



Community as Key to a Resilient Health System

The SSQH Model in Haiti

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Outline

- Definitions: resilience, community mobilization
- How the community can support the Health System
- Gaps to address in the health system to build resilience in Haiti
- Way forward towards more equitable and resilient health systems and communities

Resilience

- There is no commonly accepted definition of resilience that is used across all disciplines

- However as stated in the CARRI report:

Resilience is an inherent and dynamic attribute of the community. This means that it exists throughout the life of the community. Potentially it can either be determined absolutely, or at least changes in a community's resilience can be detected

Resilience and the Haitian Context

- The resilience of Haiti's social structures is one of the keys to its overall resiliency
 - The communities are very strong, this can be linked to tribal roots of slaves which carried into the voodoo traditions which remain important pillars of the culture
- The countryside, small villages are most often interrelated, giving them genetic reasons to support each other

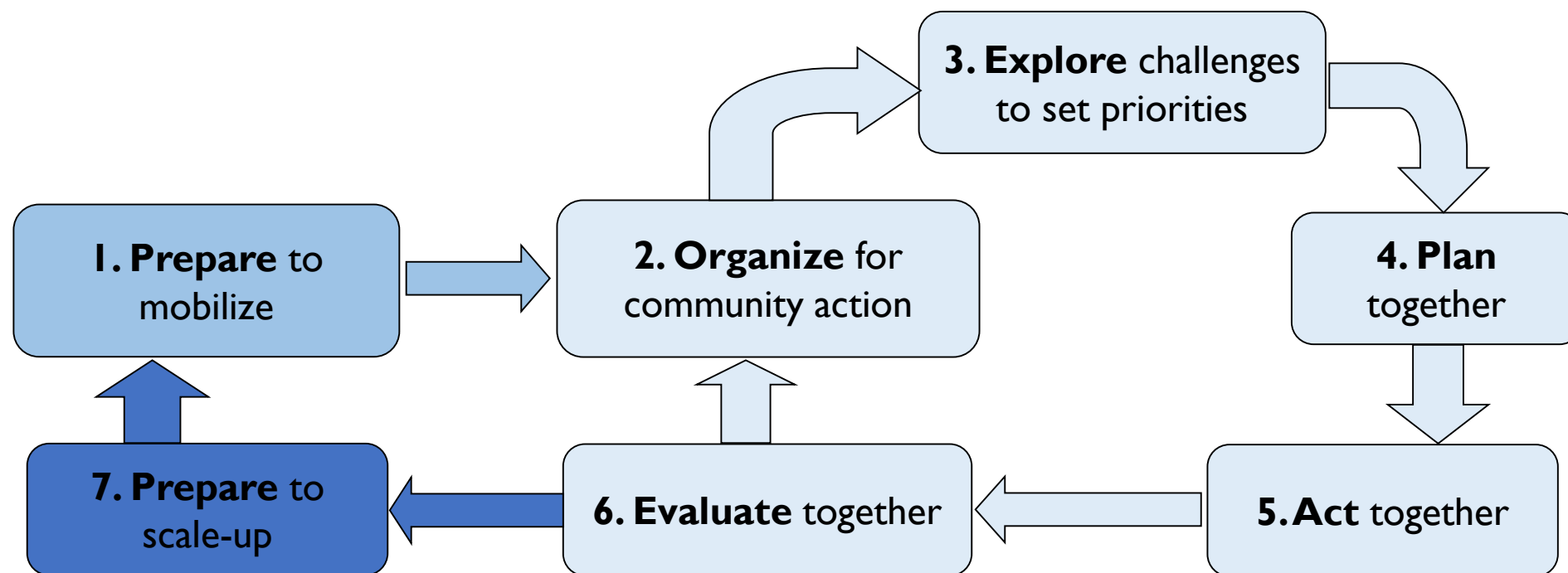
Resilience (cont.)

- At SSQH, resilience is seen as:
 - Community empowerment through strong community structures like Health Committees
 - Working with communities using their own resources to find sustainable solutions to health care issues that *they* have identified

- The Community is the cornerstone of the health system and the basis of its resilience. Only community inputs can guarantee that the health system meets the population's needs. Community should then be the key component of the health system; it provides a strong anchorage to ensure quality of services and some sustainability of the interventions
- Community involvement - ownership can be nurtured and supported through a Community Mobilization structured approach. SSQH used the Community Action Cycle (CAC) for community empowerment and participation

How the community can support the health system: The Community Action Cycle (CAC)

CAC: A seven phase community mobilization model that uses community participation to engage people to resolve their own health issues

