

# Sion Health and Life Medical Center

Central Street #1, Consuelo Municipality, San Pedro de Macoris, Dominican Republic,  
Phones: 809-553-7367, 809-553-6727, Email :visiondelrey@hotmail.com, RNC:  
4-11-01384-5.



## ◆ 1. INTRODUCTION

This document outlines a comprehensive proposal for a medical care model aimed at the creation of a non-profit third-level clinic or hospital in the municipality of Consuelo, San Pedro de Macorís province, Dominican Republic.

Consuelo, with an estimated population of 70,000 people, currently lacks advanced healthcare infrastructure. As a result, residents—mostly from low-income or lower-middle-income backgrounds—must travel to distant hospitals to receive specialized care. The community includes highly vulnerable areas: the municipality encompasses several *bateyes* whose residents, primarily of Haitian descent, live in poverty, illiteracy, and without basic services such as clean water and electricity. This situation calls for a healthcare model that is accessible, inclusive, and culturally adapted to the local population's needs.

The proposal is supported by non-governmental organizations (NGOs) and international donors committed to improving health in the region. The clinic will provide comprehensive care, ranging from primary care to specialized hospital and surgical services, in line with the Dominican Republic's classification of third-level healthcare (high complexity with medical specialties and subspecialties).

Below, the document defines the clinic's vision, mission, core values, objectives, and key components of the model, including its service portfolio, tiered healthcare delivery strategy, financial sustainability mechanisms, community participation plans, and the strategic partnerships needed to ensure the project's success.

## ◆ 2. VISION, MISSION AND CORE VALUES

### **Vision:**

To become a benchmark in high-quality and accessible medical care for the community of Consuelo and surrounding areas, providing compassionate service based on professional excellence.

### **Mission:**

To deliver comprehensive third-level medical care to vulnerable populations, focusing on the prevention, diagnosis, and treatment of complex diseases through a highly trained team and the use of advanced technology.

### **Core Values:**

- Commitment to the community
- Quality and excellence in healthcare delivery

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- Accessibility and equity
- Innovation and continuous improvement
- Transparency and accountability

## ◆ 3. OBJECTIVES

- Provide comprehensive, accessible, and culturally sensitive healthcare to the population of Consuelo and nearby communities, ensuring high-quality services regardless of patients' ability to pay.
- Offer essential and specialized medical services consistent with a third-level health center, ranging from preventive primary care to high-complexity hospital care.
- Implement a tiered healthcare approach that strengthens the first level (primary care and prevention) as the main point of entry, with efficient referral and counter-referral systems toward specialized care (outpatient consultations, hospitalization, and surgery).
- Ensure the financial sustainability of the center through strategies such as cross-subsidies, international cooperation, participation in the national health insurance system, and training programs to attract talent and resources.
- Promote inclusion and community participation by involving local residents in the planning and execution of health interventions, and implementing robust programs for health promotion and disease prevention (e.g., diabetes, hypertension, infectious diseases, maternal and child health, etc.).
- Establish strategic alliances with the public health system, universities and academic institutions, as well as international and local organizations, to strengthen the clinic's capabilities, avoid service duplication, and amplify regional health impact.

## ◆ 4. PROPOSED MEDICAL SERVICES

To meet the needs of the population, the medical center will offer a broad portfolio of services organized in a tiered system. This guarantees continuity of care: the first level addresses most common and preventive health problems, referring only complex cases to higher levels, and receiving patients back for post-specialty follow-up. Below are the essential and specialized services planned:

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## 4.1. Comprehensive Primary Care

The medical center will provide general and family medicine consultations, basic pediatrics, and low-risk obstetrics as the first point of contact. Services will include prenatal care, well-child visits, immunizations, early detection of chronic diseases (such as screening for diabetes, hypertension, cervical cancer, etc.), and family planning counseling. Promotion of healthy lifestyles and health education will be cross-cutting components at this level. Strengthening primary care is critical to reduce pressure on specialized services, in line with national recommendations.

