

COSACO
Coalition Building

March 14–15, 2015
La Romana, República Dominicana

Meeting Notes

Saturday, March 14, 2015

AGREED UPON ITEMS:

- Consensus on forming a coalition
 - A November Symposium would be beneficial to active members of the coalition to report on their progress toward completing their action items.
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General Notes:

I. Introductions and each participant's goal for the meeting

- a. Lawrence Loh – 53rd Week
 - i. A long time visitor, Lawrence wants to learn about the health needs in the bateyes from local partners and to determine what could be accomplished by having all of these different groups work together to around shared priorities.
- b. Rene Garcia – Doctor of General Medicine from Universidad Central del Este
 - i. UCE provides community work in the bateyes of San Pedro.
- c. Alonso Mendez – Family Doctor from UCE and undergraduate professor
 - i. Dr. Mendez works with current UCE students to provide education at the family-level in the bateyes. Their current program consist of home visits to each family where the students teach the families what a Family Doctor is and what tools these doctors can bring to each community.
- d. Goldny Mills - Professor of Community Medicine at UCE
 - i. Works with vulnerable communities and with those do not have primary and secondary education.
 - ii. UCE's commitment is to provide support to these communities.
- e. Lidia Kiaty Figueroa – UTMB and Executive Director of Fundación Parentesis
 - i. Fundacion Parentesis works with teens and adolescents after abuse. Liddy is focused on coordinating medical projects and new research projects for 1st-4th year medical students in rotational programs. Her goal is that each program maintains ethical standards.
 - ii. She is currently working through UTMB and the International Center for Health Education (Centro de Educación de Salud Internacional).
- f. Stockton Mayer – Doctor of Infectious Disease with UIC
- g. Leonel Emilio Lerebours Nadal – General Internist and Medical Director at La Clínica de la Familia
 - i. Leonel is in charge of the medical services offered at La Clínica. He looks forward to learning about how a partnership can form.
- h. Mina Halperin - Director of La Clínica de Familia
 - i. La Clínica de La Familia currently conducts HIV/AIDS tests and sex education programming in the Bateyes.
- i. Dr. Matthew Dasco – General Medicine at UTMB
 - i. He would like to support the training in the Bateyes and of local doctors.
- j. Jessica Patel – Buen Samaritano
 - i. Currently teaching English in Batey 105 and the Joe Hartman School through Buen Samaritano
- k. Dr. Franklin Bidó – Director of Medicine at Buen Samaritano
 - i. Buen Samaritano organizes collaborations with the 80 North American groups that come to La Romana annually
- l. Michele Pugnaire - Family medicine at UMass
 - i. Michele leads annual trips for UMass medical students to the DR.

