ADVANCING PARTNERS & COMMUNITIES

COMMUNITY HEALTH SYSTEMS CATALOG COUNTRY PROFILE: HAITI

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Advancing Partners & Communities

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ACRONYMS

AIP	auxiliaire-infirmière polyvalente (multi-purpose auxiliary nurse)
APC	Advancing Partners & Communities
ASCP	agent de santé communautaire polyvalent (multi-purpose community health agent)
CCS	centre communautaire de santé (community health center)
CHS	community health system
CS	centre de santé (health center)
ESF	équipe de santé familiale (family health team)
FP	family planning
HRC	hôpital de référence communautaire (community referral hospital)
IUD	intrauterine device
MSPP	Ministère de la Santé Publique et de la Population (Ministry of Public Health and Population)
PES	paquet essential des services (essential package of services)
SISNU	Système d'informations de santé national unique (Singular National Health Information System)
TB	tuberculosis
USAID	United States Agency for International Development
WASH	water, sanitation, and hygiene

INTRODUCTION

This Community Health Systems (CHS) Catalog country profile is the 2016 update of a landscape assessment that was originally conducted by the Advancing Partners & Communities (APC) project in 2014. The CHS Catalog focuses on 25 countries deemed priority by the United States Agency for International Development's (USAID) Office of Population and Reproductive Health, and includes specific attention to family planning (FP), a core focus of the APC project.

The update comes as many countries are investing in efforts to support the Sustainable Development Goals and to achieve universal health coverage while modifying policies and strategies to better align and scale up their community health systems.

The purpose of the CHS Catalog is to provide the most up-to-date information available on community health systems based on existing policies and related documentation in the 25 countries. Hence, it does not necessarily capture the realities of policy implementation or service delivery on the ground. APC has made efforts to standardize the information across country profiles, however, content between countries may vary due to the availability and quality of the data obtained from policy documents.

Countries use a wide variety of terminology to describe health workers at the community level. The CHS Catalog uses the general term "community health provider" and refers to specific titles adopted by each respective country as deemed appropriate.

The CHS Catalog provides information on 136 interventions delivered at the community level for reproductive, maternal, newborn, and child health; nutrition; selected infectious diseases; and water, sanitation, and hygiene (WASH). This country profile presents a sample of priority interventions (see Table 6 in the Service Delivery section) delivered by community health providers and for which information is available.

APC regularly updates these profiles and welcomes input from colleagues. If you have comments or additional information, please send them to info@advancingpartners.org.

HAITI COMMUNITY HEALTH OVERVIEW

Haiti has two main policy documents that guide community health. The *Organization of Community Health Care* presents an overview of the country's community health systems, and the *Essential Services Package Manual (PES)* outlines the standards for service delivery, including which services are provided by each type of health provider. Both documents were developed by Haiti's Ministry of Public Health and Population (MSPP) in 2015 to provide a standardized framework for achieving universal health coverage, especially for vulnerable populations.

These policies are situated within a wider context of health policy reform in Haiti, as the country moves from emergency response to increased health system efficiency and improved overall health. A key supplementary policy document is the *Master Plan for Health 2012-2012*, which incorporates community health as a critical level of service delivery. Together, these documents provide guidance on a wide array of health-related topics, from HIV and AIDS to FP to disaster preparedness.

ASCP, the main community health providers in Haiti, are members of family health teams, which also comprise auxiliary nurses, nurses, and doctors. Each family health team aims to provide services to about 60,000 people.

