



Haiti Market Segmentation Analysis

Family Planning, Diarrhea and Home Water Treatment

April 23, 2019



CHWAZI METÒD PLANIN KI BON POU OU

PLANIN KA EDE W CHANJE LAVI Y

*Pale ak yon pèsanèl lasante pou w ka chwazi yon metòd ki bon pou ou e **kap pwoteje w.***

- CHAK JOU :**
KAPOT, GRENN
- CHAK 3 MWA :**
PIKI
- CHAK 5 LANE :**
BATONE
- CHAK 10 LANE :**
FILAMAN
- TOUTAN :**
LIGATI, VAZEKTOMI



PWOTEJE LAVI TIMOUN YO

ATANSYON!
DYARE KA TOUYE TIMOUN SITOU SA YO KI POKO GEN 5 LANE.

PI BON FASON POU W EVITE DYARE SE APLIKE JÈS LIJÈN YO

- Lave men
- Bwè do trete
- Sewòm oral ak zen

SE PI BON TRETMAN POU DYARE



8234

Ekri oswa rele nan nimewo sa pou ou ka RESEVWA **MESAJ SANTE GRATIS**



feeling PLUS

se **kapòt** pa man!

PLUS PWOTEKSYON AK TOUT SANSASYON





Workshop overview

- Objectives and approach of the SHOPS+ segmentation analysis of the Haiti 2016-2017 DHS
- Segmentation analysis
 - Family planning
 - Home water treatment
 - Diarrhea treatment
- Media analysis
- Break-out groups to brainstorm approaches for integrating findings into programs and practice



Objectives of segmentation analysis

- Understand behaviors related to FP, home water treatment and diarrhea case management
- Identify and describe population segments that could benefit from targeted health interventions
- Probe for deeper insight on potential barriers to behavior change within the target populations and potential opportunities to enhance access to health products and services
- End goals: increase the use of FP, water treatment and ORS/Zinc



Exploratory and iterative approach

Demographics: age, region, residence, religion, wealth, education, marital status, number of children

Reproductive health: need for FP, age first sex/cohabitation, ideal number of children, desire for more children, partner desires, FP knowledge, decision-making for FP, future intentions of FP, prior FP use, FP methods, FP sources, reasons for non-use

Water and diarrhea treatment: water sources, travel to water, water treatment, toilets, handwashing, diarrhea, any diarrhea treatment, source of treatment/advice, use of ORS/zinc

Time trends: examining key indicators over time

FAMILY PLANNING SEGMENTATION ANALYSIS





ASSESSING FAMILY PLANNING PRACTICES USING DHS DATA

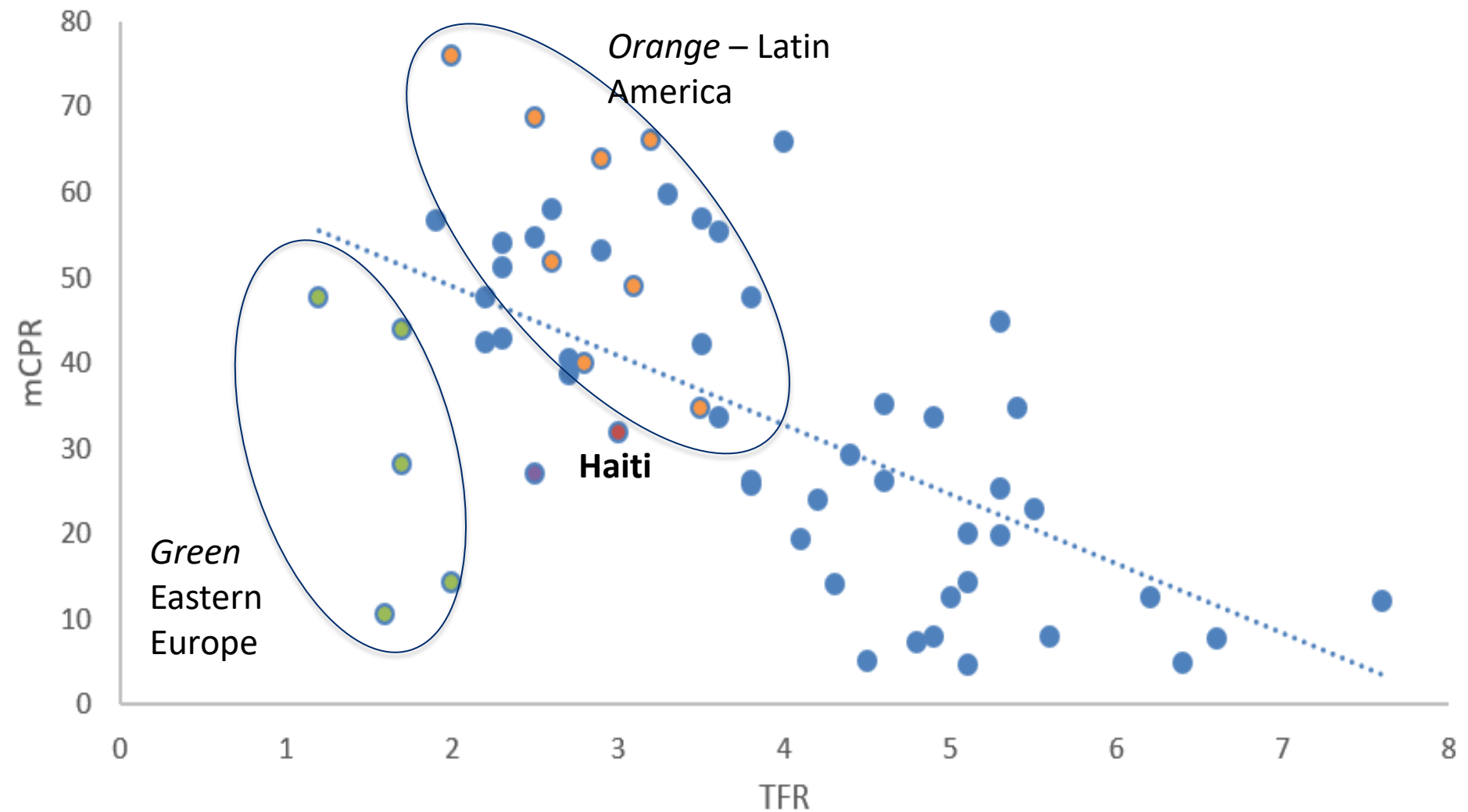


Comparing 2016/17 DHS to 2012

- Total fertility rate (TFR) dropped from 3.5 in 2012 to 3.0 in 2016/17, a 14% reduction
- The use of modern FP among all women and married women rose 2% since 2012 – to 22.1% and 31.8%, respectively
- Unmet need rose 8% since 2012, currently at 38.0% among married women
- The ideal number of children remained the same between 2012 and 2016/17, at 2.8 for all women and 3.0 for married women

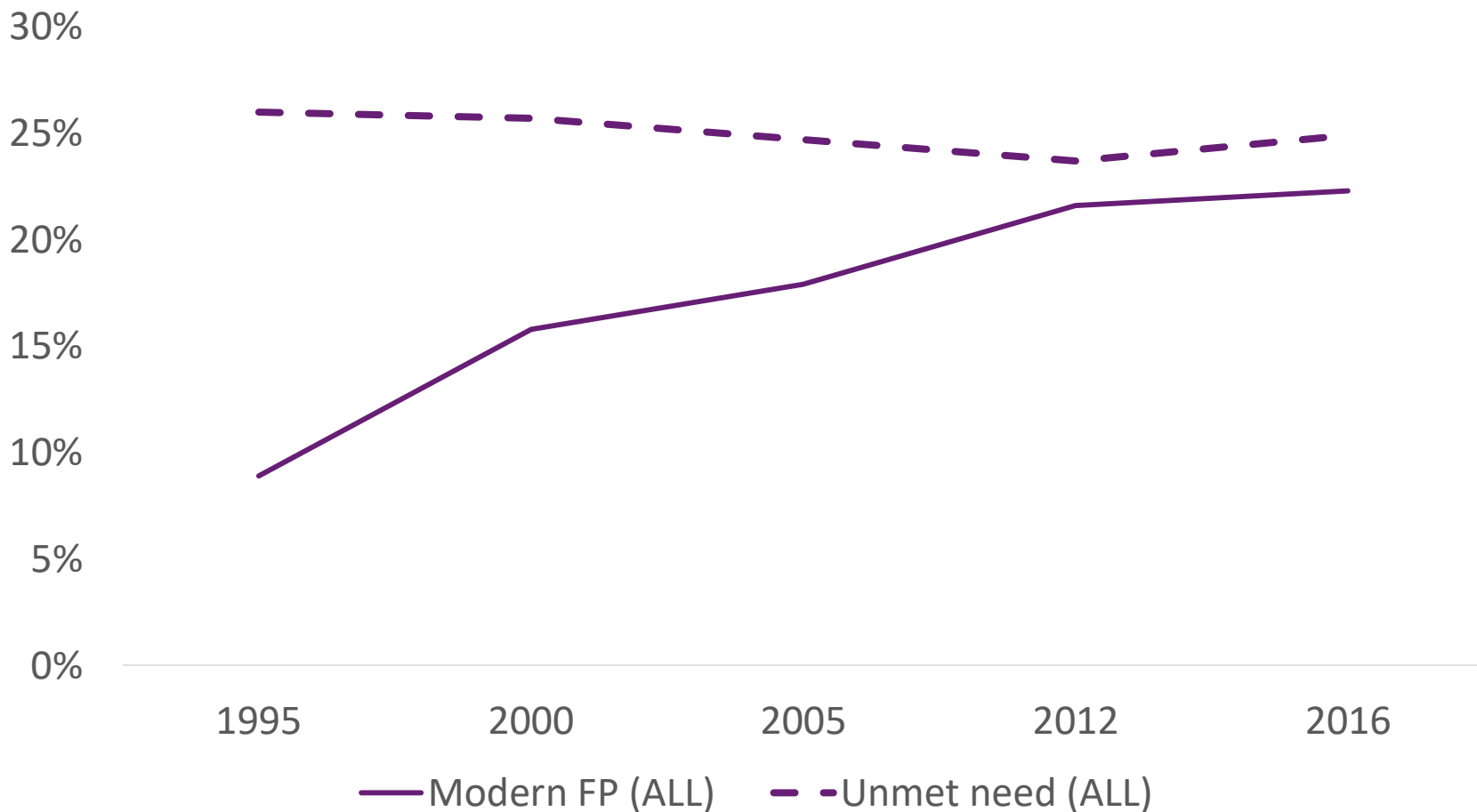


Haiti has low TFR given its mCPR





In recent years, one can see progress in increasing modern FP and decreasing unmet need stall





Unmet need persists

- Among women 40-49, 48% reported having more children than they expressed as “ideal”
- Exceeding one’s ideal number of children is strongly associated with education
 - Even though women with lower levels of education state a higher ideal number of children, they are also much more likely to exceed that ideal
- To a lesser extent, exceeding one’s ideal is also associated with lower income levels

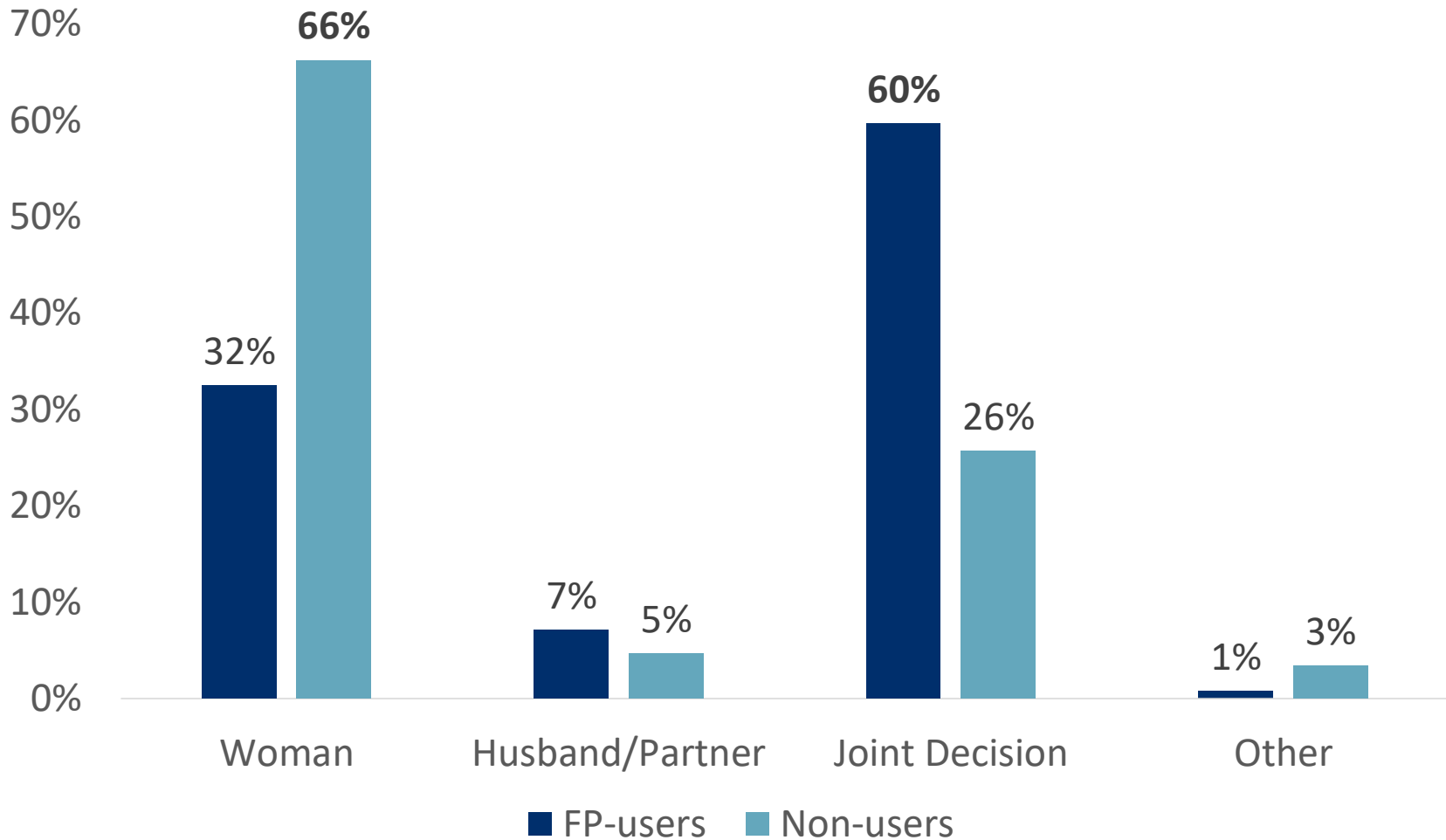


Reasons for not using FP among those in need

- Top reason for non-use is health concerns, predominantly fear of side effects – 33%
- Other common reasons include infrequent sex -- 27% and opposition to FP (self, partner, religion, other) – 27%
- <5% of non-users reported access issues as a reason for non-use (e.g. knowledge, cost, distance)