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- m. Minesh Shah – General Medicine at UIC
 - i. 7-8 years coming to the Bateyes
- n. Mercedito “Lilo” Martir Delbus- 180 Grados
 - i. He has been working in Guaymate for 10 years and grew up in the Bateyes.
 - ii. 180 Degrees has Various projects including: helping the elderly get their pensions, vaccinations, mobile clinics using the two ambulances that were gifted by Japanese donors.
 - iii. Work with the hospital because they want to coordinate with the public services offered in order to make their programs sustainable
- o. He is in attendance with four volunteers that work with the Peace Corp.
- p. Dr. Javier Ditren Guerrero: Doctor from Fundación Enciende la Luz, trained at UCE
 - i. Their programs focuses on malnutrition in 0-5 year-olds across various Bateyes
 - ii. Their program makes visits on Mondays, Tuesdays, Thursdays and work with 15-20 young children at a time.
 - iii. They calculate the nutrition levels of the children and provide a monthly follow-up.
- q. Dorcas Arelis – Assistant of Social Programs at Buen Samaritano
 - i. In charge of the rural hygiene program, where they provide workshops on public and personal hygiene. Following trainings, students share what they’ve learned with the larger groups.
- r. Dr. Shannon Galvin – Doctor of Infectious Diseases at Northwestern University
 - i. Currently runs the NU Access to Health program with Professor Sorensen
- s. Nathan Stackhouse – Resident at UIC
- t. Andrew Dykens - Attending physician at UIC , Head of Peace Care
- u. Elizabeth Townsley - UMass medical student
 - i. She has been coming to DR for the last 5 years
- v. Luz Messina – Clínica de la Familia, head of the MAMI module
 - i. Luz coordinates the sexual education programs for 10-19 year olds.
 - ii. The program provides workshops in schools, churches and anywhere they can reach young people
- w. Beny Andreina Payano Leonardo – Volunteer at 180 Grados
 - i. Works with La Clínica – also works with public health and sex education for adolescents in Guaymate
- x. Yuleisy Borque - Volunteer at 180 Grados
 - i. She works on sexual education using a program called Unica, which is focused on sex education for young people, specifically looking at teen pregnancy and teen participation.
- y. Melida Desis Charles - Volunteer at 180 Grados
 - i. Last woman – works on programs for environmental education
- z. Olga Valdman - UMass
 - i. She is most interested in learning how the community views itself?
 - ii. What goals does it have?
 - iii. What forms of medicine can they bring to help the community
 - iv. Wilkens Sandy – Enciende La Luz, Health Education in the Bateyes
 - v. Euri Fabian –Fundación Hermanos Avila
 - 1. Works in the bateyes to bring doctors, clothes, etc. during visits
- aa. Jose Avila – Family Doctor at Fundación Hermanos Avila
 - i. Their programs focus on education, health and nutrition
 - ii. Conduct STI testing on Friday nights
 - iii. Working on March 28th 3pm water march for the Month of Water

II. Overview of the Coalition idea

- a. **General Overview:** Everyone present is very passionate about public health in La Romana, but we are working without communication or collaboration. We currently don’t have a very concrete

idea of what each group is doing. To remedy this, we hope to host a Symposium. Ahead of this conference, we need to identify the attendees, the themes and topics, and the goals of our coalition. The purpose of today's meeting is to have an open conversation regarding how we will move forward with this coalition, particularly in preparation for the Symposium.

- b. November conference would be the first step in building a community health partnership.

III. Community Health Partnerships: Canadian Example (Presented by Lawrence Loh)

- a. Overview of the Canadian partnership
 - i. There were various partners in the Canadian Health Coalition, including: the public health organization, the school board, the Chamber of Commerce, and local law enforcement.
 - ii. The first step for the coalition was to identify the major health problems facing the community.
 - iii. Next they listed their priorities and voted to identify the top 2 health issues that the coalition would tackle together over the next three years.
 - iv. This particular group understood that "health" is not just what happens in the doctor's office, but rather what happens in the larger ecosystem.
 - 1. Example: Increase the amount of physical activity performed by the community members.
 - a. Different coalition members agreed to take on different aspects of the program. For example, the parks and recreation board and the school board developed community weekend activities in public spaces. The local government declared a Wellness Week.
- b. Lawrence posed the question to the group in La Romana: Is this something we can replicate here, particularly with rural communities the Bateyes?
 - i. Leonel wanted to better understand the methodology. How did the coalition form and work together?
 - 1. Lawrence clarified that the Health Ministry was the main driver and hosted the meetings to bring various collaborating organizations together. Together, the groups answered the following questions: What is each organization doing today? What can we do together? What are the priorities
 - ii. 180 Grados offered an example of the Health Fair in the bateyes.
 - 1. 180 Degrees performed focus groups before the Health Fair in order to create themes for the event: how to eat healthy foods, do more activities, etc. Individuals in the bateyes continue to ask about conducting another Health Fair.
 - 2. Lilo provided feedback that he wouldn't want to do anything related to increasing amounts of physical activity since the Batey communities lack energy and food required to add activity.
 - 3. Lawrence clarified that this was just an example in Canada and that we would create new priorities for the coalition that address the specific needs of the Bateyes.
- c. Moving toward problem definition: What are the problems in Bateyes?
 - i. How do you access services when distance, education, and documentation are serious problems?
 - 1. Lilo commented that centralization of services is a major issue. Individuals in the bateyes can't afford to leave the bateyes to seek health care due to high transportation costs. They will only travel to a central location if there is a real, acute emergency. Thus, treatments are abandoned if they require multiple visits.
 - a. Central Romana pays a salary 120 pesos (about \$3USD) per unit of cane, and it costs 100 pesos to get to the centralized location of health care services providers. On average, there are about 4.5 children per family in the bateyes. There is no family planning, so a salary of 120

