Frontline Health
Harmonizing Metrics, Advancing Evidence, Accelerating Policy.

RESULTS BRIEF

JUNE 2021

EXPLORING COMMUNITY HEALTH WORKER ROLES, SUPPORT, AND EXPERIENCES IN THE CONTEXT OF THE COVID-19 PANDEMIC IN HAITI

BACKGROUND

Community health workers (CHWs) are critical actors within community health systems, providing a range of reproductive, maternal, child, and primary health information, counseling, and services. As community members themselves, CHWs understand the local context and facilitate linkages to care [1]. In pandemics like COVID-19, they continue to provide routine services in addition to undertaking increased responsibilities. While CHWs are innovative in their strategies to sustain their work, they operate under challenging circumstances including limited guidance and support as well as potential hostility from communities and/or facility-based providers.

In Haiti, CHWs – locally called "agents de santé communautaire polyvalent" (ASCPs) – are the primary deliverers of health information and services. ASCPs are expected to make 100 home visits per month, during which they counsel and provide health services at the household level and refer and accompany individuals to health facilities for various issues, including malnutrition, communicable and non-communicable diseases, mental health crises, and during emergencies [2].

In Haiti, COVID-19 was first detected in March 2020, and there were just over 12,663 cases and 250 confirmed deaths as of March 8 2021 [3]. At the national level, in addition to enacting several strategies to mitigate the spread of COVID-19 early on, the Ministry of Public Health and Population (MSPP) implemented precautionary measures aimed at strengthening and adapting the COVID-19 surveillance system to detect early cases and contain the spread of the disease. The continuance of community health service delivery during COVID-19 primarily falls upon ASCPs.

This brief presents results from the Frontline Health project's study in Haiti which aims to explore the perspectives of ASCPs on educating communities, providing care, and health reporting during the pandemic.

Photo: Zanmi Lasante

KEY FINDINGS

1. During the COVID-19 pandemic in Haiti, ASCPs continue their routine work visiting households and providing health services at increased levels compared to before the pandemic, with some disruptions in group activities such as rally posts and community health events.
2. ASCPs are educating households and connecting clients to advanced care for COVID-19; however, they are not receiving adequate PPE/supplies and support to perform their work.
3. Providing adequate PPE/infection prevention supplies; training on COVID-19 screening, reporting, and referring; and further exploring experiences of hostility may help alleviate challenges CHWs face while educating communities and providing services during the COVID-19 pandemic.

Data collection took place from November - December 2020 in seven communes across the Artibonite and Centre departments (Mirebalais, Saint-Marc, Petite Riviere de Artibonite, Lascahobas, Verrettes, Boucan-Carre, Hinche). The information presented in this brief is based on a quantitative survey with ASCPs (n= 261) performing routine services during COVID-19. This study is part of a larger portfolio of work under The Frontline Health: Harmonizing Metrics, Advancing Evidence, Accelerating Policy project which seeks to advance community health systems metrics, monitoring, and learning to improve the efficiency and performance of CHW programs [4].

Zanmi Lasante

POPULATION COUNCIL
Ideas. Evidence. Impact.

RESULTS

The majority of ASCPs are between 36 - 55 years, highly educated, and have 5 - 10 or more years of experience as a CHW.

The Frontline Health project surveyed 261 ASCPs providing routine services during the pandemic and found that the slight majority (56%) are male and most are between 36-45 years old (39%) and 46-55 years old (30%). ASCPs in our sample are well-educated, with 97% reporting that they completed secondary education or higher. Most ASCPs reported that they had been working for 5-10 years (53%) or over 10 years (27%) (Table 1).

Similar to the main mode of transport being by foot prior to the onset of COVID-19, our survey found that almost three-quarters of ASCPs continue to travel to households by foot (73%), followed by motorbike (12%) and bike taxi (11%) during the pandemic.

ASCPs continue to provide routine services, with additional COVID-19 responsibilities due to the pandemic.

Our data indicate that the majority of ASCPs were able to carry out their routine household visits and community education at the onset of the pandemic; however, group activities such as rally posts and community meetings were canceled. When asked whether they were able to carry out their routine work within the first month after the pandemic broke out, almost 85% of ASCPs (n=261) reported that they were able to do so “mostly” or “somewhat”, leaving 15% (n=38) of ASCPs unable to carry out their routine work at all (data not shown).