## 4.2. Outpatient Specialized Consultations

As a third-level center, outpatient consultations will be available in major medical and surgical specialties, including:

- Internal medicine (and subspecialties like cardiology, endocrinology, and pulmonology as needed)
- Specialized pediatrics
- Gynecology and obstetrics (including high-risk pregnancy care)
- General surgery
- Orthopedics and trauma
- Cardiology
- Neurology
- Infectious diseases
- Other relevant specialties

Patients will be referred from primary care when specialized evaluations are needed. An agile appointment and referral system will be implemented to avoid bureaucratic obstacles for patients.

## 4.3. 24/7 Emergency Services

The clinic will have a 24-hour emergency department equipped to provide initial care and stabilization for medical, surgical, pediatric, and obstetric emergencies.

Trained staff (emergency physicians, nurses, etc.) will be available to manage basic trauma, cardiovascular emergencies, diabetic crises, obstetric complications (e.g., preeclampsia), and other

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common emergencies in the region. Critical cases will be stabilized locally and transferred, if necessary, to higher-level hospitals in coordination with the National Health Service.

## 4.4. Diagnostic and Clinical Support Services

To support timely diagnosis and treatment, the clinic will have:

- A clinical laboratory (hematology, biochemistry, basic microbiology)
- Diagnostic imaging services (X-rays, ultrasound, and possibly a donated or shared CT scanner)
- An institutional pharmacy providing essential low-cost medications
- A blood bank or a partnership for blood supply to ensure safe transfusions

These support services will be available for both inpatients and outpatients, and for community campaigns (e.g., blood sugar screenings, Pap smears).

## 4.5. Hospitalization and Intensive Care

As a third-level clinic, inpatient care will be provided with beds distributed across several wards:

- Internal Medicine (adults)
- Pediatrics
- Surgery and Trauma
- Obstetrics (maternity)
- A small polyvalent Intensive Care Unit (ICU) for critical patients

Initially, the ICU may be limited to intermediate care and advanced stabilization, with highly specialized cases referred to national-level hospitals. The installed capacity will be dimensioned according to expected needs and planning criteria from the Ministry of Health, avoiding both overcrowding and underuse of resources.

Each ward will have specialized medical staff (e.g., internists, pediatricians) and qualified nursing personnel to ensure safe, patient-centered care.

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## 4.6. Surgery and Anesthesia

Operating rooms will be equipped for scheduled and emergency medium-complexity surgeries, including:

- General surgery (appendectomies, hernia repairs, cholecystectomies)
- Cesarean sections and other obstetric surgeries
- Gynecological procedures
- Basic orthopedic surgeries (common fractures)
- Minor outpatient surgeries
- Other procedures based on available specialties

A team of general surgeons will be permanently based at the clinic, complemented by visiting specialists (e.g., ophthalmologists or specialized surgeons on periodic missions). Safe anesthesiology services, an instrument sterilization center, and a post-operative recovery room will be available. Surgical protocols will follow international patient safety standards (e.g., surgical checklist, infection control).

## 4.7. Maternal and Child Health

Given the importance of maternal and child health, specific resources will be allocated to this group through the creation of a Maternal and Child Unit. This unit will integrate:

- Prenatal care
- Humanized childbirth
- Postpartum care
- Neonatal care

There will be appropriate delivery rooms and obstetric staff available 24/7 to attend both normal deliveries and obstetric emergencies (including urgent cesareans). The clinic will follow national guidelines to reduce maternal mortality (currently around 108 per 100,000 live births, still above target), ensuring high-quality obstetric care, complication monitoring, and timely referrals if a higher level is needed.

Additionally, a basic neonatal unit will be established to care for newborns, equipped with incubators and kangaroo care for moderate preterm infants, in coordination with referral hospitals for complex neonatal cases.

