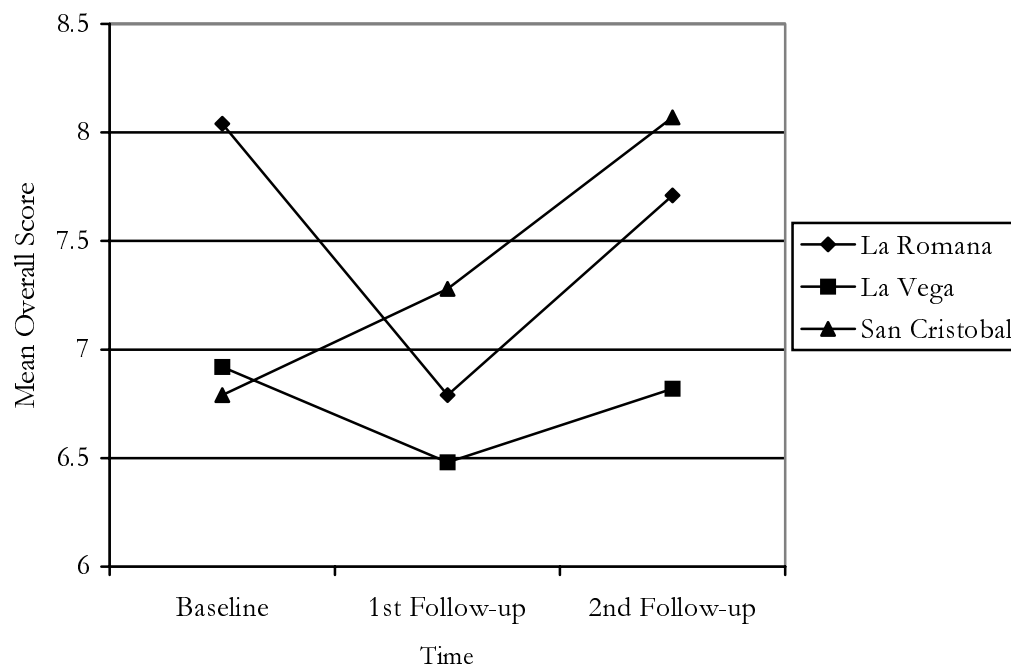
Importantly, San Cristobal is the only province where CPI scores increased consistently and significantly throughout the study period. In addition, San Cristobal is the only province where scores for second follow-up were significantly higher than scores at baseline (p<.01). While there were increases in scores in La Romana and La Vega between first and second follow-ups, these scores never reached baseline levels, resulting in a net decrease in CPI score during the study period. Thus, both in La Vega (p<.05) and La Romana (p<.01), scores at second follow-up were significantly lower than baseline scores.

Turning to facility type, Table 4 summarizes the average CPI scores for hospitals, policlínicas, and consultorios, by follow-up time. Between baseline and first follow-up, hospitals (p<.01) and policlínicas (p<.01) experienced a significant drop in CPI score, whereas in consultorios there was a significant increase (p<.01) from 6.24 at baseline to 6.87 at first follow-up. All three facility types showed significant increases in score (p<.01) between first and second follow-ups.

Table 4:   Mean CPI Scores, as assessed by clients, by Facility and Time

Facility	Time	Overall Mean CPI Score
Hospital	Baseline	7.81]** ⎤
	1st Follow-up	6.85 ⎦ ⎱**
	2nd Follow-up	7.66]** ⎦
Policlínica	Baseline	7.54]** ⎤
	1st Follow-up	6.95 ⎦ ⎱**
	2nd Follow-up	8.09]** ⎦
Consultorio	Baseline	6.24]** ⎤
	1st Follow-up	6.87 ⎦ ⎱**
	2nd Follow-up	7.49]** ⎦
Total Mean Score		7.57

Significance levels: * = p<.05; ** = p<.01

Graph 2 plots overall CPI scores by facility and follow-up time. As is evident, consultorios showed consistent increases in CPI score, whereas hospitals and policlínicas show a V-shaped curve, with the lowest scores reported for first follow-up.

Comparing baseline to second follow-up, there were statistically significant increases in overall mean CPI score during the course of the study for two of the three facilities: policlínicas (p<.01) and consultorios (p<.01). The third facility type – hospitals – showed a small but significant **decrease** in mean overall CPI score, dropping from 7.81 at baseline to 7.66 at second follow-up (p<.01).

Graph 2: Provider adherence to CPI norms, by provider type, as assessed by clients
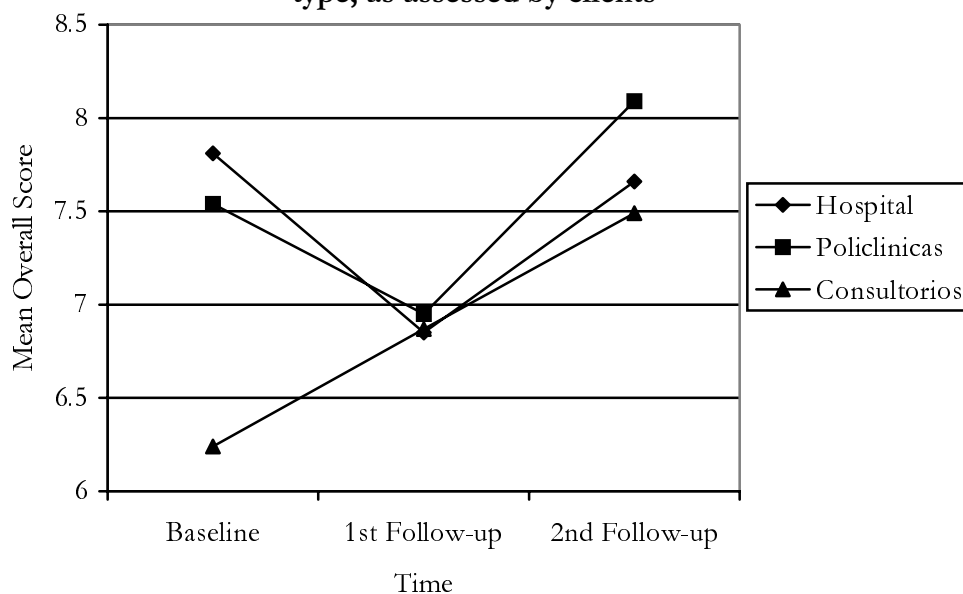
Data can be further broken down by both province and facility type, over time. This provides an even more complete picture of changes (see Appendix 1).

