

COUNTRY PROFILE: HAITI

HAITI COMMUNITY HEALTH PROGRAMS
OCTOBER 2014



Advancing Partners & Communities

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* Adapted from the Health Care Improvement Project's *Assessment and Improvement Matrix* for community health worker programs, and PATH's Country Assessments of Community-based Distribution programs.

TABLE OF CONTENTS

ACRONYMS.....	VI
I. INTRODUCTION	I
II. GENERAL INFORMATION	I
III. COMMUNITY HEALTH WORKERS.....	3
IV. MANAGEMENT AND ORGANIZATION.....	5
V. POLICIES.....	8
VI. INFORMATION SOURCES	9
VII. AT-A-GLANCE GUIDE TO HAITI COMMUNITY HEALTH SERVICE PROVISION	10

ACRONYMS

AIDS	acquired immunodeficiency syndrome
ASC	Agentes de Santé Communautaire Polyvalent
CHW	community health worker
DMPA	depo-medroxy progesterone acetate (injectable contraceptive Depo-Provera)
FAM	fertility awareness methods
FP	family planning
HIV	human immunodeficiency virus
IRS	indoor residual spraying
IUD	intrauterine device
MCH	maternal and child health
MOH	Ministry of Health
MSPP	Ministry of Public Health and Population
NGO	nongovernmental organization
ORS	oral rehydration therapy/solution
PES	Paquet Essentiel de Services et Soins de Santé (Essential Package of Health Services and Health Care)
PMTCT	prevention of mother-to-child transmission (of HIV)
PPH	postpartum hemorrhage
SDM	standard days method
SP	sulphadoxine-pyrimethamine (for treatment of uncomplicated malaria)
VCT	voluntary counseling and testing (HIV)

I. INTRODUCTION

This Country Profile is the outcome of a landscape assessment conducted by Advancing Partners & Communities (APC) staff and colleagues. The landscape assessment focused on the United States Agency for International Development (USAID) Population and Reproductive Health priority countries, and includes specific attention to family planning as that is the core focus of the APC project. The purpose of the landscape assessment was to collect the most up to date information available on the community health system, community health workers, and community health services in each country. This profile is intended to reflect the information collected. Where possible, the information presented is supported by national policies and other relevant documents; however, much of the information is the result of institutional knowledge and personal interviews due to the relative lack of publicly available information on national community health systems. As a result, gaps and inconsistencies may exist in this profile. If you have information to contribute, please submit comments to info@advancingpartners.org. APC intends to update these profiles regularly, and welcomes input from our colleagues.

II. GENERAL INFORMATION

<p>1</p>	<p>What is the name of this program*, and who supervises it (Government, nongovernmental organizations [NGOs], combination, etc.)?</p> <p><i>Please list all that you are aware of.</i></p> <p><i>*If there are multiple programs, please add additional columns to the right to answer the following questions according to each community health program.</i></p>	<p>The community-level health care system in Haiti is incorporated into the national health system which is based off the Paquet Essentiel de Services et Soins de Santé (PES), or the Essential Package of Health Services and Health Care. This assessment will focus on the community component, which will be referred to as PES for the remainder of this document.</p> <p>PES is coordinated by the Ministry of Public Health and Population (MSPP). MSPP, along with many implementing partners, is responsible for implementing PES¹. Implementing partners include national hospitals, health clinics, international and local non-governmental organizations (NGOs), faith-based health providers, and private health practitioners.</p>
<p>2</p>	<p>How long has this program been in operation? What is its current status (pilot, scaling up, nationalized, non-operational)?</p>	<p>PES was established after the earthquake in 2011 as a way for the MSPP to systematically rebuild the Haitian health system. The MSPP considers PES to be scaling-up in order to respond to the needs of the country. However many implementing partners refer to the program as being in its pilot phase because the community component is not documented in health policy.</p>

¹ The list of implementing partners for PES include Global Health Action, Mission of Hope, United Methodist Committee on Relief (UMCOR), Haiti Community Health Initiative, REACH Haiti, Hope for Haiti, Partners in Health, Management Sciences for Health, Cap-Haitien Health Partnership, World Vision Haiti

