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Sources for Sick Child Care in Rwanda

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The public sector is the dominant source of care in Rwanda. 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 2015—16 Rwanda 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

- 60% of Rwandan caregivers seek treatment or advice outside the home for their sick children, across all three illnesses.
- 50% of the poorest and 72% of the wealthiest caregivers seek care outside the home.
- Among caregivers who seek sick child care, 76% access the public sector and 17% use the private sector.
- 75% of public sector care seekers access a clinical facility; 88% of private sector care seekers access a non–clinical source (pharmacy, market, or shop).
- More caregivers from the wealthiest quintile (32%) seek care from the private sector than the poorest caregivers (13%).

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

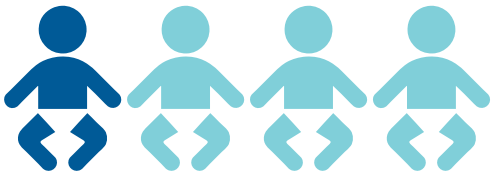
Illness prevalence

According to mothers interviewed across the country for the Rwanda Demographic and Health Survey, 27 percent of Rwandan children under five experienced one or more of the following illnesses: fever (19 percent), symptoms of acute respiratory infection (ARI)—a proxy for pneumonia—(6 percent), and/or diarrhea (12 percent) in the two weeks prior to the survey.[1]

Out-of-home care seeking

When children fall ill, most caregivers in Rwanda (60 percent) seek advice or treatment outside the home.[2] This care-seeking level remains consistent for children who have fever, ARI symptoms, or diarrhea (58 percent, 61 percent, and 56 percent, respectively). The overall level of care seeking in Rwanda is nearly equal to the average level (64 percent) across East and Southern African maternal and child survival priority countries ("USAID priority countries").[3]

1 out of 4 children in Rwanda experienced fever, ARI symptoms, or diarrhea in the last 2 weeks.

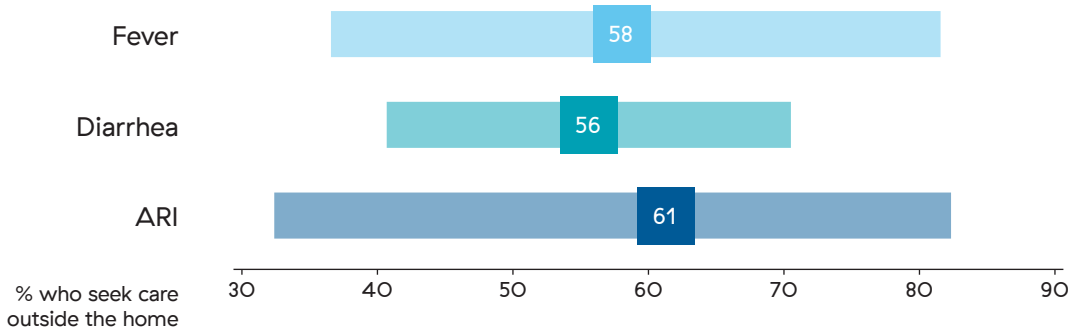


Sources of care

The public sector is the dominant source of sick child care in Rwanda. Among caregivers who seek treatment or advice outside of their homes, 76 percent use public sector sources and 17 percent go to private sector sources. Rwanda has a slightly higher level of public sector care seeking and lower level of private sector care seeking compared to the averages among East and Southern African USAID priority countries (70 percent and 26 percent, respectively). Very few caregivers (1 percent) seek care from both the public and private sectors. Six percent of caregivers use other sources of care, typically a traditional practitioner, friend, or relative. Among public sector care seekers, the majority (75 percent) go to a clinical facility, such as a hospital or a clinic, rather than seeking care from a community health worker. In contrast, only 12 percent of private sector care seekers go to a clinical facility, while the remainder use non-clinical sources (pharmacy, market, or shop). This analysis shows where caregivers go for treatment, regardless of their level of access to different sources of care. It does not reflect where caregivers might choose to go if they had access to all sources of care.