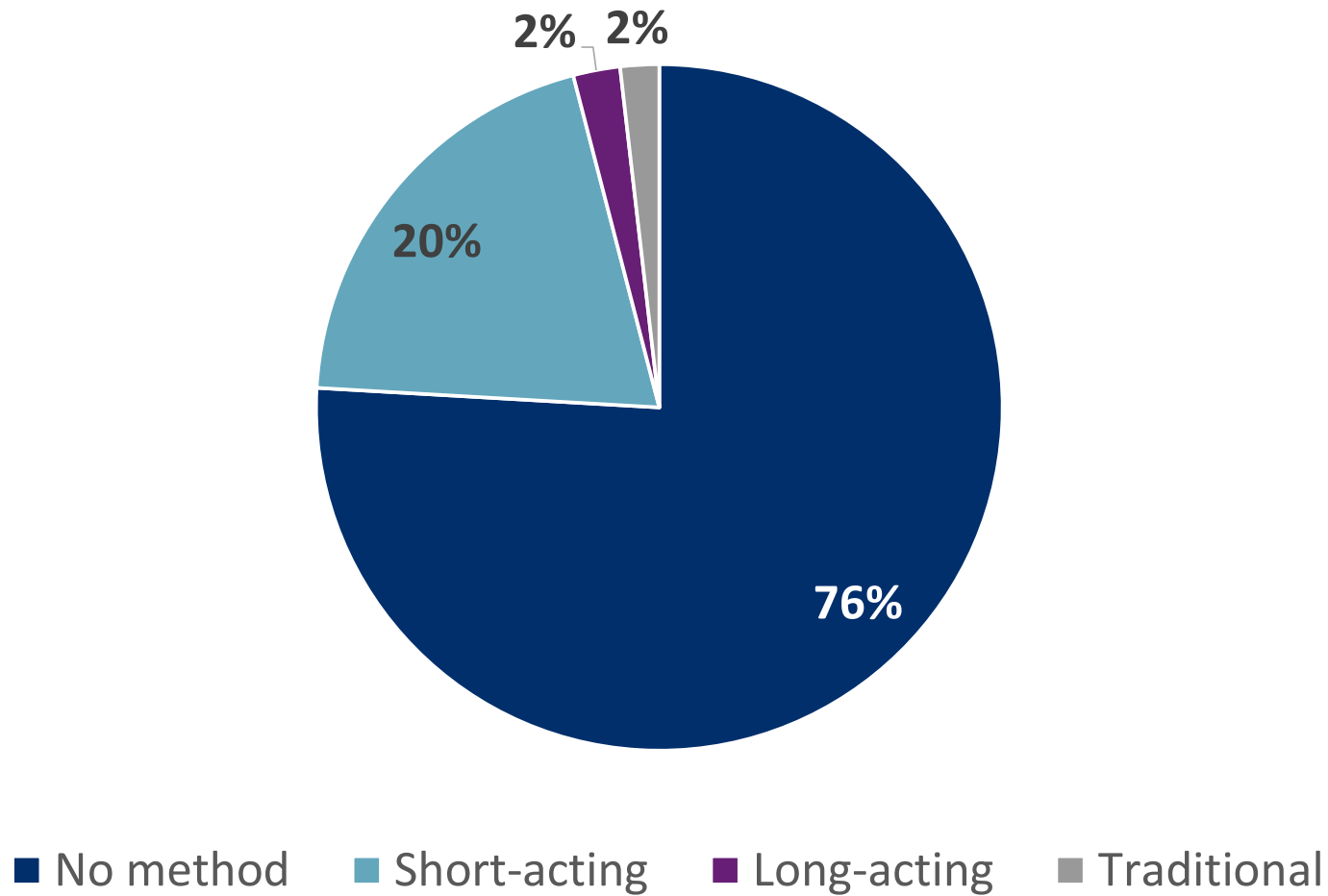


Partners matter: more FP users report joint decision compared to non-users



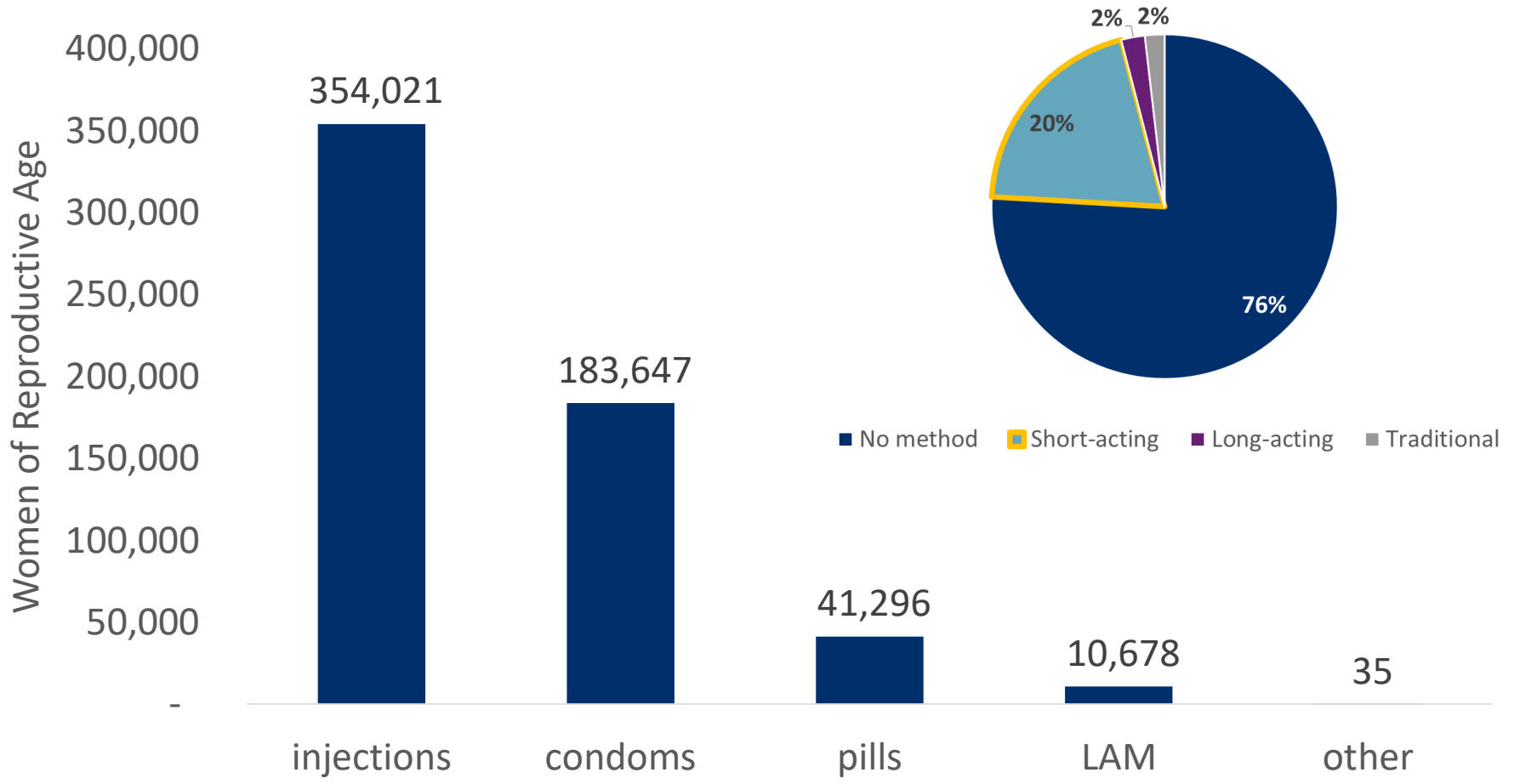


Among FP users, most use short-acting methods





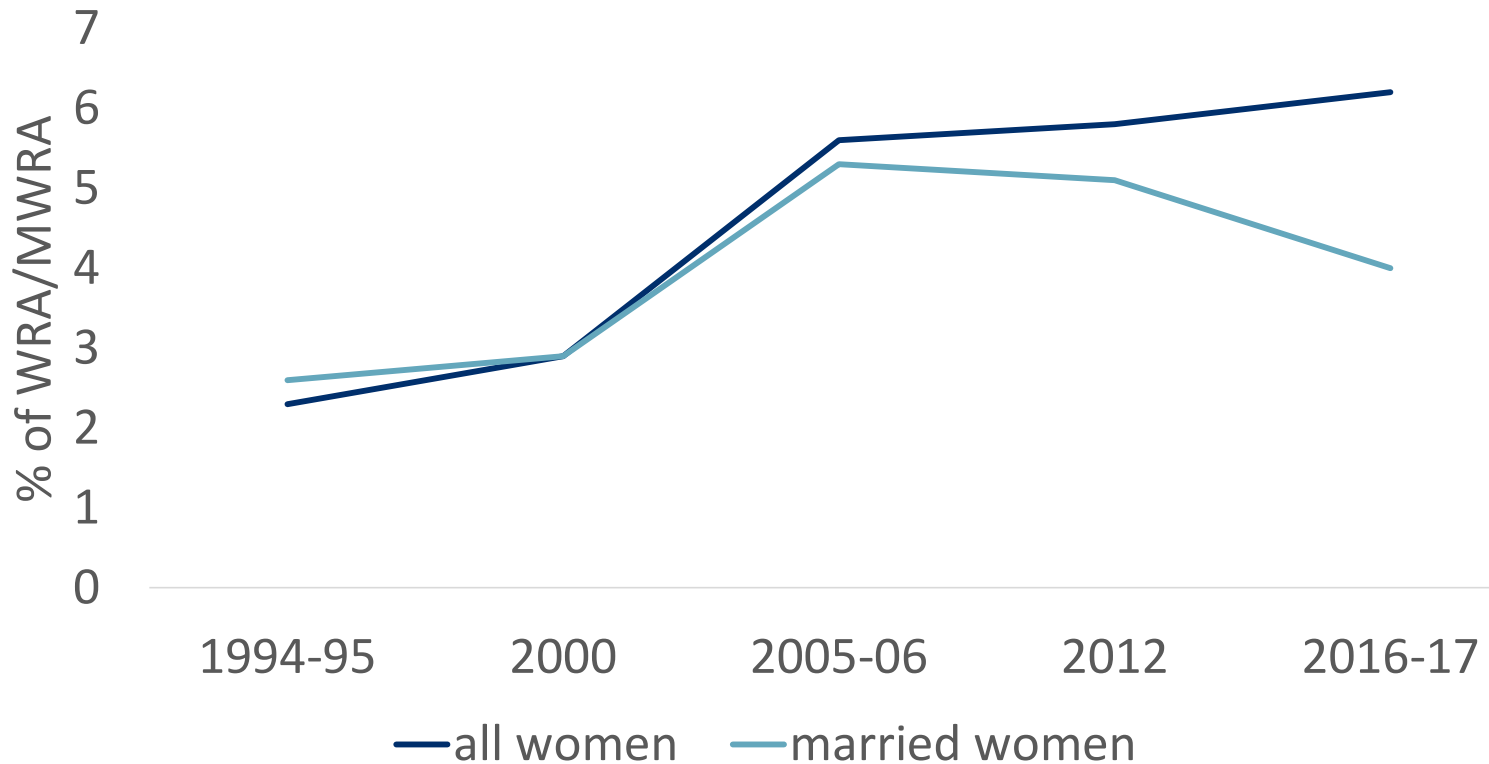
Short-term methods dominated by injections and condoms





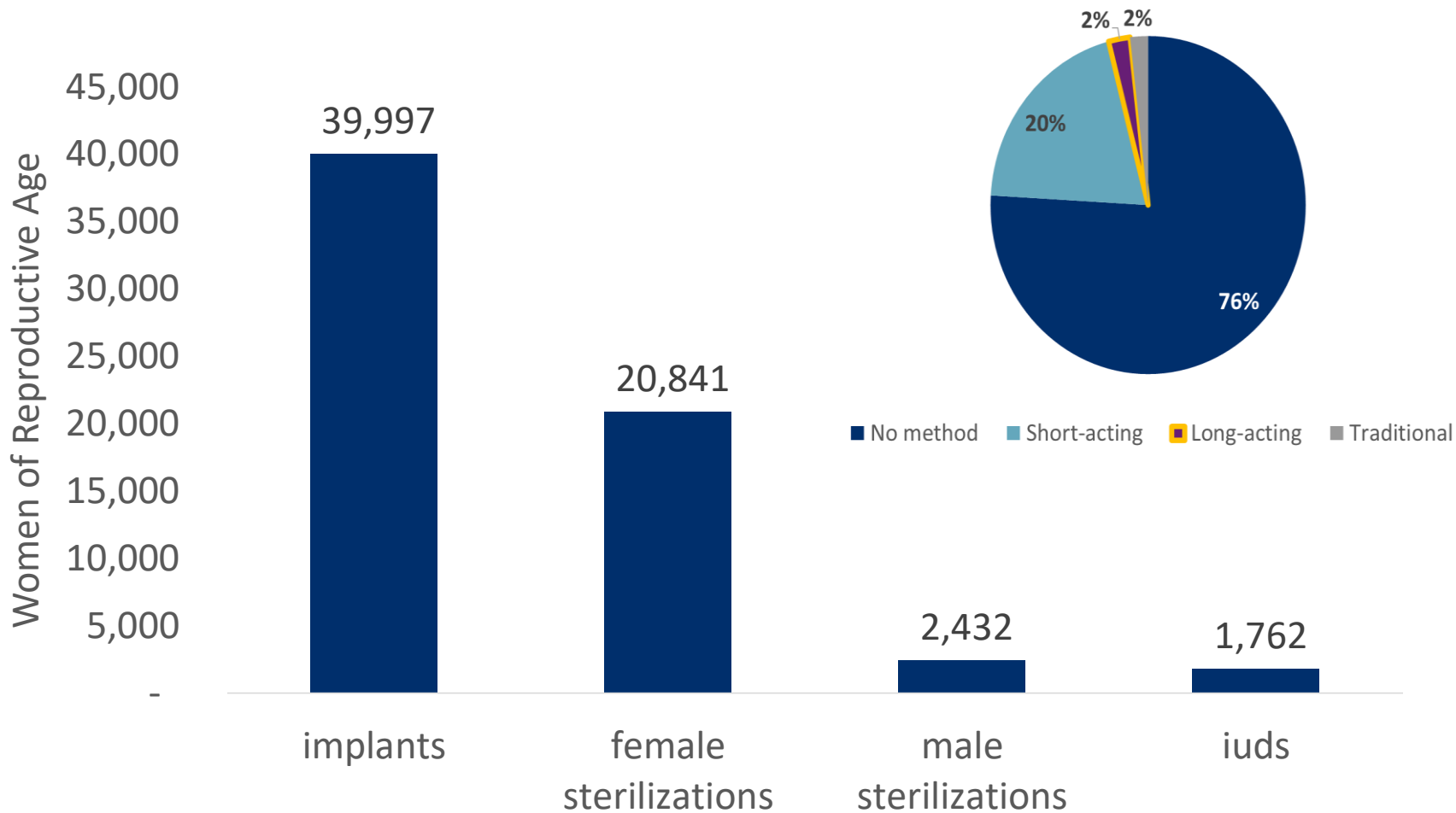
Condom use among married women has decreased in recent survey

Condom Use Among WRA





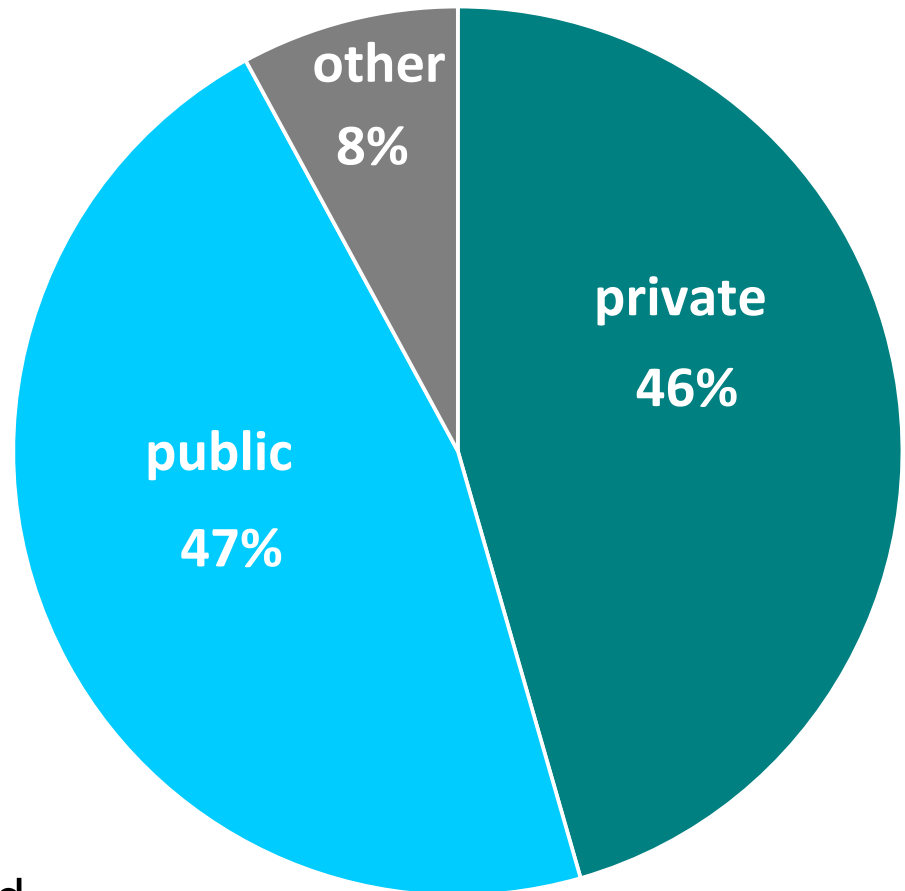
Among few using LAPM, implants and female sterilization are most used