- pesos must support large families. The result is that people only seek centralized services when a health concern represents a true emergency.
- i. 180 Grados successfully implemented one solution to this issue by bringing vaccines to the Bateyes. Before their project began, only 9% of the people living in 19 bateyes could show that they had had all the required necessary vaccines. At the end of one year of de-centralizing this service, 32% of the population had completed their vaccinations. 22 volunteers from Guaymate Hospital implemented this project. 180 Grados wanted to have a second phase to reach 60%, but the Ministry of Public Health's *cédula* requirement halted further expansion of the project. It has now been 6 years since 180 Grados has administered vaccines in the Bateyes
 - b. Individuals in the bateyes do not have access to documentation. This limits their access to both education and basic health services. Without access to knowledge regarding vaccines, many individuals in the bateyes refused these health services. Some thought that the vaccines were painful and caused fevers, while others believed that they did not need a vaccine if they were presently healthy. Racism is also a related theme that affects the efficiency of health services.
 - i. In an effort to educate the batey communities, 180 Grados performed skits about the benefits of vaccines. For example, they showed how an individual injured by a machete later died from infection, which would have otherwise been prevented through vaccination.
 - ii. By working in fewer bateyes, 180 Grados could request fewer vaccination materials (i.e. evade government speculation, as the Ministry normally requires identification documents for those people who are vaccinated)
 - c. When you are sick you can be sick for a year or more because you cannot afford treatment. Communities often visit the brujas (ritualistic healers) because they can't afford traditional treatment.
- ii. Mateo acknowledged that these difficulties are REAL.
 1. Why is it so difficult? What are the attitudes of the government and Central Romana? Of the individuals administratively running the bateyes? Is there any dialogue with the government? How can government intervention affect access to health?
 2. We know that there are systemic solutions (vaccines, etc.), so what are the obstacles that prevent these solutions from working (e.g. identification documents)?
 3. Today the small gains are made through energy of individual organizations
 - iii. Lilo provided more background context about working the Bateyes
 1. The Bateyes are totally owned by Central Romana, but Central Romana doesn't offer many public services. One example is the trash. Trash collection is the responsibility of the individuals living in the Bateyes, but no one is providing a way for the Batey residents to collect it.
 2. Central Romana does not prohibit programmatic efforts, meaning that we can approach the Bateyes without a problem. However, it's much easier to do if the organization has some type of certification that it is registered as a public health group.
 3. What will be key is changing behaviors through education. For example, when you educate the mothers, it is multiplicative (this worked regarding cholera).

- d. Olga refocused the group:
 - i. Coordination is the issue, so back to the question at hand:
 - 1. Who needs to be included that isn't here today? Which individuals and institutions are we missing? Who has control of some of the decisions that are blocking progress?
 - 2. What is the vision and what are the steps needed to arrive at that vision? At the Symposium, we can divide up the themes (regarding issues affecting access to health) for further discussion. Today, we need to develop a vision regarding the participants and what we can achieve.
- e. Liddy
 - i. Can we use a Health Fair as a way to know the needs of the Bateyes?
 - ii. Currently there is no intermediary between Central Romana (CR), the State, and the people who live in the Bateyes. This means there is no central organization where someone can go to get a project approved
 - iii. Vision: that this coalition is the point of contact for the different groups that want to work in the Bateyes
- f. Need to create a system to get to this vision and an educational programs to empower the residents of the Bateyes.
- g. Lidia has seen that there are institutions committed to joining these meetings, including the organizations here today as well as the following:
 - i. Governor of La Romana
 - ii. Ministry of Rural Health
 - iii. Need to involve the DR government
- h. Javier
 - i. Education is essential.
 - 1. E.g. Malnutrition – Through educating parents on poor nutrition, we were able to achieve success regarding health and malnutrition in the bateyes. Most recently Enciende la Luz worked with 45 kids and they saw that only one remained malnourished after the completion of their parental education program. Believes we need to “teach them how to fish.” In any project that the coalition undertakes, education, not charity, needs to be the primary focus.
- i. Goldny
 - i. 65% of bateyes have fundamental problems such as no access to water or sanitation. This has led to the reemergence of illnesses that had been eradicated for years, such as leprosy.
 - ii. Need integrated education in family medicine and sanitation to rid the Bateyes of a lot of diseases like gonorrhea, malaria, and hypertension.
 - iii. There is no short-term miracle
- j. Summary of all the comments: Lack of resources directly affects the health of the Batey communities**
 - i. Systematic/big picture issues: poverty; immigration/documentation; education; potable water; sanitation
 - ii. Can this group address these issues?
 - 1. Leonel – Yes. Who will coordinate the teams? What is the infrastructure?
 - a. Example from Canada
 - i. The Ministry created Terms of References for the different organizations. After holding various meetings to identify the problems and priorities, each group voted on the areas that they could each address.
 - 2. Lilo – yes. The group should focus on education + decentralization of public services

