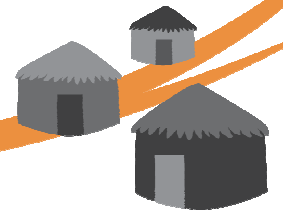
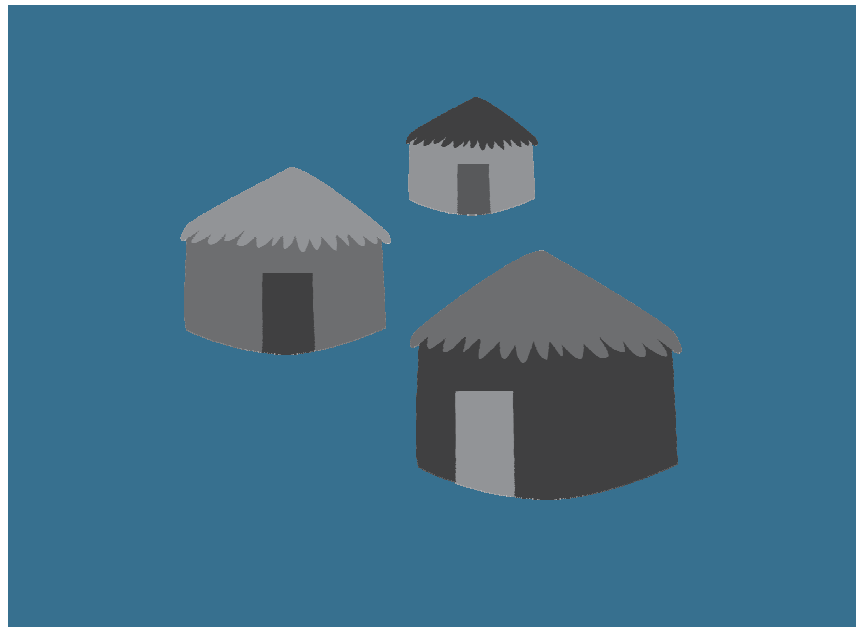


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Haiti Model

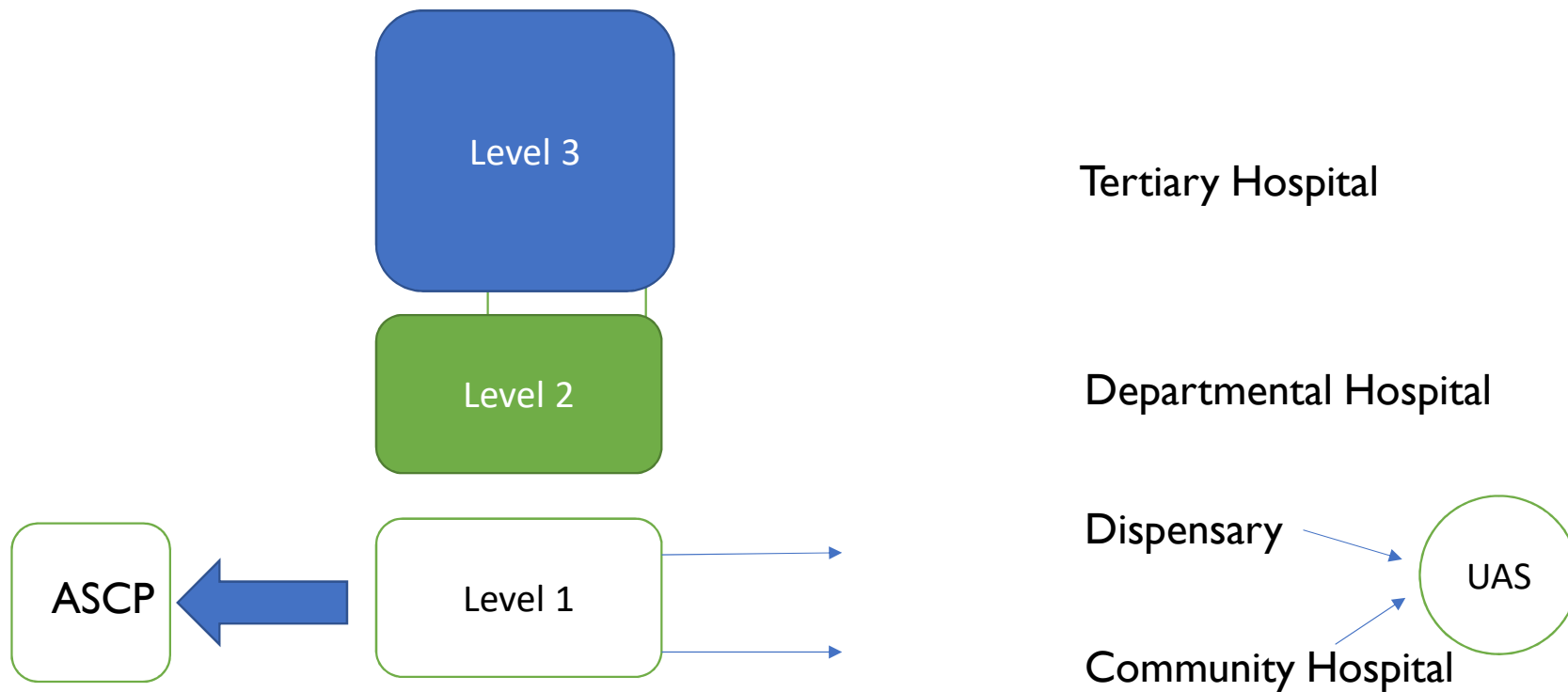
Polyvalent Community Health Agent (ASCP)