3	<p>Where does this program operate? Please note whether these areas are urban, peri-urban, rural, or pastoral. Is there a focus on any particular region or setting?</p> <p><i>Please note specific districts/regions, if known.</i></p>	<p>PES operates nationwide in all administrative districts, referred to as Departments, including peri-urban and rural areas.</p>
4	<p>If there are plans to scale up the community health program, please note the scope of the scale-up (more districts, regional, national, etc.) as well as location(s) of the planned future implementation sites.</p>	<p>The MSPP plans to increase the number and saturation of community health workers (CHWs) in the coming years. However, there is no specified timeline for this plan.</p>
5	<p>Please list the health services delivered by CHWs² under this program. Are these services part of a defined package? Do these services vary by region?</p>	<p>The PES includes a standard package of services delivered at all levels of the health system. These health services include:</p> <ul style="list-style-type: none"> • Maternal health • Child health • Adolescent health • Communicable diseases • Non-communicable diseases • Prevention against violence and accidental deaths • Nutrition • General health promotion • Risk and disaster management and • Public health, citizen, and environmental protection. <p>At the community level, CHWs are responsible for providing information, education, and referrals for a more specific package of services including:</p> <ul style="list-style-type: none"> • Vaccinations • Family planning (FP) • Nutrition • Cholera • HIV/AIDS, and • Hygiene.
6	<p>Are FP services included in the defined package, if</p>	<p>Yes, the PES includes FP services in its package. Services include information, education, and referrals for a</p>

² The term “CHW” is used as a generic reference for community health workers for the purposes of this landscaping exercise. Country-appropriate terminology for community health workers is noted in the response column.

	one exists?	range of FP services including Standard Days Method/Fertility Awareness Methods (SDM/FAM), condoms, oral pills, injectable contraceptives, implants, IUDs, permanent methods, and emergency contraception.
7	Please list the family planning services and methods delivered by CHWs.	CHWs provide information, education, and referrals for a range of FP services including Standard Days Method/Fertility Awareness Methods (SDM/FAM), condoms, oral pills, injectable contraceptives, implants, IUDs, and permanent methods as well as distribute condoms.
8	What is the general service delivery system (e.g. how are services provided? Door-to-door, via health posts/other facilities, combination)?	Services are provided door-to-door and occasionally through mobile clinic outreach.

III. COMMUNITY HEALTH WORKERS

9	Are there multiple cadre(s) of health workers providing services at the community level? If so, please list them by name and note hierarchy.	A single cadre of CHWs, Les Agentes de Santé Communautaire Polyvalent (ASCs) , provide services at the community level. The ASCs provide outreach services at the community level in the PES.
10	Do tasks/responsibilities vary among CHWs? How so (by cadre, experience, age, etc.)?	All ASCs deliver the same services. However, there is some variability in responsibility based on the CHW's experience, training, and position in the community. Responsibilities vary with respect to data collection, reporting statistics to supervisors, and facilitating community focus groups.
11	Total number of CHWs in program? <i>Please break this down by cadre, if known, and provide goal and estimated actual numbers. Please note how many are active/inactive, if known.</i>	The total number of ASCs is unknown.
12	Criteria for CHWs (e.g. age, gender, education level, etc.)? <i>Please break this down by cadre, if known.</i>	ASCs must be at least 18 years of age, live and come from the community they intend to serve, participate in a MSPP ASC training, have completed their BAC 2 (secondary education), be literate, and be well respected by their communities. In order to be eligible for the MSPP training, ASCs must show a set of core competencies including a basic technical knowledge base, an understanding of community health services and provisions. They must also meet ethical and professional considerations.
13	How are the CHWs trained? Please note the length, frequency, and requirements of training.	All ASCs must attend and complete the official MSPP training. If an ASC is hired by an implementing partner, the partner may fund their attendance. Otherwise, ASC's must pay to attend the training themselves. The MSPP training is 400 hours and consists of five modules, which lasts for a total of six weeks. The training combines technical and hands-on learning and should not exceed more than 30 ASCs per training session. The