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Outpatient services will reinforce:

- Childhood immunization programs
- Growth and development monitoring
- Child nutrition
- Parent education on infant care

These efforts aim to improve child health and continue the national trend of reducing neonatal and infant mortality rates.

## 4.8. Management of Chronic Diseases (Diabetes and Hypertension)

Special programs will be established for non-communicable chronic diseases, given their high prevalence in the Dominican population (approx. 32% for hypertension, 12–13% for diabetes).

The clinic will have a **Diabetes and Cardiovascular Risk Program**, offering multidisciplinary follow-up that includes:

- Regular consultations with internal medicine/endocrinology specialists
- Blood glucose control
- Provision of insulin and medications
- Education on self-care (diet, physical activity)
- Early detection of complications (e.g., diabetic foot exams, retinal exams in collaboration with visiting ophthalmologists, renal function tests)

Similarly, the **Hypertension Program** will ensure:

- Blood pressure monitoring
- Treatment adherence
- Education on low-salt diets and healthy habits

These programs will work in close coordination with primary care (which identifies and refers patients) and Social Work services to address social factors affecting disease management (e.g., ensuring that the poorest patients receive their medications through subsidies or public programs).

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The goal is to reduce chronic complications such as kidney disease, heart attacks, and strokes in the community.

## 4.9. Management of Infectious Diseases

The clinic will implement specific protocols and services for prevalent infectious diseases. A **Tuberculosis (TB) Program** will be developed in coordination with the Ministry of Public Health, following the **DOTS strategy** for diagnosis, directly observed treatment, and follow-up of TB cases, given that the country still reports several thousand cases annually, often associated with poverty and overcrowding.

Additionally:

- **HIV/AIDS screening and treatment** will be offered, ensuring confidentiality and access to antiretroviral therapy in coordination with national programs.
- **Vector-borne diseases** (e.g., dengue, Zika, chikungunya) will be actively monitored. The center will be equipped to manage moderate dengue cases (hydration, monitoring), refer severe cases to ICU support if needed, and participate in mosquito breeding site elimination campaigns in the community.
- **A Tropical Medicine/Infectious Disease Service** will provide guidance on complex cases (e.g., leptospirosis, malaria) and lead hospital infection prevention efforts (e.g., intrahospital epidemiological control).
- An **adult vaccination calendar** (influenza, COVID-19 if applicable, tetanus, etc.) will be maintained.
- Educational campaigns on **prevention of STIs, TB symptoms, and hygiene** will be conducted, especially targeting the most vulnerable communities.

## 4.10. Integrated Care Model and Service Continuum

Together, the services described above form a **comprehensive, high-resolution healthcare model**, suitable for a third-level medical center that also remains firmly rooted in **primary care and public health** principles.

The **integration of healthcare levels** will allow most health problems in the target population to be addressed **locally**, significantly reducing access gaps. Complex cases that exceed the center's capabilities (e.g., cardiovascular surgeries, long-term intensive care) will be referred through established **alliances with national referral hospitals**, ensuring a **complete and continuous continuum of care**.

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## ◆ 5. ACCESSIBILITY AND CULTURAL ADAPTATION STRATEGIES

Ensuring that services effectively reach the target population requires eliminating economic, geographic, and cultural barriers. The following strategies will be implemented:

### 5.1. Open-Door Policy and Socially Adjusted Fees

As a non-profit institution, the clinic will uphold the principle that no one will be denied care due to inability to pay. A sliding fee scale will be used, based on socioeconomic assessment:

- Free or symbolic-cost care for patients with extremely low incomes (supported by subsidy funds)
- Reduced fees for those with limited resources
- Standard rates for patients with insurance or greater financial capacity

This ensures **equity in access**. Additionally, the clinic will assist low-income patients in enrolling in the **subsidized National Health Insurance Plan (SeNaSa)** so that their care can be covered by the government whenever possible.

### 5.2. Strategic Location and Community Outreach

The clinic will be **strategically located** in an accessible area of Consuelo, considering public transportation and roads from nearby *bateyes* and rural communities.

