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Scaling Up Agents de Santé Communautaire Polyvalent in Haiti

Implementing Partner: Zanmi Lasante

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SUMMARY

Scaling Up Agent de Sante Communautaire Polyvalent in Haiti

Summary of Project

Through this project, Zanmi Lasante (ZL) is working under the Haitian Ministry of Health's (MSPP) leadership to strengthen a unified Agent de Sante Communautaire Polyvalent (ASCP) structure in the Mirebalais commune of Haiti's Central Plateau in order to achieve and sustain effective coverage of the essential package of health services and to serve as a model for national scale-up. This is being achieved by addressing the prioritized barriers of funding, availability of human resources, and supervision. ZL's vision is for ASCPs to be directly linked to the health system through: 1) a systematic training and certification process; 2) a coordinated referral system; 3) a supportive supervision system; and 4) an improved information systems that will ultimately accelerate progress towards achieving and sustaining effective and scaled coverage of health and nutrition interventions in Haiti. The MSPP will thus have the appropriate tools to coordinate all implementing partners and begin harmonizing existing fragmented community health workers (CHW) programs into one unified ASCP structure, fully integrated within the larger health system and fully aligned to national policies and implementation plans.

Life of Project: 2016/2019

USAID: $ 750,000
Cost Share: $ 250,000
Leverage: $ 0

Implementing Partner: Zanmi Lasante

Geographic Focus: The commune of Mirebalais in the Central Plateau department of Haiti

Objectives

In order for these services to be scaled up and sustained, ZL is working towards three project objectives over a three year period:

1. Align ZL's network of CHWs with MSPP's new requirements and standards for ASCPs;

2. Strengthen the continuum of care by developing linkages between communities and health facilities in Mirebalais;

3. Strengthen health information systems and data management capacity in order to improve data for decision making within the ASCP network.

Expected outcomes and Impact

This project will work to achieve the national target ratio of 1 ASCP per 1,000 habitants. The ultimate goal and desired impact being to improve and expand health services, strengthen the health system, and gather first-hand lessons that will help influence a successful nationwide scale-up of a unified ASCP structure through this joint working relationship. In doing so, the community to facility linkage will be greatly improved and the essential package of services (Paquet essential de services, PES) will be delivered.

PROJECT IMPLEMENTATION PROGRESS

TABLE 1: PROJECT IMPLEMENTATION PROGRESS BY TECHNICAL AREA

Technical Area	Activity/Activities	Timeframe and Description of Progress to Date	Comments (challenges, success, etc.)
Child Health	-Malnutrition screening in the community -Vaccination of children under 1 years -Community information and education sessions on child health	-Activities were regularly undertaken each month, on a weekly basis according to planning with community health nurse coordinators	-Though targets were not set for most of these activities during the first year due to the planned focus on training and outfitting of the agents, results were produced mostly from the work of the veteran ASCP
Maternal Health	-Family planning and PMTCT education sessions in the community -Family planning dispensed in the community to accepting women -Post natal Home visits	- Activities were regularly undertaken each month, on a weekly basis according to planning with community health nurse coordinators	
Newborn Health	-Post natal Home visits	-Activities were regularly undertaken each month, with dispatching to related agents according to institutional and community births for the period	
WASH	-WASH education and information sessions in the community	- Activities were regularly undertaken each month, on a weekly basis according to planning with community health nurse coordinators	
Nutrition	-Malnutrition screening -Referral to health	- Activities were regularly undertaken	

	facilities	each month, on a weekly basis according to planning with community health nurse coordinators and the nutrition nurse coordinator	
Malaria	n/a	n/a	n/a
TB	-Screening and referral of respiratory symptomatic individuals	- Activities were regularly undertaken each month, results depended on detected possible cases during home visits and rally posts	-Difficulties in tracking successful arrival of referrals in the health facility prompted a movement to renew and revitalize the existing referral/counter-referral system
HIV/AIDS	n/a	n/a	n/a
Health Systems Strengthening (HSS)	-Formative supervision -Data quality audits -Referrals to the regional health facilities	-Activities were regularly undertaken each month -Data audits took place every quarter	-The referral/counter-referral system in place needs to be modified with special focus on counter-referral control
Workforce Augmentation	-Recruit 44 additional ASCPs for the region of Mirebalais -Train all new ASCPs and refresh current employed ASCPs	-ASCPs and supervisors were recruited as planned -Training of ASCP 80% completed, one module remains to be done	-3 ASCPs were lost along the way: one of the veterans died after a stroke, another was removed after discovery of fraud and the third was a new ASCP also part of the fraud -ASCP training started late in the first year which is why it could not be 100% completed as planned by the end of the project year
Policy	n/a	n/a	n/a
Other (please specify)			