Public vs. Private

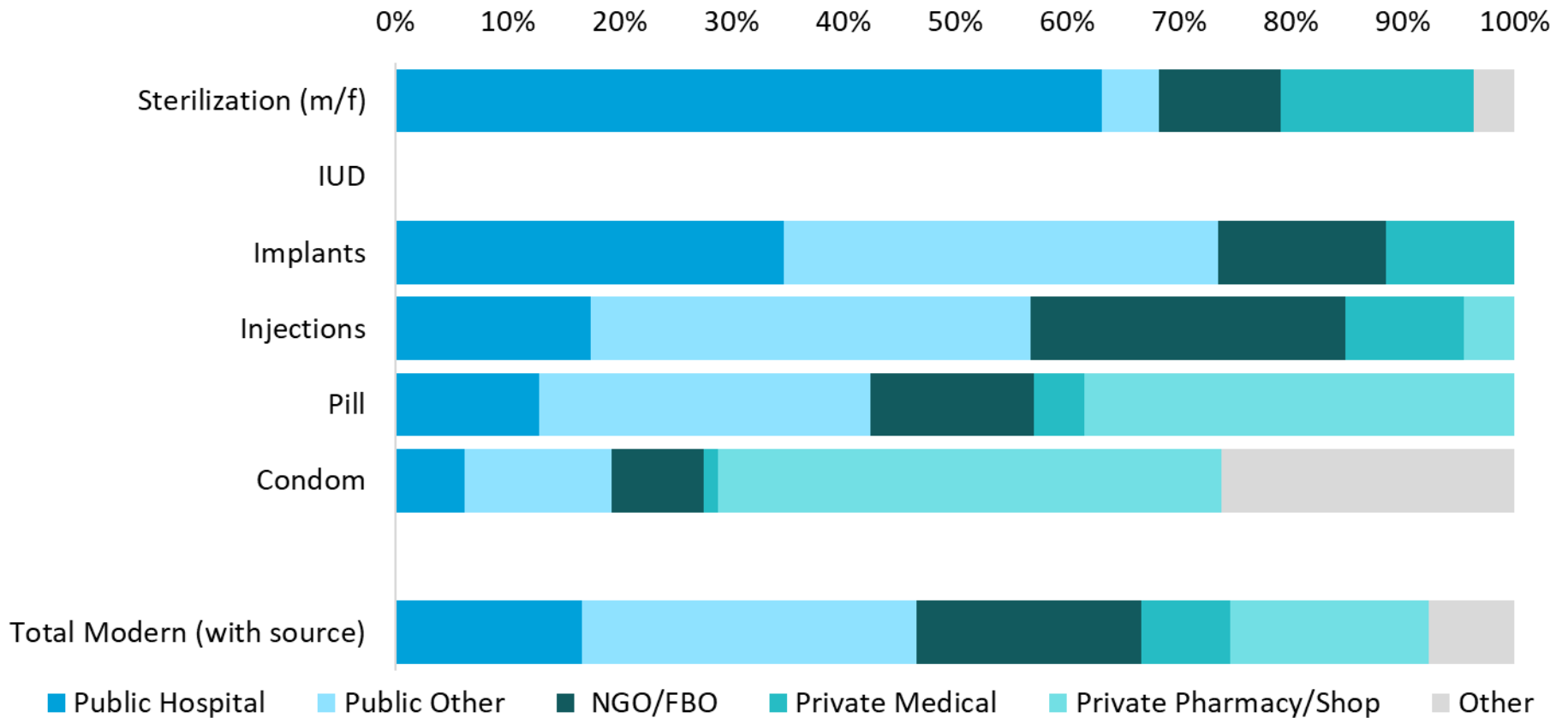
- Nearly one-half (46%) of modern contraceptive users rely on the private sector for their method
- Private sector use has decreased from 65% in 2012, while public sector use has increased from 23% to 47%
- More than half (55%) of condom users get their method from the private sector





Private sector more prominent among users of condoms and pills

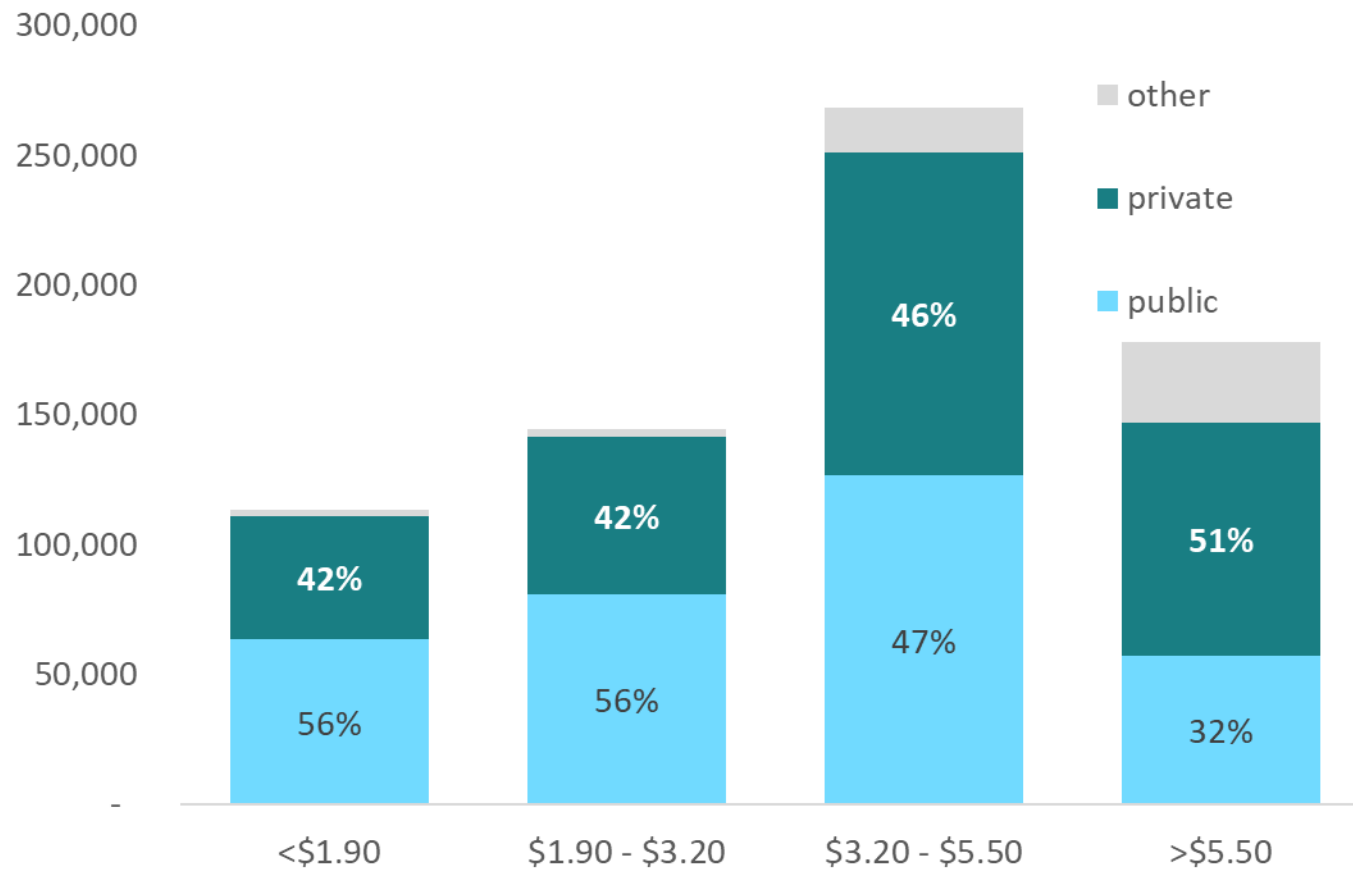
Detailed source mix by method (2017)





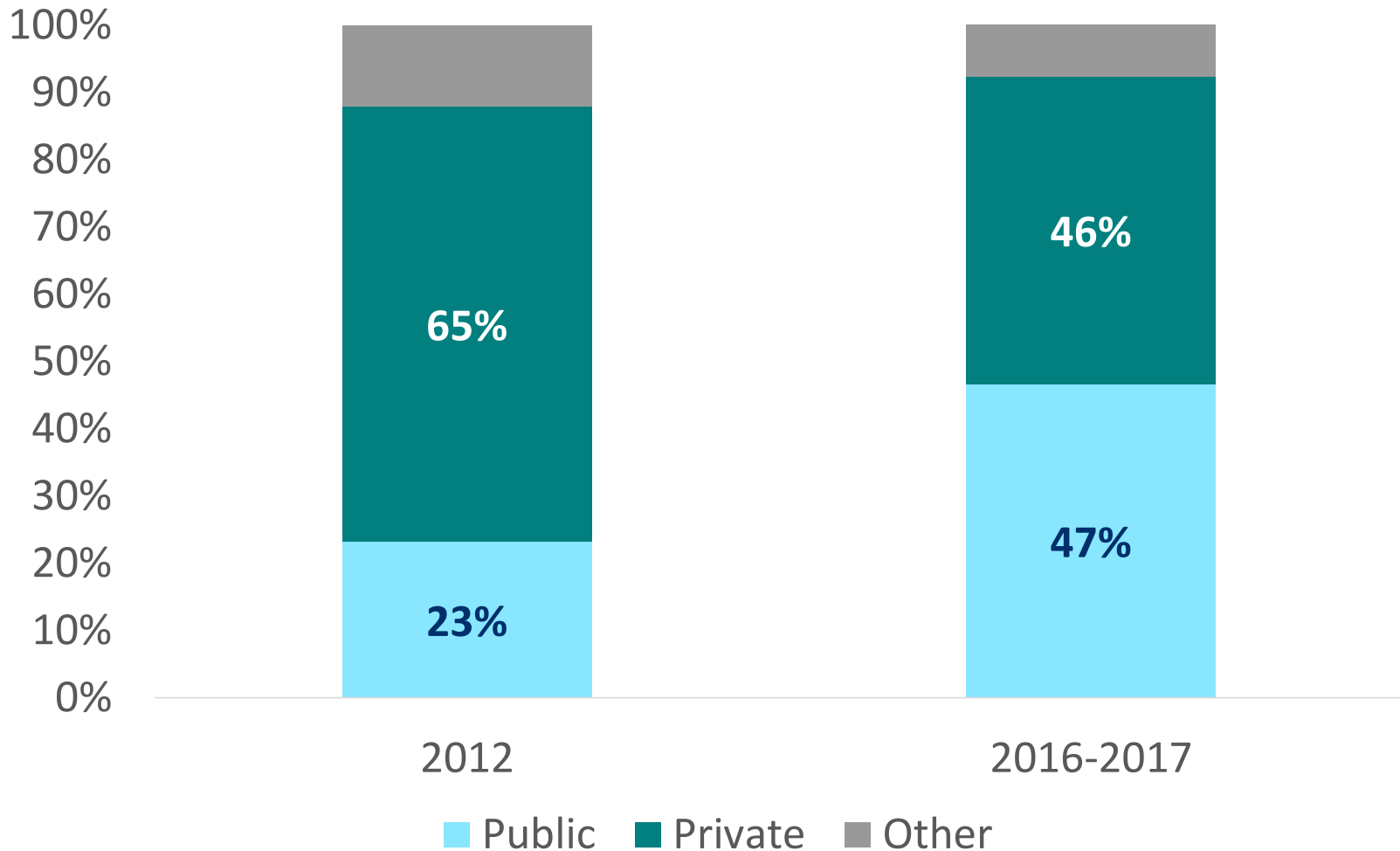
Private sector use increases with income

2017 Users by Income and Source





Substantial shift from private to public source of FP from 2012 to 2016/2017





IDENTIFYING TARGET POPULATIONS

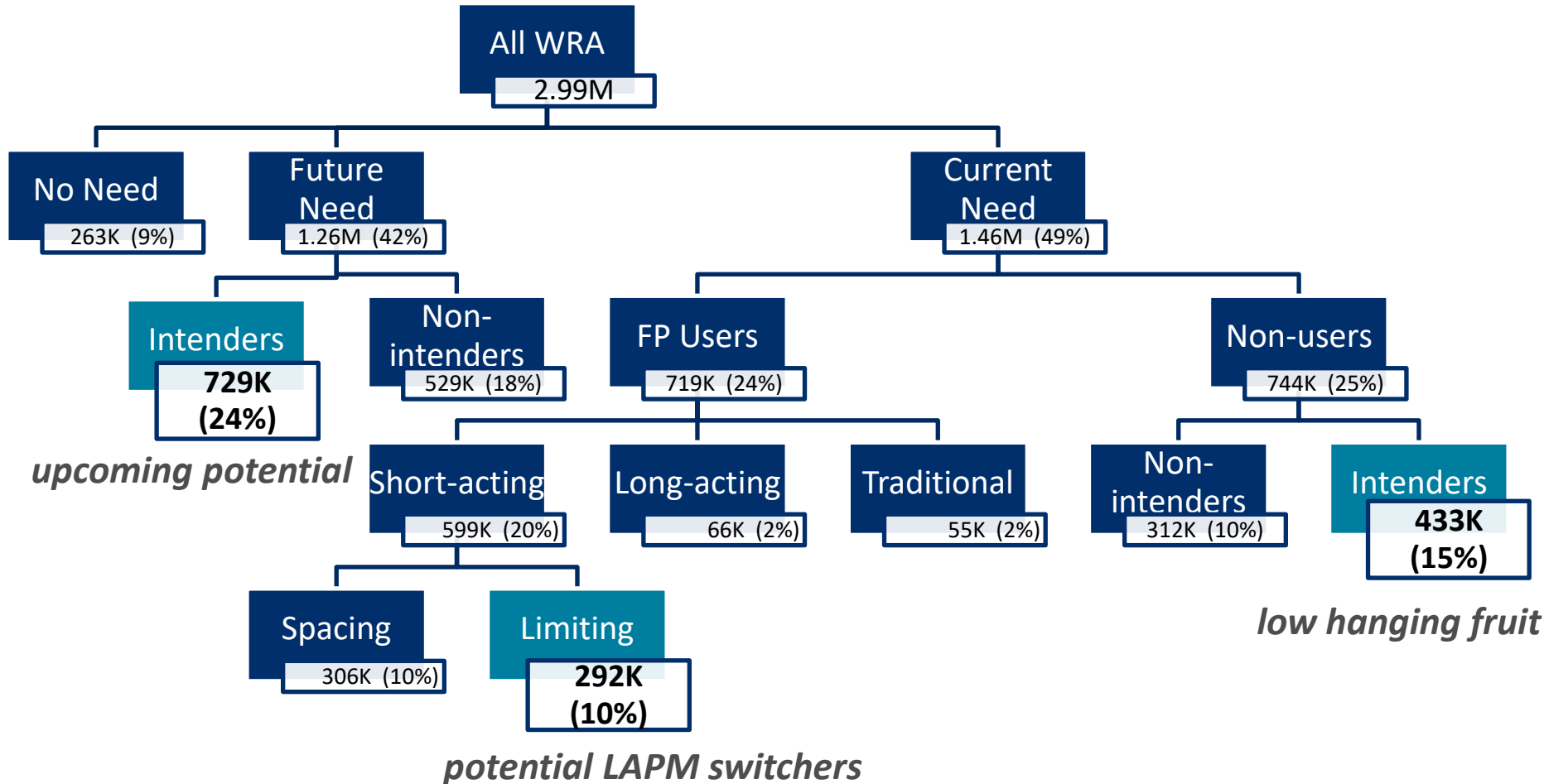


Women of reproductive age (WRA) in Haiti

- To begin addressing unmet need for FP, we need to further unpack which segments of the population are most appropriate to target
- Using UN population projections, there are nearly 3 million women of reproductive age (15-49) in Haiti in 2018
- A segmentation approach was used to identify target groups to focus on for increasing FP use



