

# COMMUNITY HEALTH SYSTEMS CATALOG

## COUNTRY PROFILE: HAITI

SEPTEMBER 2016



### **Advancing Partners & Communities**

Advancing Partners & Communities (APC) is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-12-00047, beginning October 1, 2012. APC is implemented by JSI Research & Training Institute, Inc. in collaboration with FHI 360. The project focuses on advancing and supporting community programs that seek to improve the overall health of communities and achieve other health-related impacts, especially in relationship to family planning. APC provides global leadership for community-based programming, executes and manages small- and medium-sized sub-awards, supports procurement reform by preparing awards for execution by USAID, and builds technical capacity of organizations to implement effective programs.

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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 essentiel 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](mailto: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 a context of emergency response to one aimed at 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.

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

**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.**

**Table 1. Community Health Quick Stats**

| Main community health policies/strategies                        | <i>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)</i> | <i>Master Plan for Health 2012-2022 (Plan directeur de santé 2012-2022)</i> | <i>Organization of Community Health Care (Organisation des soins de santé communautaire)</i> |
|--|--|---|--|
| 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.

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.

**Table 2. Key Health Indicators, Haiti**

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

<sup>1</sup> PRB 2016; <sup>2</sup> World Bank DataBank 2014; <sup>3</sup> Cayemittes, B. et al. 2013; <sup>4</sup> WHO 2015; <sup>5</sup> UNAIDS 2015.

## LEADERSHIP AND GOVERNANCE

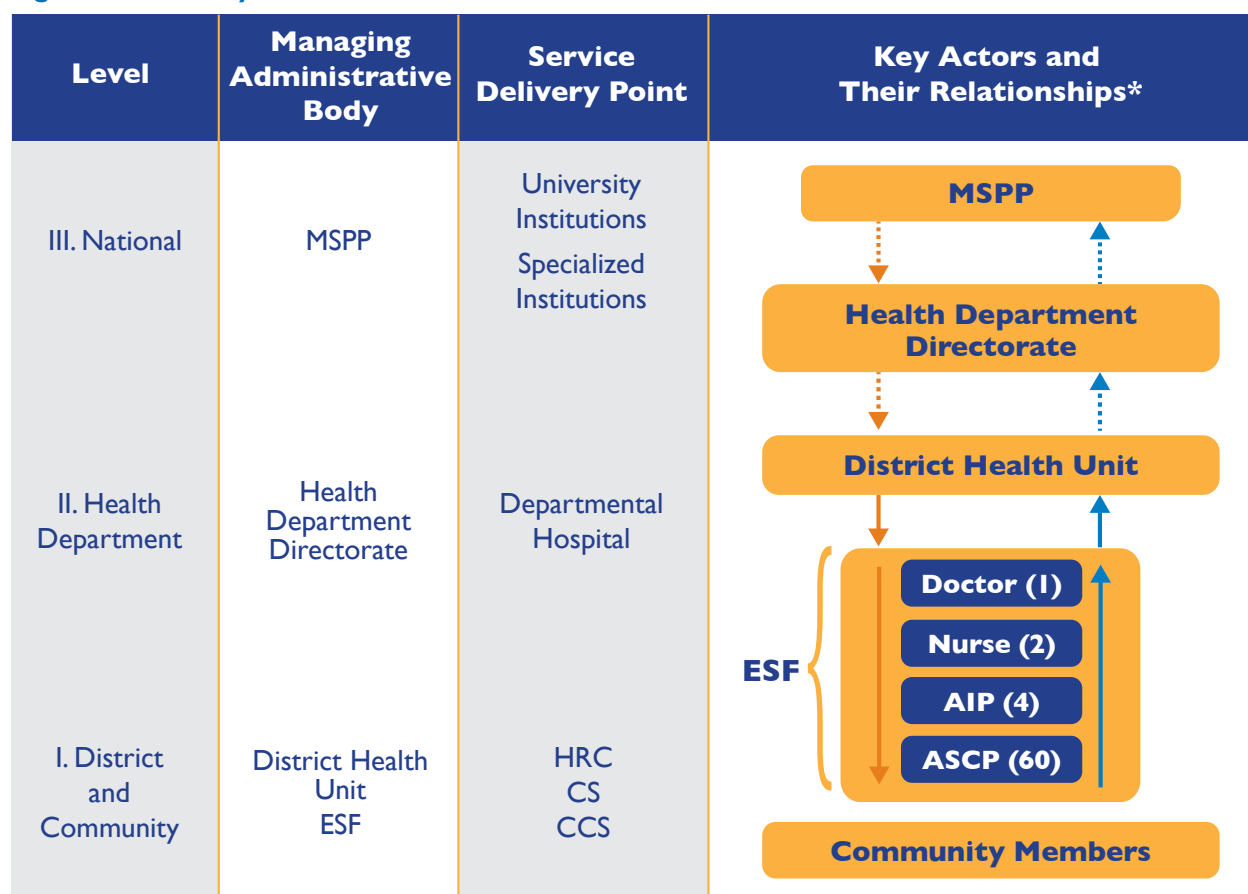
Community-level service delivery in Haiti is managed and coordinated across three main levels: national, health department, and district/community. While the community and district levels are distinct, policy regards them as one overarching level because of their critical role in service delivery in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