B. *Direct observation of client-provider interaction*

Humanistic treatment of clients was also measured through direct observation of CPIs, using a variation of the same instrument applied for the client satisfaction surveys. A total of 52 CPIs were measured at baseline, 64 at first follow-up, and 57 at second follow-up. Table 5 shows the distribution of CPIs observed by region, facility type, and time.

Table 5: Distribution of number of client-provider interactions directly observed, by province, facility, and time

Province and Time			Facility			Total
			Hospital	Policlínica	Consultorio	
La Romana	Time	Baseline	5	10	0	15
		1st Follow-up	9	12	3	24
		2nd Follow-up	3	6	9	18
La Vega	Time	Baseline	6	0	7	13
		1st Follow-up	8	0	12	20
		2nd Follow-up	3	0	9	12
San Cristobal	Time	Baseline	6	6	12	24
		1st Follow-up	6	5	9	20
		2nd Follow-up	6	9	12	27
	Total		52	48	73	173

Table 6 shows the average overall CPI scores for direct observations of client-provider interactions, by province and time. None of the changes in CPI scores in La Romana and La Vega were statistically significant. San Cristobal shows two significant changes in CPI score during the course of the study:
1. an increase from 4.14 to 7.70 between baseline and first follow-up (p<.01), and
2. a decrease from 7.70 to 6.43 between first and second follow-ups (p<.01).

Table 6: Mean CPI Scores, as assessed by direct observation, by region and time

Province	Time	Overall Mean CPI Score
La Romana	Baseline	5.95
	1st Follow-up	5.98
	2nd Follow-up	6.14
La Vega	*Baseline*	4.69
	1st Follow-up	5.16
	2nd Follow-up	4.83
San Cristobal	Baseline	4.14 ⎤
	1st Follow-up	7.70 } ** ⎱ **
	2nd Follow-up	6.43 ⎦ **
Total Mean Score		**5.62**

Significance levels: ** = p<.01

Graph 3 compares the scores by region and follow-up time. As seen in the previous table, while scores in La Romana and La Vega remained relatively constant throughout the study period, scores in San Cristobal increase dramatically from baseline to first

follow-up (p<.01), and then show a moderate decrease from first to second follow-up (p<.01). Despite this dip, scores at second follow-up still remained significantly higher than scores at baseline (p<.01).

Graph 3: Provider adherence to CPI norms, by region, as assessed by direct observation
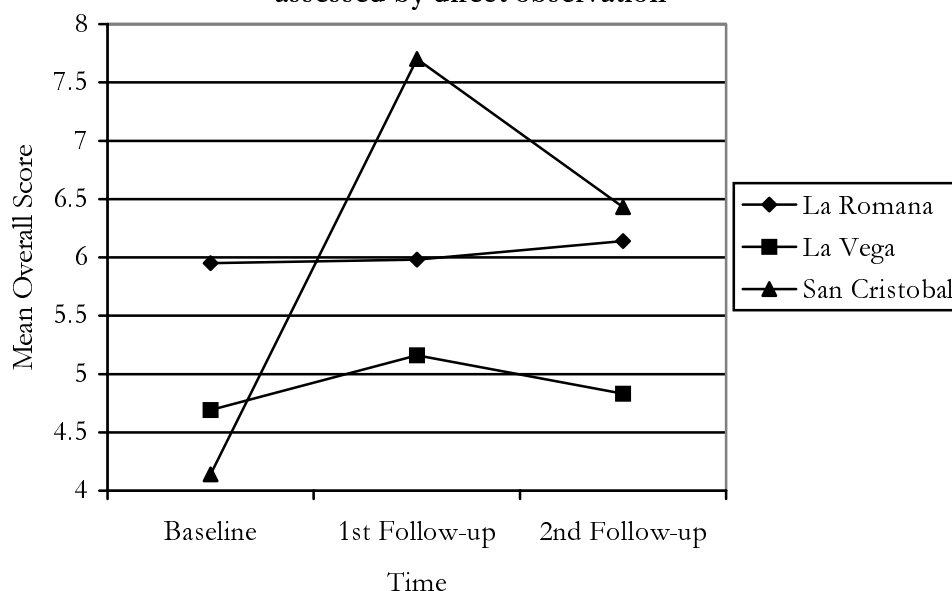
Table 7 shows the mean overall CPI scores for direct observation, by facility and time. Between baseline and first follow-up, two of the facility types showed statistically significant increases in CPI scores: hospitals (p<.01) and consultorios (p<.01). The observed increase in policlínicas was not significant.

Table 7: Mean CPI Scores, as assessed by direct observation, by facility and time

Facility	Time	Overall Mean CPI Score
Hospital	Baseline	5.30 }**
	1st Follow-up	6.49 } ns
	2nd Follow-up	5.62 }**
Policlínical	*Baseline*	5.57 }ns
	1st Follow-up	6.44 } ns
	2nd Follow-up	6.55 ns
Consultorio	Baseline	3.70 }**
	1st Follow-up	5.12 } **
	2nd Follow-up	5.89 }**
Total Mean Score		**5.62**

Significance levels: * = p<.05; ** = p<.01; ns = no significant difference

Between first and second follow-ups, a significant increase in CPI score was observed for the consultorios (p<.01), while in the hospitals scores fell significantly from 6.49 to 5.62 (p<.01). There was no statistical difference between first and second follow-ups among the policlínicas. In comparing CPI scores from the second follow-up to baseline scores, only the consultorios showed a statistically significant difference, moving from 3.7 at baseline to 5.89 at second follow-up (p<.01). Thus, as shown in Graph 4, the

consultorio was the only facility type to show consistent and significant increases in CPI score throughout the study.