Family planning segmentation identify three groups of interest





Three key target groups

Low hanging fruit

15% of Women of Reproductive age (WRA)

Have unmet need for FP (current need but not using) and intend to use FP in the future

Upcoming potential

24% of WRA

Do not currently need FP (never had sex, not sexually active, want to have children) but intend to use FP in the future

Potential LAPM switchers

10% of WRA

Short-term method users who do not want any more children



Group 1: “Low hanging fruit” (LHF)

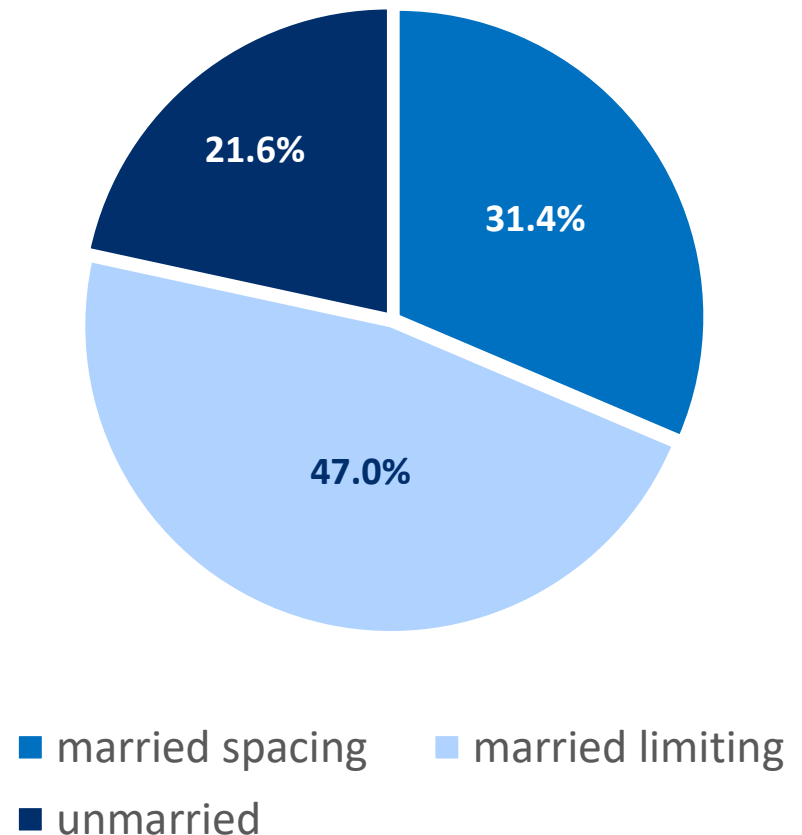
- Unmet need for FP but intend to use in the future
- Largely similar to the broader group of all WRA in terms of age, education, and region
- Slightly less wealthy, more Catholic, and more rural compared to all WRA
- On average, have 2.2 living children



Looking within the LHF group

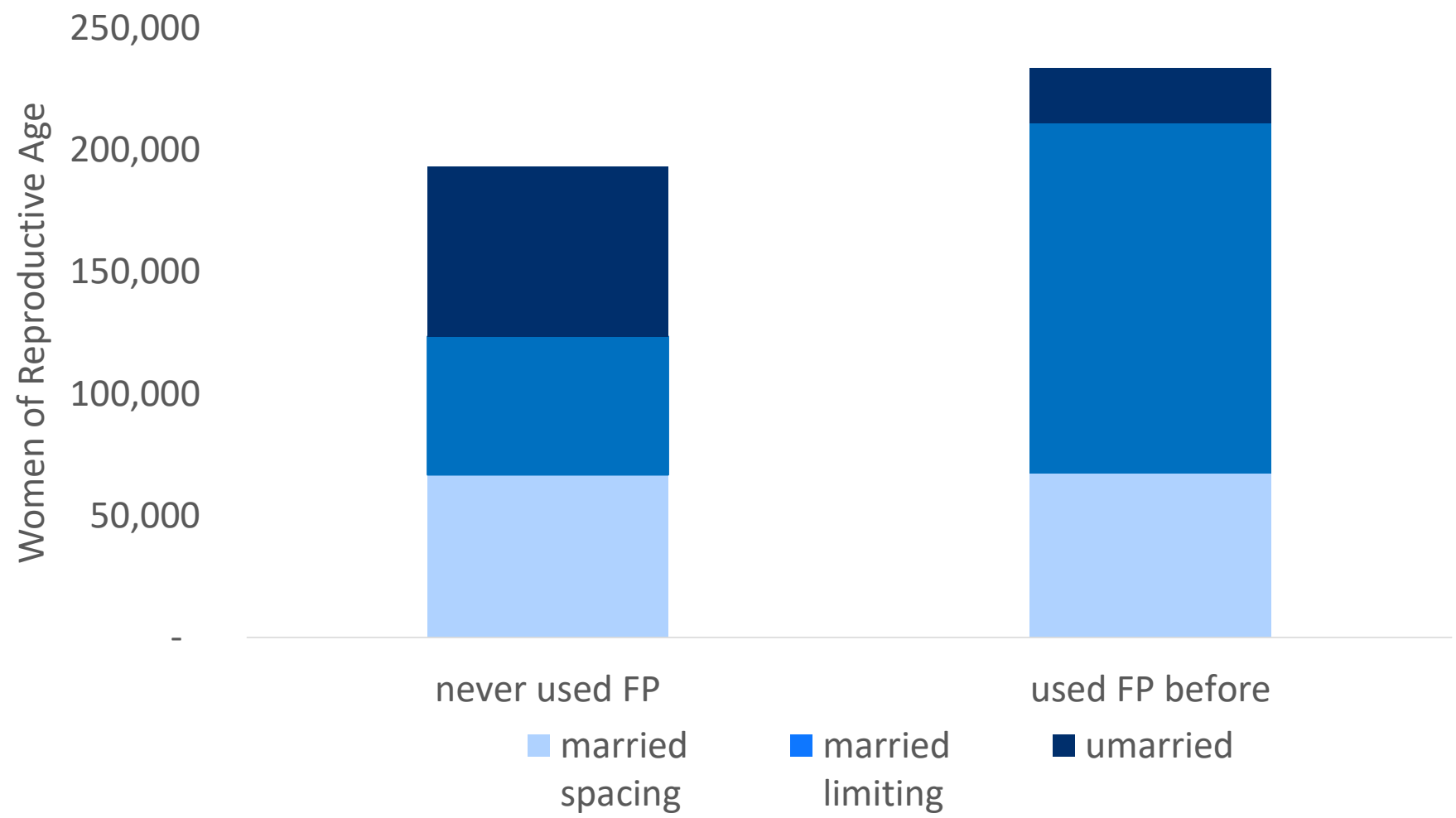
Within the Low Hanging Fruit group – non-users with need and intention for future use, there are 3 important subgroups:

- Married women who need FP for spacing (31%)
- Married women who need for FP for limiting (47%)
- Sexually active unmarried women (22%)





Many women in LHF group have tried FP before





Group 2: “Upcoming potential” (UPC)

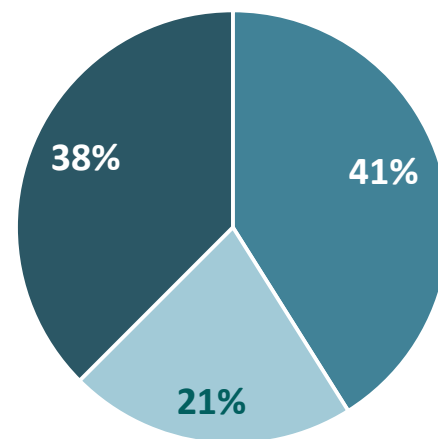
- Do not currently need FP but plan to use in the future
- Similar to all WRA in terms of wealth and region
- Slightly more Protestant compared to all WRA
- Substantially younger, more educated and with fewer children compared to all WRA



Looking within the UCP group

Within the Up-Coming Potential users group—no current need and intention for future use, there are 3 important subgroups:

- Adolescent girls and women who have never had sex (41%)
- No unmet need - women who are pregnant (intended) or want a child soon (21%)
- Unmarried women not currently sexually active (38%)



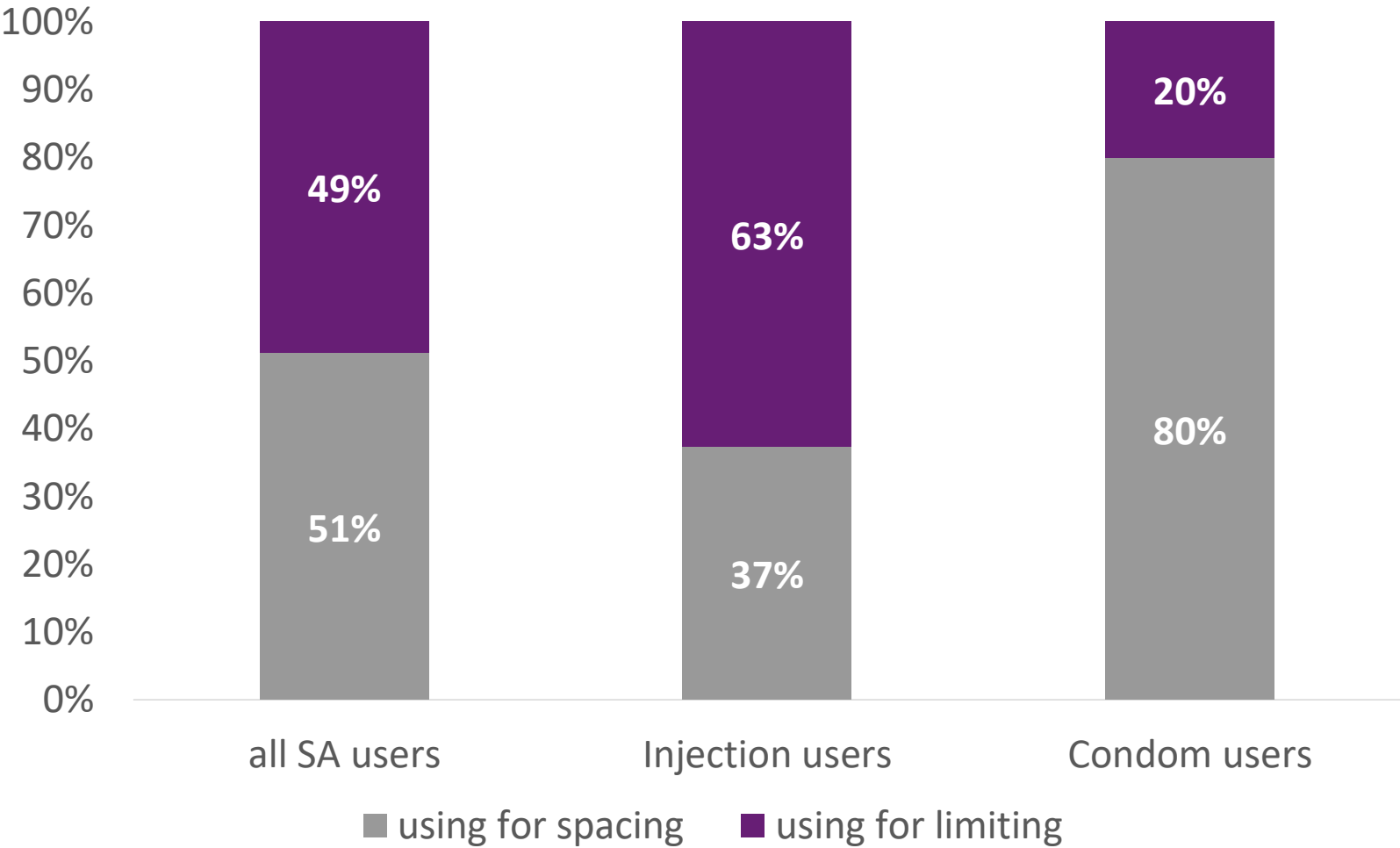
- never had sex
- no unmet need
- not married, no current sex



Group 3: “Potential LAPM switchers”

- Short term method users who do not want more children
- Those who are using ST methods for limiting are predominantly using injections
- Women using ST methods for limiting are substantially older and have more children compared to all WRA
- They also are somewhat less educated, less wealthy, and more Catholic compared to all WRA

Nearly half of women using ST methods do not want any more children



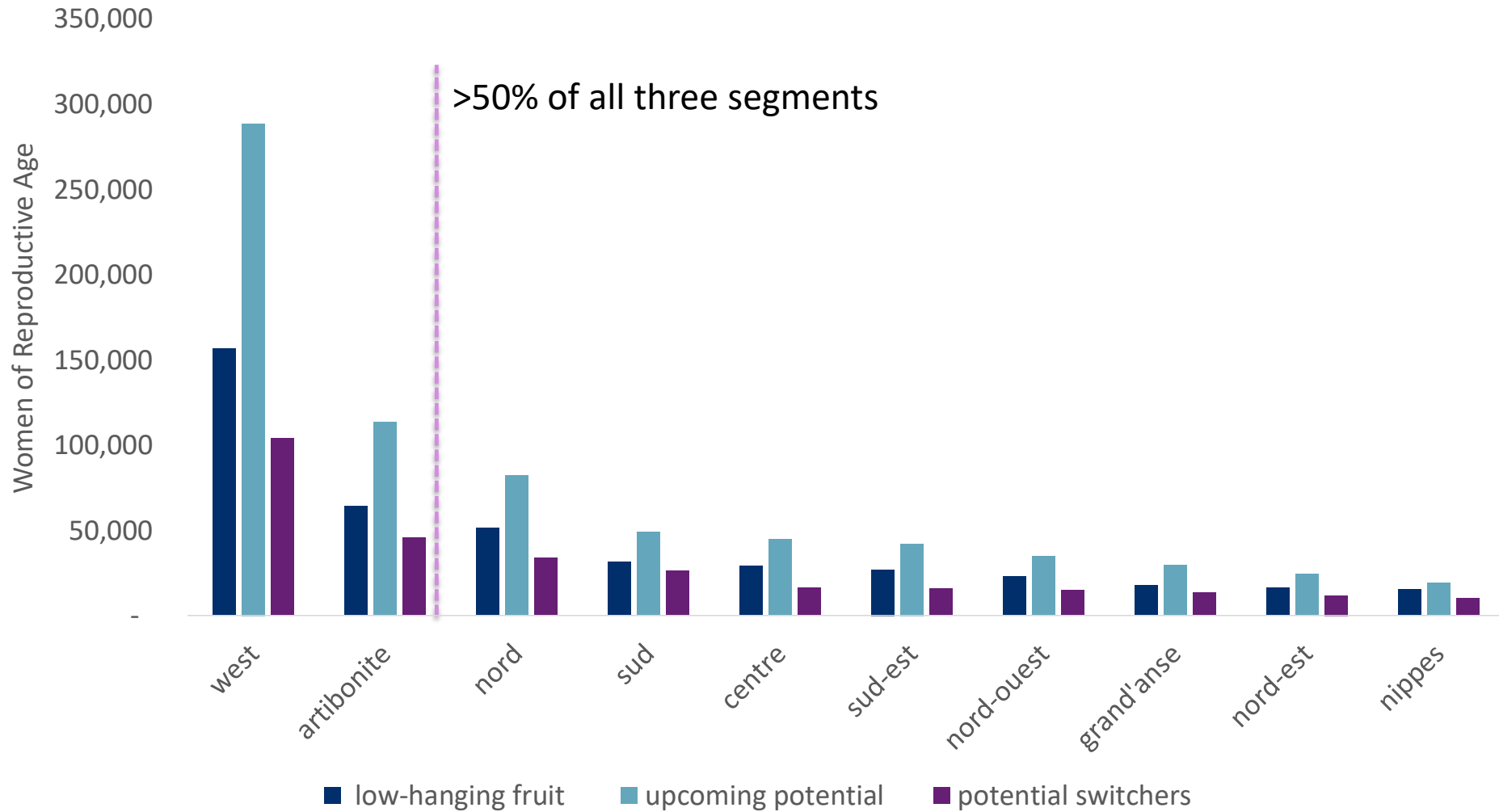


Possible reasons for lack of LAPM

- **Supply-side constraints**
 - Supply-side UNFPA report shows low levels of availability of LAPM at the facility level
 - Most common reason for non-availability of a contraceptive method at the facility is “unavailability in the market”
 - Procurement data shows some procurement of IUDs and implants by USAID and UNFPA, but in relatively low numbers
- **Fear of side effects**– number one reason for not using FP and side effects are harder to “undo” with implants compared to injections



