

PROFAMIL

Haiti

project

Haiti is a neglected country – a country in crisis. The volatile political situation has led to chronic civil and political unrest and the country lacks basic infrastructure such as electricity, sanitation, roads, health facilities and schools. The **PROFAMIL project – Improving and extending sexual and reproductive health services of PROFAMIL –** focuses on the needs of under-served communities.

The project was set up:

- to increase access to SRH and family planning services in the rural south-east
- to improve quality of care in PROFAMIL's clinics
- to increase access to SRH information via community-based services (CBS) in the remote Artibonite region
- to enhance PROFAMIL's capacity to manage, monitor and evaluate its programmes.

The project has enabled PROFAMIL to expand, reinvigorate and improve its service delivery infrastructure and increase access to high quality services for poor communities.

PROFAMIL's philosophy – providing services to all clients, regardless of their ability to pay, and its outreach programme in remote communities – is a vital strategy to reach poor women and their families and make sure they have access to essential services. In the context of Haiti's endemic poverty, where women often do not go to clinics because they don't have appropriate clothes to wear, this approach ensures maximum take-up of services.

The PROFAMIL project fits broadly within some of the challenges set out in IPPF's Vision 2000 strategic plan: to address unmet needs in sexual and reproductive health, to broaden the scope of services provided, to target young people, to work with women to improve their status and to improve quality of care.

The project is critical to PROFAMIL's sustainability since USAID (a long-term large donor to PROFAMIL) withdrew its funding in 1999.

PROJECT TITLE

Improving and extending sexual and reproductive health services of PROFAMIL (the PROFAMIL project)

IMPLEMENTED BY

Haiti Family Planning Association – Association pour la Promotion de la Famille Haïtienne (PROFAMIL).

PROFAMIL was set up in 1986. It is the leading NGO in Haiti that specialises in promoting and providing sexual and reproductive health services.

PROJECT AIM

To increase availability of quality sexual and reproductive health services and information in Haiti's poorest communities.