IV. Consensus that this coalition is something that we'd like to move forward with.

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- a. Who needs to be at the table?
 - i. Central Romana
 - ii. Colonos (intermediary landowners who lease from Central Romana)
 - iii. Salud Pública
 - iv. Ministry of Education
 - v. Consejo Estatal de Azúcar (CEA) – government department that regulates the sugar companies
 - vi. EPS
 - vii. Provincial de Salud (PDS) – area de salud regional
 - viii. Organización Panamericana de Salud (OPS)
 - ix. Peace Corps
 - x. Oficina de Medio Ambiente; Institución de Medio Ambiente Nacional/Provincial
 - xi. UNICEF
 - xii. Centro Bono
 - xiii. Community representation (2-3 reps) through 180 Grados – identified leaders from 12 Bateyes
- b. There's some concern that inviting this many groups to the Symposium would be counterproductive. With a group this large, individual organizations won't actually take responsibility for carrying forth an action plan.

V. Vision: Health in the Bateyes

- a. Overarching health objective: improving physical, mental, and social well-being
 - i. Waste management
 - ii. Electricity
 - iii. Potable water
 - iv. Latrines
 - v. No preventable infectious diseases
 - vi. Education
- b. What is the objective of the November meeting?
 - i. Consider renaming the symposium to a working meeting so that it is clear that themes will be driven forward with action items with assigned roles/responsibilities (e.g. "Plan Operative Batey 2015")
 - ii. Needs to be structured! Who should attend? What is the right format?
- c. Define selection criteria
 - i. Invite the right, limited number of people that can distribute the messages to other partners -> for example "gubernacion" can bring messages back to more than one channel
- d. First phase – figure out what each organization does well
- e. Second phase – build the action plans and objectives, and invite the different organizations to contribute
- f. Success Factors in Canada
 - i. Shared understanding: The coalition had a shared goal and common definition of health.
 - ii. Openness: Openness among the collaborating groups to agree to work together on health priorities.
 - iii. Shared value: The participants saw a value in the collaboration and recognized that the groups were already working on the issues, and that results would be improved if efforts were coordinated
 - iv. Power: Participants were already in a position of power from which they could very effectively change the system.
- g. Success Factors in the DR
 - i. Need a base to start because if you don't have a measureable base, you will be rejected.

VI. Small groups breakout session: Determining Name, Vision, and Objectives for the Coalition (Results are presented below in Spanish and English)

a. GROUP 1

i. Nombre/Name:

- Colaboracion por la salud de la Romana y sus Bateyes
- Collaborating for health in La Romana and the Bateyes

ii. Visión/Vision:

- Coordinacion por la salud de los bateyes
- Coordinating for the health of the Bateyes

iii. Objetivos/Objectives:

1. Spanish:

- a. Involucrar a las personas de la comunidad a participar en los proyectos de salud
- b. Orientar a las personas de la comunidad para prevenir nuevos brotes de enfermedades
- c. Invitar a las autoridades e involucrarlas de manera activa a participar en las politicas y proyectos de salud