More than half of women in the priority groups live in West and Artibonite





Recommendations

Communication

- Tailor messages to population segments of interest
- Target specific barriers (fear of side effects, opposition of spouse and others) rather than general knowledge of FP methods
- Strengthen interpersonal communication for FP with ASCPs

Service Delivery

- Strengthen provider capacity to deliver appropriate counseling and quality services
- Promote and encourage youth friendly services for FP
- Organize FP mobile clinics for LAPM in priority departments
- Continue regular supply of FP commodities in the public sector
- Involve private sector distributors in annual FP commodities quantification exercises



Questions for discussion

- How do the segmentation results resonate with your experiences and understanding of FP in Haiti?
- What other research activities have been done that can further improve our understanding of the FP market in Haiti?
- What explains the shift from private to public and how should it be addressed?

SAFE DRINKING WATER TREATMENT

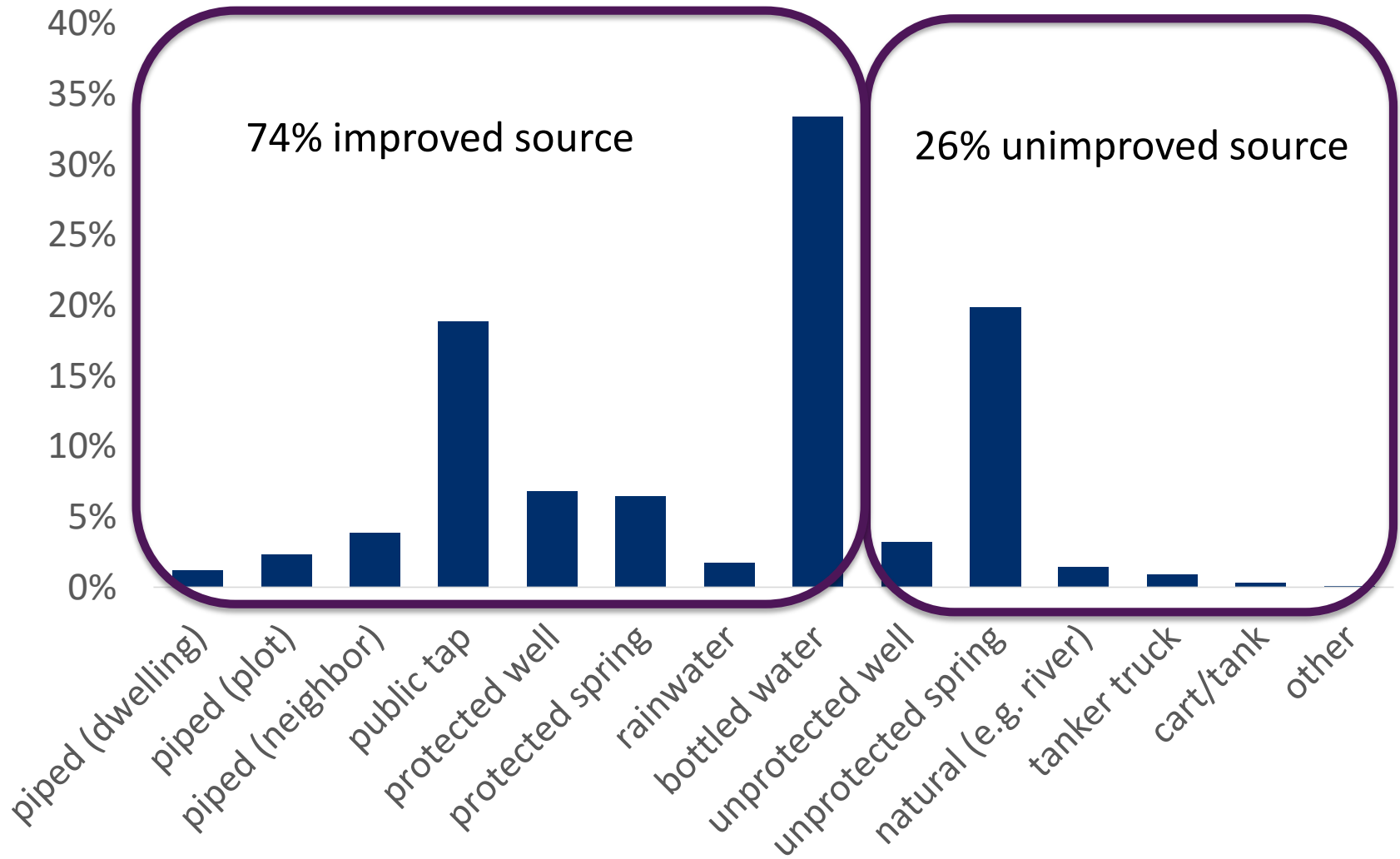




ASSESSING SAFE DRINKING WATER TREATMENT PRACTICES USING DHS DATA

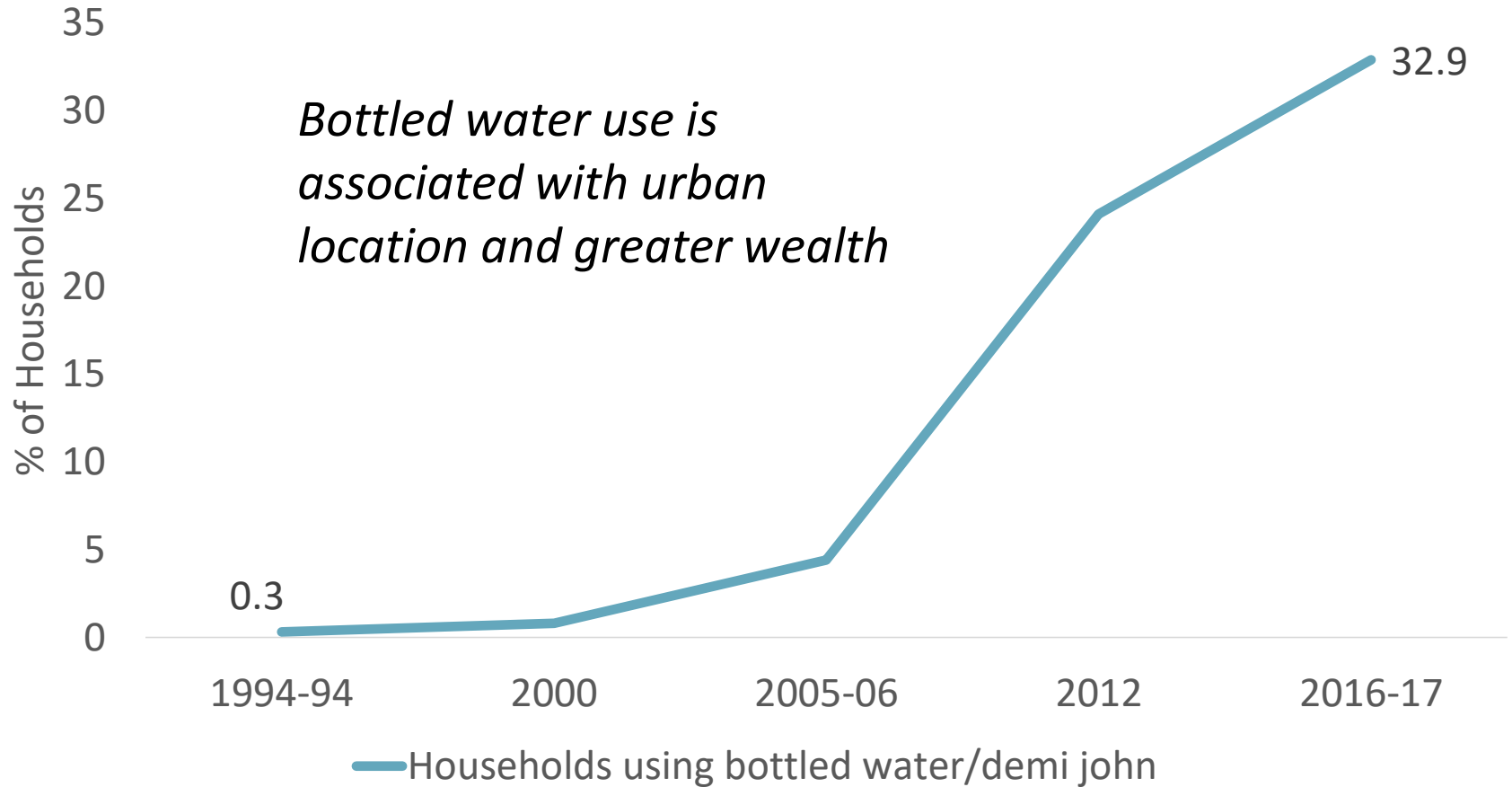


Drinking water sources



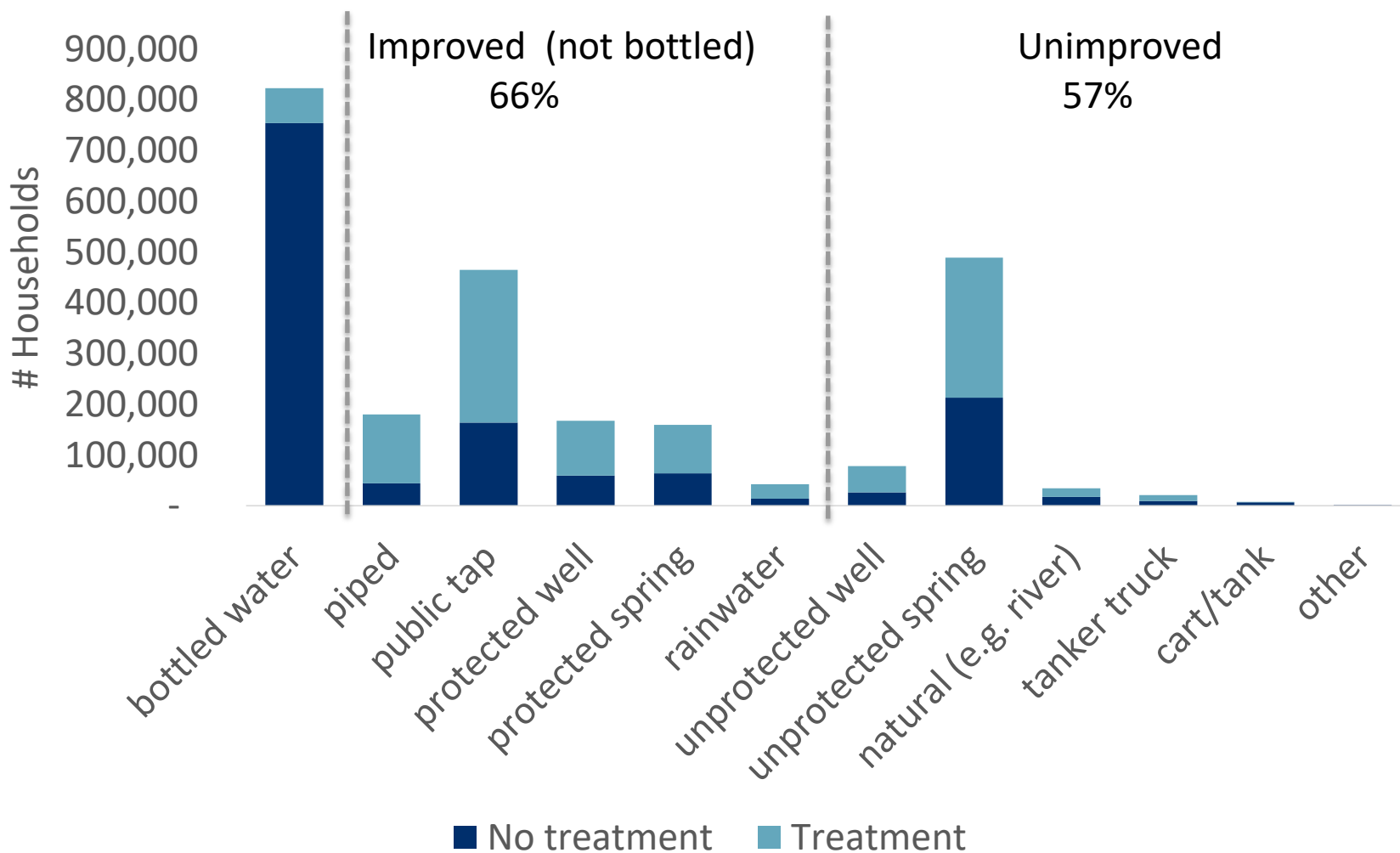


Bottled water use has increased dramatically in recent years



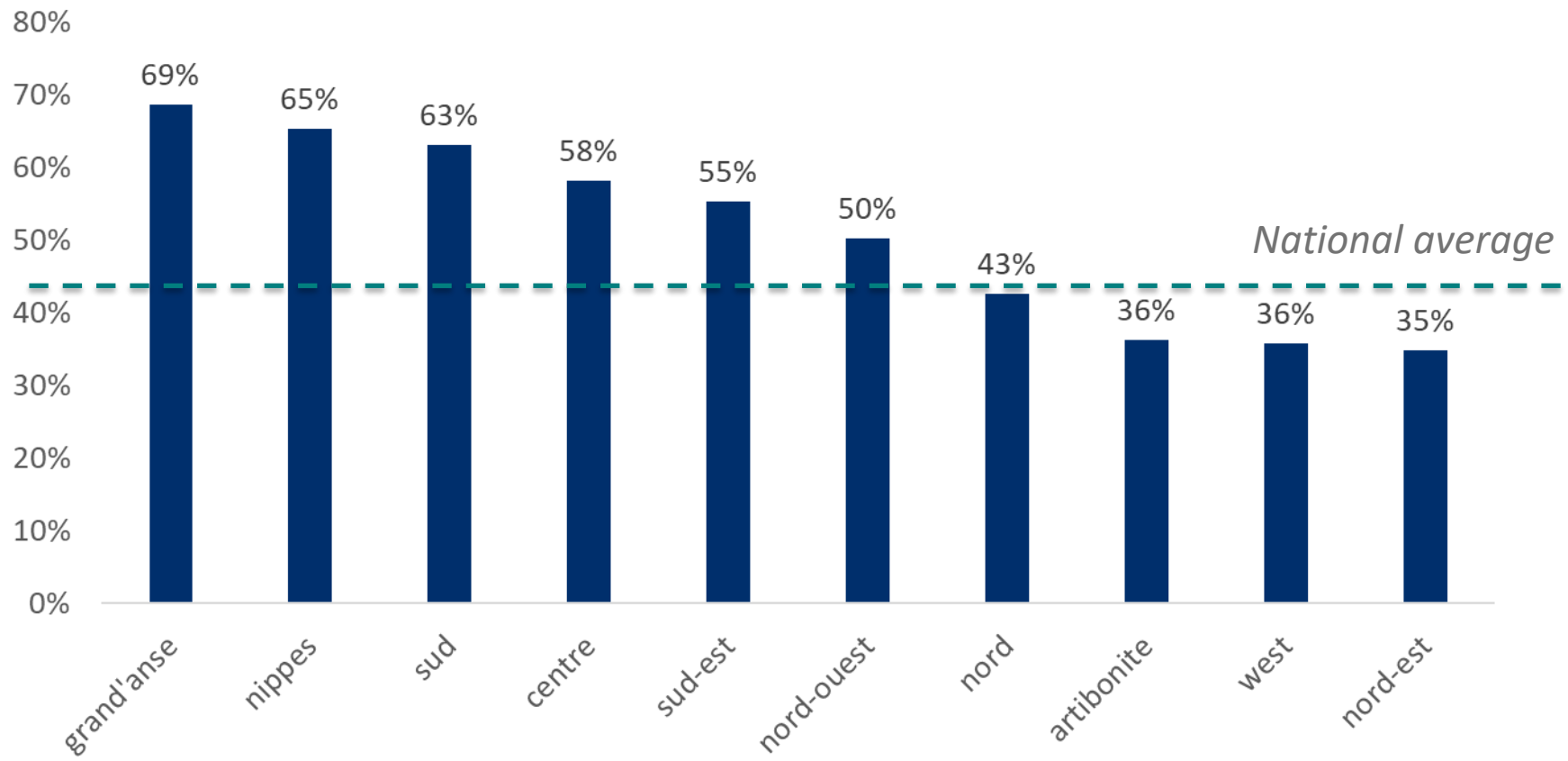


Households with both improved and unimproved water sources treat their water



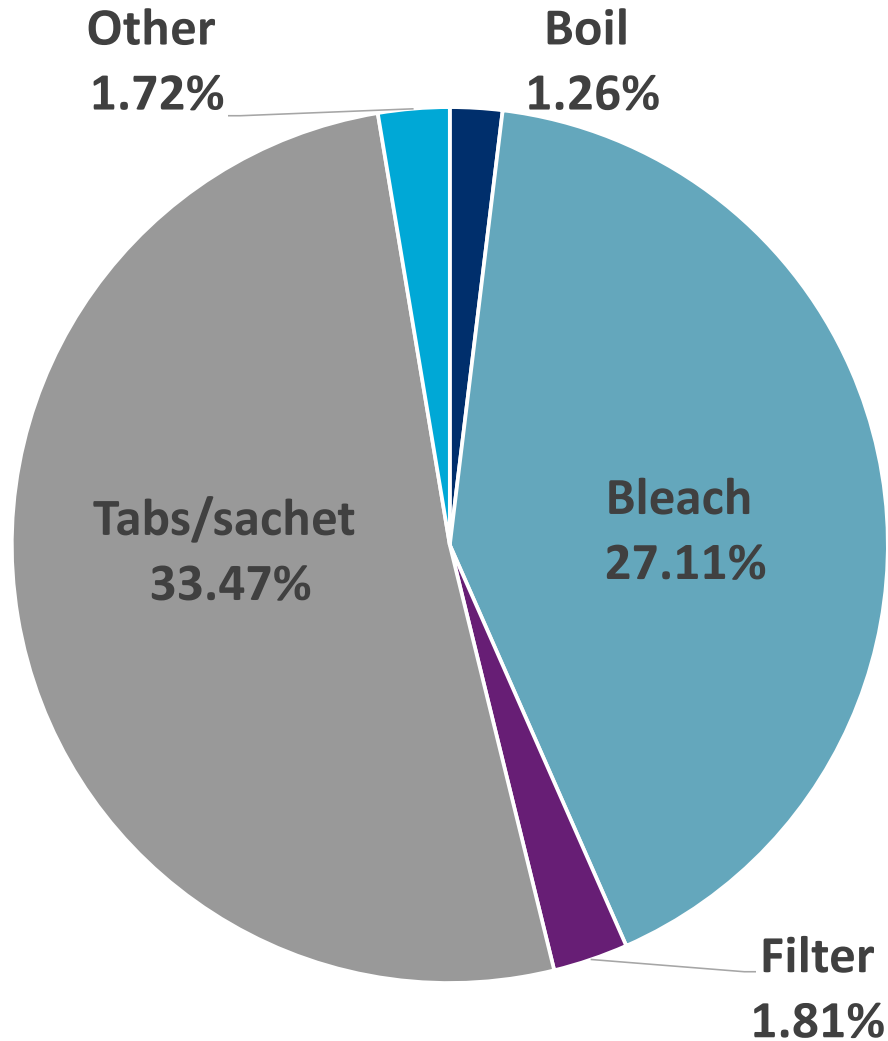


44% of households treat water, with regional variation





Most drinking water treatment is done using bleach solution and water tabs/sachets

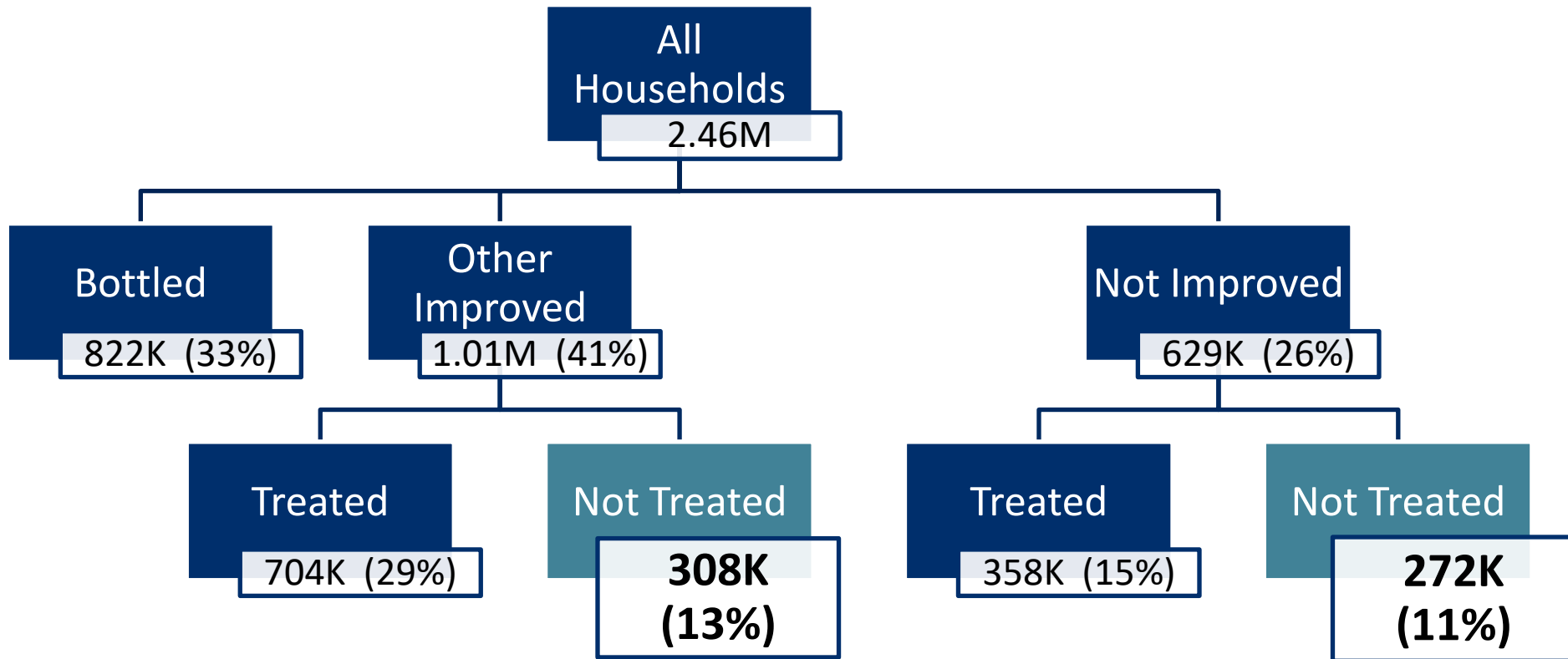




IDENTIFY TARGET POPULATIONS



Drinking water segmentation – focused on ~24% of households





