



## FREE OBSTETRIC CARE PROJECT / FREE CHILD CARE PROJECT PROJET DES SOINS OBSTETRIKAUX GRATUITS (SOG) / PROJET DES SOINS INFANTILES GRATUITS (SIG)



Throughout the last decade, PAHO/WHO had been advocating for free obstetric and neonatal care as a means to address the high infant and maternal mortality rates in the country. The evidence suggested that the financial barrier to health care was the main obstacle for pregnant women, preventing access to quality obstetric care, which in turn was causing excess mortality in these two highly vulnerable population groups: pregnant women and children under 5 years of age, particularly children under 1 and among them the neonates.

This advocacy effort proved to be successful when the Ministry of Health and Population of Haiti (MSPP as per its acronym in French) endorsed PAHO/WHO's proposal for a Free Obstetric Care project (SOG per its acronym in French), which was presented to the Canadian International Development Agency (CIDA) and approved in 2008.

With significant financial support from CIDA and under the leadership of the MSPP, the Free Obstetric Care Project (SOG) began with the objective of providing all pregnant women (low-income women are the main beneficiaries) with free access to health services. SOG results are being used to generate evidence that will ultimately influence national health policy to move towards a social protection scheme in health that will first ensure health care for pregnant women and neonates and, as resources permit, gradually add successive health interventions of proven effectiveness to improve Haiti's health system.

The earthquake which hit Haiti on January 12, 2010 had terrible consequences for the Haitian society and for the Haitian health sector. 60% of the Haitian state infrastructure was destroyed (including the MSPP building) as well as over 50 health institutions. Losses and damage in the health sector have exceeded 200% of annual expenditure in health from all sources. However, the governmental decision to provide the population with free health care over several months following the earthquake, presented an opportunity to pursue a more ambitious SOG project.

In 2010, the SOG project integrated new health facilities and has expanded from 43 to 63 participating institutions. Since the beginning of the project in 2008, more than 70,000 women and their newborns have had access to skilled care during the pregnancy, the delivery and the postnatal period. Institutional deliveries have increased by 66% in 69% of the health facilities offering free obstetrical care and a better response has been given to the obstetrical emergencies as shown by the increase of the C-section rate to 10%, compared to the 3 % national average rate mentioned in the IV Mortality, Morbidity and Services Survey (EMMUS IV - Enquête Mortalité, Morbidité et Utilisation des Services) carried out in 2005 and 2006.

PAHO/WHO continues to use the Perinatal Information System (SIP per its acronym in Spanish), which is implemented in collaboration with the Latin American Center for Perinatology, a PAHO/WHO Specialized Center to gather and process data related to the SOG project. SIP also functions as a surveillance and monitoring tool for the SOG project.

Given the positive results of the SOG, PAHO/WHO has since supported the MSPP to launch an expansion of the SOG project, providing free health care services to children under the age of 5: the Free Child Care project (SIG). The combined SOG/SIG project will include the following objectives:

- ensure a structured continuity to the free health care strategy adopted by the MSPP after the earthquake
- help some participating public and private health institutions with cost recovery, reaching a more balanced financial state after providing free services for several months
- strengthen the leadership capacity of the national health authority regarding health care coverage and health financing for highly vulnerable populations

PAHO/WHO has mobilized US\$ 9 million for the implementation of the SOG project, and another US\$ 4.2 million for the implementation of the SIG project, with an additional US\$ 20 million dedicated to the integration of the two over the next three years. Funds have been provided by CIDA, the World Bank and the European Union for the SOG, and the U.S. Agency for International Development and the Japanese Government for the SIG.

### Activities carried out:

#### *Free Obstetrical Care Project (SOG):*

- The 2nd phase of the SOG was initiated, providing a more comprehensive service package to participants including immunization, nutrition, Preventing Mother to Child Transmission (PMTCT) of HIV and congenital syphilis, neonatal care and family planning.



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### Activities carried out: (continued)

- The personnel of the participating health facilities were provided with training to ensure the provision of high quality services. Funds were allocated for training workshops on Contraceptive Technology, Obstetrical Emergencies and Basic Neonatal Resuscitation. A Training of Trainers (TOT) on the Integrated Management of Childhood Illness (IMCI) and pediatric HIV was also organized.
- Technical and financial support has been provided to the MSPP for the revision of the Family Planning and Maternal Health protocol and for the printing of the protocol manual. Financial support was also provided for the revision of the PMTCT HIV and congenital syphilis guidelines and for the development of the National Strategic Plan for the prevention of mother to child transmission of HIV and syphilis.
- The neonatal areas of 12 health facilities, which perform the greatest number of deliveries in the country, were rehabilitated and given new equipment and supplies.
- Drugs and medical supplies needed for proper care of pregnant women and newborns were provided to the SOG facilities.
- PAHO/WHO has trained 120 health workers from 65 different institutions on key nutrition improvement actions including: promotion of breast-feeding, dietary supplements of key micronutrients including the prevention of anemia through iron-folic acid supplements; deworming; as well as referral and case management practices for cases of malnutrition among pregnant and breast-feeding women.
- In response to the cholera epidemic, training and sensitization sessions were organized for nearly 700 health personnel.
- An evaluation of the quality of the services in the Cholera Treatment Centers (CTC) and the Cholera Treatment Units (CTU) was also carried out.

### Free Child Care Project (SIG):

- Thirty three health institutions (private and public ones) were invited to participate in the project. Twenty seven were finally selected across the country. Two two-month pilot projects were conducted in 2010 and a third one in January 2011.
- Operational budget support was offered to each participating health institution in the amount of US\$ 30,000 per month (on average), thus enabling them to provide free health care for children under five and people living in the Internally Displaced Populations (IDP) camps.
- Training and capacity building in health institution management was provided to a team of 23 MSPP employees to strengthen management and administration of participating health institutions.
- Over 50,000 children under the age of five had access to free health care, representing an increase of more than 50% above previous levels of attendance among pediatric patients at the participating institutions.
- Many innovations in the management and organization of pediatric services were implemented in the participating institutions to increase efficacy and efficiency.
- An instrument within the Mental Health Global Action Program used to evaluate children's neurological and mental development is being incorporated into the integrated package of services offered through the Free Obstetric and Free Child Care Projects (SIG/SOG) for children under 5 year of age.

### Challenges and next steps:

- Mobilization of an additional US\$ 8 million per year to continue activities within SOG/SIG.
- Integration of SOG and SIG in order to continue advancing towards the construction of a social protection scheme in Haiti.
- Position this new integrated SIG/SOG project at the center of the health care network, reinforcing the concept of a health system based on primary health care.
- Trigger a deep transformation of Haiti's health system by implementing alternative financing methods in health with the goal of increasing access to health services for vulnerable populations and developing a sustainable social protection scheme for health (PSS – Protection Sociale en Sante) in Haiti.
- Maintain and improve the quality of care for women, neonates, and children to continue the fight of decreasing maternal and neonatal mortality.