Key Achievements

During the first year of the project, apart from increasing human resources by recruiting ASCPs to fill the gap in coverage within the region of Mirebalais, the other main focus is the capacity building for

these community workers. The MSPP curriculum for ASCP is a 5 module training of a total of about 50 business days. For better absorption of the knowledge, the 5 modules were planned to be given with at least a week or two hiatus, during which the ASCP could find time to provide services in their assigned sections of the commune. The 5 modules are titled as such (translation in parentheses): module 1 *"l'organisation des services de sante"* (The organization of health services), module 2 *"Processus de Travail de l'ASCP"* (Work process of the ASCP), module 3 "*La santé aux différentes étapes de la vie"* (Health at the different stages of life), module 4 *"Prévention et contrôle des maladies les plus courantes"* (Prevention and control of most common diseases), module 5 *"Action des ASCP en situation de risques"* (Actions of the ASCP in crisis situations).

After successful recruitment of new 44 ASCPs and 4 supervisors, the target ratio of ASCP to habitant of 1/1000 was reach and training started. Up until March 2017, 3 modules have been completed with the fourth completed in the beginning of April 2017. Before and after each module, participants' knowledge is assessed in regards to what will be covered. Pre-test and Post-test results were analyzed using both a paired t-test method and nonparametric Wilcoxon Signed ranks test. Both analyses significantly showed an increase of knowledge and rejected the null hypothesis of the training modules being ineffective in increasing participant knowledge, with $p<0.0000\ldots$ in all modules. Nevertheless, module 2 presented the greatest difference in means of all, we can thus assume or posit that it was the most effective of all 3 analyzed modules. Module 4 completed in April showed results very similar in potential effectiveness to module 2, and also showing significance in knowledge gain.

Certain issues arose at the beginning, which resulted in the training, the main activity for the first year, to start very late. Of those we can point out problems with disbursement of funds, late feedback when sharing documents with donors and change in scope of work. The changes also affected the budget, as the total amounts remained the same but modifications of what could be done or not were required, thus affecting our ability to execute certain desired activities. The budget was redistributed and items were either removed or marked down to the most vital and once resubmitted/approved activities could begin albeit a few months late.

Beyond the access to official trainers to support eventual scale up into other communes of the country, closer involvement with the MOH needs to be felt in order for the obstacles faced during this project not be encountered each time in similar circumstances. Furthermore, as there has been great improvement in the speed at which exchanges and communication have been occurring between all partners. Keeping the pace, and even hopefully increasing it will secure the success of this endeavor.

As part of expected outcomes, the experience in itself is meant to guide ZL, the MOH (MSPP) and all partners when considering the future of the ASCP model in Haiti. There are several key questions and lessons deriving from experience, such as: does the ASCP requirement criteria create barriers to entry? What is the best way to deploy ASCPs in relation to community needs? How effective will be our joint model of training, certification, and supervision? ZL is in a position to immediately apply project lessons to improve the training process for the ASCP workforce moving forward, particularly in the Central Plateau and Artibonite departments, where ASCPs are present. Training is proving to be effective so far in terms of immediate knowledge gain. Further proof will stem from observing the provision of services and the results of the work done by the newly deployed ASCPs during the second year of the project.

KEY RESULTS

GOAL: Under MSPP's leadership strengthen a unified ASCP structure in Mirebalais to achieve and sustain effective coverage of the essential package of health services and to serve as model for national scale-up

Expected Results	Code	Performance Indicator	Unit of Measure	Method of Data Collection	Data frequency	Delivera-ble	Data Source	Baseline value FY 2015	Target FY 2016	Result FY 2016
Project Objective 1: **Align ZL's network of CHWs with MSPP's new requirements and standards**										
MSPP's target ratio of 1 ASCP per 1,000 people in Mireba-lais achieved	1.1	1.1.1 Number of ASCPs recruited	Number	Registration	One-time	N/A	HUM employees contract	60	100	100
		1.1.2 Number of ASCPs trained and certified	Number	Registration	Monthly	Training and Certifica-tion reports	CNF Records Atten-dance sheets	0	100	0
		1.1.3 Ratio of ASCPs to population	Ratio	Numerator : Number of ASCPs serving Mirebalais	One-time	N/A	MSPP/ZL records	–	1 per 1,000 people	1 per 1,000 people