While the main infrastructure will be in the urban zone, **mobile clinics** or periodic **outreach health campaigns** will be organized in remote *bateyes*, delivering services such as vaccinations, basic checkups, and health education directly to those communities.

Additionally, an **ambulance or medical transport service** will facilitate patient transfers from remote areas to the clinic, especially for obstetric emergencies or critical events.

### 5.3. Cultural and Linguistic Adaptation

Recognizing the cultural diversity of the area (including the significant Haitian population in the *bateyes*), the clinic staff will be trained in **cultural competence** and **sensitivity to local customs and beliefs**.

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The care model will respect local health practices. For example:

- Allowing traditional midwives or family members to be present during childbirth when safe
- Providing hospital meals adapted to local food preferences

Providing **dignified, respectful, and empathetic care** to all patients will be a non-negotiable value, regardless of ethnicity, gender, religion, or immigration status.

## 5.4. Flexible Hours and Timely Care

To accommodate people with work or caregiving responsibilities, the clinic will offer **extended hours** in outpatient services, including evening or weekend appointments for specific specialties or programs (e.g., a diabetes clinic on Saturdays).

An **efficient appointment system** will also be implemented to minimize long wait times, which often discourage people from seeking care. In high-demand areas, medical triage and **priority-based scheduling** will be considered, along with the possibility of opening additional slots when necessary.

The goal is to provide care at the **right time**—early enough for prevention, and not too late when complications arise.

A **teleconsultation service or helpline** will also be established so that patients—especially from remote communities—can ask questions or determine if they need to visit the clinic urgently, thus reducing unnecessary travel.

These strategies aim to deliver care that is **close to the people**, removing **economic** barriers through subsidies, **geographic** barriers through community outreach, and **cultural** barriers through adaptation and training. The ultimate goal is for all residents of Consuelo—including those in marginalized *bateyes*—to feel safe, welcomed, and empowered when seeking care, thus promoting early use of services and improving local health outcomes.

## ◆ 6. COMMUNITY ENGAGEMENT, HEALTH PROMOTION, AND DISEASE PREVENTION

Community involvement is not only desirable but essential for the success and sustainability of this healthcare model. Both formal and informal mechanisms will be adopted to ensure active participation of the population in the design, implementation, and evaluation of health interventions:

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## 6.1. Community Health Committees

Committees or working groups will be formed, composed of community leaders from Consuelo and the *bateyes* (including representatives from neighborhood associations, churches, youth leaders, etc.), clinic staff, and local health authorities.

These committees will meet regularly to:

- Discuss perceived health needs
- Evaluate the quality of services offered
- Co-design health campaigns

Community feedback will help adjust service offerings dynamically, ensuring relevance and acceptability. This space will also support transparency, as the community will be informed about resource use and ongoing challenges.

## 6.2. Community Health Promoters Network

A **community health promoter program** will be implemented by recruiting and training local residents (including youth and women from the *bateyes*) to serve as liaisons between the clinic and the population.

These promoters will receive basic training in:

- Prevention
- Early warning signs
- Follow-up of chronic patients

Their work will include:

- Visiting homes to provide health education on priority topics (e.g., mosquito control, water hygiene, nutrition, reproductive health)
- Identifying people who are sick but have not sought care (due to economic or cultural barriers) and referring them to the clinic
- Assisting patients with difficulties (e.g., elderly individuals) throughout the care process

This network will bring services closer to the people and foster **trust** in the health system.

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## 6.3. Prevention Campaigns and Health Fairs

The clinic will organize **mass prevention events** with community participation on key dates (e.g., World Diabetes Day, World AIDS Day, Vaccination Week in the Americas).

These activities will include:

- Free screenings (blood pressure, blood sugar, weight and height, vision exams, etc.)
- Bilingual educational talks
- Distribution of informational materials
- Practical demonstrations (e.g., how to eliminate mosquito breeding sites or how to prepare oral rehydration solution)

**Health fairs** will also be held in local schools, combining basic medical services with fun and educational activities to involve children and parents in health promotion from an early age.

