Jhpiego in Haiti

Quick Facts

Estimated total population: 1
10.9 million

Maternal mortality ratio: 2
380 per 100,000 live births

Infant mortality rate: 3
59 per 1,000 live births

Under-five mortality rate: 3
88 per 1,000 live births

Total fertility rate: 3
3.5

Contraceptive prevalence: 3
31% (modern methods)
35% (all methods)

HIV prevalence: 3
2.2%

Births with skilled provider: 3
37%

Sources:
1 Population Reference Bureau
2015 World Population Data
Sheet;
2 Countdown to 2015: The 2014
Report: Haiti;
3 Enquête Mortalité, Morbidité et
Utilisation des Services, Haiti,
2012.

Background

The poorest and second most densely populated country in the Western Hemisphere, Haiti has been plagued by political unrest and natural disasters for much of its history. These realities create not only a challenging environment for program implementation, but also an increased need for health services as more and more people are vulnerable to disease, violence and poverty. Health indicators for the country, which are among the worst in the region, further reflect these challenges. Even before the earthquake in January 2010, Haiti had the highest infant and maternal mortality, the worst malnutrition and the worst AIDS situation in the Americas. Today, access to health services is even more limited and there is a shortage of experienced midwives and maternity clinics to meet the needs of Haitian women.

Jhpiego has been active in Haiti since 1997, first with funding from the U.S. Agency for International Development (USAID) to work with the Ministry of Health (MOH) to build the country’s capacity to provide family planning (FP) services. Initial activities included developing clinical standards and guidelines, developing FP skills of Haitian trainers and providing training resources. From 1999 to 2007, under the USAID-funded ACCESS Program and its precursor, Jhpiego collaborated with the United Nations Population Fund (UNFPA) to establish postabortion care services and expand minilaparotomy, Norplant® and IUD services at 16 health facilities in Haiti. With support from the President’s Emergency Plan for AIDS Relief (PEPFAR) and UNICEF, ACCESS also worked to strengthen services at health facilities for the prevention of mother-to-child transmission of HIV (PMTCT). In addition, ACCESS-FP implemented a USAID-funded youth initiative to increase young women’s use of FP and maternal and neonatal services through community-based initiatives.

Following the devastating earthquake in January 2010, Jhpiego received a grant from UNFPA to help identify and assess trained midwives and nurses available to support reproductive health (RH) services for earthquake-affected populations. In close collaboration with the MOH, Jhpiego mobilized the Haitian Association of Midwives, the Association of Nurses and other relevant networks to identify unemployed RH personnel (midwives, nurses, obstetrician/gynecologists) who could be deployed in an emergency to support health facilities. From 2008 to 2013, Jhpiego also provided technical leadership (in FP, maternal and neonatal care, infection prevention, PMTCT and obstetric emergencies) under the USAID-funded Santé pour le Développement et la Stabilité d’Haïti (SDSH) Project, led by Management Sciences for Health.
Under a grant from the MOH and the U.S. Centers for Disease Control and Prevention, Jhpiego also carried out a needs assessment of maternal and newborn care in Cap Haïtien and Saint-Marc Development Corridors of Haiti to formulate recommendations to strengthen emergency obstetric and newborn care services.

More recently, Jhpiego served as a partner under the four-year, USAID-funded project, Eviter le VIH et sa Transmission (Avoid HIV and Its Transmission) Project, providing technical assistance for the development of HIV-related policies, strategies and guidelines, and ensuring compliance with these guidelines at health facilities. Jhpiego also worked with the MOH to: 1) reduce mother-to-child transmission of HIV by strengthening RH services and integrating PMTCT with services offered to women of reproductive age; and 2) improve infection prevention and waste management practices at 12 targeted hospitals. In addition, due in part to Jhpiego’s advocacy with the MOH, a national strategy for cervical and uterine cancer was developed. Under this strategy, providers were trained to screen for cervical cancer using visual inspection of the cervix using acetic acid, cervical cancer services were launched at three facilities and clinical norms for cervical cancer prevention are being finalized.