				Denominator : Population of Mirebalais						
***Project Objective 2*: Strengthen continuum of care by developing linkages between communities and health facilities in Mirebalais**										
Increased ratio of ASCP Supervi-sors to ASCPs	2.1	2.1.1 Number of ASCP Supervisors recruited	Number	Registration	One-time	N/A	ZL employees contract	6	10	10
		2.1.2 Number of ASCP Supervisors trained	Number	Training Records	One-time	Training report	CNF Records Atten-dance sheets	0	10	10
		2.1.3 Number of ASCPs assigned to ASCP Supervisor	Number	Registration	One-time	N/A	Map-ping of the ZL commu-nity staff	57	100	100
		2.1.4 Ratio of ASCP Supervisors to ASCPs	Ratio	Numerator : Number of ASCP supervisors	One-time	N/A	Map-ping of the ZL commu-nity staff	–	1 Supervisor to 10 ASCPs	1 Supervis or to 10 ASCPs

				Denominator : Number of ASCPs						
ASCPs supervi-sed at both the commu-nity and facility level	2.2	2.2.1 Number of monthly supervision meetings conducted	Number	Registration	Monthly	Supervisio n report	Monthly supervi-sion reports	0	0	2
Improved referral and counter-referral processes	2.3	2.3.1 Number of ASCP home visits conducted per month per ASCP	Number	ASCP report	Monthly	N/A	ZL Home visits registers	0	0	39407
		2.3.2 Number of rally posts organized in the community	Number	ASCP report	Monthly	Rally post	ZL rally post registers	0	0	2078
		Number of Respiratory Symptomatic referred to the facility	Number	ASCP report	Monthly	New RS identified	RS registers	0	0	6
		Number of women receiving family planning during community activities	Number	ASCP report	Monthly	Women on FP	FP registers	0	0	3247
		Number of child bearing women receiving education on family planning	Number	ASCP report	Monthly	Women on FP	IEC registers	0	0	0

		% of referrals from ASCP received at the hospital	Number	Hospital registers	Monthly	New cases received for follow up	ASCP report Hospital registers	0	0	0
		Number of children screened for malnutrition and referred during community activities (rally post, home visits, etc.)	Number	ASCP report	Monthly	New cases referred for follow up at the clinics	ASCP registers	0	0	256
		% of referrals treated and enrolled in a long-term treatment (Nutrition, TB, VIH)	%	Num: referrals treated and enrolled in a LT treatment Deno: Number of referrals received at the hospital	Monthly	NA	ASCP report Hospital registers	0	100%	0
		% of counter referrals received by the ASCP	%	ASCP report Hospital registers	Monthly	NA	ASCP report Hospital registers	0	100%	0
		2.3.3 Number of <1 year old fully vaccinated	Number	ASCP report	Monthly	Vaccination	ZL immuni-zation registers	0	2524	1672

		2.3.4 Number of vaccination information sessions	Number	ASCP report	Monthly	Education	ZL IEC registers	0	1200	2059
		2.3.5 Number of PMTCT information sessions	Number	ASCP report	Monthly	Education	ZL IEC registers	0	1200	252
		2.3.6 Number of pediatric education sessions	Number	ASCP report	Monthly	Education	ZL IEC registers	0	1200	671
		2.3.7 Number of WASH (Water, Sanitation, and Hygiene) education sessions	Number	ASCP report	Monthly	Education	ZL IEC registers	0	1200	1053
***Project Objective 3*: Strengthen HIS and data management capacity**										
Increase consisten-cy of data collec-tion	3.1	3.1.1 Number of ASCPs trained in data collection	Number	CNF records	One-time	N/A	Atten-dance sheet	0	100	60
		3.1.2 % of tools adequately and completely filled out	%	ASCP tools verification	Monthly	NA	Supervi-sion reports	-	100%	43%
Improve data quality and analysis	3.2	3.2.1 Number of ASCP Supervisors trained on data quality and analysis	Number	CNF records	Quarterly	N/A	Atten-dance sheet	0	10	6