2. English:

- a. Invite the community to participate in the health projects
- b. Educate the community in order to prevent new disease breakouts
- c. Involve the authorities in the coalition in an active form

b. GROUP 2

i. Nombre/Name:

- Idea 1: Coalicion para bateyes saludables
- Idea 1: La Romana Coalition for Batey Health

- Idea 2: Coalicion DINAMO para la salud de los bateyes
- Idea 2: DINAMO Coalition for health in the Bateyes

ii. Visión/Vision:

- Unificar todas las organizacinoes que trabajan en los bateyes donde cada plan de accion sea prioritario y que no haya duplicidad de esfuerzos.
- Unify all the organizations that work in the Bateyes and create a prioritized action plan that avoids duplication of efforts.

iii. Objetivos/Objectives:

• Spanish:

- a. Conocer el detalle del trabajo de cada organizacion
- b. Conocer la situacion/necesidades de cada batey
- c. Definir los indicadores de indicadores para medir el exito y impacto de la organizacion
- d. Respetar la autonomia y la cultura de la poblacion con la cual vamos a trabajar

• English

- a. Understand the work of each organization
- b. Complete a needs assessment of the Bateyes
- c. Define the success indicators and impact indicators for the Coalition
- d. Respect the autonomy and culture of the Batey communities

c. GROUP 3

i. Nombre/Name:

- Asociacion de bayetes saludables

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- Association of Healthy Bateyes
- ii. Visión/Vision:
 - Fomentar la colaboración inter-institucional para la mejora de la salud en los bateyes
 - Develop collaboration between partners in order to improve health in the bateyes
- iii. Objetivos/Objectives:
 1. Spanish
 - a. Mejorar la comunicación entre las instituciones para coordinar mejor el trabajo
 - b. Crear un comité de áreas de interés comunes
 - c. Abogacía/Defensoría
 2. English
 - a. Improve communication between organizations in order to coordinate work
 - b. Create committees based on shared work
 - c. **Defense**
- d. GROUP 4
 - i. Nombre/Name:
 - COSACO – Coalición de Salud Comunitaria
 - COSACO – Coalition for Community Health
 - ii. Visión/Vision:
 - Mejorar la salud de los bateyes
 - Improve health in the Bateyes
 - iii. Objetivos/Objectives:
 1. Spanish
 - a. Medición a través de:
 - i. Coordinación – ¿quién hace qué? (base de datos); conocer a los líderes; metodología, actores en salud
 - ii. Sostenibilidad – económica, tiempo, recursos humanos
 - iii. Concientización – grupos organizados; vulnerables / la comunidad; autoridades de salud
 2. English
 - a. Medible:
 - i. Coordinación – ¿quién hace qué? (base de datos); metodología, partes interesadas y líderes
 - ii. Sostenibilidad – económica, capital humano, longevidad, asequibilidad
 - iii. Conciencia – las comunidades, autoridades de salud, otras organizaciones
- e. GROUP 5
 - i. Nombre/Name:
 1. CAUSA – Capacitación, Acción, Unidad, Servicio, Acuerdo
 2. CAUSE – Collaboration, Action, Understanding, Service, Education
 - ii. Visión/Vision:
 1. A través de alianzas interinstitucionales, reestructurar el Sistema de salud, educativo, y social, y así provocar cambios sostenibles y dar seguimiento continuo al trabajo realizado en comunidades vulnerables.
 2. Restructure the health, social and education system through institutional alliances, thereby providing sustainable change and follow-up to the work being done in vulnerable communities.

iii. Objetivos/Objectives:

1. Spanish:

- a. Crear un base de datos de las necesidades de los bateyes e instituciones que laboran en ellos, incluyendo estadísticas del trabajo realizado.
- b. Mejorar el acceso de salud y la calidad de servicio
- c. Unificar los diferentes programas de las instituciones de la coalición

2. English:

- a. Create a database of needs in the bateyes and the organizations that work in the bateyes (include statistics of work done to-date)
- b. Improve access to health services and quality of services offered
- c. Unite the programs from the different organizations participating in the coalition