The main community health provider in Haiti is the *agent de santé communautaire polyvalent* (ASCP). For years, ASCP have been working in communities under various titles but with no standard provision of services or products. In 2015, the MSPP more formally established the ASCP under one title with a job description through the ASCP program. Since then, MSPP partners in Haiti, i.e., international donors, nongovernmental organizations, and national institutions, must train community health providers using

Table 1. Community Health Quick Stats

Main community health policies/strategies	*Essential Services Package Manual: Norms, Standards and Procedures of Health Care Provision (Manuel du paquet essentiel de services: Normes, standards et procédures de l'offre de soins)*	*Master Plan for Health 2012-2022 (Plan directeur de santé 2012-2022)*	*Organization of Community Health Care (Organisation des soins de santé communautaire)*
Last updated	2015	2013	2015
Number of community health provider cadres	1 main cadre: agent de santé communautaire polyvalent (ASCP)		
Recommended number of community health providers	10,920 ASCP		
Estimated number of community health providers	3,161 ASCP		
Recommended ratio of community health providers to beneficiaries	1 ASCP: 1,000 people		
Community-level data collection	Yes		
Levels of management of community-level service delivery	National, health department, district/community		
Key community health program(s)	ASCP Program		

a standardized ASCP curriculum within their respective programs. The curriculum is aligned to national priorities, and any training conducted by partners must first be approved by the MSPP or the relevant local health directorates. The curriculum for ASCP was developed between 2010 and 2012 (before most recent policies were developed and revised), highlighting the potential need to update the curriculum to be in line with the 2015 *PES*.

The ASCP program aims to operate nationwide, but as of 2014 there were 3,161 ASCP in the country—or only 30 percent of the estimated 10,920 that the country needs. The *Organization of Community Health Care* estimates the five-year cost of the program will be about $257 million US but it does not specify details about the sources of funding nor any funding gaps.

Table 2. Key Health Indicators, Haiti

Indicator	Value
Total population[1]	11.1 m
Rural population[1]	41%
Total expenditure on health per capita (current US$)[2]	$108
Total fertility rate[3]	3.5
Unmet need for contraception[3]	35.3%
Contraceptive prevalence rate (modern methods for married women 15-49 years)[3]	31.3%
Maternal mortality ratio[4]	359
Neonatal, infant, and under 5 mortality rates[3]	31 / 59 / 88
Percentage of births delivered by a skilled provider[3]	37.3%
Percentage of children under 5 years stunted[3]	21.9%
HIV prevalence rate[5]	1.7%

[1] PRB 2016; [2] World Bank DataBank 2014; [3] Cayemittes, B. et al. 2013; [4] WHO 2015; [5] UNAIDS 2015.

Information on many aspects of the ASCP program, such as selection process, scope of service, training, supervision, incentives, and referrals, is included in the policy guidance, although there are discrepancies with some aspects of the training curriculum.The policies do not extensively provide guidance on ASCP retention or monitoring and evaluation.

ASCP have a supporting role within family health teams (ESF), which operate out of a network of community health centers (CCS) and health centers (CS). Each ESF aims to cover about 60,000 people and comprises 60 ASCP, four multi-purpose auxiliary nurses (AIP), two nurses, and one doctor, who provide preventive and curative health services and conduct health promotion. A diagram of an ESF is included in Figure 1. ASCP conduct their work in the communities within a subdivision of the catchment area of the CCS or CS to which they belong, which contains around 1,000 people. They refer patients to other members of the ESF (e.g., AIP) at the CS or CCS for services that are beyond their scope. ASCP are salaried workers.

Civil society and community groups are only generally mentioned in Haiti's policies. Civil society groups partner with the public and private sectors in planning, research, financing, and implementation, while community groups work with ASCP to support community health activities.