Graph 4: Provider adherence to CPI norms, by facility, as assessed by direct observation
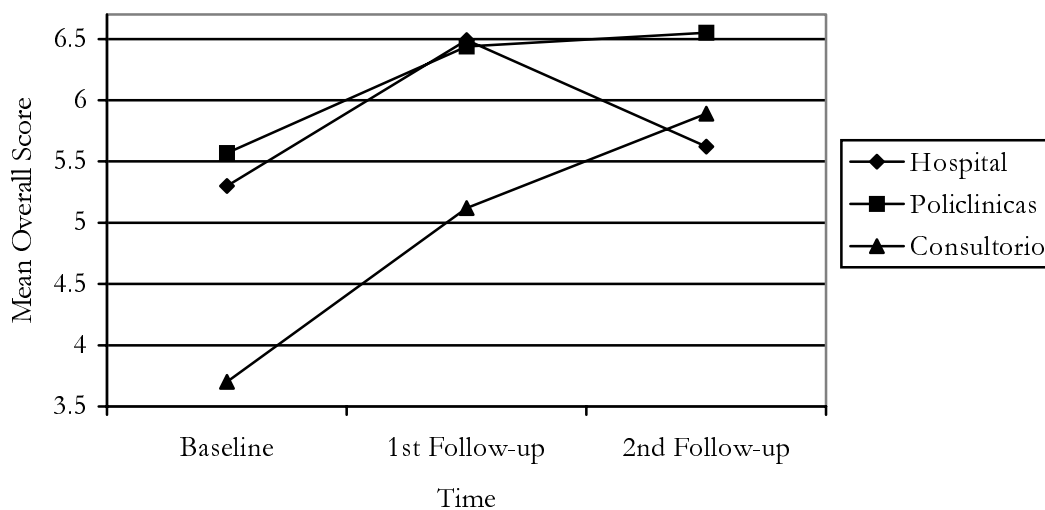
As with the client data, CPI scores obtained through direct observation can be broken down simultaneously by province and facility type, to assess changes over time (see Appendix 2). Again, it becomes clear that it is only in hospitals in San Cristobal where we see an exorbitant increase in scores at first follow-up (i.e., from 4.67 to 9.32) followed by a sharp drop (to 5.33) at second follow-up measurement. Hospitals in the other two provinces show modest declines or increases only.

C. Discussion: Client satisfaction surveys and direct observation

The results of the client satisfaction surveys and the direct observations of client-provider interactions suggest that the PI intervention had limited, but notable, success in improving performance in San Cristobal, where the full intervention occurred.

At first follow-up, the client satisfaction surveys show that only San Cristobal had significantly improved its overall CPI score, contrasting with no significant change in La Vega and a significant **decrease** in La Romana. While all provinces showed improvement in scores on the client satisfaction surveys between first and second follow-ups (although La Vega's increase was statistically insignificant), neither La Romana nor La Vega regained baseline levels. In contrast, client survey scores in San Cristobal rose consistently and significantly throughout the study period.

Results of direct observations of client-provider interactions show more limited success in San Cristobal. As with the client satisfaction surveys, direct observations show a significant increase in CPI scores in San Cristobal at first follow-up, contrasting with no significant changes in La Vega and La Romana. Nevertheless, at second follow-up CPI scores in San Cristobal declined significantly, but did not reach baseline levels. When looking more in-depth at the data, it is the **hospital(s)** of San Cristobal that were responsible for the fall, while policlinicas and consultorios in the same province still showed increases sustained over time.

Taken together, the results point to the efficacy of the full Performance Improvement intervention package (the combination of provider training, setting of expectations for

provider performance, and distribution of educational materials) in improving provider performance, but imply the need to incorporate periodic follow-up/supervision and/or retraining to prevent the tendency of these improvements to recede with time.

Concerning facility type, the results of the client surveys and direct observations suggest that the consultorios – the smallest of the facilities involved in the study – may be the most responsive to the PI intervention. The results of the client satisfaction surveys show that at first follow-up, only the consultorios significantly increased their CPI score over baseline, whereas scores in the hospitals and policlínicas fell significantly. Between first and second follow-ups, all facility types increased their scores. However, the scores for hospitals were still significantly lower than baseline levels at the end of the study. In sum, the consultorios were the only facilities to show consistent and significant increases in CPI scores throughout the study, as assessed by the client surveys.

Similarly, the results of the direct observations show that while both hospitals and consultorios increased their scores significantly between baseline and first follow-up, only the consultorios continued this trend at second follow-up, while scores in hospitals (in San Cristobal only) fell. The direct observations showed no significant differences in CPI scores for the policlínicas at any point in time. At the end of the study, only the consultorios showed scores that were significantly higher than baseline levels, as assessed by direct observation. These differences by facility type remain unexplained. One could hypothesize that as the facility becomes larger and more sophisticated, results of relatively focused and short-term interventions will have lesser impact. This seems especially true in hospitals, where many different factors can affect client-provider interactions.[4]

D. Awareness of Integrated Reproductive Health Services

Provider awareness of the five key components of reproductive health (MCH, family planning, STI/HIV/AIDS prevention, breastfeeding promotion, and prevention of breast and cervical cancers) were measured through interviews with providers. Providers were asked "For you what is meant by reproductive health?," "What are the RH services offered at this establishment?" and "Are there referrals on RH? Which?" Providers were assigned one point for each of the five components mentioned in the interview.

Graph 5 shows the percentage of RH components mentioned by providers at baseline, first and second follow-up, by region.

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[4] There also seems to be an effect of staff turnover. In a qualitative study by Padilla (forthcoming), there were indications that between the first and second follow-up studies there were important changes in staff composition **in hospitals**, due to a major change in leadership. It is plausible to argue that new staff in these facilities were less wedded to the performance and CPI improvement than the ongoing staff in other facilities.