VII. Reactions

- a. Using “La Romana” in the name would be too restrictive, as the participating groups work in various provinces. The work may eventually be broader so the name should reflect the Eastern region or the entire country.
- b. The term “Batey” carries with it a certain stigma.
- c. Sunday- define geographic areas and focus areas + action plans

VIII. Internal Debrief at Buen Samaritano Dorm

- Open conversation was necessary
- Showed the passion of the individuals in attendance
- Similar to Canadian experience – attendees have opinions on their work
 - In the first meeting, people generally talk about what they are seeing health-wise
 - Next steps are to figure out: a) how we work together and b) what issues the group will tackle
 - This will require people to take themselves out of the health-worker mentality vs. policy makers
- What could have been improved?
 - At the beginning of the meeting, the attendees did not have clear vision of the purpose for coming together. This resulted in a lot of talking/verbal meandering. Olga did a good job of re-focusing the group.
 - How can you show the participants the benefits of the information exchange?
- What went well?
 - A lot of information exchange occurred that wasn't happening before (intrinsic value)
 - Leo learned about a few programs that he wasn't previously aware of
 - Critical mass of local partners vs. the meeting in Worcester, which is mostly N. American partners
- Need to make concrete action plan because everyone here has seen the momentum start then sputtering out.
- Continuous Partnership Management:
 - Partnership -> assessment -> implementation -> evaluation -> dissemination
 - A lot of public health partnerships stop at first phase because there aren't clear goals and a shared agenda

IX. Plan for Sunday

a. Deliverables

- i. Decide the best method for maintaining communication going forward (Facebook, What'sApp, etc.)

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- ii. Is there a way for people to look up organizations and what they are working on by theme, type of activity, partners?
- iii. Determine how a joint database can be managed – Who owns it? Where is it housed (cloud)? Is it on standard forms, etc.?
- iv. Create working groups based on theme
- v. Determine who will manage follow-up. Can it be a Fellow from one of the N. American partners?
- b. November Symposium
 - i. Is it two meetings?
 - ii. First Meeting: information sharing + best practices
 - 1. What is the best way to do this when people are in and out of the group/meeting?
 - 2. “Tabulate” what is being done so that it can be used for grant applications
 - 3. How do you catalogue the work being done?
 - a. Every organization use the same forms and report out
 - b. Create baseline
 - i. UMass has GIS maps and asset mapping
 - ii. Trying to perfect the process before sharing out
 - 4. There are two layers of collaboration and information sharing that needs to happen:
 - a. Local partners
 - b. N.American partners: When do the North Americans become part of the local partnerships/coalition?
 - iii. Second Meeting: shaping the coalition + working group
 - 1. End goal would be charter or TORs with meetings leading up to this larger meeting
 - 2. Defining the value proposition for the coalition will make it easier to move forward. This would mean that any new organization looking to do work in La Romana would see the clear reason to join the coalition vs. coming down to work alone.
- c. Who can be on the steering committee? (Concentric circles)
- d. What are the concrete tasks people can work on outside of the meeting?

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Meeting Notes

Sunday, March 15, 2015

Next steps

- Compile notes, translate and share with the group (2-3 weeks)
 - Create a new document: Name, vision, objectives with action plan (2-3 weeks)
 - Organization of the group (Grupo Directivo). Each organization needs to elect one representative.
 - Finalize action plans and complete role assignments with dates
-

Coalition Voting Results:

- **Nombre:** Cosaco – Coalicion para la salud comunitaria (*Coalition for Community Health*)
- **Mission:** Una colaboracion intersectorial para mejorar la salud y bienestar de comunidades vulnerables de la region este a traves de cambios sostenibles en los sistemas de salud, educativo y social.
- **Goals:**
 1. Crear base de datos de instituciones que laboren en las comunidades incluyendo estadisticas del trabajo realizado (16 votes)
 2. Involucrar a la comunidad en todas los aspectos de la colaboracion en una manera participativa y respetar su autonomia y cultura (14 votes)
 3. Educar y empoderar las comunidades para que sean autosostenible (13 votes)
 4. Definir un grupo de indicadores para medir el exito y impacto de la colaboracion (10 votes)
 5. Concientizar a las autoridades de salud, grupos organizados y la comunidad en general al trabajo de la colaboracion (7 votes)
- **Name:** Cosaco – Coalicion para la salud comunitaria
- **Mission:** An collaboration to improve health and wellness in the volunerable communities of the Eastern Dominican Republic through sustainable changes to health, education and social systems.
- **Goals:**
 1. Create a database of the institutions that work in the community, including data from past projects (16 votes)
 2. Involve the community in all aspects of the coalition while respecting their culture and autonomy (14 votes)
 3. Educate and empower the communities so that they may become self-sustaining (13 votes)
 4. Define indicators to measure the success and impact of the coalition’s work (10 votes)
 5. Actively promote the work of the coalition to health authorities, organized groups, and the community in general (7 votes)