\*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.

Supervision →  
Flow of community-level data →

# 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  |
|------------------------------------|---|
| <b>Number in country</b>           | 3,161   |
| <b>Target number</b>               | 10,920  |
| <b>Coverage ratios and areas</b>   | <p>1 ASCP: 1,000 people</p> <p>Cover a sector or a subdivision of the CCS or CS area of intervention, which is often delimited by natural boundaries</p> <p>Operate in urban, rural, and peri-urban areas</p>   |
| <b>Health system linkage</b>       | <p>Employed, trained, and equipped by the MSPP and its partners</p> <p>Refer patients for services beyond their scope to the CCS or CS</p>  |
| <b>Supervision</b>                 | Supervised and mentored by AIP and sometimes nurses   |
| <b>Accessing clients</b>           | On foot   |
| <b>Selection criteria</b>          | <p>18 to 35 years</p> <p>At least a 9th grade education; not exceeding 12th grade</p> <p>Resident of the commune/town</p> <p>Recognition and support of the community</p> <p>Reference by a leader</p> <p>Pass a written test and an interview</p>  |
| <b>Selection process</b>           | 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.  |
| <b>Training</b>                    | Training takes place over about 400 hours   |
| <b>Curriculum</b>                  | <i>Multi-purpose Community Health Agent Training</i> , 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.   |
| <b>Incentives and remuneration</b> | 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   |
|---------------------------------|--|
| <b>FP</b>                       | <input type="checkbox"/> CycleBeads®                                   |
|                                 | <input checked="" type="checkbox"/> Condoms                            |
|                                 | <input checked="" type="checkbox"/> Emergency contraceptive pills      |
|                                 | <input checked="" type="checkbox"/> Implants                           |
|                                 | <input checked="" type="checkbox"/> Injectable contraceptives          |
|                                 | <input checked="" type="checkbox"/> IUDs                               |
|                                 | <input checked="" type="checkbox"/> Oral contraceptive pills           |
| <b>Maternal health</b>          | <input checked="" type="checkbox"/> Calcium supplements                |
|                                 | <input checked="" type="checkbox"/> Iron/folate                        |
|                                 | <input checked="" type="checkbox"/> Misoprostol                        |
|                                 | <input checked="" type="checkbox"/> Oxytocin                           |
|                                 | <input checked="" type="checkbox"/> Tetanus toxoid                     |
| <b>Newborn and child health</b> | <input checked="" type="checkbox"/> Chlorhexidine                      |
|                                 | <input checked="" type="checkbox"/> Cotrimoxazole                      |
|                                 | <input checked="" type="checkbox"/> Injectable gentamicin              |
|                                 | <input checked="" type="checkbox"/> Injectable penicillin              |
|                                 | <input checked="" type="checkbox"/> Oral amoxicillin                   |
|                                 | <input type="checkbox"/> Tetanus immunoglobulin                        |
|                                 | <input checked="" type="checkbox"/> Vitamin K                          |
| <b>HIV and TB</b>               | <input checked="" type="checkbox"/> Antiretrovirals                    |
|                                 | <input checked="" type="checkbox"/> Isoniazid (for preventive therapy) |
| <b>Diarrhea</b>                 | <input checked="" type="checkbox"/> Oral rehydration salts             |
|                                 | <input type="checkbox"/> Zinc  |
| <b>Malaria</b>                  | <input checked="" type="checkbox"/> Artemisinin combination therapy    |
|                                 | <input type="checkbox"/> Insecticide-treated nets                      |
|                                 | <input checked="" type="checkbox"/> Paracetamol                        |
|                                 | <input type="checkbox"/> Rapid diagnostic tests                        |
| <b>Nutrition</b>                | <input checked="" type="checkbox"/> Albendazole                        |
|                                 | <input checked="" type="checkbox"/> Mebendazole                        |
|                                 | <input type="checkbox"/> Ready-to-use supplementary food               |
|                                 | <input type="checkbox"/> Ready-to-use therapeutic food                 |
|                                 | <input checked="" type="checkbox"/> Vitamin A                          |

# SERVICE DELIVERY

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.