Initial reasons for ASCPs’ not being able to carry out their routine work one month into the pandemic include a lack of guidelines (92%), medical safety concerns (87%), physical security concerns (79%), a lack of transport (16%), community refusal due to fear of infection (11%) and work shifting entirely to COVID-19 (8%) (Figure 1, pg. 2).

Six months into the pandemic, the majority of ASCPs reported that they were able to carry out their routine work “somewhat” or “mostly” (95%) and only 5% reported not being able to carry out their routine work at all (n=14) (data not shown).

ASCPs are providing services at higher levels and more frequently during the first six months of the pandemic than prior.

Given the high proportions of service provision prior to the onset of COVID-19, the percentage of ASCPs providing various routine services stayed the same or increased slightly during the pandemic.

TABLE 1. CHARACTERISTICS OF ASCPS (N = 261)

Characteristic	Total (%)
Gender	
Female	44
Male	56
Age	
19-25 Yrs	1
26-35 Yrs	20
36-45 Yrs	39
46-55 Yrs	30
56-65 Yrs	10
Education level	
Some primary	3
Secondary	87
More than secondary	10
Time working as an ASCP	
< 5 years	21
5 - 10 years	52
> 10 years	27
Received incentives	
Monthly stipend	99.6
Allowances (transport, lunch, airtime)	22
Non-financial (food, backpacks)	2
None	1
Time to reach farthest household	
Below 30 minutes	39
30 - 60 minutes	24
61 - 120 minutes	24
Above 120 minutes	13
Main mode of travel since pandemic	
By foot	73
Bicycle	1
Motorbike	12
Bus	3
Easy bike taxi	11

The percentage of ASCPs that reported providing counseling and direct primary health care services increased from 96% before the pandemic to 99% six months into the pandemic, and the percentage of ASCPs providing immunizations for children increased from 91% to 96% (Figure 2).

ASCPs also reported providing higher levels of mental health counseling, education on water, sanitation, and hygiene (WASH), and increased referrals for gender-based violence (GBV), among others (data not shown).

ASCPs reported slightly decreased in-person supportive supervision during the pandemic.

Most ASCPs reported being supervised through regular/scheduled in-person one-on-one meetings with their supervisors (97%) or team meetings (98%) prior to the pandemic; however, the percentage of ASCPs reporting these in-person methods lessened to 92% and 94%, respectively, during the pandemic. The percentage of ASCPs reporting digital communications and phone calls slightly decreased as well (data not shown). This signals that ASCPs are receiving less frequent supportive supervision than they were prior to the pandemic.

ASCPs reported engaging in various activities in their communities related to COVID-19 prevention, treatment, and reporting.

Almost 98% of ASCPs (n=255) reported that they received any training/guidance on what to do around COVID-19; however, the percentage of ASCPs receiving training/guidance on specific aspects of the

FIGURE 1. ASCPS' REPORTED REASONS FOR NOT CARRYING OUT ROUTINE TASKS IN THE FIRST MONTH OF THE PANDEMIC (N= 38)