## 6.4. Health Education Programs

The clinic will develop continuous **educational modules** targeted at specific groups, such as:

- Monthly workshops for diabetic patients and their families on healthy eating and foot care
- Support groups for hypertensive patients to promote medication adherence and physical activity
- Prenatal classes for pregnant women and their partners on newborn care and warning signs
- Talks for adolescents on STI prevention

Local radio stations, churches, and schools will be used to disseminate public health messages. The approach will be **proactive**, empowering the population with knowledge for self-care and timely use of services.

## 6.5. Local and International Volunteering

A **volunteer program** will be created to encourage community members to contribute their time in various areas (e.g., assisting patients, community clean-up, or community gardens to improve nutrition).

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Through alliances with NGOs, **international volunteers** (e.g., global health students, medical trainees) will be welcomed to collaborate on community projects alongside local staff. This promotes **cultural exchange**, knowledge sharing, and expands the clinic's capacity to reach more people in outreach efforts.

By promoting participation and prevention, the clinic will cease to be an isolated institution and become a **living part of the community**, addressing not only illness but also its **social determinants**. Community-centered prevention will help:

- Reduce the incidence of prevalent conditions (e.g., fewer new cases of diabetes through better diets)
- Prevent disease outbreaks (e.g., dengue through environmental sanitation)

At the same time, it will foster **community ownership**, which is key to long-term sustainability. An empowered community will support and protect its healthcare center.

## ◆ 7. FINANCIAL SUSTAINABILITY MODEL

Although the clinic will operate as a non-profit institution, continuous operation requires a solid financial model that combines efficient resource use with diversified income sources. The following strategies are proposed to ensure economic sustainability:

### 7.1. Mixed Income Structure

The clinic will adopt a **mixed funding model**:

- **Public sources:** Reimbursements from the Family Health Insurance program for care provided to both subsidized and contributory members, and specific government grants for programs such as immunization or tuberculosis.
- **Donations and international aid:** Contributions from international partners (foundations, development agencies, philanthropists), especially during the start-up phase and for infrastructure or equipment expansion projects.
- **Service-generated revenue:** Patients with the ability to pay or with private insurance will be charged fair fees for elective services, creating a stream of self-generated income.

This **public-private-social combination** diversifies financial risk and reduces dependence on any single funding source.

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## 7.2. Cross-Subsidy Policy (The “Robin Hood” Model)

An **internal cross-subsidy policy** will be implemented to balance the clinic’s social mission with economic viability.

This involves charging **slightly higher fees** for certain services aimed at patients with insurance or greater means, and using the surplus to **subsidize care** for low-income patients.

For example:

- Offering **private rooms or premium services** to those who can pay, and using those funds to cover care in general wards.

This **“Robin Hood” model** has been successfully applied in other non-profit hospitals where paying patients **indirectly finance** the care of those who cannot afford it.

All **operating profits** will be reinvested into improving infrastructure, restocking medications, and sustaining community programs, in line with the clinic’s non-profit mandate.

## 7.3. Cost Control and Efficiency

The clinic will adopt **efficient management practices** to keep costs low without compromising quality, including:

- Centralized or institutional purchasing of medical supplies (leveraging economies of scale, possibly in coordination with the Ministry of Health or other NGOs)
- Prioritized use of **high-quality generic medications**
- **Preventive equipment maintenance** to extend useful life

Key **performance indicators** (e.g., cost per patient, average hospital stay) will be monitored to detect and correct inefficiencies.

Service planning will follow **cost-effectiveness criteria**, especially when considering high-complexity technologies and procedures. For instance:

- Before acquiring expensive equipment, the clinic will evaluate its usefulness vs. referring those rare cases elsewhere.
- Partial **energy self-sufficiency** will be sought through renewable sources (e.g., solar panels with donor support), reducing electricity expenses.
- **Waste management plans** will be implemented to minimize both costs and environmental impact.

