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A monthly features service on scientific, technical, and educational subjects pertinent to development.

Words: 1475 approx.

PARTICIPATION KEY TO HEALTH IN HAITI

by BERNARD MÉCHIN

It is afternoon. In the courtyard of a small pink house with green shutters, about 30 children are sitting quietly under a shelter made of palm leaves. Some are being fed a meal that their mothers have just prepared according to instructions given them by the Head of the Nutritional Rehabilitation Centre of Grand-Goâve, a village in southwest Haiti where we now find ourselves. The Centre feeds about 30 children suffering from malnutrition (called "swelling disease" here -- a grim recognition of the distended belly that is its classic symptom) four times daily, six days a week, for three months. At the same time, each mother is given instructions on how to prepare and balance the meals nutritionally. Once released by the Centre the children will continue under observation, returning every five days to be weighed and, if need be, given enriched milk.

In a shed next to the Centre's main office in Grand-Goâve, a number of employees busy themselves preparing the enriched milk supplements. One pours a bag of powdered skim milk, another adds sugar to it, while a third stirs oil into this mixture. The milk is distributed to children suffering from malnutrition, in a 1200 gram bag that is calculated to provide a 2-week ration based on a daily intake of 400 calories and 20 grams of protein.

In the heart of the village of Meilleur, about 800 metres above sea level, a long new rectangular building faces the church. It is the school (which because of increased enrolment has had to overflow into the church as well) and the health centre. This Wednesday morning, as on every Wednesday for the past three months, a dozen people are assembled in a small room. Seated behind tiny desks, ten healers are raptly following the words of a nurse and

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an instructor. The two stand side by side at the blackboard teaching preventive medicine and hygiene in Creole, the dialect derived largely from French that is the natural language of Haitians.

These weekly meetings, organized for each district within a framework of a pilot program for training healers, are aimed primarily at familiarizing the healers with the basic aspects of modern medicine. It is hoped that they will be encouraged to incorporate into their practice the knowledge and methods that have proved themselves successful, and, at the same time, to gradually abandon any harmful treatments that they may have been using.

These are only a few examples of the kinds of action taken since the beginning in 1975 of the Integrated Health and Population Project (PISP) of Petit-Goâve, Haiti. This pilot project in community medicine serves more than 34,000 people spread over three rural areas -- Grand-Goâve, Meilleur and Trou Chouchou. Run by the Family Health Branch (DHF) of the Department of Public Health and Population (DSPP) of Haiti, it is financed jointly by the DHF, the Canadian-based International Development Research Centre, and a German aid organization, Brot fur die Welt (BFDW).

According to PISP's directors, the project was established to contribute to promoting improved health in the rural population, and to provide ordinary health services, especially to mothers and children. At the same time, it improves the protection of the community against the main contagious and infectious diseases. Part of the project's aim is to distribute information and provide technical, material, and financial assistance to government programs of maternal-child health, family planning, nutrition, and medical and sanitary education in the rural districts.

The project also aims to carry out research on various aspects of public health and population dynamics in order to recommend to DSPP the least expensive and most effective methods of providing health care appropriate to the Haitian rural environment.

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The strategy adopted to achieve this goal stresses going to the people, bringing care and service within their own communities. The implementation of the program is therefore centered on community participation and draws on all locally available resources (healers, councils, leaders, and other community institutions).

PISP started out by concentrating on preventive medicine, while offering services in curative medicine. Now, caught up by community initiatives, it is evolving quite naturally into a form of integrated community development. The PISP team is well aware of this. One of the project's preoccupations was to encourage the populations affected to participate in the implementation of the health program, making them understand that the Integrated Project was their project, and that it was up to them to ensure its continuity. The need and desire to support health activities stimulated other development efforts within the community.

The main means used to deliver services is the community health team, which receives medical and technical direction from a doctor assisted by five medical auxiliaries. The PISP target region has been divided into three areas, each with about 10,000 people. Each area contains five zones of 2000 people who are regularly visited by a community officer. Each zone is subdivided in turn into four sectors of 500 inhabitants, each the responsibility of a community assistant. There are thus 20 assistants and five community officers per 10,000 person area, all of whom are under the control of a supervisor. The assistants and community officers are both the outposts and the spearhead of the project team; it is they who maintain liaison between the professional staff (two doctors, a sociologist, a demographer and an administrator) based in Petit-Goâve and the target population. The majority of them, especially the assistants, belong to the community they work in, and they are therefore completely familiar with the health needs, problems and events that arise in their sectors.

The Meilleur and Grand-Goâve areas each have a health centre and a hospital. However, the population is so spread out and the access to these centres so difficult that is essential to bring the services closer to the population. Ten "assembly points", each serving 1000 inhabitants, have therefore been set up in each area in a location accessible from neighbouring villages. About every three months, a team also made up of health professionals from the health

centre and the hospital visits these assembly points. Its task is essentially one of immunizing against the main communicable diseases, but it also assumes innumerable other duties, from health education to prenatal consultation. The team also distributes medicines and contraceptive matérials. Finally it gives emergency care as required and directs cases needing more complicated treatment to the clinics and hospitals.

Training is an essential aspect of this experimental project. Apart from all the staff directly attached to PISP -- the community officers and assistant enumerators, nurses, paramedical nutritionists, and so on -- who had been trained from the outset, some 100 midwives and 30 healers have completed a training program with apparent success. Another important aspect is research. Investigations on disease, intestinal parasites, fertility, mortality, traditional medicine, community animation, etc., are being conducted in order to identify the best means of improving the general health conditions of rural populations.

And the results? One of the most apparent, and by no means the least important, is that the inhabitants are made aware of the benefits of community activities and development. PISP has given new life to the old community councils, and has contributed to the formation of others. Some of these have even joined together with a view to undertaking regional projects such as road construction, fighting erosion and deforestation, or establishing a community pharmacy and a school of home economics.

More directly, PISP has succeeded in eradicating whooping cough and neonatal tetanus, formerly the prime causes of infant mortality in the area. At this time, 90 percent of the target population are immunized against the main diseases, notably tuberculosis, diptheria, thyphoid and whooping cough, and 70 percent against tetanus. Family planning, badly received at first, is beginning to be practiced by more and more people, and the use of contraceptives is increasing. Malnutrition itself, in spite of two terrible years of drought in 1975 and 1976, appears to be in the decline, if not in percentage terms, then certainly in severity.

These improvements were not made without some difficulties. The most important was the lack of motivation and cooperation of some populations who had become sceptical because of the frequent absenteeism of the medical

personnel. The technique of making the health centre into true, mobile community teams also has some weaknesses; as soon as the visits become irregular, community animation becomes very difficult, both for family planning and nutrition programs.

Motivation and education seem to have been the key words for the activities undertaken by the staff of the project. They are convinced that community medicine has become an imperative in the developing countries, and that only other projects of this type, which earn broad local support, will succeed in solving problems of health or development in general.

And after all, are they not proving it by example in Petit-Goâve, Haiti?

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IDRC-F96e
January 1979

Bernard Méchin, Associate Director of IDRC's Communications Division, recently visited Haiti's PISP project.