Dominican Republic

FACTFILE

Title Education and Services in Sexual and Reproductive Health for Haitian Migrants and their Descendants Living in the Dominican Republic

IPPF Member Association Asociación Dominicana Pro-Bienestar de la Familia, Inc (PROFAMILIA), www.profamilia.org.do

Set up in 1966, PROFAMILIA is the country's leading non-governmental organization promoting and providing sexual and reproductive health services.

Aim To improve access to services and information about sexual and reproductive health for the Haitian population and their descendants living in the Dominican Republic, primarily women aged 15 to 50.

Duration Five years: 2003–2008

KEY ACHIEVEMENTS

- The project filled a critical gap by servicing the needs of Haitian migrants in 52 communities – a population living in extreme poverty with limited access to health services. The project created informed demand for sexual and reproductive health services, and the infrastructure to meet that demand.
- Men's attitudes and behaviour have become more flexible and they became more involved in their own sexual health, and that of their partners, resulting in improvements in their partners' home lives.
- By working in partnership with other community-based organizations, the project gained immediate access to a community that is often suspicious of outsiders.

PROJECT OVERVIEW

Impoverished, under-served and marginalized population

The project partners stepped forward to fill the gap for an estimated 500,000 to one million Haitians living in some of the most remote and impoverished communities. This group of Haitian migrants and their descendants (who are undocumented, and without ID) experience severe discrimination and marginalization, and do not have access to vital health and social services.

> "Fewer pregnancies, greater condom use, changing myths."
>
> Health promoter

The project responded to the needs of this population by bringing primary health care services, health education, family planning and reproductive health services to Haitian neighbourhoods. This community has disproportionately high levels of illiteracy, infant and maternal morbidity and mortality, and high fertility rates, as well as poor health outcomes and disproportionately high rates of HIV/AIDS.

Overcoming barriers to access

By bringing free health services directly to the community, the project's mobile clinic was a critical component in overcoming multiple barriers to access such as transport problems from remote areas, poor treatment and discrimination by state service providers. The pre-paid services also eliminated the cost of services – a key barrier to health-seeking behaviour.

Many of the project beneficiaries had never had a pap smear, and some had never been to a doctor. If it were not for the project they might go their entire lives without seeing a doctor or using any type of contraception.

However, the level of poverty also posed a continual challenge to staff who wanted to help everyone in need but were forced to prioritize because of constraints in time and resources.

KEY PROJECT STATISTICS

50,429 clinical services were provided, and 18,244 couple years of protection were provided through community-based distribution systems.

Number of new family planning users: 9,275.

2,760 women accessed pap smears and mammograms for the first time.

The project distributed 60,264 information, education and communication materials.

The project reached 35,384 people through community dialogues, 15,022 people through community education days and conducted 29,529 home visits.

Number of condoms distributed through outreach services, community distribution and clinic visits: 243,000.

> The prevalence of machismo and gender-based violence was one of the principal barriers to sexual and reproductive health.

Deconstructing the concept of masculinity

The widespread prevalence of machismo and gender-based violence in the communities was one of the principal barriers to sexual and reproductive health. Despite extreme poverty, men did not want their partners to use contraception. They also blamed their partners for sexually transmitted infections or HIV transmission knowing that they themselves had multiple sexual partners and refused to use condoms or seek health care.

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Novel approaches were used to engage men and overcome these cultural norms, including home visits, soccer matches, barbecues and domino games where information, education and communication activities took place. These activities allowed the gradual introduction of meaningful discussions about gender-based violence, sexual and reproductive health, and the concept of 'new masculinity'.

The project partners designed a model to begin deconstructing the traditional concept of masculinity and emphasizing the importance of communication and mutual understanding. As a result, many men admitted that this improved their relationship with their partner and made life more pleasant at home. As they saw the positive effects of what they were learning in their own lives, they began to incorporate more of the messages they were exposed to in their behaviour.

Reaching more people through strategic alliances

PROFAMILIA forged strategic alliances with three existing community-based organizations that were already working with Haitian migrant populations in three regions. In this way, PROFAMILIA was able to gain immediate access to a population that is often suspicious of outsiders. Two of the three organizations had never worked in sexual and reproductive health before, but had the necessary infrastructure and desire to do so. They simply needed the technical support and capacity building to integrate sexual and reproductive health into their programmes, which PROFAMILIA ably provided, alongside its important role in facilitating, supervising and coordinating activities.

Other alliances at the community level were used to strengthen the project. For example, by coordinating with schools, churches, community clubs and public health centres, the project could use often-frequented locations in communities to conduct educational activities and host mobile clinic visits.

LESSONS LEARNED

Creating a 'new masculinity' model helped tackle machismo, cultural and gender barriers.

Training in Creole enabled staff to reflect on how they communicate with marginalized communities, and challenged their own initial levels of discrimination.

Using prepaid vouchers was an efficient way to deliver free clinical services to hard-to-reach populations.

Strategies critical to maintaining the motivation of volunteer health promoters – the bridge to the community and the key to lasting transformation – included offering training course certificates and public recognition of their role.

> **"Now I understand why she [my last partner] left me. I was violent and rebellious. She is still gone, but at least I get along better now with my family. I'm holding off on getting together with another woman because I'm afraid of how I might treat her."**
>
> A 30-year-old workshop participant commented that he had lived with five women who had all left him

Project continuation and sustainability

Transitional funding has been secured to incorporate project elements into the Member Association's core work and new funding will allow the project model to be replicated in another region. The project has strengthened the capacity of the partnering organizations and they will continue to address sexual and reproductive health issues, with particular focus on reaching men and running the mobile clinic services.

COUNTRY STATS

Population is 9.9 million, with 33 per cent under the age of 15. (2008, Population Reference Bureau)

31 per cent of population is aged between 10 and 24. (2006, Population Reference Bureau)

There are an estimated 800,000 Haitians living in the Dominican Republic. (International Rescue Committee, Women's Commission for Refugee Women and Children, 2007)

Human Development Index ranking: 79 out of 177 countries. (2005, UNDP Human Development Report 2007/2008)

Average life expectancy at birth is 71.5 years. (2005, UNDP Human Development Report 2007/2008)

The infant mortality rate is 32 per thousand live births. (2008, Population Reference Bureau)

The total fertility rate is 3 (2000–2005) **with only 70 per cent of married women aged 15–49 practising family planning.** (1997–2005, UNDP Human Development Report 2007/2008)

Population living with HIV/AIDS (aged 15–49) is 1.1 per cent. (2005, UNDP Human Development Report 2007/2008)

99 per cent of births are attended by trained personnel. (1997–2005, UNDP Human Development Report 2007/2008)

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