FUNDING

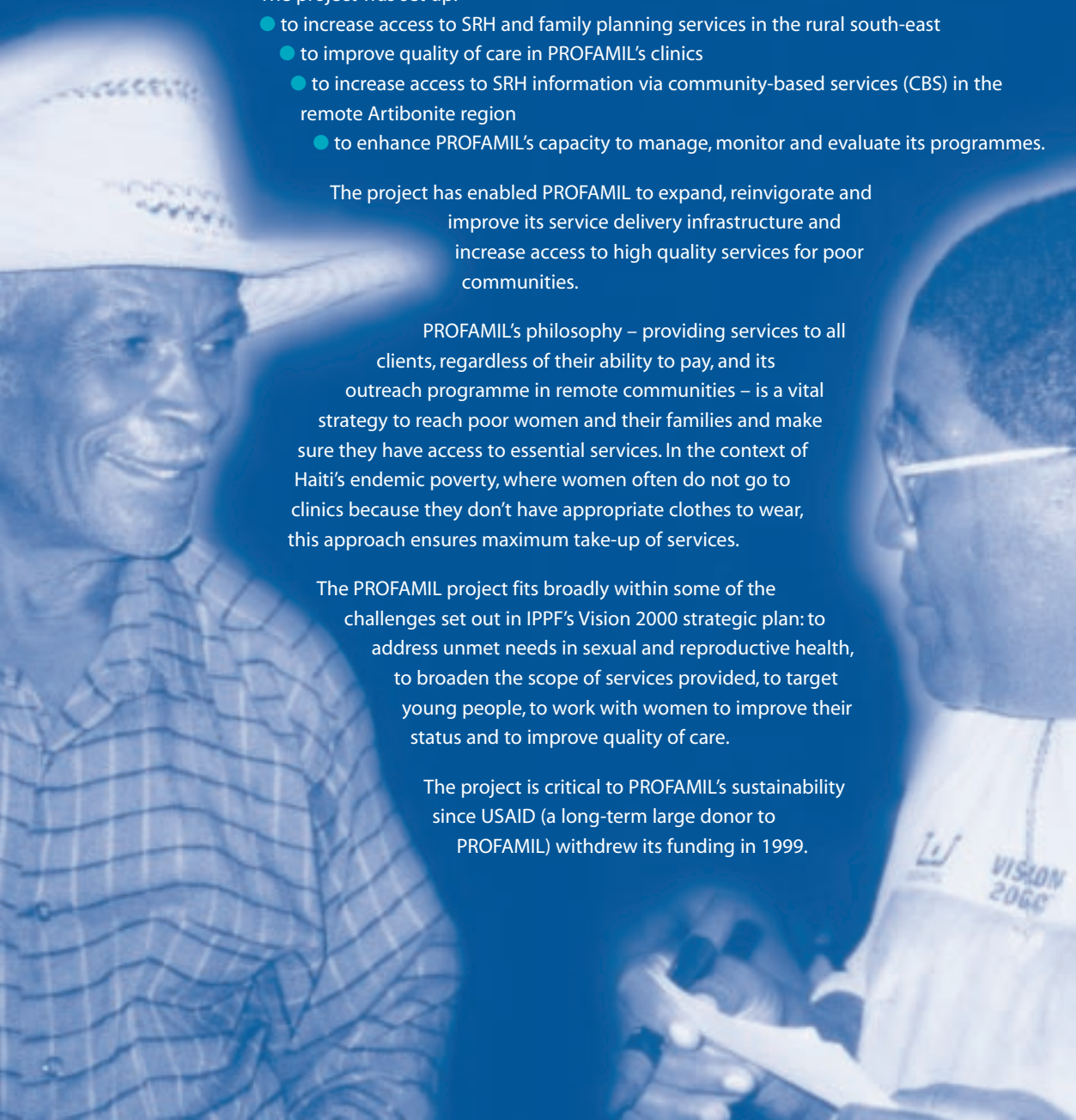
IPPF Vision 2000 Fund

BUDGET

US\$783,754

DURATION

January 2000 to December 2004





Building used by the mobile medical team during a visit in the Jacmel region. Community support is evident through their provision of premises for mobile team visits.

The Ministry of Health does not have the resources to provide even the most basic services to the majority of the Haitian population. PROFAMIL therefore fills a critical niche, and is responding to the needs of the most marginalised Haitians by providing services to the critically poor in Haitian urban centres and serving people in hard-to-reach rural areas who do not have access to any kind of health services.

CHALLENGES FOR CHANGE ... FILLING A CRITICAL NICHE

Haiti is the least developed country in IPPF's Western Hemisphere Region: 80% of the population live in absolute poverty.

Elections held in 2000 remain publicly disputed and dominate the unstable political climate. Protests take place up and down the country, and can turn violent at any time. This has led to an on-going economic embargo against Haiti which has severely impacted on the availability of any kind of dependable public sector health care.

National strategies exist for public health care generally, and for family planning and HIV prevention specifically. However, the Ministry of Health does not have the resources to provide even the most basic services to the majority of the Haitian population. PROFAMIL therefore fills a critical niche, and is responding to the needs of the most marginalised Haitians by providing services to the critically poor in Haitian urban centres and serving people in hard-to-reach rural areas who do not have access to any kind of health services.

Until recently, many Haitians did not have access to even the most basic information materials to help them make informed SRH choices. The project has enabled PROFAMIL to fill this important gap. It has developed information, education and communication materials on family planning, STIs, HIV, gender equality, responsible parenting and breast examination. Materials are developed in Creole (the accessible language for the majority) and in French.

INNOVATIVE STRATEGIES FOR SERVICE PROVISION: A MIX OF STATIC CLINICS, A MOBILE MEDICAL TEAM AND COMMUNITY OUTREACH

Static clinics now offer a broader range of services, including family planning and female sterilisation, gynaecological services, screening and treatment for STIs and reproductive tract infections, counselling for HIV with some HIV testing, pregnancy testing and antenatal care, ultrasound, mother and child health services, breast and cervical cancer screening, colposcopy, urology and infertility treatment.

PROFAMIL has expanded, upgraded and enhanced its services in several ways.

New clinic opened in the south-east

In its first two years, the Jacmel clinic held 9,002 consultations. In 2002, the service breakdown was 52% for gynaecology, 18% for antenatal care, 17% for family planning, 8% for pregnancy testing, 3% for smear tests and 2% for urology.

PROFAMIL has significantly increased access to family planning and SRH services for adults and young people in the south-east by

opening a new static clinic in Jacmel. Open six days a week, the clinic is easily accessible within Jacmel. Despite its remote location in the south-east of the country, the project has succeeded in recruiting skilled personnel.

An innovation introduced by PROFAMIL is collaboration with the Ministry of Health to share a gynaecologist on a part-time basis. This enables women to access a wide range of reproductive health services.