LEADERSHIP AND GOVERNANCE

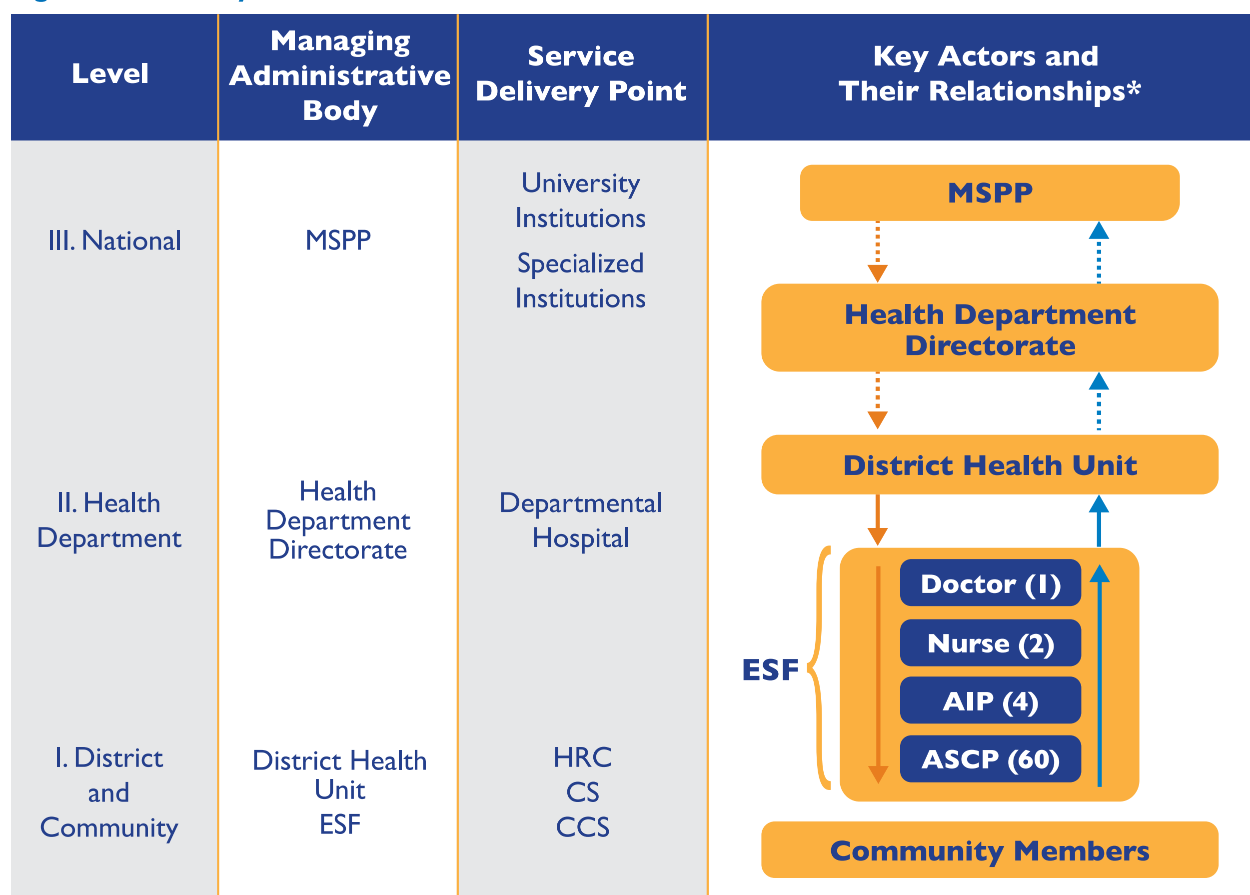
Community-level service delivery in Haiti is managed and coordinated across three main levels: national, health department, and district/community. While the community and district levels are distinct, policy regards them as one overarching level because of their critical role in service delivery in communities. Each of the three levels has a specific role in supporting policy and program efforts:

- The **national level** (Level III) is guided by the MSPP and provides policy guidance and standards for community-level service delivery.
- At the **health department level** (Level II), the Health Department Directorate provides routine technical and management support to its catchment area and is responsible for implementation of national strategies, including those that cover community health.

- The **district and community levels** (Level I) are strongly interlinked to provide health services.
  - The **district level** is led by the district health unit, which is supported by the Health Department Directorate, and is responsible for the coordination, supervision, and monitoring of service delivery at the community level.
  - At the **community level,** the ESF is a technical and management body comprising four types of health workers (doctors, nurses, AIP, and ASCP) and is responsible for planning and coordinating ASCP work and other health activities in communities along with the district health unit, to which it reports.