- Overview of CHW program
- Accomplishments
- Challenges
- Perspectives
- Conclusion



Photo by Partners in Health

Health System in Haiti



ASCP: Genesis?

- ACP vs ASCP
- ASC: Brazil-Cuba-Haiti 2008-2010
- ACP:WB 2010
- MOH new model:ASCP (nation wide) 2011



Photo by Cecille Joan Avila / Partners In Health

ASCP: General



Photo by Rebecca E. Rollins / Partners In Health

- MOH guidelines: 1-1000 people
- In 2012: 3161 ASCP
- MOH Objective: 10,414
- Training: 10 modules
- Salary: 8,000 HTG (about \$120 USD)

Scope of ASCP

- Conduct a census
- Health education of the community
- Conduct home visits
- Counsel on nutrition
- Ensure nutrition surveillance of children
- Promote ANC visits
- Promote Delivery at facility
- Promote FP
- Promote breastfeeding
- Promote immunization
- Promote hygiene at all levels (individual, collective and environmental)



Photo by Partners in Health

Scope of ASCP Continued

- Provide treatment for deworming
- Provide information to prevent dehydration among children
- Refer people with any illness to the closest health center
- Accompany TB/HIV patients
- Provide information on prevent STI-HIV/AIDS
- Counsel the community on accidents and disaster
- Provide first aid to people affected by disaster
- Counsel victims of violence
- Provide vaccination
- Provide short term FP methods

Channels of Health Promotion



Photo by Daniel Eisenson/Partners In Health

- Rally post
- Home visit
- Community meeting
- Mass campaign
- School visit
- Mothers club
- Youth club

Accomplishments

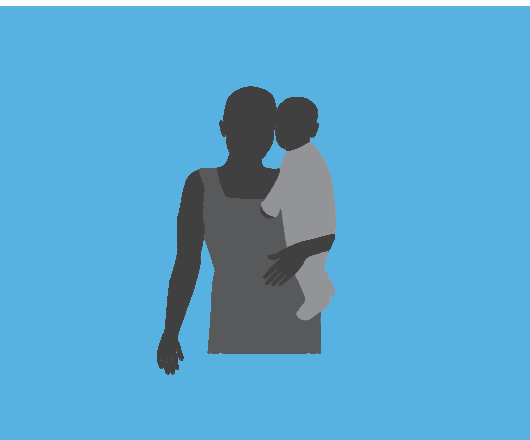
Policy	Uniform and standardized CH system since 2010 - no longer vertical and mosaic system
Leadership and governance	Initiative from MoH - One type of ASCP - One curriculum - Polyvalence - Pool of MoH Certified Trainers of Trainers - Duration of training - Minimum level of literacy for ASCP
Financing	A few financed by the MoH - Financing by partners/program
Services	Standard service package and supplies - The Essential Package of Services from the MOH
Data, performance management, and accountability	Acceptable level of data collection from site of intervention
Equity	Not clear yet - predominance of male ASCP due to many factors, but services equitably provided

Challenges

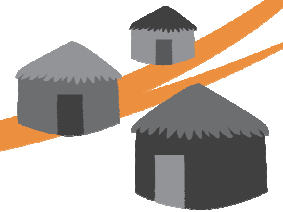
Policy	CHW strategy depends on government and politics - Linkages of CHW/ASCP to Health Facilities still not well implemented everywhere
Leadership and governance	Understaffing - Lack of supervision - technical resources and tools are needed
Financing	No governmental budget
Services	Stock out - more services could be added
Data, performance management, and accountability	Not at this level yet - CHW are able to collect data and report to Health facilities
Equity	Societal issues – machoism - ration male/female in CHW

Perspectives

CHW strategy depends on government and politics - Linkages of ASCP to Health Facilities still not well implemented everywhere	Developpment of strong cluster of partners under MOH leadership to advocate for legalizing CHW into the health system
Understaffing - Lack of supervision - technical resources and tools needed	Advocacy so that each project implemented in any area would be a battle horse to reinforce the community health work
No governmental budget	Advocacy for legal process of CHW
Stock out - more services could be added	Support more MOH at all levels (central, regional) to plan better and use existing stock more efficiently
Equity/Societal issues in staffing	Keep encouraging female participation and/or make it mandatory



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