OVERVIEW OF THE COMMUNITY HEALTH SYSTEM

In Haiti, the health system is overseen at the national level by the Ministry of Public Health and Population (Ministère de la Santé Publique et de la Population—MSPP) which provides policies and standards for service delivery at all levels, including the community level (1). Health service delivery is managed and coordinated across three levels: national (level III), health department (level II), and district and community levels (level I). The national level is guided by the MSPP and provides policy guidance for community level service delivery. The Health Department level is guided by the Health Department Directorate, which provides routine support to its catchment population and is responsible for the implementation of national community health strategies.

The district and community health levels are distinct, yet are regarded in the policy documents as one overarching level because of their critical service delivery roles in communities. 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. The Family Health Team/équipe de la santé famille (ESF) leads the community level and is responsible for planning and coordinating the activities of community health workers, known in Haiti as agents de santé communautaire polyvalent (ASCPs). More information about the three levels is shown in Table 1 and Figure 1.

COMMUNITY HEALTH POLICY

Haiti has two main policy documents that guide community health: The Organization of Community Health Care which presents an overview of the country’s community health systems, and the Essential Service Package Manual which outlines the standards for service delivery, including which type of services are provided by each type of health provider. Both documents were developed by the MSPP in 2015 and are situated in a wider context of health system reform in Haiti. A key supplementary policy is the Master Plan for Health 2012-2022 which incorporates community health as a level of service delivery (1).

Table 1. Levels of the Health System in Haiti, Managing Units, and Service Delivery Points

<table>
<thead>
<tr>
<th>Level</th>
<th>Managing Administrative Unit(s)</th>
<th>Service Delivery Point</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (Level III)</td>
<td>MSPP</td>
<td>University Institutions and Specialized Institutions</td>
</tr>
<tr>
<td>Health Department (Level II)</td>
<td>Health Department Directorate</td>
<td>Department Hospital</td>
</tr>
<tr>
<td>District and Community (Level I)</td>
<td>District Health Unit</td>
<td>Community Referral Hospital (HRC*)</td>
</tr>
<tr>
<td></td>
<td>Family Health Team (ESF*)</td>
<td>Health Center (CS*)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Community Health Center (CCS*)</td>
</tr>
</tbody>
</table>

*All acronyms are in French.
ROLE OF COMMUNITY HEALTH WORKERS

ESFs operate within a network of community health centers (CCS) and health centers (CS), and each ESF covers approximately 60,000 people. The ideal ESF consists of 60 ASCPs, four auxiliary nurses (AIPs), two nurses, and one doctor.

The MSPP recognized ASCPs as a formal cadre of health workers in 2015 and thereafter developed a standardized training curriculum. Under the ASCP program, the recommended number of community health providers is 10,920; however, there are an estimated 3,161 active ASCPs, representing 30% of the recommended number (1). Ideally, each ASCP is responsible for 1,000 residents in rural areas and 2,500 urban residents (2). ESFs provide supplies to ASCPs, however there are no specific policies that describe procedures for resupply (1).

ASCPs have different channels for reaching communities with three types of services. Clinical services are provided during periodic outreach efforts or health campaigns, and at health posts. Health education is provided to mother’s groups, community meetings, during outreach efforts, at rally posts and during home visits. Community mobilization takes place during community meetings, at mother’s groups, and with the use of mass communication through sound trucks and megaphone criers (3). Figure 2 shows key characteristics of ASCPs.

![Figure 2: Characteristics of agents de santé communautaire polyvalent (ASCPs) in Haiti](image)

**Access to Clients**
- ASCPs access clients by foot, bicycle, or horse.
- They operate in urban, peri-urban, and rural areas in Haiti.

**Selection Criteria**
- ASCPs are 18-45 years old, must have formal education up to the equivalent of 9th grade, and must be a resident of and supported by their community.

**Link to Health System**
- ASCPs are employed, trained, and equipped by the MSPP and local NGOs. ASCPs may refer clients to the CS or CCS for services outside their scope.

**Supervision**
- ASCPs are supervised by AIPs, and at times, auxiliary nurses within the ESF.

**Incentives/Renumeration**
- ASCPs receive a salary of 12,000 Haitian gourdes (~$115) per month, as well as non-financial incentives such as free or reduced healthcare, t-shirts, and formal social recognition.

**Training**
- ASCPs receive formal training which takes place over the course of 400 hours.


REFERENCES


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