Graph 5:   Provider RH knowledge by province from baseline to second follow-up

	La Vega	La Romana	San Cristobal
■ Baseline	10.4	17.3	13.5
■ 1st Follow-up	13.0	10.3	40.8
■ 2nd Follow-up	10.8	20.9	10.0

% RH Criteria Mentioned by Providers
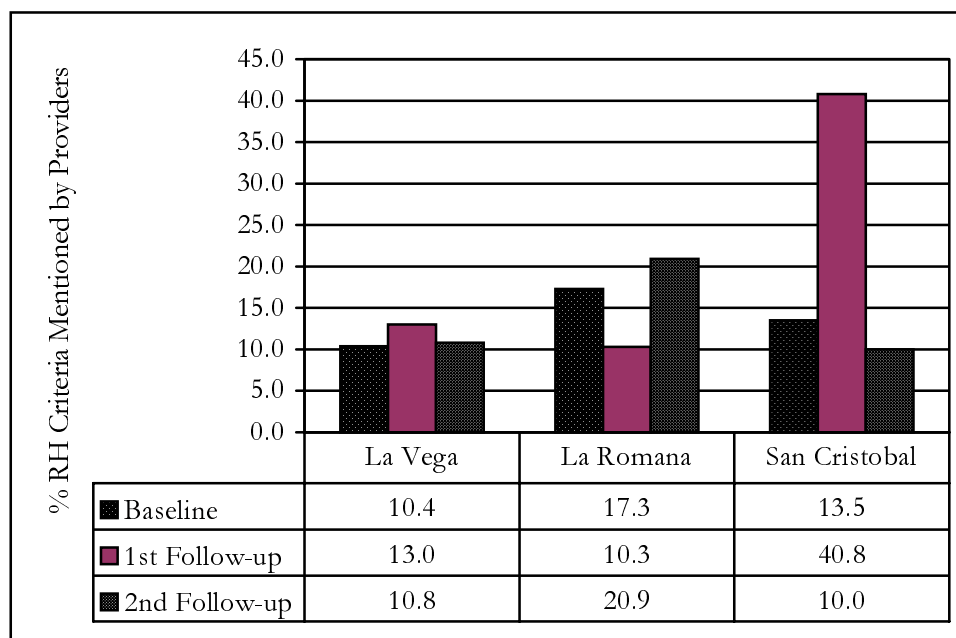
As is evident, there are no marked differences in criteria mentioned between baseline and first follow-up for the two "control" areas. There is, however a sharp increase in the full intervention area, San Cristobal, from 13.5% at baseline to 40.8% at first follow-up. At second follow-up, awareness remains at similar level in La Vega. There are puzzling differences in the other two establishments. In La Romana, the percentage of criteria mentioned increases at an even slightly higher level than at baseline. In contrast in San Cristobal provider knowledge dropped to 10%, even lower than at baseline (See Appendix 4 for a summary of points scored, by region and facility).

It may be that the intervention had a time-dependent effect on provider knowledge of the five key RH components that caused the observed increase at first follow-up only, coupled with major staff changes, as discussed above. This reinforces the need to incorporate techniques for maintaining performance improvement following the initial intervention.

Appendix 1

Formulario de Satisfacción de Usuaria

Estamos realizando un sondeo con el fin de conoccer las percepciones de las usuarias sobre el trato que reciben en las clínicas. Por favor responda en la manera más honesta a las siguientes preguntas. Sus respuestas serán confidenciales. Por favor, circule la respuesta que mejor contesta la pregunta. Agregue sus comentarios.

Ser amable

¿El personal médico:

1. Le saludó y llamó por su nombre?	SI	NO	Comentarios _____
2. Le preguntó sobre el motivo de su visita, sus necesidades y preocupaciones?	SI	NO	Comentarios _____
3. Puso atención mientras hablaba: le hizo preguntas, la miraba?	SI	NO	Comentarios _____
4. Permitió que se expresara sin interrumpciones?	SI	NO	Comentarios _____

Garantizar la privacidad y confidencialidad

¿El personal médico:

5. Le aseguró un consultorio cómodo y privado en la posible?	SI	NO	Comentarios _____
6. Respetó su pudor durante el examen físico?	SI	NO	No se hizo examen físico Comentarios _____
7. Solicitó su permiso para que otras personas estuvieran con Ud. durante la consulta y explicó por qué?	SI	NO	Nadie más estuvo presente Comentarios _____
8. Le habló sobre sus asuntos en una manera discreta?	SI	NO	Comentarios _____
9. Le aseguró que lo que Ud. le dijo no se lo diría a otra persona?	SI	NO	Comentarios _____

Establecimiento _____   Fecha _____

VOLTEAR LA PAGINA ➔

Brindar información
¿El personal médico:

10. Le brindó información correspondiendo a sus preguntas o necesidades? SI NO No tenía preguntas Comentarios _____

11. Era claro y completo en sus explicaciones usando un lenguaje sencillo? SI NO Comentarios _____

12. La invitó a que hiciera preguntas y expresara sus opiniones y desacuerdos? SI NO Comentarios _____

13. Se preocupó por saber si Ud. entendió lo que le explicó? SI NO Comentarios _____

14. Le explicó sobre su problema usando folletos/rotafolios? SI NO Comentarios _____

Buscar soluciones
¿El personal médico:

15. La ayudó a tomar una decisión para resolver un problema? SI NO No tenía problema Comentarios _____

16. La ayudó a planear su próxima cita? SI NO Comentarios _____

Razón por su visita _____

¿Quién le atendió? _____

Establecimiento _____ Fecha _____

Appendix 2

Overall CPI scores by province as assessed by client surveys in each facility type
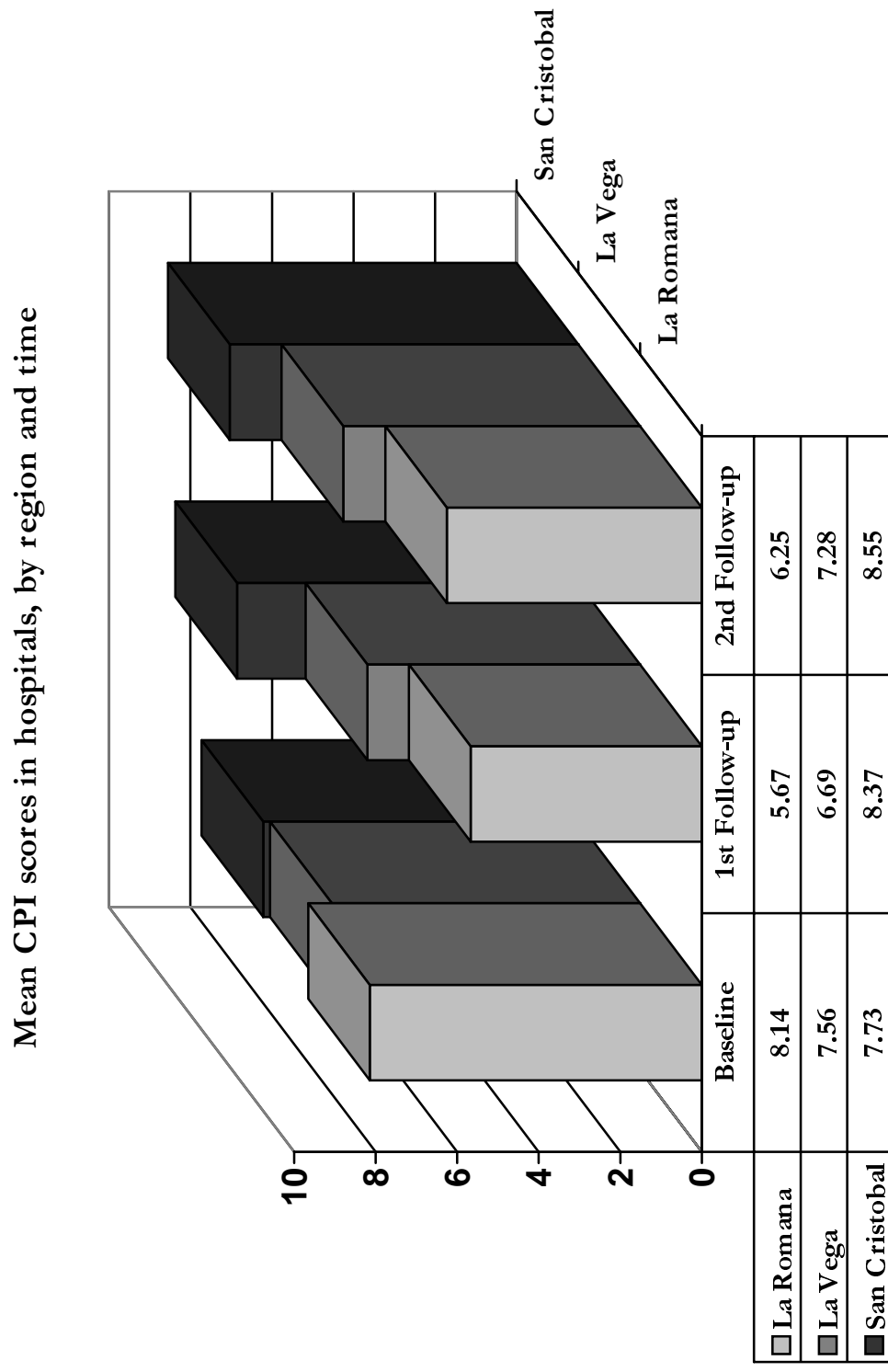
Mean CPI scores in hospitals, by region and time

	Baseline	1st Follow-up	2nd Follow-up
La Romana	8.14	5.67	6.25
La Vega	7.56	6.69	7.28
San Cristobal	7.73	8.37	8.55

Mean CPI scores in policlinicas, by region and time

	Baseline	1st Follow-up	2nd Follow-up
La Romana	7.99	7.64	8.32
La Vega			
San Cristobal	6.75	5.71	7.94