Services strengthened in two existing clinics

Services have been enhanced in two existing PROFAMIL clinics, in Port-de-Paix and Port-au-Prince, and measures taken to improve quality of care.

The Port-au-Prince clinic, which is open six days a week, is central and easily accessible. However, because of its location near the presidential palace, the clinic sometimes has to close because of political demonstrations.

PROFAMIL has moved its clinic in Port-de-Paix to a new, more central location. Open five days a week, it is much more easily accessible for the community.

Services in both clinics have been extended and upgraded through new equipment (such as ultrasound machines and laboratories), staff training in HIV counselling and testing, and technical assistance to improve management systems (for example the clinic archive system, and financial and commodity management).

PROFAMIL has significantly increased access to family planning and SRH services for adults and young people.

Mobile medical team set up

The mobile team is reaching under-served populations in remote areas. This initiative has been very successful in attracting a high number of clients – an average of 88 per visit. The breakdown of consultations is 83% for general health care, 12% for paediatrics, 5% for gynaecology and 0.4% for family planning. These statistics underline high levels of unmet needs in general health care.

The mobile team travels to remote rural areas in the Jacmel region and provides SRH, and other health services, to hard-to-reach and under-served communities. People living in these areas find it very difficult to visit the Jacmel static clinic or other health centres

because of the inhospitable terrain, the distance and the lack of transport. The mobile team therefore enables PROFAMIL to bring services to people who would otherwise not receive medical care.

Community support is evident through their provision of premises and furniture for the visits by the mobile team. The large numbers of clients attending the mobile sessions, and the demand from the community for more frequent visits, are good indicators of the impact of this work. PROFAMIL plans to build on the success of this work, and to strengthen and expand the service.

CBS programme for remote community groups

The community-based service provides family planning, and other basic health commodities such as water purification tablets, aspirin and first aid supplies.

The CBS programme provides a minimum package of basic health services – the only health care available in the very remote Artibonite region. It is implemented in five health posts: three run by the Ministry of Health, one by the community and one by PROFAMIL.

COMMUNITY HEALTH PROMOTERS: TAKING INFORMATION AND SERVICES TO THE PEOPLE

A new network of community health promoters is working successfully with community groups to provide SRH information and services. The 10 Jacmel promoters reached 25,346 people between January and June 2002, an average of 425 people per promoter per month. About 60% of clients are reached through home visits.

Innovative service provision through a team of community health promoters is increasing access to SRH information and services, and is a key strategy in preventing STIs and HIV. The project has recruited a network of 16 community health promoters (10 in Jacmel, four in Port-au-Prince and two in Port-de-Paix) who travel to hard-to-reach areas. They provide health information and education, tell community members about the next mobile team visit, and organise educational events with women's groups, youth groups, satisfied client clubs and other community groups. Community health promoters also distribute free condoms, spermicides and oral contraceptive pills. When necessary, they refer clients to the clinic for medical services.

Despite difficult access over mountainous terrain with few or no roads, promoters cover a wide geographical area. Their workload is intensive, and they target and reach large numbers of people.

GENDER EQUALITY: A CRUCIAL CONCEPT

Incorporating a gender perspective into its work is high on PROFAMIL's agenda. It is an essential concept both for clients and professionals. The FPA offers information and counselling for clients to increase the ability of women and men to communicate and negotiate with their partner about SRH and rights. One aim is that decisions about contraceptive use should be shared equitably in relationships.

A gender approach is integrated into service provision through training for clinic staff and community promoters.

Despite challenging working conditions, clinic staff are well trained and enthusiastic.

SPOTLIGHT ON QUALITY OF CARE

Despite challenging working conditions, clinic staff are well trained and enthusiastic. Their skills have been upgraded and extended by extensive training in quality of care, family planning, and Norplant insertion and removal. Staff training also focuses on counselling skills, and on equality and communication within relationships. Counsellors are trained to provide STI and HIV counselling which involves dealing with sensitive questions about sexuality.

Community health promoters are well trained and knowledgeable about SRH issues. All new promoters are fully trained in theory and practice, and have monthly updates and annual refresher training.

ENHANCING MANAGERIAL SKILLS AND ORGANISATIONAL CAPACITY

One of the aims of the Vision 2000 Fund is to raise the organisational capacities of FPAs. The project has been very effective in improving PROFAMIL's organisational capability, with management capacity strengthened, systems modernised, management information systems developed, and strengthening of monitoring and evaluation systems, finance and accounting, and commodity management.