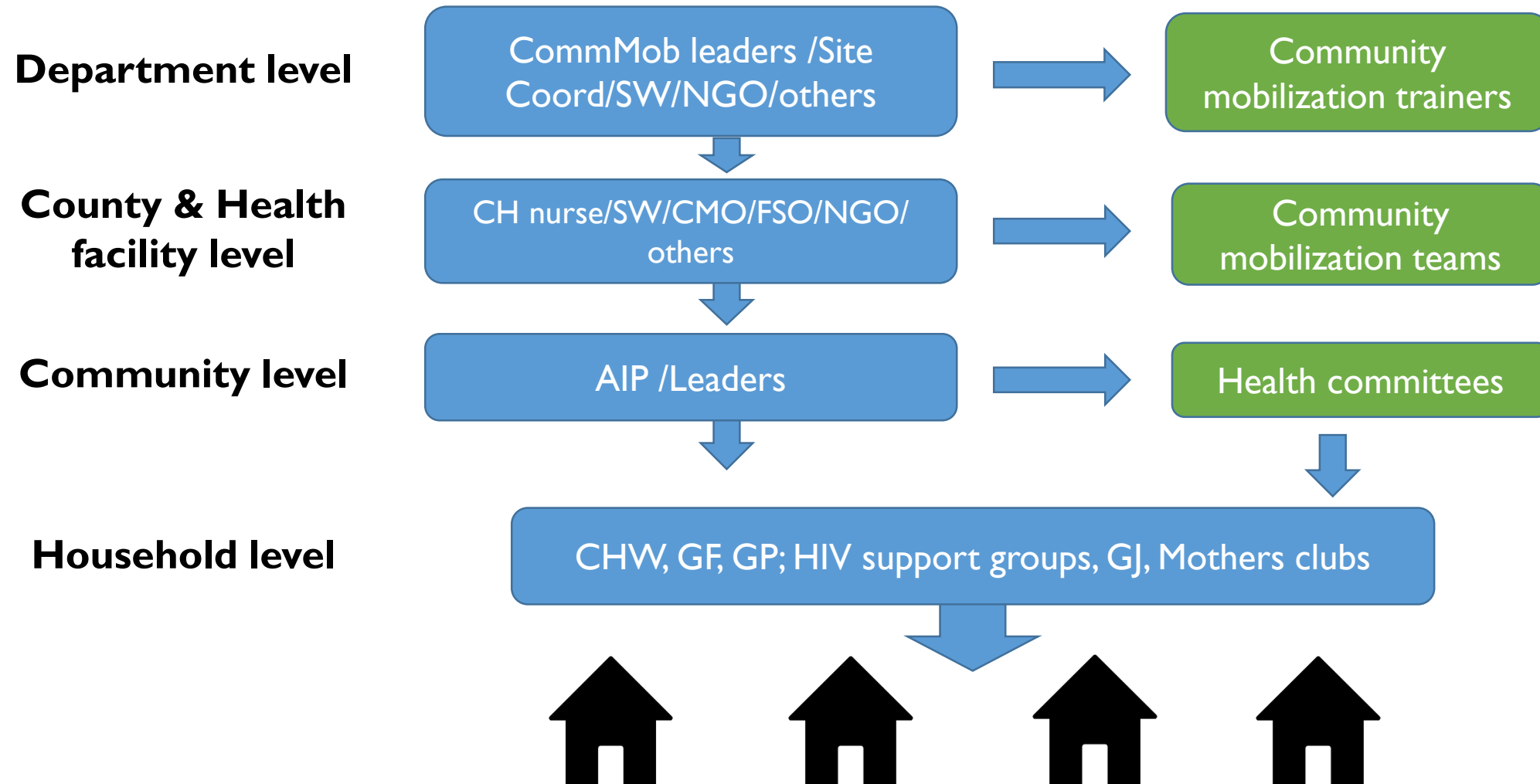


Community Mobilization

What does it mean for us and the context in which we work?

- Partnership/Community Engagement
- Participatory Diagnostic
- Participative management
- Participatory Decision making Process
- Community Dialogue/Communication
- Empowerment
- Autonomy
- Sustainability
- Efficiency

Key players at each level of the CAC



How the community can support the health system

Examples of resilience from our program in Haiti

Ex. I: The La Victoire Health Committee, North Department

- Committee put in place a mutual solidarity group (MuSo) to enable pregnant and breastfeeding women to have transport money to seek services at l'Hôpital de Pignon, as well as to be able to purchase needed medicines
- Based on the needs the community identified, they organized:
 - A community reforestation day
 - A community hygiene awareness session accompanied by Aquatab distribution to reduce to incidence of feco-oral disease transmission.

Deforestation and fallen trees in the community





Health
committee
and SSQH
staff raise
community
awareness to
prepare for
community
activities



School activities for the “Day of Change” May 2, 2017



Students gather their trees and participate in community reforestation

Ex. 2: The Baie de Henne Health Committee, Northwest Department

- After Hurricane Matthew, the community gathered together to restore their local health center to a functional state

Baie de Henne after the flooding





Community mobilization meetings and provision of community services during closure

Community clean-up



Baie de Henne after the community intervention



Gaps to address in the health system to build resilience in Haiti

Challenges to address: System and provider level

- Organization of the health care system Limited health coverage -Weaknesses of the health system
- Power dynamic between the health providers and the community members
- Behavior of health providers wanting to keep their privilege
- Savior perception of the community of the health providers

Gaps to address: Community level

- Training
- Socio economical situation - a population in survival mode is less likely to get involved in collective action.
- Lack of coherence and continuity of Community Mobilization interventions
- Multiplicity of community participation approaches

The way forward towards more equitable and resilient health systems and communities

- Sense of moral social obligation to others can help foster other kinds of resiliency, if the human capacity and knowledge can be raised, to help people help others in more effective ways
- Engagement and participation can:
 - Increase service uptake across all domains
 - Improve spending to be more streamlined
 - Help find alternative ways to finance community outreach activities
 - Change the power dynamic between the CHW and the community

- The pressure for good & services should come from the community because they are informed, mobilized, engaged, involved in resolving their health care issues
- SSQH has benefited from lessons learned from previous programs in Haiti and is contributing to the definition of national guidelines for Community Mobilization and Participation.

A photograph of a man in a white shirt and jeans sitting on a chair, holding a small object. He is looking towards a woman and two children who are looking at him. The room has a mud wall and a stereo system. The text "Thank you for your attention!" is overlaid on the image.

Thank you for your attention!

Mesi Anpil!