Legend:
- ■ La Romana
- ■ La Vega
- □ San Cristobal

Mean CPI scores in consultorios, by region and time

	Baseline	1st Follow-up	2nd Follow-up
La Romana		6.09	7.87
La Vega	6.36	6.3	6.52
San Cristobal	6.13	7.61	7.85
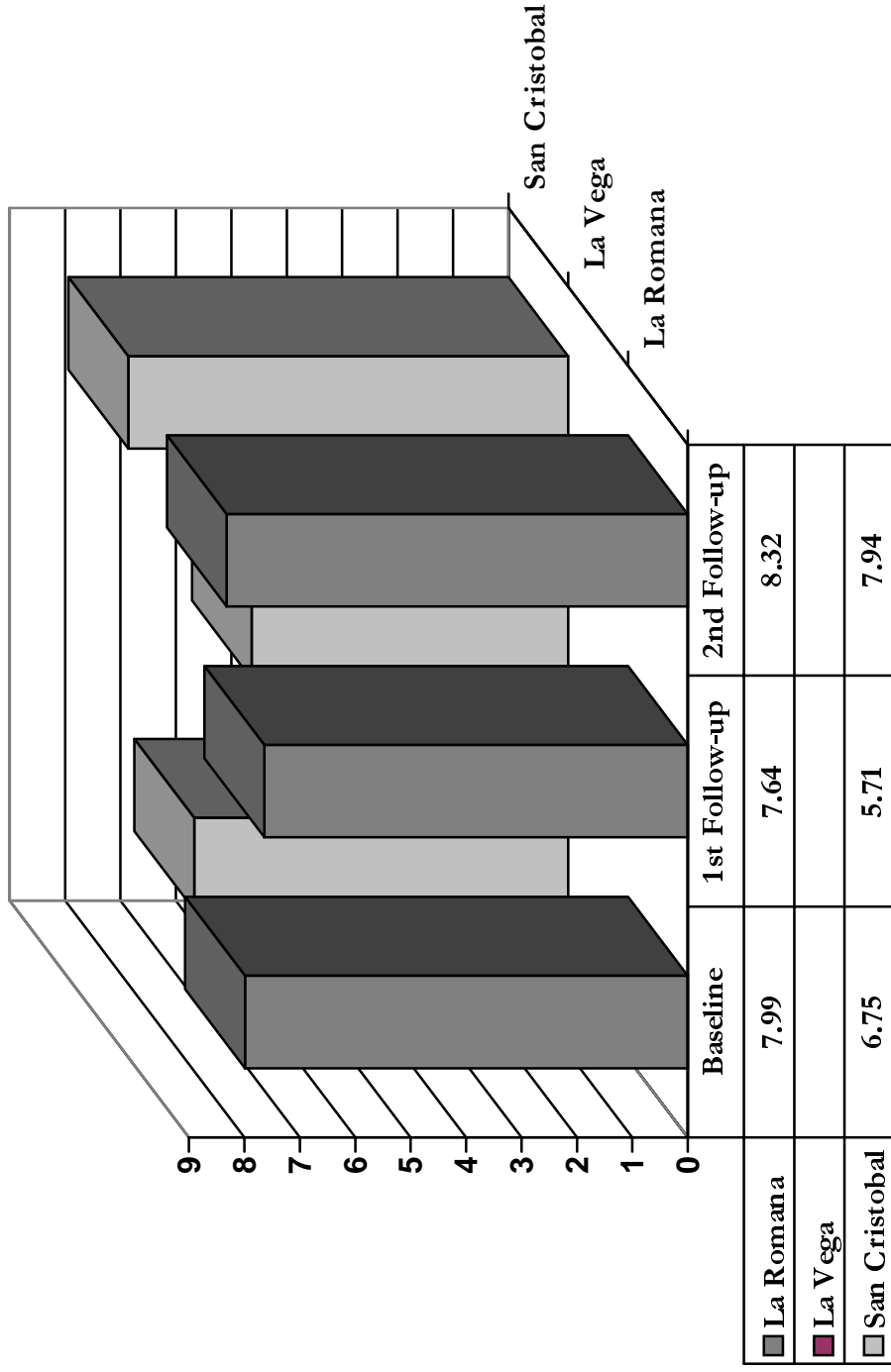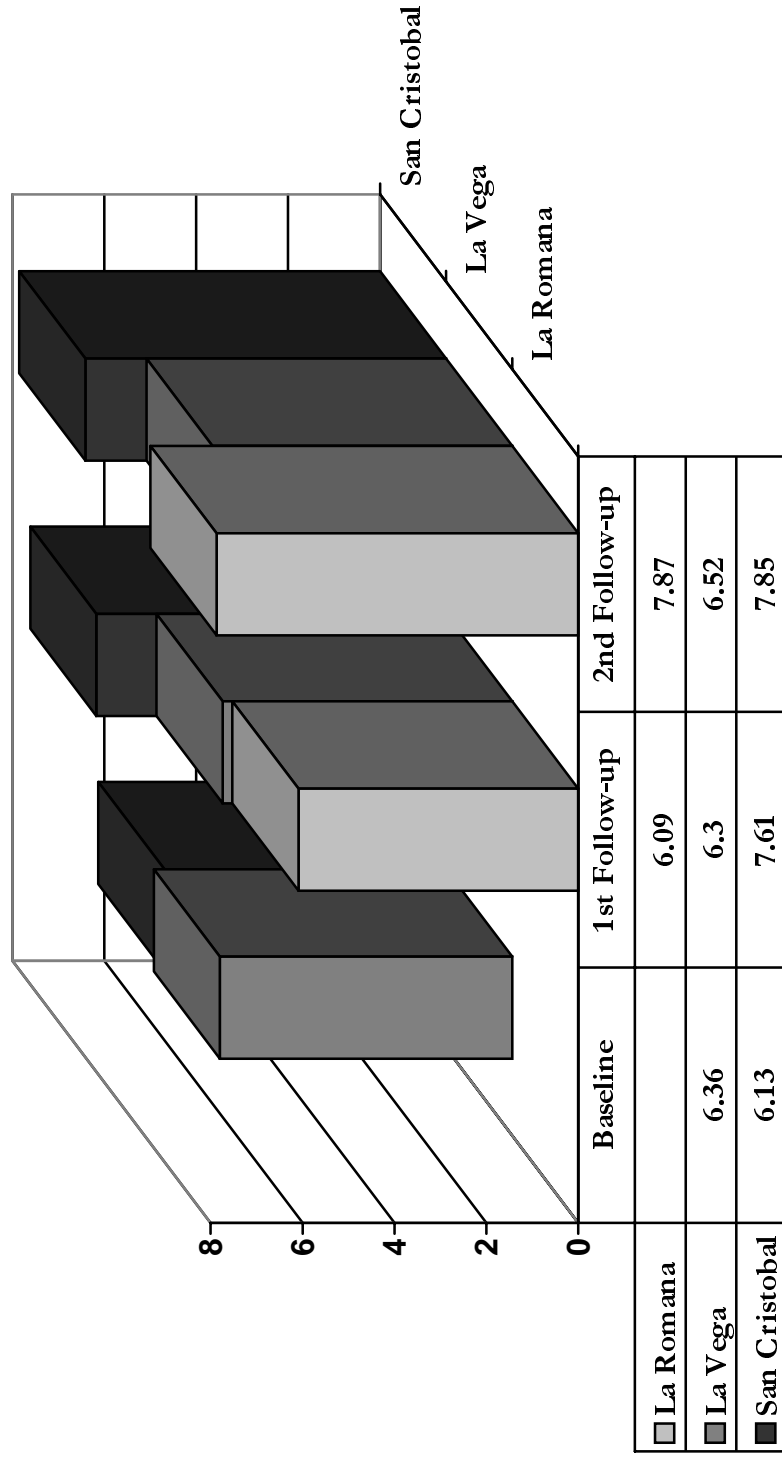
Appendix 3