Two Key Target Groups Identified

**Not treating water
and using improved
sources other than
bottled**

13% of households

Using an improved
source for drinking
water, but likely still
need to treat water

**Not treating water and
using unimproved
sources**

11% of households

High risk for water
contaminants since
sources include
unprotected springs,
wells, and other
unimproved sources



Demographics

- **Not treating - improved:** Those with improved drinking water sources other than bottled but do not treat live mostly in rural areas (77%) and have a mix of incomes (mean quintile = 2.4)
- **Not treating - unimproved:** Those with unimproved drinking water sources that do not treat also largely live in rural areas (94%) and have lower incomes (mean quintile = 1.6)
- In each group, households who do not treat their drinking water have similar demographics than those who treat



Recommendations

Communication

- Promote behavior change for safe drinking water and emphasize health problems caused by unsafe drinking water
- Communicate availability of home water treatment products
- Advertise brands available in Haiti
- Consider bottled water drinkers to use other more cost effective and environmentally-friendly options

Service Delivery

- Ensure sustainability of home water treatment products supply through involvement of private sector distributors



Questions for discussion

- How do the segmentation results resonate with your experiences and understanding of water sources and treatment in Haiti?
- Does it make sense to encourage treatment of both “improved” and “unimproved” drinking water sources in Haiti?
- What are the consequences of the increase reliance on bottled water for people in Port-au-Prince? Is there any feasibility of shifting bottled water drinkers to water treatment?