General Meeting Notes

- Should the Coalition create an “Information Committee” that centralizes everything?
- Who organizes and manages the coalition in general? El Equipo Electivo
- What is the best way to maintain communication?
 - Nominate one person from each organization to be responsible for the communication
 - Email will be used for official documents, but follow-up will be made via WhatsApp, Call, or Facebook.
- The group is leaving the meeting with a lot of hope, but also doubt about the future. Even if the coalition doesn’t work, then the organizations can still get together
- Concern with how busy each participant is. Necessary for each organization to involve others (1 designated person) from their organization in order to fulfill commitments
- Meeting in November

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- Instead of doing a symposium, the group wants to re-meet in the same forum as this weekend to talk about progress made. The goal for the meeting will be to further define roles and activities.
- Postpone the larger symposium until after a second meeting.
 - Lidia thinks it a motivating force. Mina agrees to meet quarterly.
 - Have another meeting in 3 months to follow-up and report out (will set up quarterly meetings), then host the November meeting
- Each institution will send a representative to be on the Grupo Directivo – send to Lawrence Loh
- Host a second meeting to present progress to date in La Clinica de Familia -> el jueves, 6 de Junio (un sabado)
 - Who is in charge of coordinating this meeting? Liddy will coordinate
- Third meeting November 6+7, 2015 -> this will be an internal working group and a decision point about whether to do symposium and who will be invited
 - Grupo Directivo will set agenda and help facilitate the meeting with 1 local & 1 intl facilitator

DETAILED NOTES ON OBJECTIVES AND CORRESPONDING ACTION PLANS

****Action plans will be cross-referenced with notes/tables from each group leader. At that time, the plans can be made into a comprehensive workplan in Excel.**

META/GOAL 1: Crear un base de datos de instituciones que laboren en las comunidades incluyendo estadísticas del trabajo realizado (16 votes)

Leader: Stockton

- Enciende La Luz can run a training for those who are not comfortable with google docs
- Action Plan:

Objetivo	Responsable	Fecha
Identificar las instituciones y personas claves para incluir en la formación del base de datos	Grupo 1	
Identificar un coordinar central	Stockton	Abril 2015
Desarrollar una encuesta para la colección de datos	Jessica	Abril/Mayo 2015
Entregar y distribuir la encuesta entre los miembros de la coalición	Jessica	Mayo/Junio 2015
Compartir la lista completa de datos	Grupo 1	Nov 2015
Identificar los datos especificos necesarios	Grupo 1	
Presentar resultados en google docs	Grupo 1	Nov 2015
Conferenciaia con el comite para presentar todos los datos	Grupo 1	Nov 2015

META/GOAL 2: Involucrar a la comunidad en todas los aspectos de la colaboracion en una manera participativa y respetar su autonomia y cultura (14 votes)

Leader: Mateo

- UMass is already doing something similar in the same Bateyes. Should choose another Batey for this work
- In each batey establish a Comite de Salud
- Action Plan:

Objetivo	Responsable	Fecha
1. Identificar y involucrar los líderes de las comunidades	180 Grados/Enciende La Luz	Abril 2015
Elegir el Batey que servirá como el piloto	180 Grados/Enciende La Luz	Marzo 2015

