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Sources for Sick Child Care in Haiti

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The public and private sectors are both important sources of sick child care in Haiti. Understanding if and where sick children are taken for care is critical to improve case management interventions. This brief presents a secondary analysis of the 2016–17 Haiti Demographic and Health Survey to examine where treatment or advice is sought for sick children who experienced at least one of three treatable illnesses: fever, acute respiratory infection, or diarrhea. These illnesses represent some of the leading causes of death in children under five years old.

Key Findings

- 47% of Haitian children experienced fever, acute respiratory infection symptoms, or diarrhea in the past two weeks.
- 47% of caregivers seek treatment or advice outside the home, across all three illnesses.
- 35% of the poorest caregivers compared to 60% of the wealthiest caregivers seek care outside the home.
- 75% of private sector care seekers access clinical sources of care.
- Among the poorest care seekers, 17% use other sources of care (traditional healer, friend, relative).
- Given Haiti's high childhood disease burden, the country's low care-seeking level and socioeconomic disparities in accessing knowledgeable sources of care are critical barriers that must be addressed to improve child survival.

This is one in a series of briefs that examines care seeking in USAID maternal and child survival priority countries.

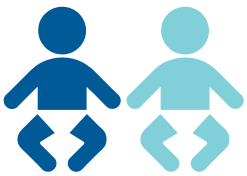
Illness prevalence

According to mothers interviewed across the country for the Haiti Demographic and Health Survey, 47 percent of Haitian children under five experienced one or more of the following illnesses: fever (32 percent), symptoms of acute respiratory infection (ARI)—a proxy for pneumonia—(10 percent), and/or diarrhea (21 percent) in the two weeks prior to the survey.[1]

Out-of-home care seeking

When children fall ill, less than half (47 percent) of caregivers in Haiti seek advice or treatment outside the home.[2] The care-seeking level remains fairly consistent for children with fever, diarrhea, or ARI symptoms (48 percent, 39 percent, and 44 percent, respectively). The overall level of care seeking in Haiti is one of the lowest among the USAID maternal and child survival priority countries ("USAID priority countries").[3] Given Haiti's high burden of childhood disease (47 percent), increasing out-of-home care seeking is critical to improve childhood survival.

Almost 1 out of 2 children in Haiti
experienced fever, ARI symptoms, or diarrhea
in the last 2 weeks.

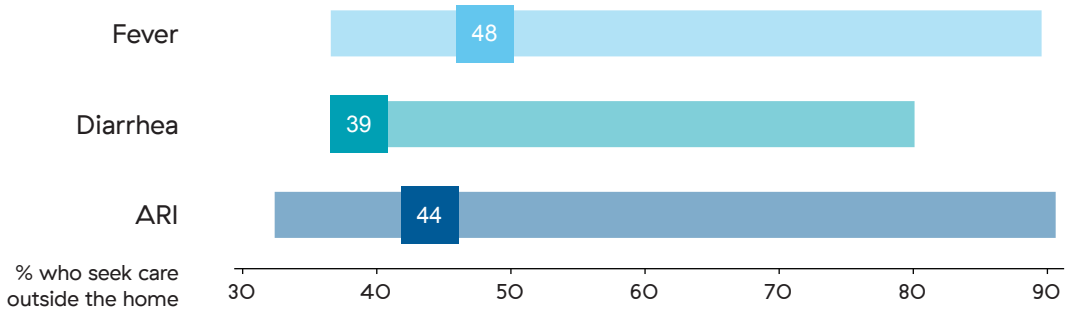


Sources of care

The private and public sectors are relied on nearly equally for sick child care in Haiti: among caregivers who seek treatment or advice outside their homes, 43 percent use private sector sources, a decrease from 56 percent in 2012, and 44 percent use public sector sources, an increase from 30 percent in 2012. These care-seeking levels are fairly similar to the average levels across USAID priority countries (42 percent private and 51 percent public). Less than 1 percent of caregivers seek care from both the public and private sectors. Twelve percent seek treatment from other sources, typically a traditional healer, friend, or relative. All public sector care seekers report using clinical facilities. The majority of private sector care seekers (75 percent) also use clinical facilities like a hospital or clinic, rather than seeking care from a pharmacy or shop. This analysis shows where caregivers go for treatment, regardless of their level of access to difference sources of care. It does not reflect where caregivers might choose to go if they had access to all sources of care.