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.

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   |
|------------------------|--|---|---------------------------------|-------------------|-------------|
| <b>FP</b>              | Condoms  | ASCP                                      | ASCP                            | ASCP <sup>1</sup> | Unspecified |
|                        | CycleBeads®  | Unspecified                               | Unspecified                     | Unspecified       | Unspecified |
|                        | Emergency contraceptive pills  | ASCP                                      | ASCP <sup>2</sup>               | Unspecified       | Unspecified |
|                        | Implants   | Unspecified <sup>3</sup>                  | No                              | Unspecified       | Unspecified |
|                        | Injectable contraceptives  | ASCP                                      | ASCP <sup>4</sup>               | ASCP <sup>1</sup> | Unspecified |
|                        | IUDs   | ASCP                                      | No                              | Unspecified       | Unspecified |
|                        | Lactational amenorrhea method  | ASCP                                      |                                 | ASCP <sup>1</sup> | ASCP        |
|                        | Oral contraceptive pills   | ASCP                                      | ASCP <sup>5</sup>               | ASCP <sup>1</sup> | ASCP        |
|                        | Other fertility awareness methods  | ASCP                                      |                                 | ASCP <sup>1</sup> | ASCP        |
|                        | Permanent methods  | ASCP                                      | No                              | Unspecified       | Unspecified |
|                        | Standard Days Method   | ASCP                                      |                                 | ASCP <sup>1</sup> | ASCP        |
| <b>Maternal health</b> | 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 |
| <b>Newborn care</b>    | 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                |
|-----------------------------------|--|---|---------------------------------|--------------------------|--------------------------|
| <b>Child health and nutrition</b> | Community integrated management of childhood illness                                       | Unspecified <sup>6</sup>                  | Unspecified <sup>6</sup>        | Unspecified <sup>6</sup> | Unspecified <sup>6</sup> |
|                                   | De-worming medication (albendazole, mebendazole, etc.) for children 1–5 years <sup>7</sup> | ASCP                                      | ASCP                            | ASCP                     | Unspecified              |
|                                   | Exclusive breastfeeding for first 6 months   | ASCP                                      |                                 | Unspecified              | Unspecified              |
|                                   | Immunization of children <sup>8</sup>  | ASCP                                      | ASCP <sup>9</sup>               | ASCP                     | ASCP                     |
|                                   | Vitamin A supplementation for children 6–59 months   | ASCP                                      | ASCP <sup>10</sup>              | ASCP                     | Unspecified              |
| <b>HIV and TB</b>                 | 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                     |
| <b>Malaria</b>                    | 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              |
| <b>WASH</b>                       | Community-led total sanitation   | No  | No                              |                          |                          |
|                                   | Hand washing with soap   | ASCP                                      |                                 |                          |                          |
|                                   | Household point-of-use water treatment   | ASCP                                      |                                 |                          |                          |
|                                   | Oral rehydration salts <sup>11</sup>   | ASCP                                      | ASCP                            | ASCP                     | Unspecified              |

<sup>1</sup> Policy mentions referral for family planning generally (not specific to each method).

<sup>2</sup> 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.

<sup>3</sup> Information about implants is not included in ASCP *Cahier de texte*.

<sup>4</sup> Policy on administration of injectables by ASCP is contradictory within the PES.

<sup>5</sup> ASCP can only initiate oral contraceptive pills in the absence of a contraindication during consultation.

<sup>6</sup> 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.

<sup>7</sup> ASCP can also distribute de-worming medication to people other than children under 5 years.

<sup>8</sup> Also includes immunization of newborns.

<sup>9</sup> Policies contain contradictory information about whether ASCP may administer immunizations.

<sup>10</sup> Policies contain contradictory information about whether ASCP may administer vitamin A.

<sup>11</sup> ASCP can distribute oral rehydration salts to children under 5 years and the general population.

# KEY POLICIES AND STRATEGIES

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