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## 7.4. Training and Retention of Local Staff

Human resources are a key cost driver in healthcare. To maintain a **motivated, stable workforce** without unsustainable expenses, the clinic will focus on being a **training center**.

Strategies include:

- Agreements with universities to receive **interns, trainees, and medical residents** (who provide service while receiving education), reducing the workload on full-time staff.
  - Example: The clinic could serve as a **teaching hospital** affiliated with the UASD or another university, hosting residents in family medicine, internal medicine, or pediatrics.
- Training **auxiliary staff** (e.g., nurses, technicians) recruited locally, creating **employment opportunities** in the community and reducing reliance on costly external hires.
- Maintaining **good work culture**, professional development opportunities, and fair salaries (supported in part by donor subsidies) to retain staff in this rural setting and avoid high turnover or recruitment costs.

## 7.5. International Financing Partnerships

Strategic partnerships will be leveraged to channel **international funds**. For example:

- **Maternal health programs** could fund part of the maternity unit.
- Agencies like **USAID, UNICEF, or the European Union** could provide grants for specific programs (e.g., child nutrition, HIV, TB).

A **project management unit** will be established to:

- Prepare proposals
- Apply to national and international funding calls
- Maintain a continuous flow of externally funded projects

Additionally, a **local foundation or clinic “Friends Association”** will be created to mobilize support from the **San Pedro de Macorís diaspora abroad**, organizing:

- Fundraising campaigns
- Donation of used equipment in good condition

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- Medical brigades and volunteering

**Transparency** in resource management (e.g., public audits, accountability reports) will be essential to maintain donor trust in the long term.

These combined measures aim to achieve **financial balance**—covering operational costs year to year, maintaining reserve funds for maintenance or emergencies, and gradually expanding services.

By operating under a **strict non-profit and social reinvestment model**, any surplus will translate into greater care capacity. In short, sustainability will result from maximizing diversified income and minimizing unnecessary expenses, supported by **professional administration** that understands both the medical mission and financial discipline.

## ◆ 8. STRATEGIC PARTNERSHIPS AND INSTITUTIONAL COLLABORATION

To bring this model to life and maximize its impact, it will be essential to build a network of **strategic partnerships** with key stakeholders in the health and development sectors, both nationally and internationally. The following collaborations are envisioned:

### 8.1. Integration with the Public Health System

A **collaboration agreement** will be established with the **National Health Service (SNS)** and the **Ministry of Public Health**. Under this agreement:

- The clinic could be incorporated as a **support center** within the Eastern Region's public network, receiving referrals from local first-level health centers and coordinating with the **Dr. Antonio Musa Regional Hospital** in San Pedro de Macorís for two-way referrals.

The Ministry could also provide key resources, such as:

- Assignment of **medical interns or state-employed staff**
- **Regular supply** of vaccines, medications for special programs (TB, HIV, contraceptives)
- **Inclusion of the clinic in provincial emergency health plans**

This **public-private partnership** will expand reach, avoid service duplication, and create a **cohesive system**, with the clinic serving as a complementary tertiary care node.



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## 8.2. Universities and Medical Training Centers

**Academic partnerships** will turn the clinic into a training site and enhance care quality.

The goal is to sign agreements with Dominican universities such as:

- Universidad Central del Este (UCE) in San Pedro de Macorís
- Universidad Autónoma de Santo Domingo (UASD)
- UNIBE and others

Through these agreements, the clinic will receive:

- Medical, nursing, and allied health students for rural internships, clinical rotations, and research projects
- Residents from specialties like family medicine and gynecology, which will **strengthen service capacity**

At the international level, collaborations may be established with universities that have **global health programs**, allowing supervised rotations of foreign residents or fellows.

These academic alliances will also enable **joint research projects** on local health problems (e.g., diabetes, infectious diseases in *bateyes*), potentially attracting additional funding and visibility.