Figure 1. Haiti's care-seeking levels are lower than most USAID priority countries

The bars indicate the care-seeking range among USAID priority countries. Squares show the care-seeking rates in Haiti.

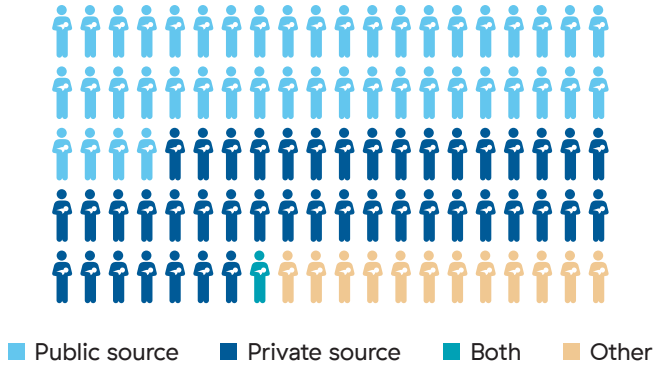


[1] All Demographic and Health Survey data used in this analysis are reported by mothers who were asked if their children under age five experienced fever, ARI symptoms, or diarrhea in the two weeks before the interview. These data do not report whether children recently had pneumonia or malaria because both illnesses must be confirmed in a laboratory. Instead, the Demographic and Health Survey reports whether or not children had recent symptoms of ARI as a proxy for pneumonia, and fever as a proxy for malaria. ARI is defined as a reported cough with chest-related rapid or difficult breathing.

[2] In this analysis, out-of-home sources of care comprise public sources (hospitals and health centers), private sources (clinics, hospitals, health centers, doctors, nurses, mix hospitals, mix clinics, mix health centers; nongovernmental organizations including mobile clinics and health workers; pharmacies, shops, markets, midwives, and mobile merchants), and other sources (friends, family members, and traditional healers). This brief focuses on sources of care outside the home, not whether or not the child received proper care, which could include at-home use of oral rehydration salts for diarrhea.

[3] The USAID priority countries are Afghanistan, Bangladesh, DRC, Ethiopia, Ghana, Haiti, India, Indonesia, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Myanmar, Nepal, Nigeria, Pakistan, Rwanda, Senegal, Tanzania, Uganda, Yemen, and Zambia.

Among caregivers who seek sick child care outside the home, 44% seek treatment or advice from public sector sources and 43% from private sector sources.



Equity in illness prevalence and care seeking

Fever, ARI, and diarrhea affect nearly half of children in Haiti across socioeconomic levels. However, poorer children who experience one of these illnesses are much less likely to receive treatment than their wealthier peers (35 percent versus 60 percent, respectively). The magnitude of the disparity in care seeking between the poorest and wealthiest quintiles in Haiti is greater than the magnitude in almost all other USAID priority countries.