Figure 1. Rwanda's care-seeking levels are mid-range compared to its neighbors

The bars indicate the care-seeking range in the region. Squares show the care-seeking rates in Rwanda.

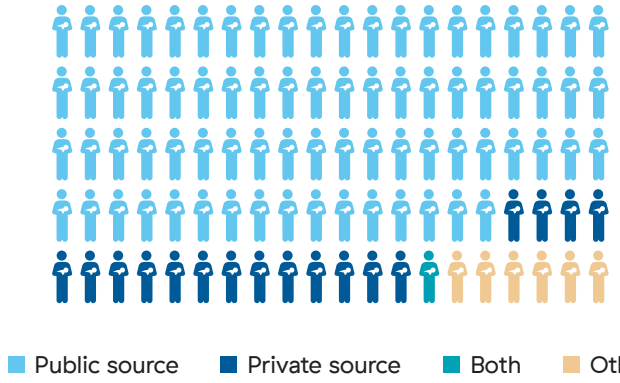


[1] All Demographic and Health Survey data used in this analysis are reported by mothers who were asked if their children under age five experienced fever, ARI symptoms, or diarrhea in the two weeks before the interview. These data do not report whether children recently had pneumonia or malaria because 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, health centers, health posts, and community health workers), private sources (clinics, hospitals, doctors, polyclinics; faith-based organizations; pharmacies, shops, kiosks, and dispensaries), and other sources (traditional healers, friends, and relatives). 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.

[2] The USAID priority countries in East and Southern Africa are Ethiopia, Kenya, Madagascar, Malawi, Mozambique, Rwanda, Tanzania, Uganda, and Zambia.

Among caregivers who seek sick child care outside the home, 76% seek treatment or advice from public sector sources and 17% from private sector sources.



Equity in illness prevalence and care seeking

In Rwanda, the burden of fever, ARI symptoms, and/or diarrhea in the poorest households is slightly greater than in the wealthiest households (29 percent versus 22 percent, respectively). However, poorer children who experience one of these illnesses are much less likely to receive treatment than their wealthier peers (50 percent versus 72 percent, respectively). The magnitude of the disparity in care seeking between the poorest and wealthiest quintiles in Rwanda is larger than in most other USAID priority countries in East and Southern Africa.

Figure 2. Regionally, Rwanda has one of the largest wealth disparities in care seeking