Overall CPI scores by province as assessed by direct observation for each facility type
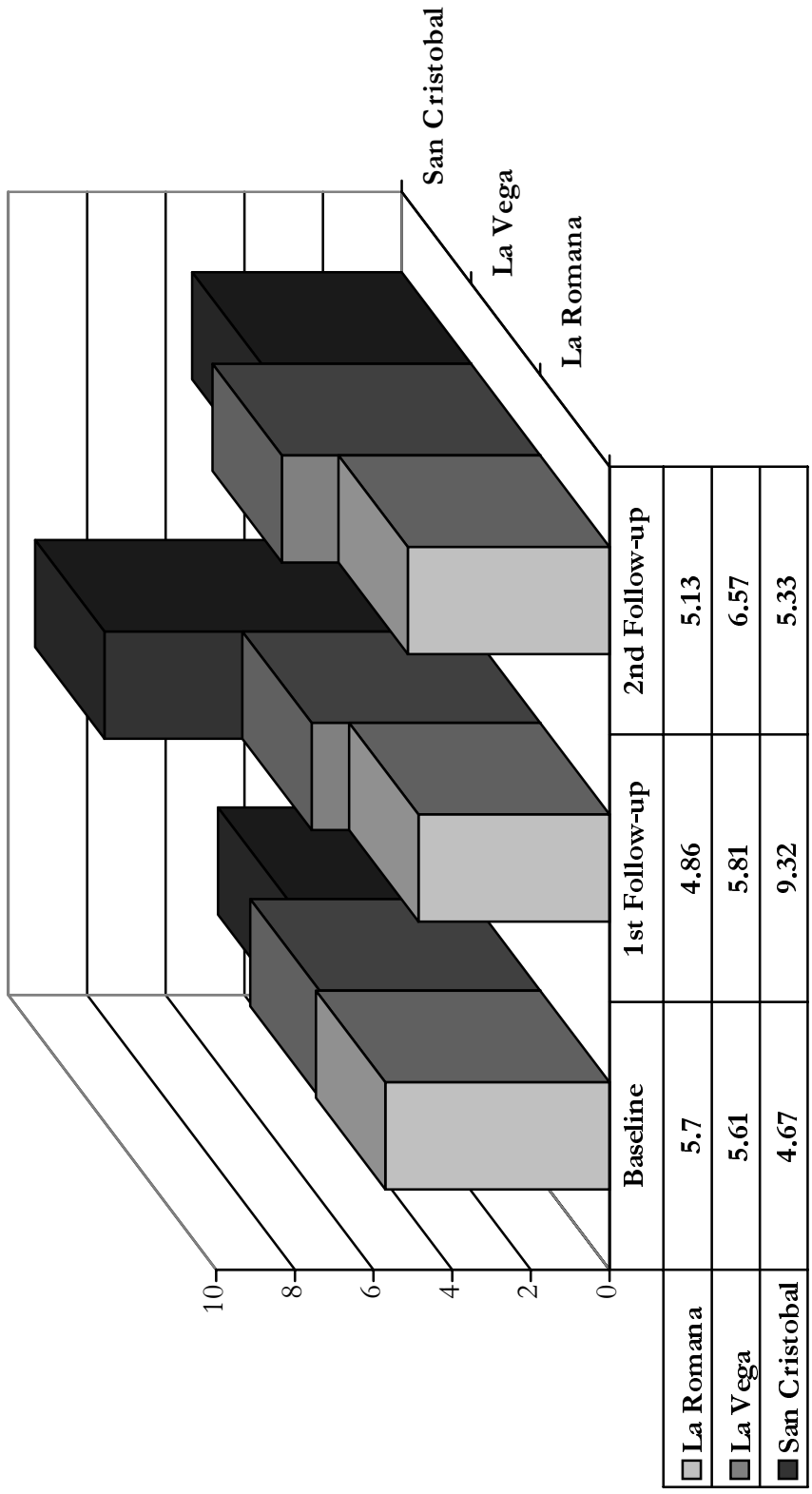
Mean CPI scores in hospitals, by region and time

	Baseline	1st Follow-up	2nd Follow-up
La Romana	5.7	4.86	5.13
La Vega	5.61	5.81	6.57
San Cristobal	4.67	9.32	5.33

Legend:
- La Romana
- La Vega
- San Cristobal

Mean CPI scores in policlinicas, by region and time

	Baseline	1st Follow-up	2nd Follow-up
La Romana	6.07	6.8	7.12
La Vega			
San Cristobal	4.73	5.6	6.17

Legend:
- La Romana
- La Vega
- San Cristobal

Mean CPI scores in consultorios, by region and time

	Baseline	1st Follow-up	2nd Follow-up
La Romana		5.33	5.83
La Vega	3.91	4.77	4.22
San Cristobal	3.58	5.56	7.18

