

Success Story/Lessons Learned

Operating Unit USAID/Haiti

Headline:

Model Health Program in Rural Haiti Dramatically Reduces Maternal Mortality

Since 1984, Comité Bienfaisance de Pignon (CBP) community health clinics have benefited from uninterrupted support from USAID for providing child survival and reproductive health services.

CBP boasts a family planning rate of 38% among women in union, well above Haiti's national average of 22%. Two important aspects of CBP's success are the wide range of methods available and the proper management of side effects. When clients are satisfied with the services they receive, they often serve as persuasive promoters who recount their success to other potential users.

Another factor associated with success is the integration of services. CBP has a particularly effective program for delivering vital services, primarily by integrating health education into a wide variety of community development activities so that each activity reinforces the others.

Every three months, Ronise ESTIN – a 38 year old mother of four – comes to the busy CBP community health clinic to receive an injection of Depo-Provera, the most popular method of family planning in Haiti. Ronise's story is similar to that of thousands of other women who live in the five rural counties of northern Haiti where CBP works.

Ronise learned about various methods of family planning when she started having children and chose the injectable method after her 3rd child and then again after her 4th child was born. Ronise restarted her Depo-Provera injectables less than two weeks after her youngest child was born; she feels it is the family planning method that gives her complete control over her fertility without side effects and with a just a small effort on her part. Ronise and her husband now have all the children they want, so they plan to continue using family planning. For now, Ronise is happy with her 3-month injectable, but, in the future, she may decide to choose one of the other modern methods of family planning.

Comprehensive Reproductive Health

Family planning is only one component of the reproductive health services offered by CBP. The other components are prenatal care, care during delivery, post-delivery care of mothers as well as infants and the detection and treatment of Sexually Transmitted Infections (STIs).

Prenatal Care and Care during Delivery

Ninety percent of rural women deliver at home, usually accompanied by a Traditional Birth Attendant (TBA). Most partners supported by USAID train these TBAs and work closely with

them to provide better services to pregnant women. One of the most common reasons a woman can die in childbirth is that no one realized early enough that the situation was serious. CBP, like many other USAID-supported partners, provides monthly training to TBAs to help them recognize the danger signs of birth complications so that women will be referred quickly to full service medical facilities. TBAs also complete Licensed Practical Nurse (LPN) training plus extensive training in the CBP emergency room in the management of complications associated with delivery.

The Ministry of Health recommends a minimum of three prenatal visits during pregnancy, one each trimester. CBP encourages pregnant women to come each month for a medical checkup as one means of identifying women at high-risk of complications associated with delivery.

This is Rosemila's (pictured above) second pregnancy. The prenatal medical exam and basic lab tests at the CBP can identify many conditions that increase the risk of complications during delivery. In this case, CBP found out that Rosemila had dangerous anemia and needed to be hospitalized immediately to assure that advanced medical care was available during her delivery.

Postpartum Care

Since most women in CBP's service area deliver at home, medical care after delivery requires special effort. CBP benefited from USAID-support for operations research and initiated a unique rural postpartum clinic in the mid-1990's. Research into local cultural practices identified the tradition of waiting about six weeks after delivery before the mother or her newborn bathe in unheated water. CBP built on this practice and invited women and their husbands to bring their newborns to CBP for a postpartum checkup immediately after their first bath in unheated water. This is now a new tradition at CBP where mothers and infants receive medical care, and where couples have the opportunity to learn about family planning to allow them to make informed decisions and avoid dangerous pregnancies. USAID supports CBP and other partners' health agents to make home visits in the first few days after delivery to check on the infant's and mother's health and begin the newborn's recommended vaccinations.

Pullout Quote (Optional):

Background Information:

This is a story about Investing in People, Maternal Child Health and Family Planning, in Haiti

Contact Information: *Please list the name of the person submitting along with their contact information (email and phone number).*

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Photographs (optional, but recommended):

Ronise ESTIN is receiving a brief medical checkup as part of her regular family planning consultation



Ronise ESTIN explains the benefits of family planning to Solani DORVIL who has come to CBP for a post-delivery checkup for herself and her newborn sixth child who is only 9-days old.





midwife at CBP

Rosemila ETIENNE is receiving a prenatal checkup from Jeannette, a nurse