Jhpiego’s current work in Haiti covers a multitude of technical areas and is funded by various donors. This work is described in more detail below.

**Current Program Highlights**

**Maternal and Child Survival**

Under the Ending Preventable Child and Maternal Deaths Project (EPCMD) and Services de Santé de Qualité pour Haïti (SSQH), the Jhpiego-led, USAID-funded Maternal and Child Survival Program is improving outcomes for HIV/TB, nutrition, FP and maternal, newborn and child health in Haiti. The Program maintains a strong focus on strengthening health systems by equipping the MOH and other implementing partners with the necessary technical resources to support the delivery of high-quality, high-impact reproductive, maternal, newborn and child health (RMNCH) services. Under this award, Jhpiego is providing technical assistance to: 1) increase utilization of the MOH’s integrated package of services at the primary care and community levels; 2) improve the functionality of the U.S. Government-supported health referral networks; 3) facilitate sustainable delivery of high-quality health services through the institutionalization of key management practices at both the facility and community levels; 4) strengthen departmental health authorities’ capacity to manage and monitor service delivery; and 5) provide technical assistance to the MOH to create an enabling national policy and coordination environment for improved RMNCH in Haiti.

**Emergency Obstetric and Newborn Care**

Jhpiego is partnering with the MOH to strengthen the management of emergency obstetric and neonatal complications in the Saint-Marc and North corridors. The overall goal of the project is to reduce maternal mortality by addressing critical gaps in health care services for pregnant, postpartum and postabortion women. While there is a large national demand for services, they are currently either unavailable or of low quality. Jhpiego is working to improve access to these services by: 1) providing key technical assistance to the MOH and stakeholders, 2) building capacity of health care providers and managers through curriculum updates and training, and 3) supporting facility-level service implementation.
Key Accomplishments

Under the current programs:

- Water and sanitation conditions have been improved through the clean clinic initiative at 21 sites.
- Access to HIV services has increased and the number of patients lost to follow-up has decreased by equipping facilities and training health care providers and community health workers.
- Through training, 10 health care providers at referral hospitals have had their capacity built to deliver lifesaving surgical skills, including cesarean sections, to save mothers and newborns.

Under past programs:

- RH and PMTCT service integration has been strengthened by:
  - Updating protocols and developing job aids;
  - Reorganizing services to improve client access and privacy;
  - Training more than 100 providers in maternal and newborn health/PMTCT;
  - Training more than 100 providers in FP, including long-acting methods such as IUDs and implants;
  - Training and supporting 110 case managers who help pregnant and postpartum women navigate health services; and
  - Reinforcing data recording and management using the national electronic health information system.
- Jhpiego’s interventions under the SDSH Project contributed to more than 225,000 pregnant women receiving HIV counseling and testing for PMTCT and receiving their test results, as well as more than 2,600 HIV-positive women receiving antiretrovirals for PMTCT.
- Minilaparotomy and Norplant implant services were established and continue to be available at 16 sites.
- PMTCT services have been strengthened at 16 sites, and PMTCT-Plus services are available at nine additional sites.
- Postabortion care services were established at 16 sites, and continue to be provided at 10 sites.
- Under the youth initiative, a participatory, client-oriented model of care was developed that is suited to the unique circumstances and needs of Haitian youth. As a result, the proportion of young users of services (aged 15–24) increased in health facilities and targeted communities.
- The Young Mothers/Young Girls project successfully changed norms for young girls, young mothers, parents and communities around use of RH services and FP methods. Use of a modern method of contraception by young mothers increased measurably in the target area.
- Clinical standards and guidelines for maternal health and FP have been developed and adopted for use nationally.
Partners and Donors

- Donors that have supported Jhpiego’s work in Haiti include: USAID, UNICEF, UNFPA and the MOH.
- Jhpiego collaborates closely with local partners MOH, the Haitian Association of Midwives, Association of Nurses, INHSAC, the Haitian Society of Obstetrics and Gynecology and l'Association des Oeuvres Privées de Santé, as well as with many U.S. organizations such as MSH and the Caris Foundation.

References


www.paho.org/english/dd/ped/HaitiHealthImpact.htm