## 8.3. International Organizations and Health NGOs

The clinic will formalize partnerships with expert organizations in various health areas, including:

- **Pan American Health Organization (PAHO/WHO)** for technical assistance in structuring primary care and epidemiological surveillance programs
- **UNICEF** for maternal and child health (e.g., neonatal care training, maternity equipment donations)
- **USAID or European cooperation agencies** for institutional strengthening and community health programs
- NGOs such as **Partners in Health, Doctors Without Borders, or Project HOPE** to contribute:
  - Expertise in managing resource-limited hospitals
  - Volunteer specialists

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- Equipment donations

Local foundations, including **Dominican corporate foundations**, may also be engaged to sponsor specific initiatives (e.g., a lab, cervical cancer program).

These partnerships will bring **funds, technical guidance, and best practice standards** to be adopted by the clinic.

## 8.4. Local Government and Municipal Leadership

Close collaboration will be established with the **Municipal Government of Consuelo** to facilitate:

- Access to land, construction permits, and basic public services
- Possible tax exemptions
- Maintenance of access roads and perimeter security (e.g., municipal police presence if needed)

Involving municipal authorities in the clinic's **board of directors or foundation** will help align broader development efforts—such as synchronizing local cleanup campaigns with the clinic's mosquito control drives.

This **political visibility** may also attract more provincial and national support.

## 8.5. Private Sector and Local Businesses

While the clinic is non-profit, it can engage with the **private sector** through corporate social responsibility programs.

Regional businesses (e.g., sugar mills, free zone companies employing many locals, small businesses) may **sponsor workplace health programs**, including:

- Annual health checks for their employees
- Priority care for work-related injuries

In return for an annual donation, companies could receive such services. Businesses may also contribute with equipment—e.g., a tech company donating computers for the clinic's electronic medical records system.

These **synergies benefit both parties**: the clinic gains resources, and companies improve worker health and productivity while fulfilling social responsibility goals.

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## 8.6. Community and Faith-Based Alliances

Given the key role of churches and grassroots organizations in Consuelo, partnerships will be built with:

- **Religious leaders** (Catholic, Evangelical, etc.) to help spread awareness (e.g., blood donation campaigns) and identify families in need
- **Community-based NGOs** (e.g., Fundación Siempre Adelante, active in Consuelo) to coordinate **complementary projects**—like potable water, sanitation, or education—that align with the clinic’s health goals

This **local network** strengthens the clinic’s legitimacy and broadens its impact beyond hospital walls.

**In summary**, no healthcare institution operates in a vacuum. The success of this third-level clinic will largely depend on its ability to **integrate into a collaborative ecosystem**. Strategic partnerships will provide the human, financial, and technical resources necessary to:

- Avoid institutional isolation
- Scale the model in reach and quality
- Maintain its social mission at the core

## ◆ 9. CONCLUSIONS

The creation of a **non-profit third-level clinic in Consuelo** represents a **transformational opportunity** to improve the health and well-being of approximately 70,000 people in one of the most underserved areas of the Dominican Republic.

This proposal outlines a **comprehensive medical model** that combines **community-based primary care** with **specialized high-complexity services**, ensuring that the population has access to a **continuous, gap-free system of care**.

By emphasizing **economic and cultural accessibility**, the model ensures that even traditionally excluded groups—such as *batey* communities and low-income families—receive **dignified, quality services** tailored to their reality.

Through a **tiered healthcare approach**, the clinic will address most common health problems locally, while efficiently referring more complex cases to appropriate levels of care. These efforts

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will be **supported by robust health promotion and disease prevention strategies**, firmly grounded in community participation.

The **proposed financial model**, which includes **cross-subsidies** and **multi-source support**, is designed to ensure **long-term sustainability** without compromising the clinic's **social mission**.

Moreover, **strategic alliances** with the government, academia, international organizations, and the local community will provide the **strength, legitimacy, and capacity for continuous growth**.