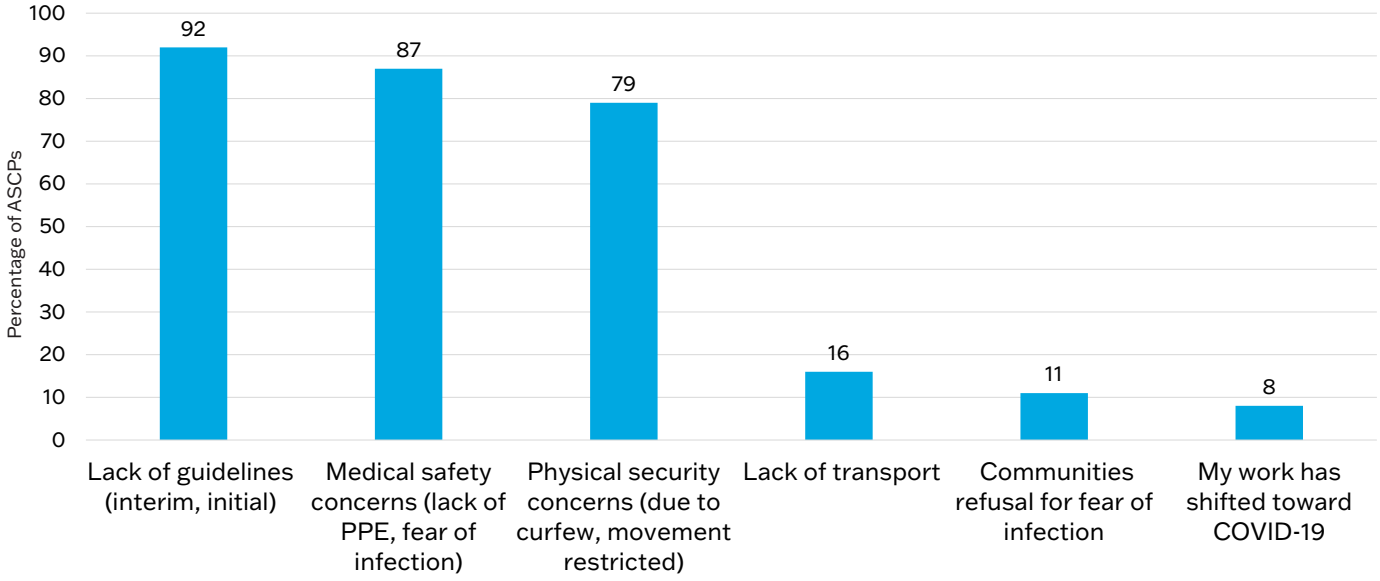
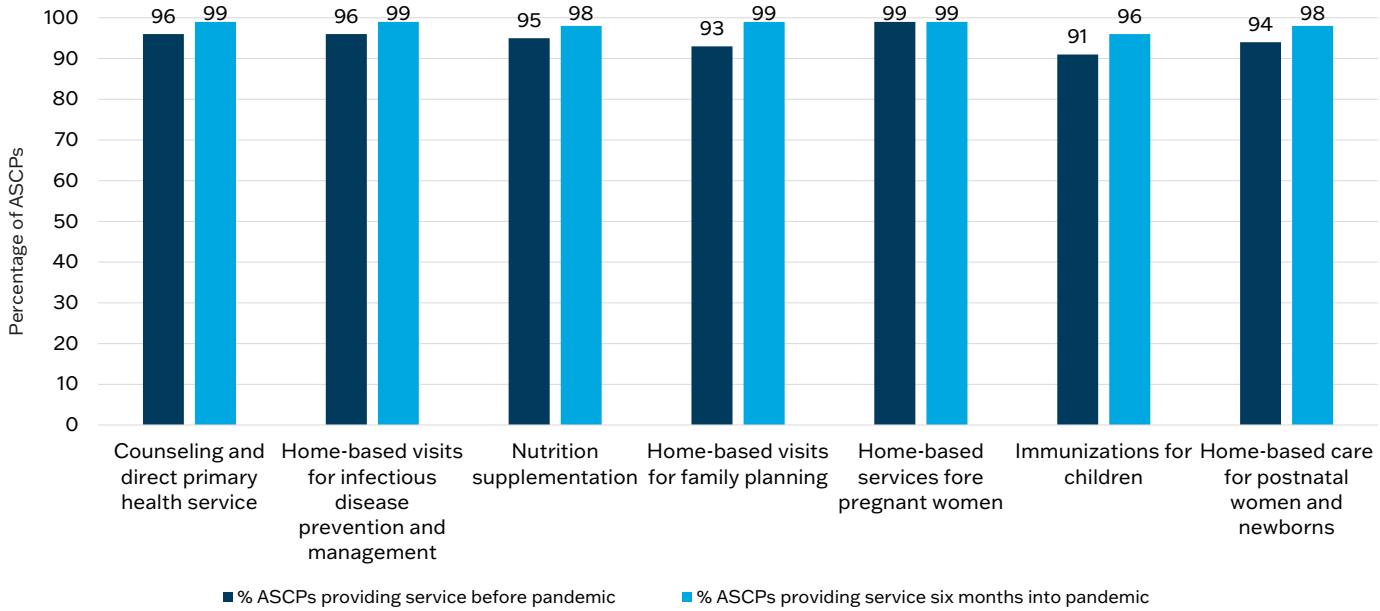


FIGURE 2. CHWS' RESPONSIBILITIES BEFORE AND DURING THE PANDEMIC (N= 261)



pandemic such as contract tracing and continuity of home-based care varied (Table 2). This indicates there may be gaps in specific aspects of COVID-19 training for ASCPs which warrant further exploration.