ORS/ZINC FOR DIARRRHEA IN CHILDREN UNDER 5 YEARS

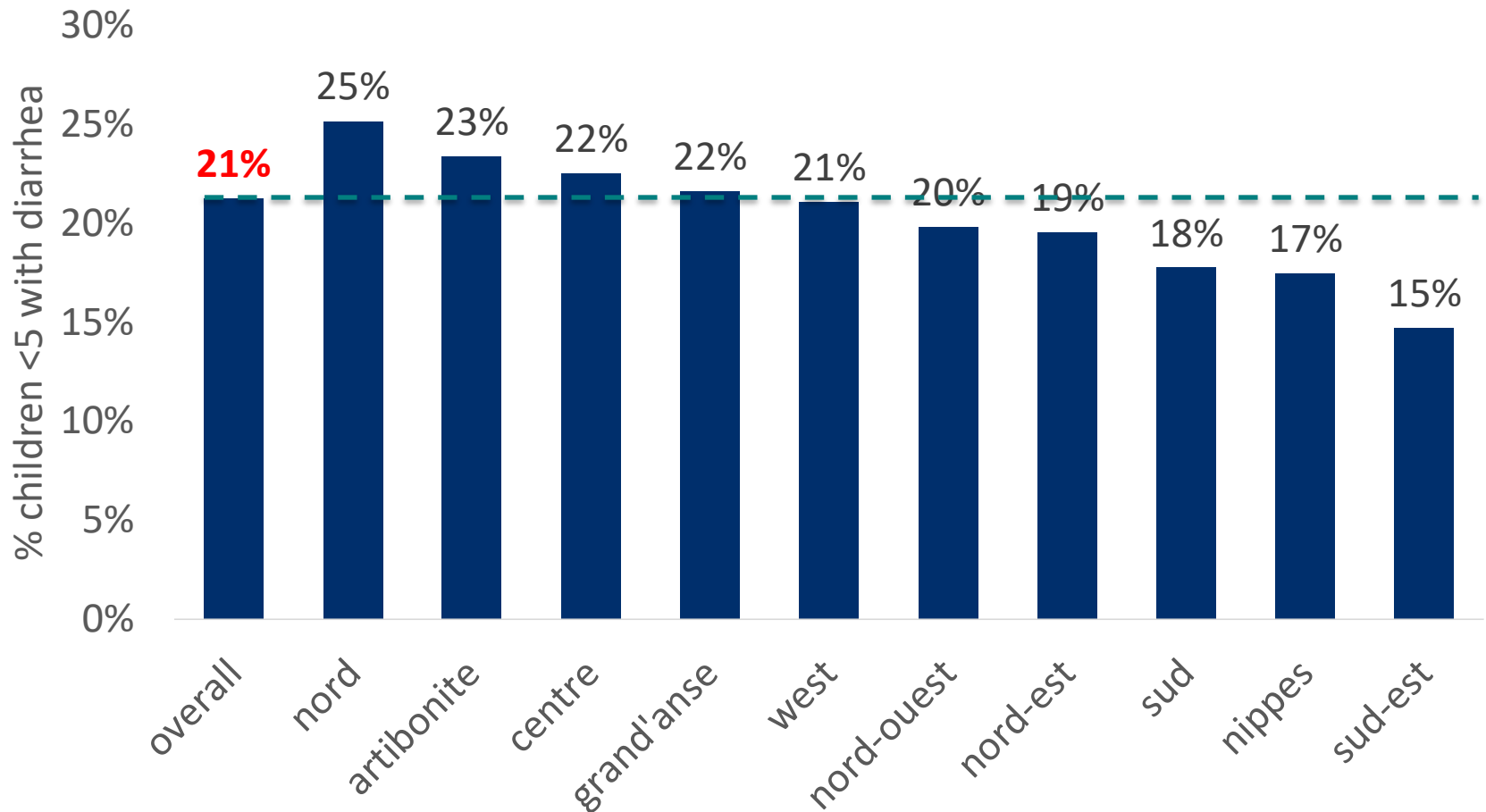




ASSESSING CHILD DIARRHEA CASE MANAGEMENT USING DHS DATA

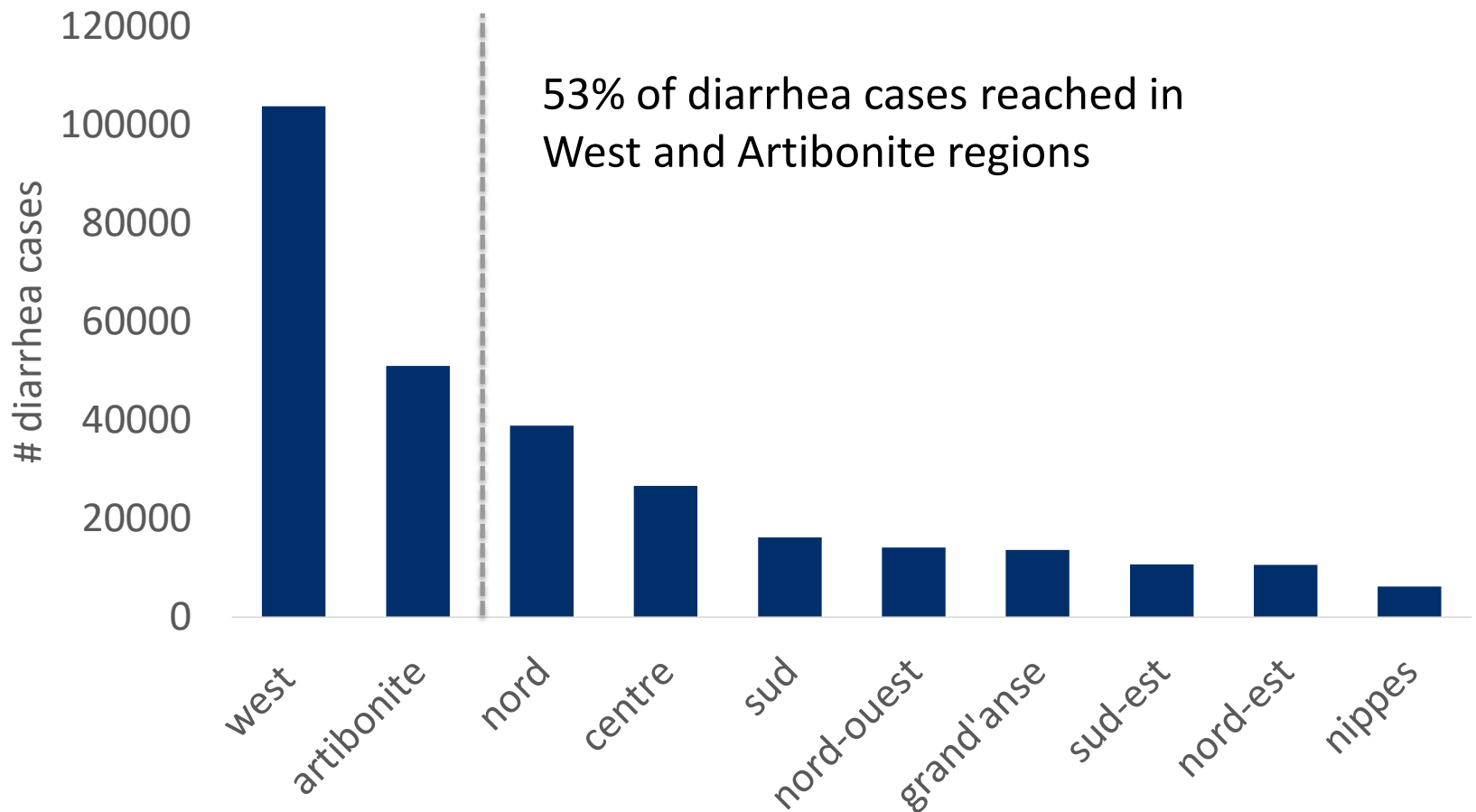


21% of children under 5 had diarrhea in past 2 weeks, some regional variation





Most diarrhea cases among children under 5 occur in West and Artibonite





Diarrhea associations

- Diarrhea prevalence higher among younger children (0-1 years) compared to older (2-4 years)
- Diarrhea prevalence does not vary substantially by:
 - Residence (urban vs. rural)
 - Wealth quintile
 - Improved vs. unimproved drinking water source
 - Drinking water treatment
- There is a slight negative relationship between diarrhea and having a hand washing station in the home



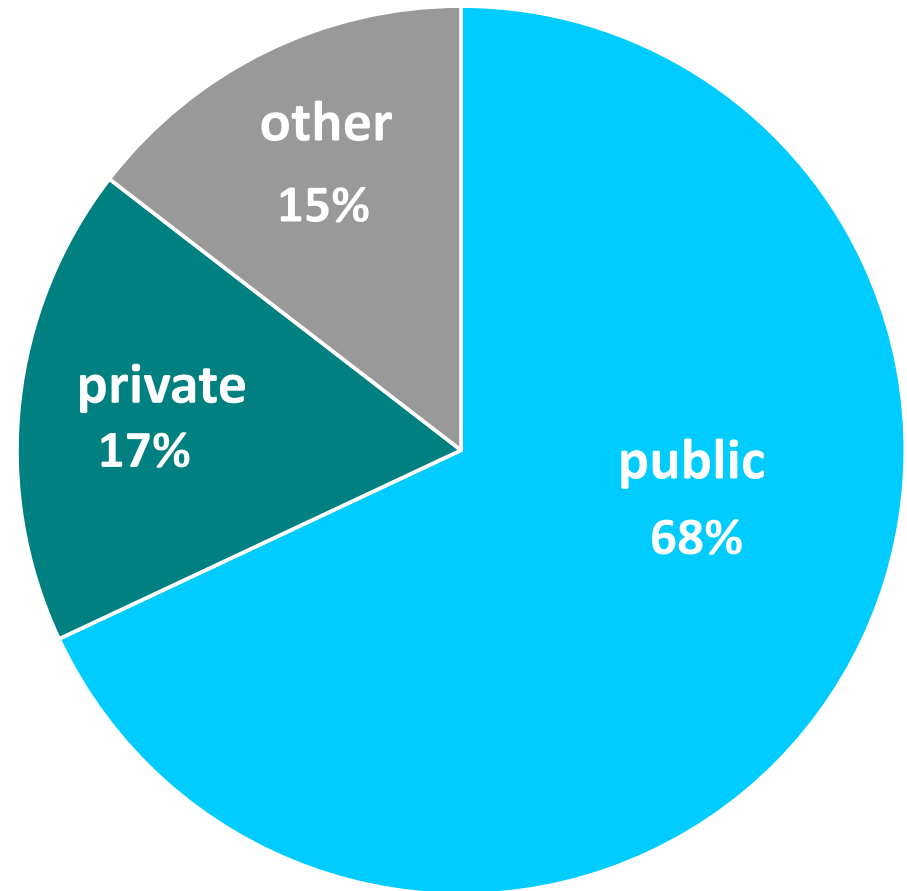
Diarrhea treatment summary

- Among those with diarrhea:
 - 31% sought treatment outside of the home
 - 39% used ORS
 - 6% used zinc
 - 11% used antibiotics (likely overuse)
- Use of ORS is associated with:
 - Seeking treatment outside the home (public, private medical, pharmacy)
 - Urban location
 - Higher wealth quintiles



Public sector care-seeking behavior dominates in diarrhea treatment

- Among those who seek treatment, a majority use the public sector
- 17% use private clinic, pharmacy or shop for diarrhea treatment

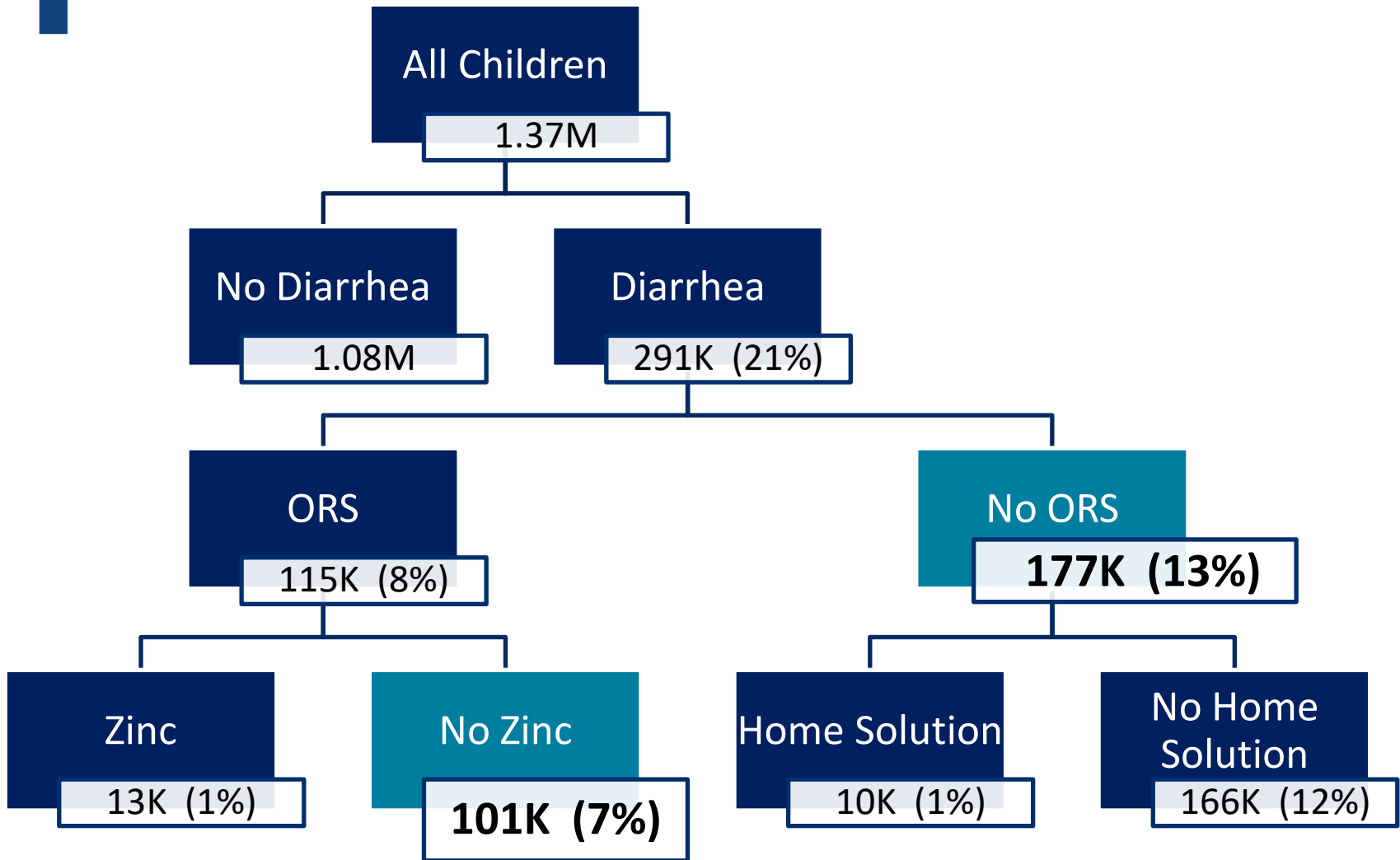




IDENTIFY TARGET POPULATIONS



ORS/Zinc segmentation – focused on ~20% of children at a given point in time





Two Key Target Groups Identified

**ORS users not using
zinc**

7% of children under 5

Already using ORS but
not using zinc for
diarrhea

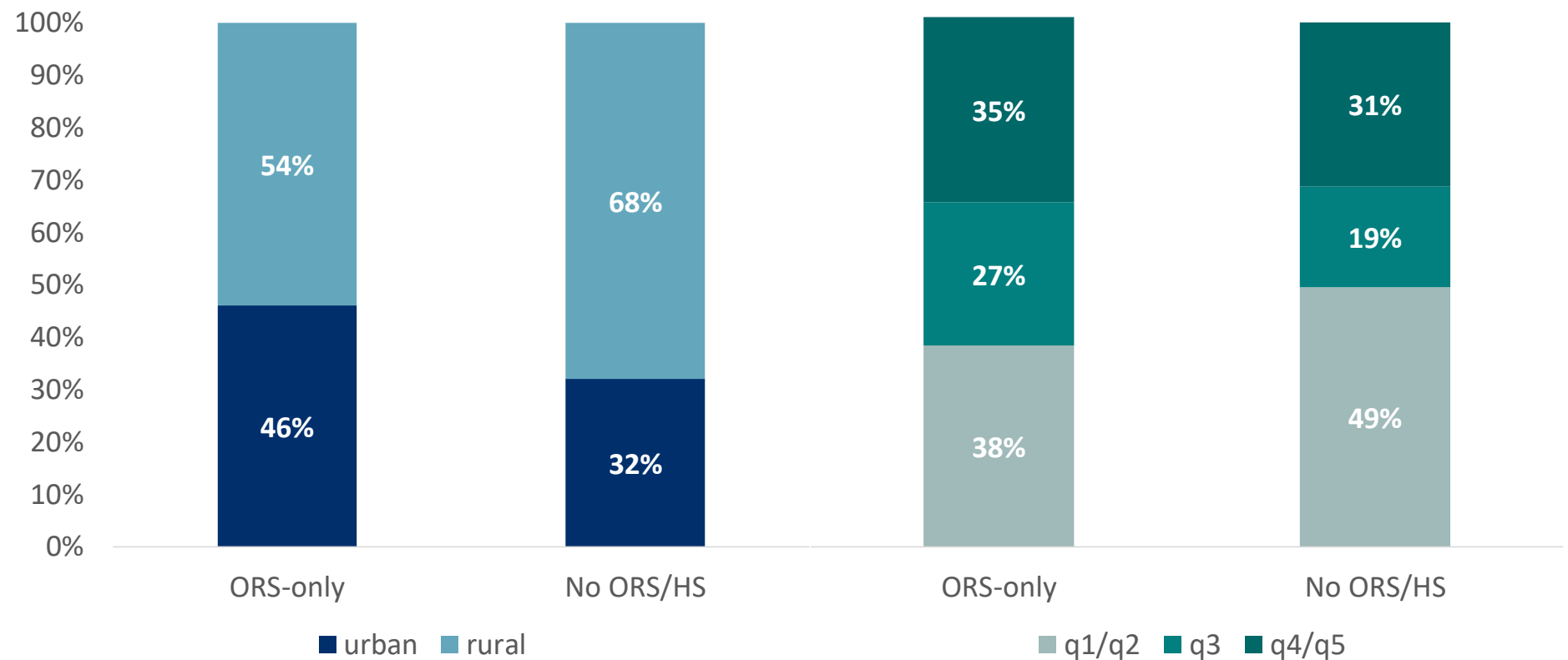
**No ORS or
recommended solution**

12% of households

Not using ORS or the
recommended home
solution for diarrhea



Those not using any ORS are more rural and less wealthy



Communication

- Promote the benefits of using both ORS and zinc for the treatment of diarrhea among providers, pharmacists and caregivers
- Prioritize rural areas for diarrhea treatment communication activities
- Develop targeted communication to caregivers on identification of diarrhea danger signs with emphasis on younger children (0-1 years)

Service Delivery

- Ensure regular supply of ORS and zinc through public and private sector distributors
- Promote co-packaging of ORS/zinc as a recommended packaging option
- Promote community case management of diarrhea along with other major killers (respiratory infections, malaria, tuberculosis and HIV/AIDS) of children under five years



Questions for discussion

- How do the segmentation results resonate with your experiences and understanding of diarrhea treatment in Haiti?
- What strategies can be used to enable greater use of ORS/zinc in rural areas and among poorer children?
- Zinc use is particularly low for child diarrhea – what type of messaging can best communicate the importance of zinc **in addition** to ORS?

