

Haiti

FACTFILE

Title Improve and Increase Reproductive Health Services

IPPF Member Association
Association pour la Promotion de la Famille Haïtienne (PROFAMIL),
www.profamil.org

Set up in 1986, PROFAMIL provides a full range of reproductive health services, including all modern contraceptive methods and sterilization, at four clinics in major cities as well as rural outreach services in nine geographical departments.

Aim To increase access to reproductive health services with a specific focus on the South-East region.

Duration Five years: 2003–2007

KEY ACHIEVEMENTS

▶ PROFAMIL's clinic has become the main provider of specialized sexual and reproductive health services in the South-East region.

▶ The project has contributed to an overall increase in contraceptive prevalence in this province from 3 per cent before the project started to 8.7 per cent in 2006.

▶ The prevalence of sexually transmitted infections has been reduced through effective prevention and treatment.

▶ Laboratory and ultrasound services have been well utilized and contribute to financial sustainability of the services.

▶ Introduction of a pap smear service has prevented cervical cancer for many women.

PROJECT OVERVIEW

Expanded, upgraded and enhanced services

The project reached over one million people and focused on the needs of under-served communities. It was based in four areas: Port-au-Prince (capital), Jacmel (South-East), Port-de-Paix (North-West peninsula) and the remote Artibonite region (West-Central).

The project enabled PROFAMIL to expand, reinvigorate and improve its service delivery infrastructure and increase access to high quality services for poor communities. It increased the scope, extent and coverage of sexual and reproductive health and family planning services in the rural South-East, improved quality of care in the Member Association's clinics, and increased access to sexual and reproductive health information via community-based services in remote areas.

The Jacmel clinic is the only clinic in Haiti with two gynaecologists and was cited by a Haitian doctor as being a pioneer in public health.

Volatile and challenging political environment

The project took place when Haiti was going through some of its worst periods of political upheaval and personal insecurity, a situation that made the simple task of going to work, particularly in Port-au-Prince, a perilous venture for the staff. This political and security situation might have constituted a major constraint, but PROFAMIL managed to stay open, due mainly to the commitment of its staff.

High impact of specialized services

Over the years, PROFAMIL has increasingly become a gynaecological and obstetric service provider, with family planning taking a lower profile. The Jacmel clinic is the only clinic in

KEY PROJECT STATISTICS

63,544 couple years of protection were provided.

Number of new family planning users: 31,182.

Number of condoms distributed: 3,808,324.

Number of non-family planning sexual and reproductive health services provided: 350,442.

The project reached 359,199 people with sexual and reproductive health information.

Community promoters conducted 11,571 group activities, and visited 97,178 households as part of a programme of home visits.

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One of the project's advantages was to offer, at accessible cost, services that were not generally accessible to this under-privileged population. One example is services for infertility.

Another important service was preventing cervical cancer, through new cancer screening facilities, in collaboration with the local hospital and the Haitian Society of Oncology.

Increased credibility as a service delivery organization

The project succeeded in increasing the number of services provided and family planning users recruited by increasing the frequency of clinic sessions almost four-fold.

Services offered by PROFAMIL were well appreciated by people who were aware of those services. At the same time, there is a need to extend the reach of sexual health and reproductive services in the key areas, promote the services more widely and to further increase service uptake.

Taking services to remote communities

One of the major factors that contributed to recruiting new users was setting up mobile clinics in remote areas and using community promoters to deliver village-based services.

An important lesson learned was that the Member Association's experience of community-based cervical screening showed that community health testing is more successful if the test results are given to clients in their own community rather than asking them to travel to the city to get their results.

The project made great strides in organizing services that were youth-friendly, improving health-seeking behaviour, and promoting preventive sexual and reproductive health practices through improved access to information and knowledge.

LESSONS LEARNED

It is important to create demand for services by raising awareness in the community through information, education and communication activities.

Creating or expanding community support groups, including satisfied client clubs, would reinforce self-confidence among family planning service users, overcome women's fear of being criticized by their peers, and improve men's attitudes towards family planning.

The recruitment of prominent individuals in the business, professional and medical worlds could lend their individual prestige to the Member Association and increase its visibility in the policy arena.

Meeting the special needs of young people

Many clients are young women under the age of 25. The project therefore made great strides in organizing services that were youth-friendly, improving health-seeking behaviour, and promoting preventive sexual and reproductive health practices through improved access to information and knowledge.

'Edutainment' activities combined education messages with entertainment, such as singing and dancing events, as well as group discussions. The project used peer educators trained in HIV prevention.

Older clinic users fully supported activities to target young people and encouraged their own children to participate.

Building national and local partnerships

The project enjoyed strong community support and reached out to poor, rural communities.

PROFAMIL collaborated with Ministry of Health facilities at the field level, as well as with local non-governmental organizations. It also contributes to the Ministry of Health's steering committee for the national programme on repositioning family planning.

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Stronger organization with enhanced assets and management

The project has enhanced PROFAMIL's capacity to manage, monitor and evaluate its programmes. Its board, and particularly its president, takes a deep interest in how the organization performs.

PROFAMIL now owns clinic facilities in Jacmel and Port-au-Prince, as well as a central office building. This expanded ownership is a positive move towards sustainability.



COUNTRY STATS

Population is 9.1 million, with 38 per cent under the age of 15.
(2008, Population Reference Bureau)

35 per cent of population is aged between 10 and 24.
(2006, Population Reference Bureau)

Human Development Index ranking: 146 out of 177 countries.
(2005, UNDP Human Development Report 2007/2008)

Average life expectancy at birth is 59.5 years.
(2005, UNDP Human Development Report 2007/2008)

The infant mortality rate is 57 per thousand live births.
(2008, Population Reference Bureau)

The total fertility rate is 4 (2000–2005) with only 28 per cent of married women aged 15–49 practising family planning.
(1997–2005, UNDP Human Development Report 2007/2008)

Population living with HIV/AIDS (aged 15–49) is 3.8 per cent.
(2005, UNDP Human Development Report 2007/2008)

Only 24 per cent of births are attended by trained personnel.
(1997–2005, UNDP Human Development Report 2007/2008)