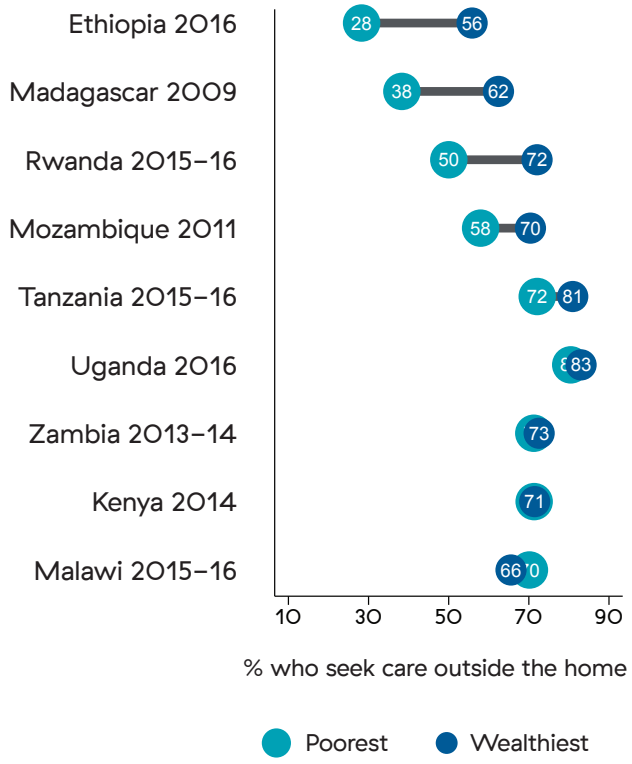


Figure 3. Most public sector clients use clinical sources

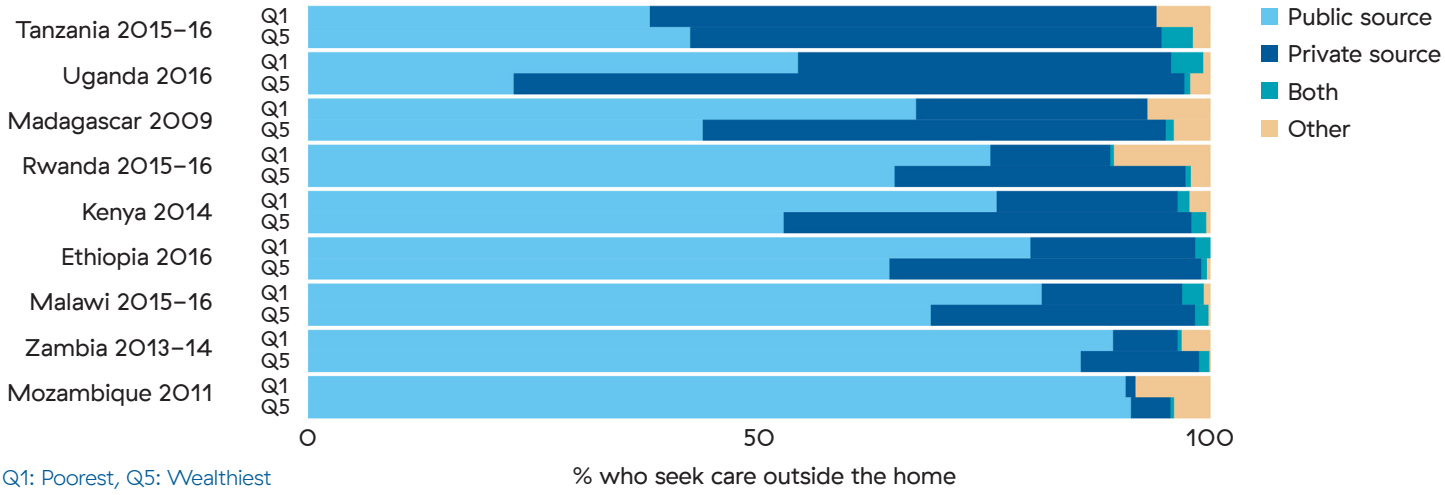
Note: Use of public clinical and non–clinical sources sums to 101%, as some public sector care seekers use both types of sources.

Sources of care categories

Public sector: Hospitals, health centers, health posts, community health workers
Private sector: Clinics, hospitals, doctors, polyclinics; faith–based organizations; pharmacies, shops, kiosks, and dispensaries
Other: Traditional healers, friends, and relatives

The majority of care outside the home for sick children is accessed from the public sector, across socioeconomic statuses. However, Rwanda's wealthiest caregivers are more likely to seek care from a private sector source than the poorest caregivers (32 percent versus 13 percent, respectively) and are less likely to seek care from a public sector source (65 percent versus 76 percent, respectively). Wealthier caregivers also use other sources of care less frequently than their poorer counterparts (2 percent versus 11 percent, respectively). Compared to other East and Southern African USAID priority countries, the poorest caregivers in Rwanda have the highest reliance on other sources of care.

Figure 4. Similar to regional patterns, Rwanda's public sector is dominant across income levels



Q1: Poorest, Q5: Wealthiest

Conclusion

Fever, ARI, and diarrhea are common illnesses in Rwanda, affecting 27 percent of all children. Although prevalence of these illnesses is somewhat higher among the poorest children, they are much less likely to be taken for care than their wealthier counterparts. The public sector is the primary source of out-of-home treatment or advice for sick children of all socioeconomic statuses. The level of care seeking from the private sector, however, is substantial among the wealthiest Rwandan care seekers. The majority of caregivers using the public sector seek treatment from clinical sources, while most private sector care seekers use non-clinical sources. Use of other providers, primarily traditional practitioners, friends, or relatives, is considerable among the poorest families. These factors should be taken into account when designing programs to meet the needs of sick children in Rwanda.

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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.

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