In conclusion, this initiative aligns with both **national and international goals** to achieve **universal health coverage** and **sustainable development** in vulnerable communities.

Once implemented, the Consuelo clinic could even serve as a **replicable model** for other regions in the country lacking tertiary services. With political will, donor support, and ongoing community empowerment already underway, we now stand before a **real opportunity** to close historic healthcare gaps in San Pedro de Macorís.

This proposal is a decisive step toward a future where every resident of Consuelo can **exercise their right to health**, receiving **compassionate, high-quality care** close to home.

The commitment now is to **turn this vision into reality**, saving lives and improving the quality of life for thousands of people—**today and for generations to come**.

## ◆ 10. BUDGET AND IMPLEMENTATION PHASES

The initial operating costs will be significantly lower, as services will be launched progressively based on demand.

### **Phase 1: Basic Installation and Initial Operations (Years 1–2)**

In this stage, the clinic will begin with essential services, focusing on outpatient consultations, emergency care, and a few key specialties (e.g., internal medicine, pediatrics, gynecology).

#### **Initial and Monthly Operating Costs:**

- Infrastructure and facility setup: **US\$500,000.** (one-time cost)
- Initial payroll (general physicians, nurses, administrative staff): **US\$35,000.**
- Public services and maintenance: **US\$15,000**
- Purchase of basic equipment (X-rays, lab, furnishings): **US\$334,000.** (one-time cost)

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- Medical supplies and pharmacy stock: **US\$117,000.**
- Insurance and taxes: **US\$9,000.**

◆ **Estimated monthly cost: US\$167,000.**

◆ **Total one-time setup cost: US\$843,000**

## Phase 2: Service Expansion (Years 2–4)

This phase involves the addition of advanced medical specialties, intensive care units, and increased emergency capacity.

### Additional Costs:

- Additional personnel (specialists, surgeons, intensivists): **US\$250,000/month**
- Specialized equipment (CT scanner, MRI, laparoscopic surgery tools): **US\$835,000** (one-time cost)
- Infrastructure expansion: **US\$667,000** (one-time cost)

◆ **Estimated monthly cost: US\$250,000.**

◆ **Total expansion cost: US\$1,502,000.**

## Phase 3: Hospitalization and High-Complexity Care (Year 5 and beyond)

This final phase completes the transition to a full third-level facility, including hospitalization, transplant units, oncology, and high-complexity surgeries.

### Additional Costs:

- Highly specialized staff: **US\$500,000/month**
- Advanced equipment (surgical robot, dialysis unit, hemodynamics lab): **US\$1,667,000.** (one-time cost)
- Additional infrastructure: **US\$1,000,000** (one-time cost)
- Administrative and operational overhead: **US\$500,000/month**

◆ **Estimated monthly cost: US\$1,000,000.**

◆ **Total cost for this phase: US\$2,667,000.**

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## Key Observations:

1. **Start with outpatient and emergency services:** This generates revenue from day one and allows for demand assessment before expanding.
2. **Partnerships with insurers and health risk managers (ARS):** Ensures steady cash flow and patient coverage.
3. **Optimize infrastructure costs:** Seek financing and partnerships with health institutions.
4. **Gradual incorporation of technology:** Digitize hospital management progressively to reduce administrative expenses.

## ◆ 11. MONITORING AND EVALUATION

A structured system for **monitoring and continuous evaluation** will be implemented to ensure service quality, operational efficiency, and alignment with the clinic's social mission. The following tools and mechanisms will be used:

- **Quality and patient satisfaction indicators**
- **Periodic evaluations** of service efficiency and resource use
- **Financial reports and annual audits** to ensure transparency and sustainability
- **Ongoing review and improvement** of clinical protocols and operational procedures
- Creation of an **Evaluation Committee** to oversee goal achievement, track progress, and make strategic adjustments as needed

This evaluation framework will support evidence-based decision-making, promote accountability, and reinforce a culture of continuous improvement within the clinic.