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MCH PROGRAM DESCRIPTION

Haiti



Overall MCH and health sector situation

Haiti occupies one third of the Hispaniola Island it shares with the Dominican Republic. The population density is 300 inhabitants per square kilometer, with a total population of 8.9 million. In certain areas of Port-au-Prince, this density reaches 2,500. Haiti's GNP per capita in 2003 was \$332, down from \$632 in 1980, a decline of 90 percent over 23 years, whereas the GNP per capita for the Latin America and Caribbean (LAC) region was \$3,580 in 2005. Two thirds of Haiti's population lives in abject poverty. Life expectancy at birth is 49.5 years, compared to 70.5 years for the LAC region, and the IMR is 57/1,000 live births (31/1,000 live births for the LAC region). Fifty percent of the population is below 24 years of age, and over 50 percent of these young people have never attended or did not complete primary school. UNESCO 2005 data indicate that only 66.2 percent of youth 15 to 24 years of age are literate, compared to 95.5 percent for the LAC region.

Haiti's health indicators reveal that the country's health system is weak. Nearly 40 percent of Haitians have no access to basic primary health care. Haiti has the highest U5MR in the Western Hemisphere, with approximately 9 percent of children dying before reaching age 5, followed by Bolivia with 8 percent. Haiti has the highest MMR in the region at approximately 630 deaths/ 100,000 live births – close to the MMRs, in some regions of Africa. While the recent 2005 Demographic and Health Survey suggests that trends in mortality and morbidity from all causes are decreasing, they are still worrisome. Most of the full range of indicators underlying the mortality rates have either stagnated or worsened over the last 5 years. Breastfeeding has fallen to unacceptably low levels. Childhood immunization rates range from 10 percent to 40 percent nationwide. The incidence of diarrhea and ARI among children has held steady, but rates of treatment of ARI have been nearly halved. Malnutrition among children and pregnant women remains high. Only 26 percent of women had a skilled attendant at birth. Haiti has one of the oldest HIV/AIDS epidemics in the western hemisphere. Although the HIV prevalence rate has decreased over the past 10 years, it is still a generalized epidemic with a national HIV prevalence rate of 3 to 4 percent.

The 2005 DHS concluded that the fertility rate fell from 4.7 children per woman in 2000 to an average of 4 children per women in 2005. The rapidly dropping rates of fertility do not correspond with the stagnant levels of contraceptive use. The contraceptive prevalence rate (the number of women of reproductive age using contraception) increased only slightly from 22 percent in 2000 to 24.8 percent in 2005 and remains one of the lowest rates in the Western Hemisphere.

The dismal state of key health indicators is a result of lack of access to quality health care services and to potable water, as well as chronic food insecurity. Access to quality health care across the country is challenged due to degradation of the environment, poor health infrastructure, and disruption of services (notably within the capital of Port-au-Prince, which has struggled with insecurity and violence in several neighborhoods over the last several years). Insecurity and violence have also contributed to a deterioration of services including lack of equipment, inadequately trained staff,

and poor management of health facilities, especially by the public sector. Although communities and civil society are engaged, notably via NGO support, and participate in addressing health issues, both the supply and demand sides of health services need to be strengthened in both the public and non-public health care delivery sectors.

The NGO sector has been the stable provider of health care services both in urban and rural settings, despite the cycles of civil and political unrest in Haiti. Several international PVOs and local Haitian NGOs are present in Haiti and have a breadth of experience in delivering both clinic and community-based health care and support services. While the Government of Haiti is building its own capacity to strategically lead and manage the delivery of health care services on a national scale, the NGO sector remains a strong partner to the Government of Haiti and provides a solid foundation for the entire health sector.

MCH interventions at the Mission level

Priority areas of intervention include family planning, prenatal and postpartum care, assisted deliveries, treatment of diarrheal diseases and ARIs in children, nutrition counseling and education (including promotion of breastfeeding), and vitamin A supplementation. In 152 clinics, it is expected that annually upwards of 80,000 children will be fully vaccinated and 55,000 treated for life-threatening diarrhea and acute respiratory illness; 316,000 children will be reached in community nutrition programs; and 350,000 women will be reached with reproductive health care services including family planning, antenatal and postpartum care, and skilled attendance at delivery.