This solid progress is particularly important to develop PROFAMIL's institutional capacity and ensure its future sustainability.

Writing in the project's 2001 annual report, PROFAMIL's Technical Director commented on an open day organised for the community.

'An open day organised in the Jacmel clinic in December 2001 was such a success that clients started arriving at 6.30am and consultations which were scheduled for 9am actually started at 7.30am to finish at 5.45pm. A total of 317 clients were seen during the day and the biggest demand was for the ultrasound services which were most appreciated by clients.'

(Source: PROFAMIL project annual report, 2001)

The PROFAMIL nurse examines a client during a visit by the mobile medical team. The mobile team is reaching under-served populations in remote areas.



profile

Haiti

BUILDING COMMUNITY PARTICIPATION AND COLLABORATION

Community involvement in the project is channelled almost entirely through the work of the community health promoters.

The project is achieving significant progress in working with local community groups. Through additional funding from Kore Fam/CIDA, PROFAMIL has been able to offer regular educational activities on sexual and reproductive health, HIV/AIDS and gender equality for women's groups and satisfied client clubs in the Jacmel region. Men are also invited to take part in discussions on gender issues.

Because of the lack of public sector resources, collaboration with the Ministry of Health has been limited so far. However, a joint HIV/AIDS prevention programme is now on the agenda.

WORKING AGAINST THE ODDS TO ACHIEVE SUSTAINABILITY

The project has been crucial in raising the profile of PROFAMIL in the country, giving it increased visibility at a time when resources had been decreasing. This has promoted a new, dynamic image of the organisation, particularly in its delivery of health services at community level. This will help the FPA to attract funding from other donors.

Many FPAs face a difficult dilemma resulting from the apparent contradiction between their mandate to provide services to the poorest and most vulnerable and the objective of achieving sustainability. PROFAMIL is no exception. The overall potential for cost recovery is limited because of the widespread and extreme poverty among the target population. Clinic fees cannot be increased, services are heavily subsidised and medicines are provided free by the mobile team.

To increase financial sustainability, PROFAMIL identifies three areas for income generation in its sustainability plan: laboratory services, ultrasound and clinic pharmacies.

PROFAMIL is also actively seeking support from other donors as part of its sustainability strategy.

The project has given PROFAMIL increased visibility at a time when resources had been decreasing.

LESSONS LEARNT: FLEXIBLE PRIORITIES TO MAXIMISE RESOURCES

A number of important lessons have been learnt through the implementation of this project.

- It is important to have a flexible project design to allow for necessary changes during implementation. For example, the project moved from a substantially clinical approach to a more community-based approach after a reorientation of priorities. Some planned work with young people was discontinued to avoid duplication with a youth programme started by another NGO. PROFAMIL still works with youth peer educators, but now does so on a smaller scale.
- Sending a mobile team to communities with high levels of poverty dramatically increases access to services and care.
- Planning for project sustainability, especially for service delivery in remote areas, needs to start early in the life of a project.
- In a low-resource country with high HIV prevalence, a sound strategy on HIV prevention has to be promoted. This should include a clear understanding of referral options when providing HIV testing. PROFAMIL discontinued systematic HIV testing due to lack of referral facilities.
- On-going training and staff development are critical for the success of project implementation in the current crisis situation in Haiti.

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The project is based in four areas: Port-au-Prince (capital), Jacmel (south-east), Port-de-Paix (north-east) and Gonaïves (west-central Artibonite region).

- **Population is 7.1 million, with 41% aged 10-24.**
- **Haiti is the least developed and poorest country in IPPF's Western Hemisphere Region.**
- **Human Development Index ranking: 146 out of 173 countries.** (Source: UNDP 2002)
- **Average life expectancy at birth is 49 years.**
- **The infant mortality rate is high at 80 per thousand live births.**
- **The maternal mortality rate is very high at 1,100 per hundred thousand live births.**
- **The fertility rate is estimated at 4.7 with only 28% of women practising family planning, falling to 3.5% in the south-east.**
- **Only 24% of all births are assisted by trained personnel.**
- **Population living with HIV/AIDS (15-49) is 6.1%, which is the highest in IPPF's Western Hemisphere Region.**
- **The literacy rate among adults is low at around 48%.**

(Source: PRB 2002)

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