Figure I summarizes Haiti's health system structure, including managing administrative bodies, service delivery points, and key actors at each level.

Figure I. Health System Structure



Level	Managing Administrative Body	Service Delivery Point	Key Actors and Their Relationships*
III. National	MSPP	University Institutions Specialized Institutions	
II. Health Department	Health Department Directorate	Departmental Hospital	
I. District and Community	District Health Unit ESF	HRC CS CCS	

*The exact flow of community-level data and supervision structure beyond the community/district levels are not specified in policy. However, policy implies that data flows up the health system and supervision is top-down. The dotted arrows indicate this.

HUMAN RESOURCES FOR HEALTH

In Haiti, there is one main community health provider—the ASCP—who is part of the formal health system and works in conjunction with other members of the ESF. Table 3 provides an overview of ASCP.

Table 3. Community Health Provider Overview

	ASCP
Number in country	3,161
Target number	10,920
Coverage ratios and areas	1 ASCP: 1,000 people Cover a sector or a subdivision of the CCS or CS area of intervention, which is often delimited by natural boundaries Operate in urban, rural, and peri-urban areas
Health system linkage	Employed, trained, and equipped by the MSPP and its partners Refer patients for services beyond their scope to the CCS or CS
Supervision	Supervised and mentored by AIP and sometimes nurses
Accessing clients	On foot
Selection criteria	18 to 35 years At least a 9th grade education; not exceeding 12th grade Resident of the commune/town Recognition and support of the community Reference by a leader Pass a written test and an interview
Selection process	Latest policy does not provide specific guidelines for the process of recruiting ASCP; however, it states that partners using ASCP for their programming should consult health departments for a list of candidates from which to recruit, rather than recruiting directly themselves.
Training	Training takes place over about 400 hours
Curriculum	*Multi-purpose Community Health Agent Training,* which includes a trainer's guide, a student handbook, and a text book (2010-2012). Includes 5 modules: the organization of health services; ASCP work processes; health across different life stages; prevention and control of the most common illnesses; and ASCP actions in dangerous situations. Each module contains 2-4 subtopics.
Incentives and remuneration	Under the new policies, ASCP will receive a salary of 8,000 gourdes per month (approximately $130 US). Currently, they receive about 6,000 Haitian gourdes or less from program partners. Upon issuance of new contracts, partners will have to meet the 8,000 gourde requirement. ASCP will also receive non-financial incentives, including free or discounted health care, t-shirts, and formal social recognition for their service. Both financial and non-financial incentives are financed by the MSPP and nongovernmental organizations.

HEALTH INFORMATION SYSTEMS

ASCP are expected to routinely collect service data critical for program monitoring at the community level. They collect data using family registration forms, compilation sheets, monthly reports, registers for each priority target group, and other reporting forms for home visits, community meetings, and public rallies. In some areas, there are mobile health interventions where ASCP use tablets or mobile phones for data collection, but this method has yet to be scaled up.

ASCP complete monthly reports for their supervisors. The supervisors and other members of the ESF integrate this data into their own reports and send them to the district health unit. Policy does not clearly specify the flow of data after it reaches the district level, but in practice, it is expected that information is incorporated into the National Health Information System (SISNU) through an electronic platform. With support from USAID, the MSPP introduced SISNU in 2015 and is still in the process of scaling it up. Policies do not mention a mechanism for sharing data at the community level. Please refer to Figure 1 to see the flow of reporting data.

HEALTH SUPPLY MANAGEMENT

ASCP receive medicines, products, and supplies through the ESF, which is based at the CCS or CS. However, policy does not outline specific processes for resupply or procedures for receiving emergency backup supplies. ASCP collect medical waste (used syringes, soiled bandages, etc.) at the place of service delivery, such as rally posts during campaigns. They store waste in safety boxes and bring them back to the CS or CCS for disposal.