Ninety-seven percent of ASCPs (n=261) reported that they were providing COVID-19 services separate from their routine duties at the time of the survey (making up "all" or "some" of their work), and 99% (n=259) reported educating community members about COVID-19 prevention or treatment (Table 3). While almost all ASCPs reported giving specific advice to their communities on prevention and treatment such as wearing masks, frequent hand washing/sanitizing, and social distancing, fewer ASCPs reported giving advice on what to do if exposed or symptomatic (Figure 3).

While 95% of ASCPs reported educating community members about how to take care of someone with COVID-19 in the home, fewer reported engaging in activities related to referrals and reporting. Nearly one in three ASCPs reported referring suspected COVID-19 cases for testing, one in four reported referring suspected cases for advanced care at facilities, and one of four reported suspected or confirmed cases of COVID-19. Thirty-five percent of ASCPs reported contact tracing for those who may have had COVID-19 in the community in which they serve (Table 3).

ASCPs faced COVID-19-related challenges while carrying out their routine services.

ASCPs reported various challenges in the context of the pandemic, including being unable to travel due to social distancing regulations, inadequate or missing PPE, fears of spreading or contracting COVID-19, and shortages of contraceptives, drugs, and other commodities (Table 4).

TABLE 2. ASCP TRAINING/GUIDANCE ON COVID-19 (N= 255)

Percentage of ASCPs reporting training or guidance on specific topic	%
Preventive strategies (hand washing practices, social distance, self-quarantine, etc.)	98
General information about COVID-19	94
Correct use of PPE (masks, gloves, apron, etc.)	95
Signs and symptoms of COVID-19	94
Contact tracing and community surveillance	66
Home based care of COVID-19 cases	65
Continuity of community-based services	69

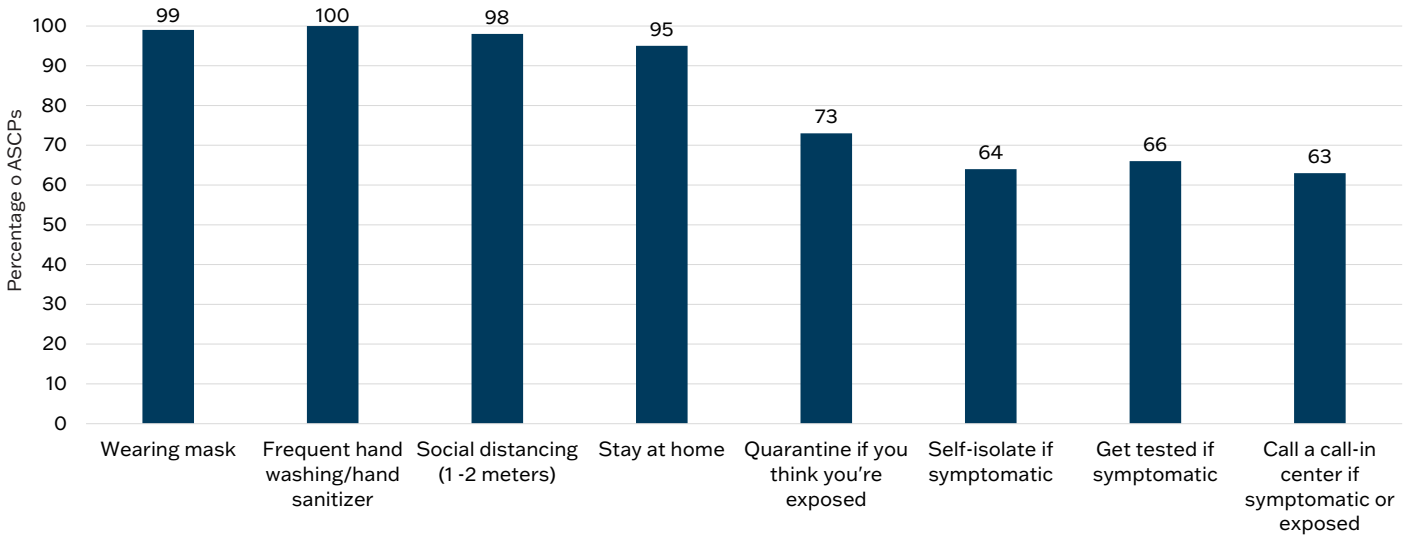
TABLE 3. ASCP COVID-19 ACTIVITIES (N= 261)