		Number of formative supervision conducted for ASCP supervisors	Number	Note	One-time	NA	Supervi-sion reports	0	0	0
		3.2.2 Number of M&E quarterly meetings to review the project performance	Number	Notes and support documents	Monthly	NA	Meeting notes	0	2	1
		3.2.3 Number of data quality audits conducted	Number	MEQ Report		N/A	Data Quality Audit reports	0	1	2

UPDATES

PMP Summary Table (Clean)

GOAL: Under MSPP's leadership strengthen a unified ASCP structure in Mirebalais to achieve and sustain effective coverage of the essential package of health services and to serve as model for national scale-up

Expected Results	Code	Performance Indicator	Unit of Measure	Method of Data Collection	Data frequency	Deliverable	Data Source	Baseline value FY 2015	Target FY 2016	Result FY 2016	Target FY 2017	Target FY 2018
Project Objective 1: **Align ZL's network of CHWs with MSPP's new requirements and standards**												
MSPP's target ratio of 1 ASCP per 1,000 people in Mirebalais achieved	1.1	1.1.1 Number of ASCPs recruited	Number	Registration	One-time	N/A	HUM employees contract	57	100		–	–
		1.1.2 Number of ASCPs trained and certified	Number	Registration	Monthly	Training and Certification reports	CNF Records Attendance sheets	0	100		–	–

		1.1.3 Ratio of ASCPs to population	Ratio	Numerator : Number of ASCPs serving Mirebalais Denominator : Population of Mirebalais	One-time	N/A	MSPP/ZL records	–	1 ASCP per 1,000 people	–	–	–
***Project Objective 2*: Strengthen continuum of care by developing linkages between communities and health facilities in Mirebalais**												
Increased ratio of ASCP Supervisors to ASCPs	2.1	2.1.1 Number of ASCP Supervisors recruited	Num-ber	Registration	One-time	N/A	ZL employees contract	5	10		–	–
		2.1.2 Number of ASCP Supervisors trained	Num-ber	Training Records	One-time	Training report	CNF Records Attendance sheets	0	10		–	–
		2.1.3 Number of ASCPs assigned to ASCP Supervisor	Num-ber	Registration	One-time	N/A	Mapping of the ZL community staff	57	100		–	–
		2.1.4 Ratio of ASCP Supervisors to ASCPs	Ratio	Numerator : Number of ASCP supervisors Denominator :	One-time	N/A	Mapping of the ZL community staff	–	1 Supervisor to 10	–	–	–

				Number of ASCPs					ASCPs			
ASCPs supervised at both the community and facility level	2.2	2.2.1 Number of monthly supervision meetings conducted	Num-ber	Registration	Monthly	Supervision report	Monthly supervision reports	0	0		12	12
Improved referral and counter-referral processes	2.3	2.3.1 Number of ASCP home visits conducted per month per ASCP	Num-ber	ASCP report	Monthly	N/A	ZL Home visits registers	0	0		12,000	12,000
		2.3.2 Number of rally posts organized in the community	Num-ber	ASCP report	Monthly	Rally post	ZL rally post registers	0	0		4,800	4,800
		Number of Respiratory Symptomatic referred to the facility	Num-ber	ASCP report	Monthly	New RS identified	RS registers	0	0		1764	TBD
		Number of women receiving family planning	Num-ber	ASCP report	Monthly	Women on FP	FP registers	0	0			

		during community activities										
		Number of child bearing women receiving education on family planning	Num-ber	ASCP report	Monthly	Women on FP	IEC registers	0	0		25,574	TBD
		% of referrals from ASCP received at the hospital	Num-ber	Hospital registers	Monthly	New cases received for follow up	ASCP report Hospital registers	0	0		100%	TBD
		Number of children screened for malnutrition and referred during community activities (rally post, home visits, etc.)	Num-ber	ASCP report	Monthly	New cases referred for follow up at the clinics	ASCP registers	0	0		1729	TBD

