Institutionalizing Community Health Conference

27-30 March 2017 | Johannesburg, South Africa

#HealthForAll ichc2017.org
Haiti Model
Polyvalent Community Health Agent (ASCP)

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

Photo by Partners in Health
Health System in Haiti

- Tertiary Hospital
- Departmental Hospital
- Dispensary
- Community Hospital

Level 3

Level 2

Level 1

ASCP

UAS
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

• MOH guidelines: 1-1000 people

• In 2012: 3161 ASCP

• MOH Objective: 10,414

• Training: 10 modules

• Salary: 8,000 HTG (about $120 USD)

Photo by Rebecca E. Rollins / Partners In Health
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)
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

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

Photo by Daniel Eisenson/Partners In Health
## Accomplishments

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Policy</strong></td>
<td>Uniform and standardized CH system since 2010 - no longer vertical and mosaic system</td>
</tr>
<tr>
<td><strong>Leadership and governance</strong></td>
<td>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</td>
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<tr>
<td><strong>Financing</strong></td>
<td>A few financed by the MoH - Financing by partners/program</td>
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<tr>
<td><strong>Services</strong></td>
<td>Standard service package and supplies - The Essential Package of Services from the MOH</td>
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<td><strong>Data, performance management, and accountability</strong></td>
<td>Acceptable level of data collection from site of intervention</td>
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<tr>
<td><strong>Equity</strong></td>
<td>Not clear yet - predominance of male ASCP due to many factors, but services equitably provided</td>
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## Challenges

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