	<i>Please break this down by cadre, if known.</i>	specific modules of the training are: <ol style="list-style-type: none"> 1. Organization of health services in Haiti 2. Delivering community-based services including health education, home visiting, and community census taking 3. Reproductive health, child health, and youth and elderly health 4. Disease prevention and control 5. Disaster preparedness, first aid, and medication adherence. 	
14	Do the CHWs receive comprehensive training for all of their responsibilities at once, or is training conducted over time? How does this impact their ability to deliver services?	Yes, training is both comprehensive and ongoing. One-time comprehensive training ensures consistency with messaging, service provision, and quality service delivery. Ongoing refreshers are provided as needed.	
15	Please note the health services provided by the various cadre(s) of CHW, as applicable (i.e. who can provide what service).	ASC's provide information, education, and referrals for maternal health including antenatal, postnatal, postpartum care, and monitor warning signs for safe delivery; family planning; newborn and child health including dehydration, proper cord care, breastfeeding, nutrition, diarrhea, asthma, and vaccinations; HIV/AIDS; tuberculosis; leprosy; environmental health including hygiene; non-communicable diseases; neglected tropical diseases including dengue fever; cholera; and first aid. Additionally, ASCs are responsible for record keeping and mapping their communities to monitor for emergency situations and disease outbreaks.	
16	Please list which family planning services are provided by which cadre(s), as applicable.	Information/education	SDM/FAM, condoms, oral pills, injectable contraceptives, implants, IUDs, permanent methods, and emergency contraception.
		Method counseling	Not applicable
		Method provision	Condoms
		Referrals	SDM/FAM, oral pills, injectable contraceptives, implants, IUDs, permanent methods, and emergency contraception.
17	Do CHWs distribute commodities in their communities (zinc tablets, FP methods, etc.)? Which programs/products?	ASCs only distribute condoms.	
18	Are CHWs paid, are incentives provided, or are they volunteers? <i>Please differentiate by cadre, as applicable.</i>	ASCs are volunteers and are not paid. However, some implementing partners provide a small stipend or monetary incentive. Incentives are determined based on available resources.	
19	Who is responsible for these incentives (MOH, NGO, municipality, combination)?	Implementing NGOs determine the incentives they will provide to the ASCs under their supervision.	
20	Do CHWs work in urban and/or rural areas?	ASCs work in both peri-urban and rural areas to address lack of access to health facilities.	

21	Are CHWs residents of the communities they serve? Were they residents before becoming CHWs (i.e. are they required to be a member of the community they serve)?	Yes, ASCs must be a resident of the municipality they serve.
22	Describe the geographic coverage/catchment area for each CHW.	There is no catchment area specified by the MSPP through PES. Service areas range from patchy and wide spread to mountainous and rural. Generally, ASCs work individually or in pairs. They visit on average 2- 3 households per day.
23	How do CHWs get to their clients (walk, bike, public transport, etc.)?	Most often ASCs walk to their clients' homes. If an implementing partner has funding, they may be given transport through an NGO vehicle.
24	Describe the CHW role in data collection and monitoring.	ASCs collect hand written data in an established form. They provide this report monthly to their supervisors who compile data. Data is shared with the MSPP and combined into the HMIS. The MSPP has recently introduced electronic data collection by ASCs, however this is rare. These CHWs are directly supervised by the MSPP.

IV. MANAGEMENT AND ORGANIZATION

25	Does the community health program have a decentralized management system? If so, what are the levels (state government, local government, etc.)?	Yes, the PES is managed through a decentralized system. The levels of the system are: <ul style="list-style-type: none"> • Central • Department • Communes—Community Health Unit • Section Communal—Referral hospital • Localities—Health Clinics and ASCs.
26	Is the MOH responsible for the program, overall?	The MSPP provides overall strategy, policy, and national adaptation of health policies and holds ultimate authority of the PES.
27	What level of responsibility do regional, state, or local governments have for the program, if any? <i>Please note responsibility by level of municipality.</i>	At the central level, the MSPP manages all information and implements standards and policies. At the commune level, Community Health Units (CHUs) are responsible for the full implementation of the PES on behalf of the MSPP. The CHUs are responsible for coordinating the PES activities of various actors, particularly ASCs. They ensure coverage for all catchment areas, appropriate allocation of resources, and ensure appropriate use of referrals systems.