The full list of commodities that ASCP provide is not available; however, Table 4 captures information about selected medicines and products included in Haiti's *National List of Essential Medicines* (2012).

Table 4. Selected Medicines and Products Included in Haiti's *National List of Essential Medicines* (2012)

Category		Medicine / Product
FP	☐	CycleBeads®
	☑	Condoms
	☑	Emergency contraceptive pills
	☑	Implants
	☑	Injectable contraceptives
	☑	IUDs
	☑	Oral contraceptive pills
Maternal health	☑	Calcium supplements
	☑	Iron/folate
	☑	Misoprostol
	☑	Oxytocin
	☑	Tetanus toxoid
Newborn and child health	☑	Chlorhexidine
	☑	Cotrimoxazole
	☑	Injectable gentamicin
	☑	Injectable penicillin
	☑	Oral amoxicillin
	☐	Tetanus immunoglobulin
	☑	Vitamin K
HIV and TB	☑	Antiretrovirals
	☑	Isoniazid (for preventive therapy)
Diarrhea	☑	Oral rehydration salts
	☐	Zinc
Malaria	☑	Artemisinin combination therapy
	☐	Insecticide-treated nets
	☑	Paracetamol
	☐	Rapid diagnostic tests
Nutrition	☑	Albendazole
	☑	Mebendazole
	☐	Ready-to-use supplementary food
	☐	Ready-to-use therapeutic food
	☑	Vitamin A

SERVICE DELIVERY

In 2015, Haiti updated the policy documents guiding community health to better define the community health system and the packages of services that should be delivered at that level.

The *PES* outlines the main service delivery package provided at multiple levels of the health system, from the community to departmental hospitals. It specifies guidelines for services that ASCP, AIP, nurses, nurse-midwives, general doctors, and specialists should provide. The package encompasses a wide range of health areas, including maternal and child health (including FP), nutrition, communicable and non-communicable diseases, mental health, dental care, eye care, and surgical procedures.

ASCP utilize various channels and approaches to mobilize communities, provide health education, and deliver selected preventive and curative services (Table 5).

ASCP refer clients to higher tiers of services—CCS, CS, and community referral hospitals (HRC). Policy states that health facility workers should counter-refer clients to ASCP for follow-up of selected services.

Using FP as an example, ASCP and other health workers may refer clients to:

- **Community health centers (CCS)** for information on the Standard Days Method and other fertility awareness-based methods, condoms, oral contraceptive pills, injectable contraceptives.
- **Health centers (CS)** for FP services and products available at CCS as well as implants.
- **Community referral hospitals (HRC)** for FP services and products available at the CS as well as intrauterine devices (IUDs) and permanent methods.

Table 5. Modes of Service Delivery

Service	Mode
Clinical services	Periodic outreach at fixed points
	Health posts or other facilities
	Special campaigns
Health education	Door-to-door
	Health posts or other facilities
	In conjunction with other periodic outreach services
	Community meetings
	Mothers' or other ongoing groups
Community mobilization	Community meetings
	Mothers' or other ongoing groups

Table 6 provides details about selected interventions that may be delivered by ASCP in the following health areas: FP, maternal health, newborn care, child health and nutrition, tuberculosis (TB), HIV, malaria, and WASH.

