Haiti is the poorest country in Latin America and the Caribbean and among the poorest in the world. Over three-quarters of its population live on less than $2 per day; all social and economic indicators reflect the country’s chronic and multi-dimensional poverty. The effects of poverty are especially stark in terms of nutrition and health. Malnutrition is among the worst in the region and infant, children-under-five, and maternal mortality rates are the highest in the Western hemisphere. Already burdened, each new natural, political, or economic crisis further devastates the people of Haiti. In 2010 alone, the country experienced a calamitous earthquake that killed over 300,000, a cholera epidemic that has already sickened more than 190,000 and killed at least 3,800, and a presidential election that is igniting violent protests and government shutdowns. Yet, with this frequent occurrence of crisis, there is no cohesive approach to provide the poorest and most vulnerable with basic social services.

Presently, community workers employed by NGOs deliver sorely needed services to the most vulnerable families and individuals. However, community workers are specialized (e.g., HIV/AIDS, nutrition, malaria prevention) and often can deliver only one category of service at a time. Imagine this common experience. A community worker focused on malaria prevention visits a family to deliver mosquito nets and information on how to protect against malaria. While visiting the family, she is struck by all that she cannot address with malaria prevention: malnutrition, lack of vaccinations, and no access to drinking water or latrines among other things. As basic services are presently delivered, the community worker cannot offer this family the services they desperately need since her work only focuses on one specific dimension, in this case malaria prevention. Furthermore, in order to receive multiple services, families have to travel a long distance to a health post.

An additional layer of complication comes from the presence of larger number of external players. Some are official development aid agencies of foreign governments. Others are international organizations such as UN agencies and the World Bank. There are also a larger number of international NGOs and consulting firms. They are all in the country to help provide food, water, medical care, shelter, other basic supplies, money, and technical assistance to the Haitian people. However, weak coordination among the groups has augmented the fragmentation of service delivery.

Given the magnitude of each family’s needs in Haiti, this fragmented basic service delivery is frustrating and discouraging not only for families, but also for community workers, municipalities, NGOs, and international organizations. To make matters worse, municipalities lack the resources to track which services are needed by which families, and therefore cannot effectively direct community workers, NGOs, or international organization to families who most need them.

In order to provide basic services more quickly, comprehensively, and directly to families in Haiti, a coalition among diverse partners has emerged. This group includes the Government of Haiti, private
sector social providers, and development organizations including UNICEF, World Food Program, World Health Organization, UNFPA, Management Science for Health, Partners in Health, Save the Children, World Vision and the World Bank. Due to the importance of coordinating services to reach the poorest and most vulnerable families quickly is especially critical during a crisis, this coalition has designed and is implementing a new approach for coordinated and integrated service delivery to families.

The World Bank’s Rapid Social Response Program is supporting a pilot test of this new approach. This integrated approach replaces the fragmented service delivery by 1) coordinating services at the municipality level, and 2) training and deploying community workers called Household Development Agents (HDAs) to work more closely and comprehensively with families. HDAs will be responsible for first assessing families’ needs and then either delivering basic services or referring families to appropriate social services and programs. At the same time, HDAs will collect family level data that will be used by municipalities to monitor and assess families’ situations. Community workers collecting family level data is a novel approach in Haiti.

HDAs will be better able to deliver appropriate services to the families in greatest need in both crisis and non-crisis conditions because they will have a more comprehensive understanding of each family’s needs. In addition, to coordinate the delivery of needed services, municipal officials will be trained on how to manage information, such as families’ characteristics, and how to update and share it with community workers, NGOs, and other key stakeholders.

This new integrated approach is being pilot-tested in four municipalities in one of rural Haiti’s poorest departments, Plateau Central. The project began in early 2011 and is focusing primarily on providing health, hygiene and nutrition services and expects to reach 18,000 of the poorest and most vulnerable families. If the pilot proves successful, there will be a follow-up phase, which would cover additional municipalities in both rural and urban areas, and broaden the scope of services beyond basic health and nutrition.

Already there have been positive side-effects created by the robust coalition of diverse partners. In responding to the recent cholera outbreak, the good working relationships among the partners enabled rapid and coordinated support to affected families and areas.

Written by Andrea L. Robles, March 15, 2011

This article does not necessarily reflect the views of the World Bank Group, its Executive Directors or the governments they represent. Rapid Social Response Program (RSR) is part of the World Bank’s response to the Food, Fuel and Financial Crisis. Its mission is to help the World’s poorest countries become better prepared to cope with systemic and unpredictable shocks like sudden increases of food and fuel prices and financial crises. RSR has been generously supported by the governments of Russia, Norway and United Kingdom. For further information, please visit http://www.worldbank.org/rsr.

1 The World Bank team leader for this project is Francesca Lamanna (Social Protection Economist, Latin America and the Caribbean).