Figure 2. Haiti has a large wealth disparity in care-seeking levels compared to other priority countries

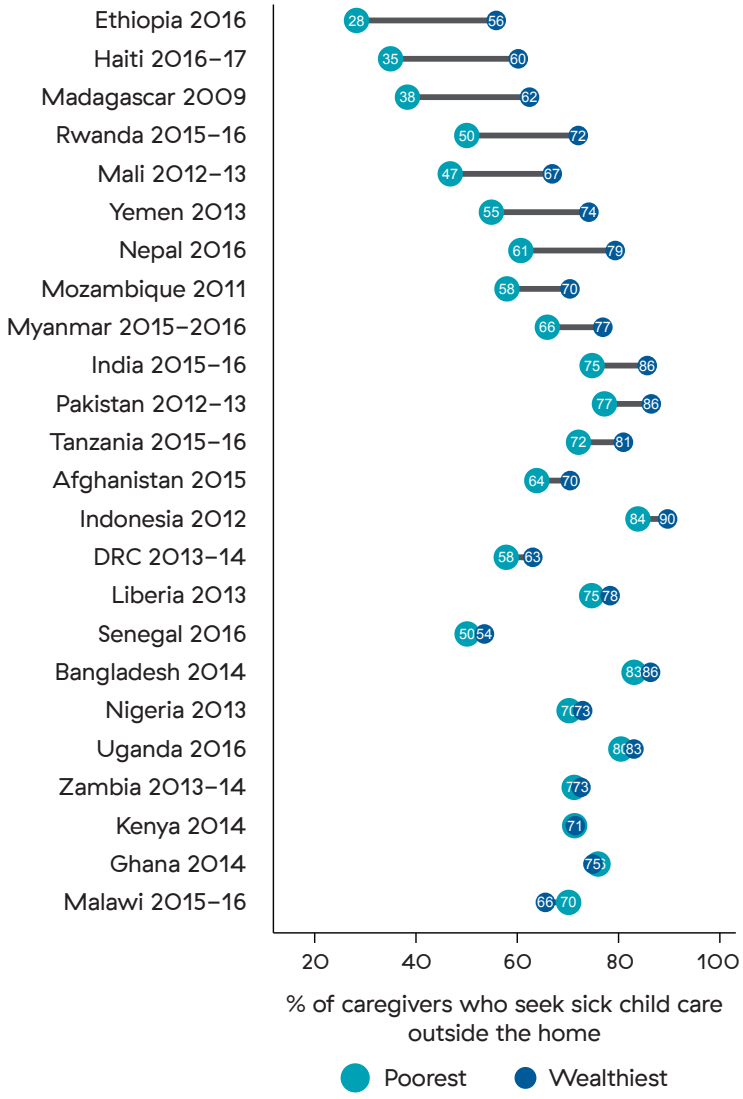
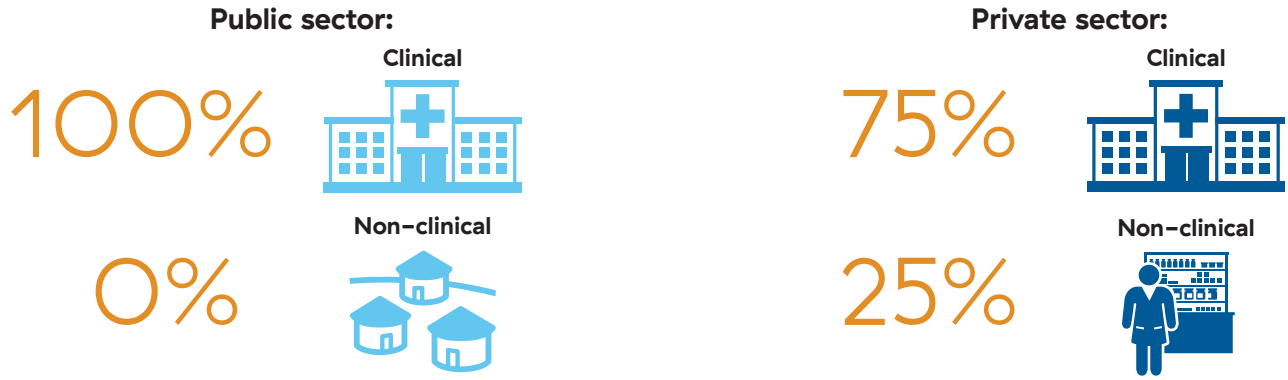