28	What level of responsibility do international and local NGOs have for the program, if any?	In collaboration with the MSPP, INGOs and local NGOs implement the PES and supervise ASCs. INGOs and NGOs follow MSPP service provision guidelines and work in coordinating with the CHUs to ensure the PES is being implemented under the MSPP authority. Day-to-day PES activities and service delivery is implemented predominantly by INGOs and NGOS.	
29	Are CHWs linked to the health system? Please describe the mechanism.	ASCs are directly linked to the health system through HMIS data collection, a coordinated referral system, and a systematic training provided by the MSPP.	
30	Who supervises CHWs? What is the supervision process? Does the government share supervision with an NGO/NGOs? If so, please describe how they share supervision responsibilities.	The supervision process is not consistent amongst implementing partners and the MSPP. ASCs are supervised by INGO, NGO, or FBO senior level health coordinators. The exact title of the ASC supervisor depends on the INGO, NGO, or FBO structure but most often they have medical training. The MSPP does not provide any direct supervision of ASCs that are supervised by private organizations. For ASCs that work directly with the MSPP, they are supervised by a health coordinator at the health clinic or referral hospital.	
31	Where do CHWs refer clients for the next tier of services? Do lower-level cadres refer to the next cadre up (of CHW) at all?	The referral site depends on location, available services, and logistical access. Lower level cadres do not refer up – all CHWs are trained to have the same level of education and information. All information must be consistent – messaging and referrals are all consistent.	
32	Where do CHWs refer clients specifically for FP services? <i>Please note by method.</i>	SDM/Fertility awareness methods	Health clinic
		Condoms	Not applicable
		Oral pills	Health clinic
		DMPA	Referral hospital
		Implants	Referral hospital
		IUDs	Referral hospital
		Permanent methods	Referral hospital
		Emergency contraception	Referral hospital pharmacy
33	Are CHWs linked to other community outreach programs?	Yes, implementing organizations coordinate with each other and amongst other stakeholders in their communities. ASCs are responsible for informing community members of the available services, including public and private health services. ASCs are also linked to programs providing support for school-aged children, food programs, and orphanages.	
34	What mechanisms exist for knowledge sharing among CHWs/supervisors?	ASCs attend monthly meetings that are coordinated by the MSPP and implementing partners.	
35	What links exist to other institutions (schools, churches, associations, etc.)?	Implementing partners work closely with other NGOs, INGOs, local clinics, churches, orphanages, schools, and agencies to provide a full range of services. Implementing partners work hard to integrate community-level services in order to provide a full range of education and coverage to the community. These coordinated	

		efforts are encouraged and recorded, though not required, by the MSPP.
36	Do vertical programs have separate CHWs or "share/integrated"?	ASCs provide an integrated package of services and are the only community-based providers.
37	Do they have data collection/reporting systems?	Yes, ASCs collect data on the services provided and submit the data to their supervisors. For ASCs supported by implementing partners the data is collected on handwritten forms. For ASCs that are directly supported by the MSPP, data is collected electronically through tablets. All data is aggregated at the central level and incorporated into a publically available HMIS database.
38	Describe any financing schemes that may be in place for the program (e.g. donor funding/MOH budget/municipal budget/health center user fees/direct user fees).	PES is predominantly funded by donors.
39	How and where do CHWs access the supplies they provide to clients (medicines, FP products, etc.)?	ASCs access supplies from the health facility or implementing partner they are associated with. Thus, supplies are obtained from referral hospitals, health clinics, and NGOs.
40	How and where do CHWs dispose of medical waste generated through their services (used needles, etc.)?	Any waste collected during outreach is brought to the nearest health center or referral hospital for proper disposal. However, no waste is generated through approved ASC standard protocols.