Percentage of ASCPs engaged in COVID-19 activity	%
Educating community members about COVID-19 prevention or treatment	99
Educating communities/households about how to take care of someone with COVID-19 in the home	95
Referring suspected COVID-19 cases for testing	30
Reporting suspected or confirmed cases of COVID-19	25
Doing contract tracing for those who may have COVID-19 in the community you serve	35
Referring suspected COVID-19 cases for advanced care at facilities	25

TABLE 4. ASCP CHALLENGES (N= 261)

Percentage of ASCPs reporting challenge	%
Cannot travel because of social distancing regulations	68
Do not have adequate PPE to feel safe	56
People fear ASCP might spread COVID-19	56
ASCP fears they may get COVID-19	45
Had shortage of contraceptives	46
Had shortage of drugs	57
Had shortage of other commodities	54

FIGURE 3. PERCENTAGE OF ASCPS GIVING SPECIFIC ADVICE ON PREVENTION AND TREATMENT (N= 259)



In addition to these challenges, 36% of ASCPs (n=94) reported experiencing "a little" or "a lot" of hostility or mistreatment by the community due to their work, such as having their messages ignored by clients or being refused entry into clients' homes. Twenty-six percent of ASCPs reported hostility or mistreatment by facility-based providers, (ignored referrals or being yelled at/spoken to rudely) (data not shown).

Although adequate PPE was cited as a challenge by the majority of ASCPs (Table 4), our data indicate that most were provided with PPE and other infection prevention supplies at some point in time (Table 5). How frequently and adequately these supplies are distributed warrants further exploration.

CONCLUSION AND NEXT STEPS

Our survey revealed that ASCPs are a critical source of education and care for their communities in Haiti during the pandemic. Already accustomed to providing care during emergencies such as natural disasters and disease outbreaks [2], ASCPs continue to demonstrate resilience throughout the COVID-19 pandemic.

In addition to carrying out their routine work, ASCPs provide a range of COVID-19 related education and services, including educating households on prevention and treatment, doing contract tracing in their communities, and referring clients to facilities for testing and advanced care. Our data reveal that ASCPs are receiving slightly less in-person supervision during the pandemic, however, levels of supportive supervision overall remain high.

ASCPs reported various challenges in their work such as inadequate provision of PPE and other supplies, some hostility and fear from communities, and their own fears of contracting and/or spreading COVID-19.

To improve ASCP knowledge, alleviate challenges, and provide greater support, we recommend policy and program stakeholders:

1. Ensure all ASCPs are given mandatory training on all aspects of COVID-19 education, treatment, and prevention, including concluding training on contract tracing, home-based care, and continuity of home-based services.

2. Provide ASCPs with regular and adequate PPE including masks, gloves, and hand sanitizer/soap to alleviate their own and the community's fears of contracting COVID-19.

3. Explore ASCPs' experiences of hostility at the community and provider levels further in future qualitative work.

4. Employ different channels of educating communities (ASCPs, media, virtual messaging) on misinformation and misconceptions around COVID-19.

TABLE 5. PERCENTAGE OF ASCPS RECEIVING PPE (N= 261)

Percentage of ASCPs reporting receiving PPE	%
Disposable masks	80
Hand sanitizer	98
Reusable masks	99
Gloves	99
Soap	67
Cleaning/disinfecting supplies	36

CONTACT

Alain Casseus
Zanmi Lasante, Haiti
acasseus@pih.org

Pooja Sripad
Population Council, Washington, D.C.
psripad@popcouncil.org

Sarah Kennedy
Population Council, Washington, D.C.
skennedy@popcouncil.org

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