Figure 3. Most private sector clients use clinical sources



Sources of care categories

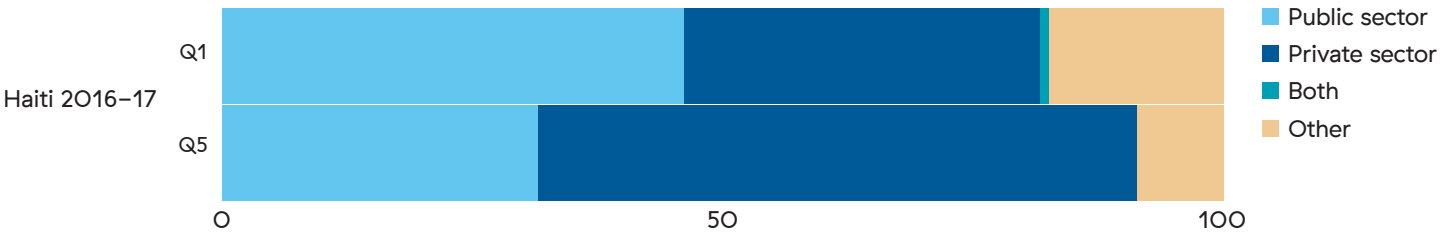
Public sector: Hospitals and health centers

Private sector: Private clinics, hospitals, health centers, doctors, nurses, mix hospitals, mix clinics, mix health centers; nongovernmental organizations including mobile clinics and health workers; pharmacies, shops, markets, midwives, and mobile merchants

Other: Friends, family members, and traditional healers.

The public sector is the primary source of care among the poorest caregivers while the private sector is the dominant source among the wealthiest. Yet, more than one-third (36 percent) of the poorest caregivers rely on private sources of care (compared to 60 percent of the wealthiest). In addition, nearly one-third (32 percent) of caregivers from the wealthiest quintile of the Haitian population seek treatment from public sources, compared to 46 percent of the poorest caregivers. Use of other sources of care—traditional healers, friends, and family—are more common among the poorest than wealthiest caregivers (17 versus 9 percent, respectively). Compared to other USAID priority countries, Haiti has one of the highest levels of care seeking from other sources, particularly among the poorest care seekers.

Figure 4. Private sector use is higher among wealthiest while public sector use is higher among poorest



Q1: Poorest, Q5: Wealthiest

Conclusion

Fever, ARI, and diarrhea are extremely common illnesses in Haiti, affecting 47 percent of children. However, less than half of caregivers seek advice or treatment outside the home for these diseases, a level lower than that of almost any other USAID priority country. The care-seeking level is even lower among the poorest Haitian caregivers. The public and private sectors are both important sources of sick child care in Haiti. Public sector use is higher among poorer caregivers while private sector use is higher among wealthier caregivers, indicating that the market is relatively well segmented and resources are likely being targeted appropriately. The majority of public and private sector care seekers access treatment from clinical sources. Use of other sources—primarily traditional healers and friends or relatives—is substantial, especially among the poorest families. Given Haiti's high childhood disease burden, the country's low care-seeking level and socioeconomic disparities in accessing knowledgeable sources of care are critical barriers that must be addressed to improve child survival.

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Sustaining Health Outcomes through the Private Sector (SHOPS) Plus is a five-year cooperative agreement (AID-OAA-A-15-00067) funded by the United States Agency for International Development (USAID). The project strategically engages the private sector to improve health outcomes in family planning, HIV, maternal and child health, and other health areas. Abt Associates implements SHOPS Plus in collaboration with the American College of Nurse-Midwives, Avenir Health, Broad Branch Associates, Banyan Global, Insight Health Advisors, Iris Group, Population Services International, and the William Davidson Institute at the University of Michigan. This brief is made possible by the generous support of the American people through USAID. The contents are the responsibility of Abt Associates and do not necessarily reflect the views of USAID or the United States government.

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