Legend:
- La Romana
- La Vega
- San Cristobal
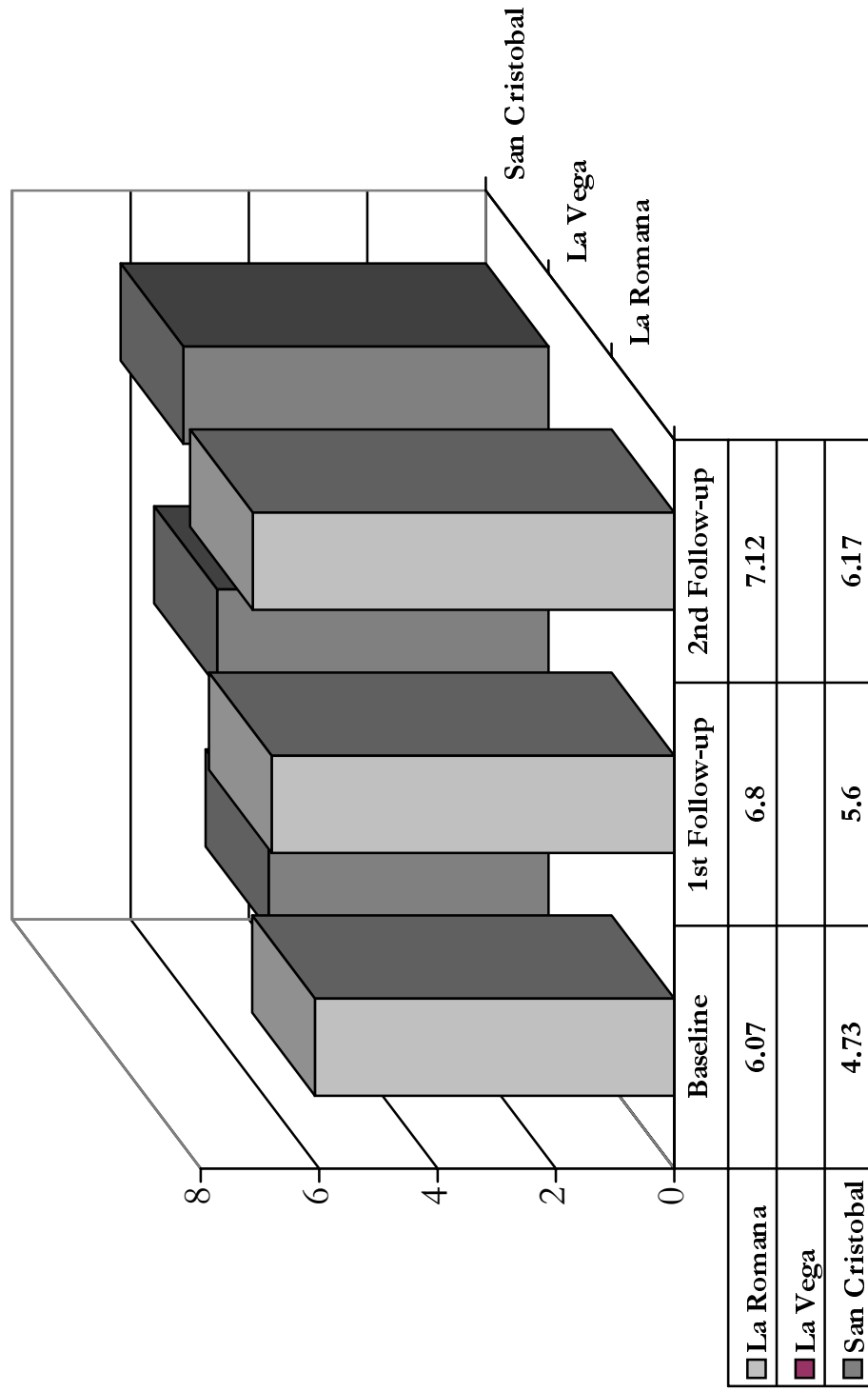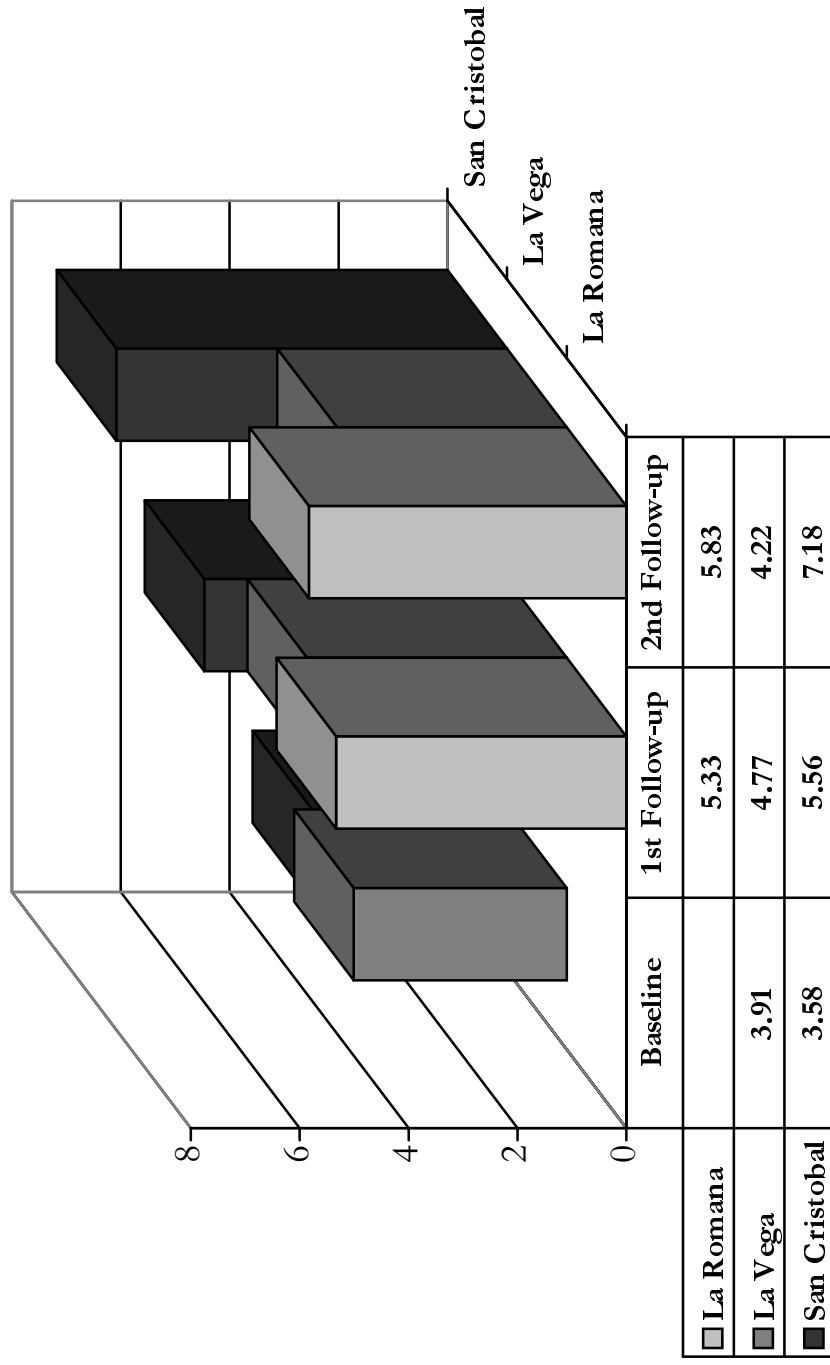
Appendix 4

Percentage of key RH criteria mentioned by providers, by region and facility type, at second follow-up

Province	Facility	# Providers Interviewed	Total Points Achieved	Possible Points	Percentage
La Vega	Hospital	6	3	30	10.0
	Policlínica Zona Franca	4	1	20	5
	Consultorio Jarabacoa	3	3	15	20.0
	TOTAL	**13**	**7**	**65**	**10.8**
La Romana	Policlínica Zona Franca II	6	5	30	16.7
	Policlínica Zona Franca I	6	9	30	30.0
	Hospital	8	2	40	
	Consultorio batey Higueral	1	5	0	0
	Consultorio batey Cacata	1	2	5	40.0
	Consultorio batey Magdalena	1	0	5	0
	TOTAL	**23**	**23**	**110**	**20.9**
San Cristóbal	Zona Franca Armeria	5	2	25	8
	Hospital	7	5	35	14.3
	Consultorio Ingenio Caei	2	0	10	0
	Consultorio Betha	2	0	10	0
	Policlínica Haina I	6	3	30	10
	Zona Franca Nigua	5	2	25	8
	Policlínica Haina	6	7	30	23.3
	Policlínica Villa Altagracia	3	1	15	6.7
	Hospital Villa Altagracia	6	1	30	3.3
	TOTAL	**42**	**21**	**210**	**10**