		% of referrals treated and enrolled in a long-term treatment (Nutrition, TB, VIH)	%	Num: referrals treated and enrolled in a LT treatment Deno: Number of referrals received at the hospital	Monthly	NA	ASCP report Hospital registers	0	100%		100%	100 %
		% of counter referrals received by the ASCP	%	ASCP report Hospital registers	Monthly	NA	ASCP report Hospital registers	0	100%		100%	100 %
		2.3.3 Number of <1 year olds fully vaccinated	Num-ber	ASCP report	Monthly	Vaccina-tion	ZL immunizat ion registers	0	2524		TBD	TBD
		2.3.4 Number of vaccination information sessions	Num-ber	ASCP report	Monthly	Educa-tion	ZL IEC registers	0	1200		TBD	TBD
		2.3.5 Number of PMTCT information sessions	Num-ber	ASCP report	Monthly	Educa-tion	ZL IEC registers	0	1200		TBD	TBD
		2.3.6 Number of pediatric	Num-ber	ASCP report	Monthly	Educa-tion	ZL IEC registers	0	1200		TBD	TBD

		education sessions										
		2.3.7 Number of WASH (Water, Sanitation, and Hygiene) education sessions	Num-ber	ASCP report	Monthly	Educa-tion	ZL IEC registers	0	1200		TBD	TBD
***Project Objective 3*: Strengthen HIS and data management capacity**												
Increase consistency of data collection	3.1	3.1.1 Number of ASCPs trained in data collection	Num-ber	CNF records	One-time	N/A	Attendan-ce sheet	0	100		–	–
		3.1.2 % of tools adequately and completely filled out	%	ASCP tools verification	Monthly	NA	Supervi-sion reports		100%		100%	100 %
Improve data quality and analysis	3.2	3.2.1 Number of ASCP Supervisors trained on data quality and analysis	Num-ber	CNF records	Quarterly	N/A	Attendan-ce sheet	0	10		–	–

		Number of formative supervision conducted for ASCP supervisors	Num-ber	Note	One-time	NA	Supervi-sion reports	0	0		1200	1200
		3.2.2 Number of M&E quarterly meetings to review the project performance	Num-ber	Notes and support documents	Monthly	NA	Meeting notes	0	2		4	4
		3.2.3 Number of data quality audits conducted	Num-ber	MEQ Report		N/A	Data Quality Audit reports	0	1		4	4

PMP Summary Table (Updated)

GOAL: Under MSPP's leadership strengthen a unified ASCP structure in Mirebalais to achieve and sustain effective coverage of the essential package of health services and to serve as model for national scale-up

Expected Results	Code	Performance Indicator	Unit of Measure	Method of Data Collection	Data frequency	Deliverable	Data Source	Baseline value FY 2015	Target FY 2016	Result FY 2016	Target FY 2017	Tar-get FY 2018
Project Objective 1: **Align ZL's network of CHWs with MSPP's new requirements and standards**												
MSPP's target ratio of 1 ASCP per 1,000 people in Mirebalais achieved	1.1	1.1.1 Number of ASCPs recruited	Number	Registration	One-time	N/A	HUM employees contract	57	100		–	–
		1.1.2 Number of ASCPs trained and certified	Number	Registration	Monthly	Training and Certifica-tion reports	CNF Records Attendance sheets	0	100		–	–
		1.1.3 Ratio of ASCPs to population	Ratio	Numerator : Number of ASCPs serving Mirebalais Denomina-tor : Population of Mirebalais	One-time	N/A	MSPP/ZL records	–	1 ASCP per 1,000 people	–	–	–
Project Objective 2**: Strengthen continuum of care by developing linkages between communities and health facilities in Mirebalais**												

Increased ratio of ASCP Supervisors to ASCPs	2.1	2.1.1 Number of ASCP Supervisors recruited	Number	Registration	One-time	N/A	ZL employees contract	5	10		–	–
		2.1.2 Number of ASCP Supervisors trained	Number	Training Records	One-time	Training report	CNF Records Attendance sheets	0	10		–	–
		2.1.3 Number of ASCPs assigned to ASCP Supervisor	Number	Registration	One-time	N/A	Mapping of the ZL community staff	57	100		–	–
		2.1.4 Ratio of ASCP Supervisors to ASCPs	Ratio	Numerator : Number of ASCP supervisors Denominator : Number of ASCPs	One-time	N/A	Mapping of the ZL community staff	–	1 Supervisor to 10 ASCPs	–	–	–
ASCPs supervised at both the community and facility level	2.2	2.2.1 Number of monthly supervision	Number	Registration	Monthly	Supervision report	Monthly supervision reports	0	0		12	12