COSACO: Coalition Building, March 14–15, 2015

Identificar los líderes del Batey que formarían la Comité de Salud	180 Grados/Enciende La Luz	Marzo 2015
Coordinar una reunión con la Comité de Salud	180 Grados/Enciende La Luz	Fin de Abril 2015
2. La reunión para explicar el propósito de Comité de Salud	180 Grados/Enciende La Luz	Abril 2015
Analizar e identificar las necesidades de capacitación de los líderes	180 Grados/Enciende La Luz	Mayo 2015
Crear las capacitaciones	180 Grados/Enciende La Luz	Mayo 2015
Las Capacitaciones	180 Grados/Enciende La Luz	Junio 2015
Reuniones Mensuales con el Comité de Salud	Cosaco	Junio 2015
Visitas mensuales de seguimiento – un formulario de evaluación	Cosaco	Junio 2015
3. Evaluación del piloto (<i>comparing pre- and post-coalition involvement</i>)	Cosaco	Setiembre 2015
4. Conocimiento/actitudes de las comunidades	Cosaco	
Desarrollar encuestas sobre conocimiento	Cosaco	Junio 2015
Analizar los resultados de la encuesta	Cosaco	Setiembre 2015

META/GOAL 3: Educar y empoderar las comunidades para que sean autosostenible (13 votes)

Leader: Javier

****Discussion around whether these are too lofty of goals given that Central Romana often prohibits other economic activities. Does self-sustainable refer to health or to economic activities?**

This group is going to re-organize and meet in order to bring the ideas down to earth. Circulate via email afterwards.

- Action Plan:

Objetivo	Responsable	Fecha
organizar un programa educativo en que forma pueden mejorar su forma de vida a través de estrategias técnicas		
Crear un plan educativo		May 2015
Reunir con las organizaciones necesarias con la finalidad de conocer si los programas son factibles		Mayo / Junio 2015
Formar Alianzas con programas ya formados – UCE		
dar a conocer los avances y determinar las comunidades pilotos		Nov 2015
Crear un plan educativo		May 2015
Instruir a las familias – usando técnicas cercanas a las culturas		
Desarrollar programas de agricultura y comercialización		
Hacer una evaluación y dar seguimiento a los avances que logran cada familia		

META/GOAL 4: Definir un grupo de indicadores para medir el éxito y impacto de la colaboración (10 votes)

Leader: Lilo

- Action Plan:

Objetivo	Responsable	Fecha
Desarrollar la encuesta de indicadores – categorías, tipos, indicadores, metodologías	Mateo	Abril 2015
Crear un archive/base de datos en la nube con a lista de las categorías y tipos de datos que colectan cada organización y como los están midiendo	Mateo	Abril 2015
Hacer un mapa de los bateyes y las actividades de hoy día	Mateo	Nov 2015
Identificar los áreas específicas en los cuales va a enfocar la coalición	Mateo	Nov 2015
Hacer un plan para crear un base de datos compartidos/estandarizados que va a manejar la coalición para medir el impacto de la coalición	Mateo	Nov2015

GOAL: Concientizar a las autoridades de salud, grupos organizados y la comunidad en general al trabajo de la colaboración (7 votes)

Leader: Euri

- The group plans to use 4 bateyes as pilots:
 - 180 grados -> en La Romana Guaymate – Oye de puelco; y un batey de Buen Samaritano
 - UCE -> 2 de San Pedro – el Morenito y El Molino
- Action Plan

Plan	Responsable	Fecha
Crear el plan de acción	Dr. Galvin	21/3/2015
Buscar / Conseguir datos de los últimos 3 años de algunas comunidades que pueden ayudar con la concientización (Hospitales, cementerios, etc.)	180 grados y la UCE	18/5/2015
Usar 4 bateyes como pilotos para conseguir la información		
Presentación de talleres con autoridades y grupos de salud organizados para presentar los datos y lograr la concientización de los grupos – presentar la situación de salud y económico	Comite informatica	Junio 2015
Crear un plan unificado para la prensa	Comite de comunicacion	Nov/Dic 2015
Informar a la comunidad sobre el trabajo de la coalición a través de una nota de prensa. Presentación de las metas de Cosaco/la coalición (para Nov/Dic)	Comite de comunicacion	Nov/Dic 2015