MEDIA ANALYSIS



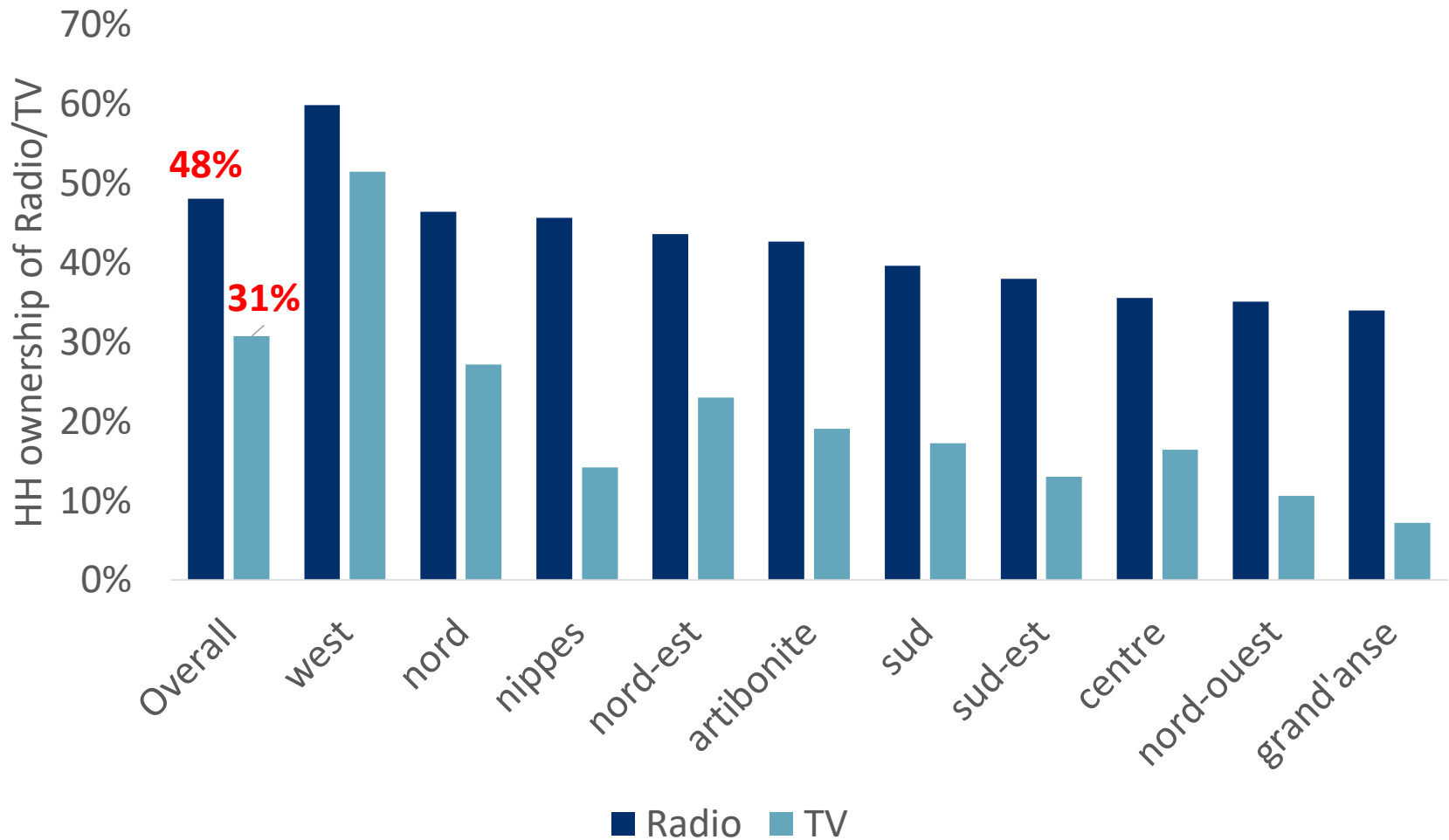


Rationale and objectives

- Social behavior change communication is needed to increase utilization of FP, home drinking water treatment, and ORS/Zinc for child diarrhea in Haiti
- Identifying the best channels of communication for the target population segments can ensure effective communication initiatives
- DHS contains data on ownership of radio, television, and mobile phones as well as frequency of radio/tv exposure
- Primary objective – assess the potential exposure of SBCC messaging through different channels of communication

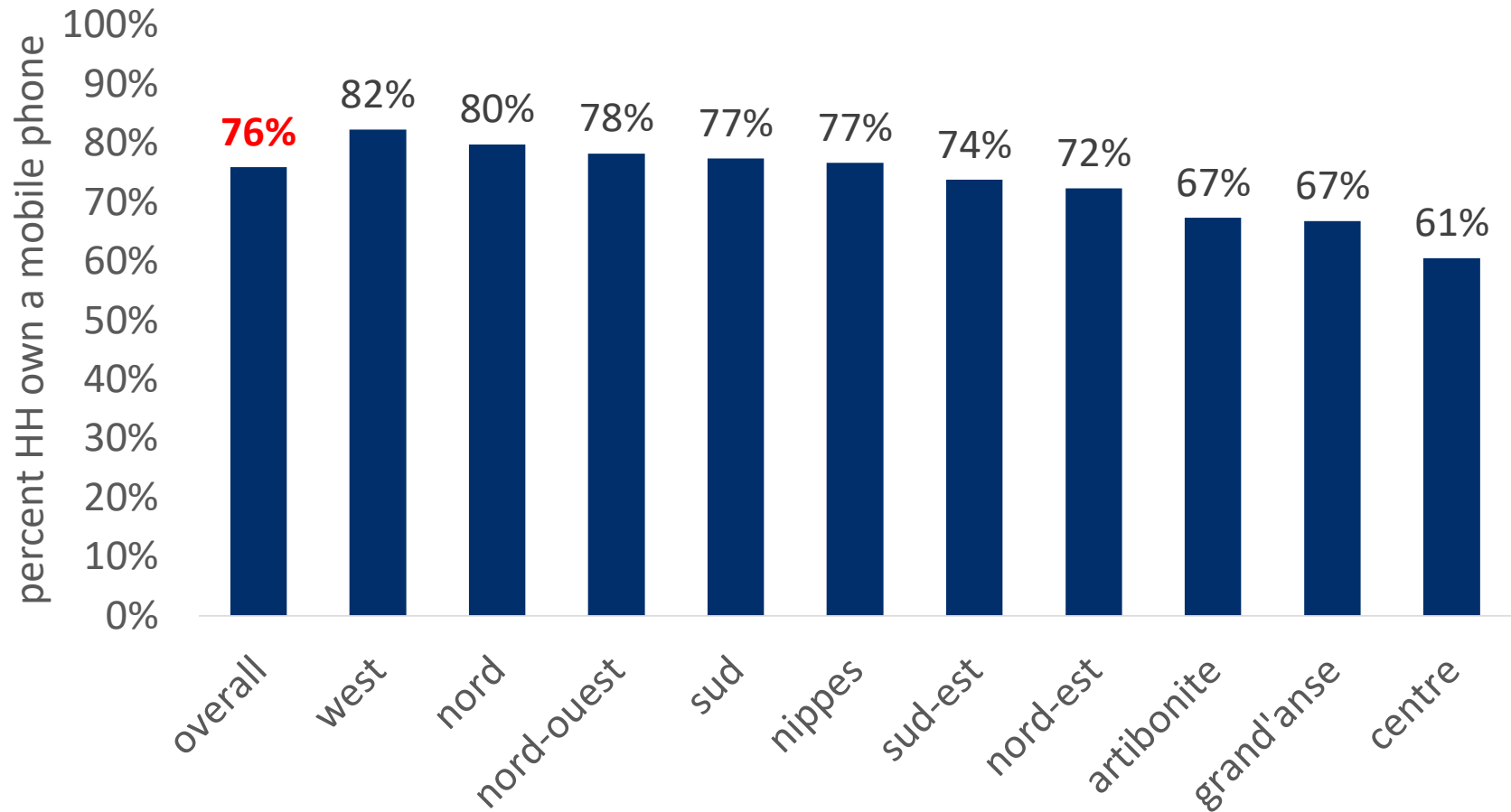


Household ownership of TV/Radio



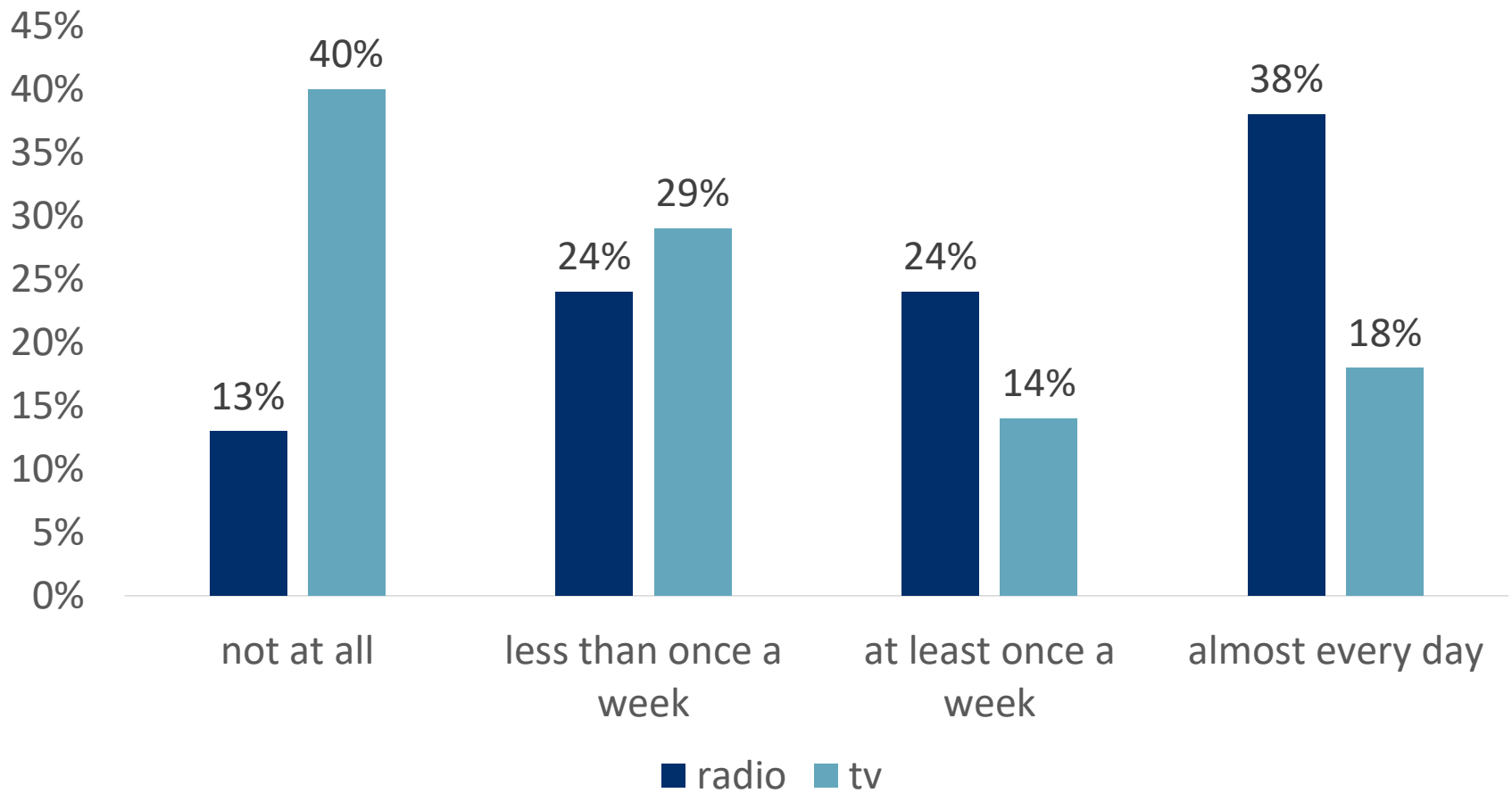


More households own a mobile phone



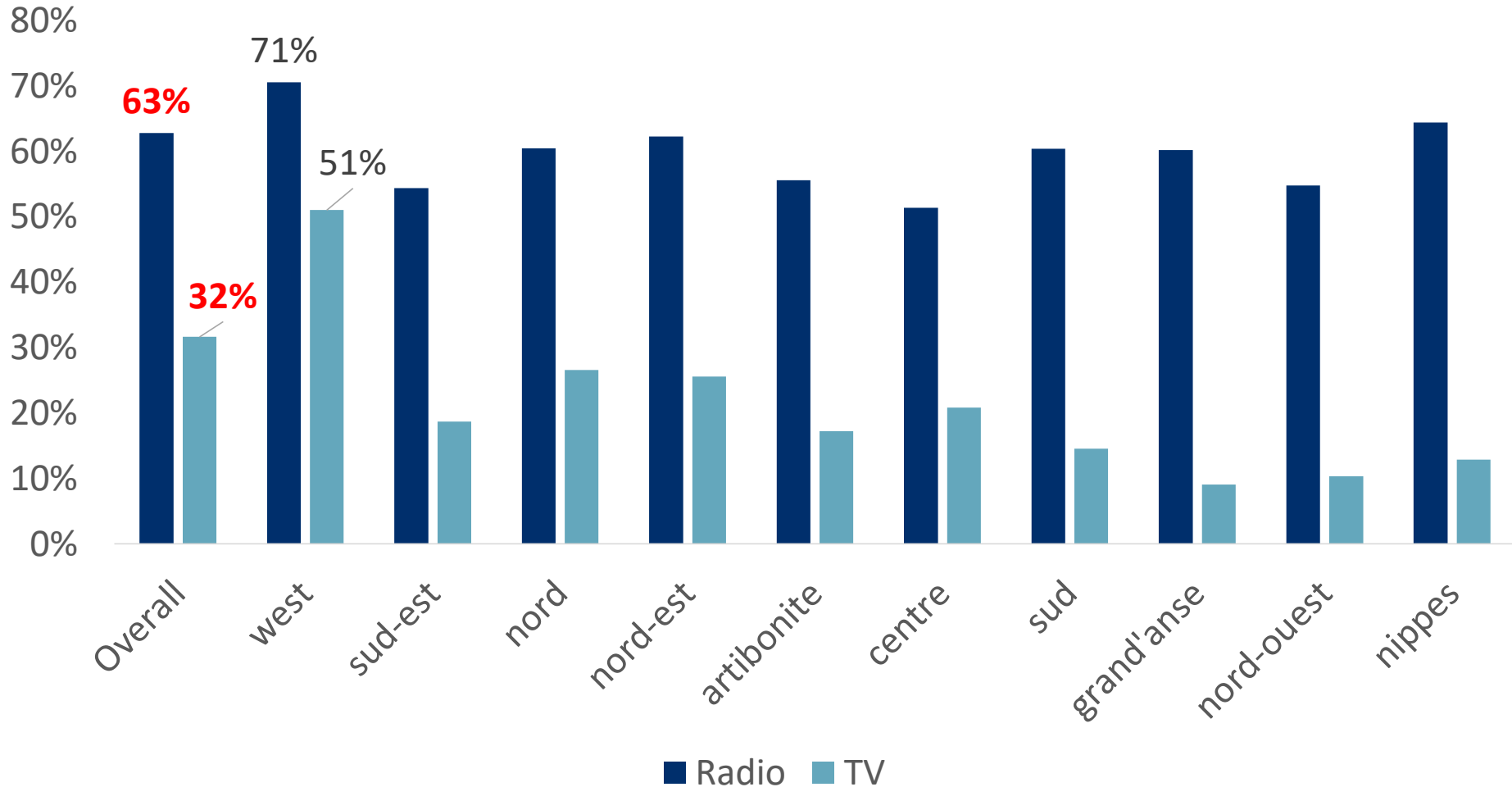


Frequency of Radio & TV exposure





Regional exposure to Radio & TV at least once a week





TV/Radio ownership among key segments

Health area	Segment	% HH owns TV	% HH owns Radio	% HH owns Mobile
FP	Low hanging fruit	30	45	52
	Upcoming potential	37	54	56
	Potential LAPM switchers	29	48	55
WATER	Bottled water drinkers	65	70	93
	Not treating water, improved source	13	35	66
	Not treating water, unimproved source	13	35	49
DIARRHEA	ORS treatment, no zinc	27	39	46
	No ORS or home remedy	21	40	44



Questions for discussion

- Do the media analysis results seem reasonable based on your understanding of radio, TV, and mobile ownership and use?
- What are the communication channels most used for SBCC in Haiti?
- Which set of communication channels are most appropriate for reaching the population segments of interest in Haiti?

BREAK-OUT GROUPS [NEW SECTION]





Objectives of break-out groups

- Brainstorming session for groups to think about DHS segmentation results to help inform thinking around ways to improve
 - Service delivery
 - Demand generation messaging and communication channels
- Generate ideas and specific recommendations for future collaboration to increase the use of FP, safe drinking water, and ORS/zinc use for child diarrhea



Group 1: Family planning

- What strategies can be used to:
 - Increase FP among “low-hanging fruit”?
 - Encourage “upcoming potential” to access FP when needed?
 - Support “potential switchers” to use long-acting methods?
- How can messaging address “fear of side effect” as a barrier to FP?
- What communication channels are most appropriate for reaching these three segments?



Group 2: Safe drinking water

- What strategies can be used to increase home water treatment?
- How can the private sector increase their role in the delivery of drinking water treatment?
- What are the most appropriate communication channels for demand generation for home drinking water treatment?



Group 3: Safe drinking water and ORS/zinc

- What strategies can be used to ORS/zinc use among children with diarrhea?
- How can the private sector increase their role in the delivery of ORS/zinc for diarrhea?
- What are the most appropriate communication channels for demand generation for ORS/zinc?



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