Delivery approaches and mechanisms supporting expanded coverage/use of interventions

The program has three main focuses: deliver a basic package of health care services, provide support to the Government of Haiti to increase its capacity to carry out the executive function of managing a national health care system, and mobilize private sector partners to improve the health sector in Haiti. A majority of the maternal and child health, family planning, tuberculosis, and water and sanitation development assistance to Haiti is programmed into one integrated health services program called Pwoje Djanm.

Specific actions supported as part of the MCH approach

USAID support focuses on reforming and strengthening three health management systems: financial management, information management, and health commodities management and logistics. Programs emphasize increasing public sector capacity in order to increase Haitian Government leadership and management to effectively plan, regulate, and lead the health sector.

The USAID program's geographic focus

USAID plans to provide access to 50 percent of the population in Haiti through 80 NGO clinics and 72 public sector clinics that are spread throughout the 10 regional departments of the country, primarily serving rural and secondary city populations in 59 of the 133 "communes" of the country.

The Mission program's relationship to the country's health sector and development plans and strategies

The Government of Haiti's health program is operating under the Plan Strategique National pour la Reforme du Secteur de la Sante 2005–2010. USAID's Pwoje Djanm relates to the National Strategy and is operationalized through an agreement between the project and each department.

Potential for linking Mission MCH resources with other health sector resources and initiatives

USG investments (e.g., PMI, PEPFAR, Title II, OFDA, water, etc.)

USAID provides family planning commodities to all USG-supported sites that are delivering family planning services. Haiti is a USG focus country for HIV/AIDS under PEPFAR. CDC and USAID are the two primary USG agencies responsible for implementing HIV/AIDS development assistance in Haiti, through a comprehensive program. The USG PEPFAR program supports clinical services through eight implementing partners, each with its own network of HIV/AIDS service delivery sites. USAID/Haiti has a Title II food assistance program, and each partner uses the funding from monetized food programming to deliver clinic- and/or community-based health care services, particularly in maternal and child health.

Investments and initiatives of other donors and international organizations

USAID works with other partners including the Global Fund, the Canadian government, French Cooperation, the EU, the Inter-American Development Bank, WHO/PAHO, UNICEF, the Gates Foundation, the Clinton Foundation, the UNIBANK Foundation, Rotary and Pure Water for the World.

Planned results for the Mission's MCH investments over the next 5 years

Over the next 5 years, USAID's program expects to increase access to essential health services to 50 percent of the total population and reduce maternal and child morbidity and mortality.

| MCH COUNTRY SUMMARY: HAITI | VALUE |
|---|---------------|
| MCH FY08 BUDGET | 9,316,000 USD |
| Country Impact Measures | |
| Number of births annually* | 300,000 |
| Number of under-5 deaths annually | 26,000 |
| Neonatal mortality rate (per 1,000 live births) | 25 |
| Infant mortality rate (per 1,000 live births) | 57 |
| Under-5 mortality rate (per 1,000 live births) | 86 |
| Maternal mortality ratio (per 100,000 live births) | 630 |
| Percent of children underweight (moderate/severe) | 22% |
| Birth Preparedness and Maternity Services | |
| Percent of women with at least one antenatal care (ANC) visit | 86% |
| Percent of women with at least four antenatal care (ANC) visits | 52% |
| Percent of women with a skilled attendant at birth | 26% |
| Percent of women receiving postpartum visit within 3 days of birth | 30% |
| Newborn Care and Treatment | |
| Percent of newborns whose mothers initiate immediate breastfeeding | 44% |
| Immunization | |
| Percent of children fully immunized at 1 year of age | 33% |
| Percent of DPT3 coverage | 23% |
| Percent of measles coverage | 58% |
| Maternal and Young Child Nutrition, Including Micronutrients | |
| Percent of mothers receiving iron-folate | N/A |
| Percent of children receiving adequate age-appropriate feeding | 80% |
| Percent of children under age 5 receiving vitamin A supplement in the past 6 months | 29% |
| Percent of children under 6 months exclusively breastfed | 41% |
| Treatment of Child Illness | |
| Percent of children with diarrhea treated with ORT | 59% |
| Percent of children with diarrhea treated with zinc | N/A |
| Percent of children with pneumonia taken to appropriate care | 35% |
| Water, Sanitation, and Hygiene | |
| Percent of population with access to improved water source** | 58% |
| Percent of population with access to improved access to improved sanitation** | 19% |
| <small>* Census International Database ** Joint Monitoring Programme for Water Supply and Sanitation 2008 Report (Unless otherwise noted, the data source is the 2005 Demographic and Health Survey.)</small> | |