V. POLICIES

41	Is there a stand-alone community health policy? If not, is one underway or under discussion? <i>Please provide a link if available online.</i>	Community health service delivery is incorporated into the National Health Policy 2012 and the National Health Plan 2012-2022 . The services provided at the community level are specified in the National Curriculum Guide for Training Community Health Workers 2011.
42	Is the community health policy integrated within overall health policy?	Yes, both the National Health Policy and the National Health Plan include community-level services.
43	When was the last time the community health policy was updated? (months/years?)	The National Curriculum for Training CHWs was last updated in 2011. Both the National Health Policy and National Health Plan were last updated in 2012.
44	What is the proposed geographic scope of the program, according to the policy? (Nationwide? Select regions?)	PES is to be implemented nationwide.
45	Does the policy specify which services can be provided by CHWs, and which cannot?	The National Health Policy and Plan do not specify services to be provided by ASCs. However, the National Curriculum Guide does specify ASC responsibilities, including specific services to be provided at the community level.
46	Are there any policies specific to FP service provision (e.g. CHWs allowed to inject contraceptives)?	No, the National Curriculum Guide for Training CHWs states that ASCs are responsible for promoting FP, though further guidelines are not directly provided.

VI. INFORMATION SOURCES

Centre d'Information et de Formation en Administration de la Sante, Interview with Dr. Pierre Louis and Dr. Frederic Barau Dejean, (fbdjean@mspp.gouv.ht) <http://www.mspp.gouv.ht/site/cifas/ht/>

Community Health Initiative Haiti, Interview with Dr. Fleury Etienne JENNIFER and Ms. Severe Joseph VIDITE , <http://www.chihaiti.org/why-chi/tebow-medical-record-system/>

Global Health Action, Interview with Gregory LEGER and Fredline DESROSIERS , <http://www.globalhealthaction.org/>

Hope for Haiti, Public Health, <http://hopeforhaiti.com/PublicHealth.html>

Interview with the Director and Health Coordinator/Nurse in Port-au-Prince

Konbit Sante, Community Health Workers, <https://konbitsante.org/community-health-workers>

Management Sciences for Health, Interview with Antoine Ndiaye, <http://www.msh.org/our-work/country/haiti>

Ministry of Public Health and Population, Haiti., Interview with Madame Thierry BAYAS, (+509 48906641) <http://mspp.gouv.ht/site/index.php>

Ministry of Public Health and Population, Haiti. 2013. Health Plan 2012-2022. Port au Prince: Ministry of Public Health and Population. Available at <http://mspp.gouv.ht/site/downloads/Plan%20Directeur%20de%20Sant%C3%A9%202012%202022%20version%20web.pdf> (accessed September 2014).

Ministry of Public Health and Population, Haiti. 2012. National Health Policy. Port au Prince: Ministry of Public Health and Population. Available at <http://mspp.gouv.ht/site/downloads/livret%20pns%20for%20web.pdf> (accessed September 2014).

2011. Technical Cooperation—Brasil, Cuba, Haiti: Curriculum Guide for Training Community Health Workers.

Partners in Health, Haiti, <http://www.pih.org/country/haiti>

REACHHaiti, Relief, Education, and Assistance for Community Health in Haiti, <http://reachh.org/>

World Hope, Interview with Tae Symons, <https://www.worldhope.org>

World Vision Haiti, Interview with Noel BLONDY, <https://www.worldvision.org/haiti>

VII. AT-A-GLANCE GUIDE TO HAITI

COMMUNITY HEALTH SERVICE PROVISION

Intervention		Agentes de Santé Communautaire Polyvalente			
		Information/education	Counseling	Administered and/or provided product	Referral
Family Planning	<i>Services/Products</i>	<i>Information/education</i>	<i>Counseling</i>	<i>Administered and/or provided product</i>	<i>Referral</i>
	SDM/FAM	X			X
	Condoms	X		X	X
	Oral pills	X			X
	DMPA (IM)	X			X
	Implants	X			X
	IUDs	X			X
	Emergency Contraception	X			X
	Permanent methods	X			X
HIV/AIDS	Voluntary counseling and testing (VCT)	X	X		X
	Prevention of mother-to-child transmission (PMTCT)	X			X
MCH	Misoprostol (for prevention of postpartum hemorrhage - PPH)				
	Zinc	X			X
	ORS	X			X
	Immunizations Delivery	X			

Intervention		Agentes de Santé Communautaire Polyvalente			
Malaria	Bed nets	X			X
	Indoor residual spraying (IRS)	X			X
	Sulphadoxine-pyrimethamine (for treatment of uncomplicated malaria) (SP)				
Cholera		X	X		X



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