		meetings conducted										
Improved referral and counter-referral processes	2.3	2.3.1 Number of ASCP home visits conducted per month per ASCP	Number	ASCP report	Monthly	N/A	ZL Home visits registers	0	0		1200,000	120,000
		2.3.2 Number of rally posts organized in the community	Number	ASCP report	Monthly	Rally post	ZL rally post registers	0	0		4,800	4,800
		Number of Respiratory Symptomatic referred to the facility	Number	ASCP report	Monthly	New RS identified	RS registers	0	0		1764	TBD
		Number of women receiving family planning during	Num-ber	ASCP report	Monthly	Women on FP	FP registers	0	0		-	-

		community activities										
		Number of child bearing women receiving education on family planning	Num-ber	ASCP report	Monthly	Women on FP	IEC registers	0	0		25,574	TBD
		% of referrals from ASCP received at the hospital	Number	Hospital registers	Monthly	New cases received for follow up	ASCP report Hospital registers	0	0		100%	TBD
		Number of children screened for malnutrition and referred during community activities (rally post, home visits,	Number	ASCP report	Monthly	New cases referred for follow up at the clinics	ASCP registers	0	0		1729	TBD

		etc.)										
		% of referrals treated and enrolled in a long-term treatment (Nutrition, TB, VIH)	%	Num: referrals treated and enrolled in a LT treatment Deno: Number of referrals received at the hospital	Monthly	NA	ASCP report Hospital registers	0	100%		100%	100 %
		% of counter referrals received by the ASCP	%	ASCP report Hospital registers	Monthly	NA	ASCP report Hospital registers	0	100%		100%	100 %
		2.3.3 Number of <1 year olds fully vaccinated	Number	ASCP report	Monthly	Vaccination	ZL immunization registers	0	2524		2524	TBD
		2.3.4 Number of vaccination information	Number	ASCP report	Monthly	Education	ZL IEC registers	0	1200		2000	TBD

		sessions										
		2.3.5 Number of PMTCT information sessions	Number	ASCP report	Monthly	Education	ZL IEC registers	0	1200		1200	TBD
		2.3.6 Number of pediatric education sessions	Number	ASCP report	Monthly	Education	ZL IEC registers	0	1200		1200	TBD
		2.3.7 Number of WASH (Water, Sanitation, and Hygiene) education sessions	Number	ASCP report	Monthly	Education	ZL IEC registers	0	1200		1200	TBD
***Project Objective 3*: Strengthen HIS and data management capacity**												
Increase consistency of data collection	3.1	3.1.1 Number of ASCPs trained in data	Number	CNF records	One-time	N/A	Attendance sheet	0	100		–	–

		collection										
		3.1.2 % of tools adequately and completely filled out	%	ASCP tools verification	Monthly	NA	Supervision reports		100%		100%	100 %
Improve data quality and analysis	3.2	3.2.1 Number of ASCP Supervisors trained on data quality and analysis	Number	CNF records	Quarterly	N/A	Attendance sheet	0	10		–	–
		Number of formative supervision conducted for ASCP supervisors	Number	Note	One-time	NA	Supervision reports	0	0		1200	1200
		3.2.2 Number of M&E quarterly meetings to review the project	Number	Notes and support documents	Monthly	NA	Meeting notes	0	2		4	4

		performanc e										
		3.2.3 Number of data quality audits conducted	Number	MEQ Report		N/A	Data Quality Audit reports	0	1		4	4

NEXT STEPS

Although one of the main activities during the first year, the training, has been delayed in its completion (80% completed), the project overall is on track. Many activities done by the ASCP themselves were completed such as vaccination campaigns, weekly education sessions on WASH and maternal/child health, home visits. The final module will be given, thus ensuring full capacity of the staff to render required services in an optimal manner. On the operational level, strategies are being discussed by the different administrative teams to streamline processes in order to be able to match the needs of the technical team while adhering to policies.

While the human resources barrier remains mainly a financial one, the training curriculum and trainers of the MSPP have provided satisfying capacity building for the ASPC of Mirebalais. As a result, ZL slowly started to plan and implement the training modules in certain other regions where it has ASCP (Cange, Thomonde, Saint Marc …), using other the lessons learned from the Mirebalais experience up to this point.

ANNEX

Figure 1. Visual Depiction of the Health System