Table 6. Selected Interventions, Products, and Services

Subtopic	Interventions, products, and services	Information, education, and/or counseling	Administration and/or provision	Referral	Follow-up
FP	Condoms	ASCP	ASCP	ASCP[1]	Unspecified
	CycleBeads®	Unspecified	Unspecified	Unspecified	Unspecified
	Emergency contraceptive pills	ASCP	ASCP[2]	Unspecified	Unspecified
	Implants	Unspecified[3]	No	Unspecified	Unspecified
	Injectable contraceptives	ASCP	No[4]	ASCP[1]	Unspecified
	IUDs	ASCP	No	Unspecified	Unspecified
	Lactational amenorrhea method	ASCP		ASCP[1]	ASCP
	Oral contraceptive pills	ASCP	ASCP[5]	ASCP[1]	ASCP
	Other fertility awareness methods	ASCP		ASCP[1]	ASCP
	Permanent methods	ASCP	No	Unspecified	Unspecified
	Standard Days Method	ASCP		ASCP[1]	ASCP
Maternal health	Birth preparedness plan	ASCP	Unspecified	ASCP	Unspecified
	Iron/folate for pregnant women	ASCP	No	ASCP	Unspecified
	Nutrition/dietary practices during pregnancy	ASCP		ASCP	Unspecified
	Oxytocin or misoprostol for postpartum hemorrhage	No	No	No	No
	Recognition of danger signs during pregnancy	ASCP	ASCP	Unspecified	Unspecified
	Recognition of danger signs in mothers during postnatal period	ASCP	ASCP	Unspecified	Unspecified
Newborn care	Care seeking based on signs of illness	ASCP			Unspecified
	Chlorhexidine use	No	No	No	No
	Managing breastfeeding problems (breast health, perceptions of insufficient breast milk, etc.)	ASCP		Unspecified	Unspecified
	Nutrition/dietary practices during lactation	ASCP		Unspecified	Unspecified
	Postnatal care	ASCP	No	ASCP	ASCP
	Recognition of danger signs in newborns	ASCP	ASCP	ASCP	Unspecified

Subtopic	Interventions, products, and services	Information, education, and/or counseling	Administration and/or provision	Referral	Follow-up
Child health and nutrition	Community integrated management of childhood illness	Unspecified[6]	Unspecified[6]	Unspecified[6]	Unspecified[6]
	De-worming medication (albendazole, mebendazole, etc.) for children 1–5 years[7]	ASCP	ASCP	ASCP	Unspecified
	Exclusive breastfeeding for first 6 months	ASCP		Unspecified	Unspecified
	Immunization of children[8]	ASCP	ASCP[9]	ASCP	ASCP
	Vitamin A supplementation for children 6–59 months	ASCP	ASCP[10]	ASCP	Unspecified
HIV and TB	Community treatment adherence support, including directly observed therapy	ASCP	ASCP	ASCP	ASCP
	Contact tracing of people suspected of being exposed to TB	ASCP	ASCP	ASCP	ASCP
	HIV testing	ASCP	No	ASCP	Unspecified
	HIV treatment support	ASCP	ASCP	ASCP	ASCP
Malaria	Artemisinin combination therapy	ASCP	No	ASCP	Unspecified
	Long-lasting insecticide-treated nets	ASCP	No	Unspecified	Unspecified
	Rapid diagnostic testing for malaria	ASCP	No	ASCP	Unspecified
WASH	Community-led total sanitation	No	No		
	Hand washing with soap	ASCP			
	Household point-of-use water treatment	ASCP			
	Oral rehydration salts[11]	ASCP	ASCP	ASCP	Unspecified

[1] Policy mentions referral for family planning generally (not specific to each method).
[2] Policies provide contradictory information about emergency contraceptive pills: one policy instructs ASCP to administer emergency medication to prevent pregnancy in the case of rape. This is not mentioned in other documents.
[3] Information about implants is not included in ASCP *Cahier de texte*.
[4] Policy on administration of injectables by ASCP is contradictory within the *PES*.
[5] ASCP can only initiate oral contraceptive pills in the absence of a contraindication during consultation.
[6] Policy does not explicitly address ASCP role in integrated management of childhood illness, but many of their tasks support the intervention, which is conducted by AIP.
[7] ASCP can also distribute de-worming medication to people other than children under 5 years.
[8] Also includes immunization of newborns.
[9] Policies contain contradictory information about whether ASCP may administer immunizations.
[10] Policies contain contradictory information about whether ASCP may administer vitamin A.
[11] ASCP can distribute oral rehydration salts to children under 5 years and the general population.

KEY POLICIES AND STRATEGIES

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