



Sources for sick child care in *Bangladesh*

One in a series of analyses by SHOPS Plus

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Purpose of this analysis

- Understand whether and where Bangladeshi caregivers seek advice and treatment for their sick children
- Examine differences in care-seeking patterns by illness and socioeconomic levels, and within public and private sectors
- Share data in a usable format
- **Inform policies and programs to prevent child deaths**

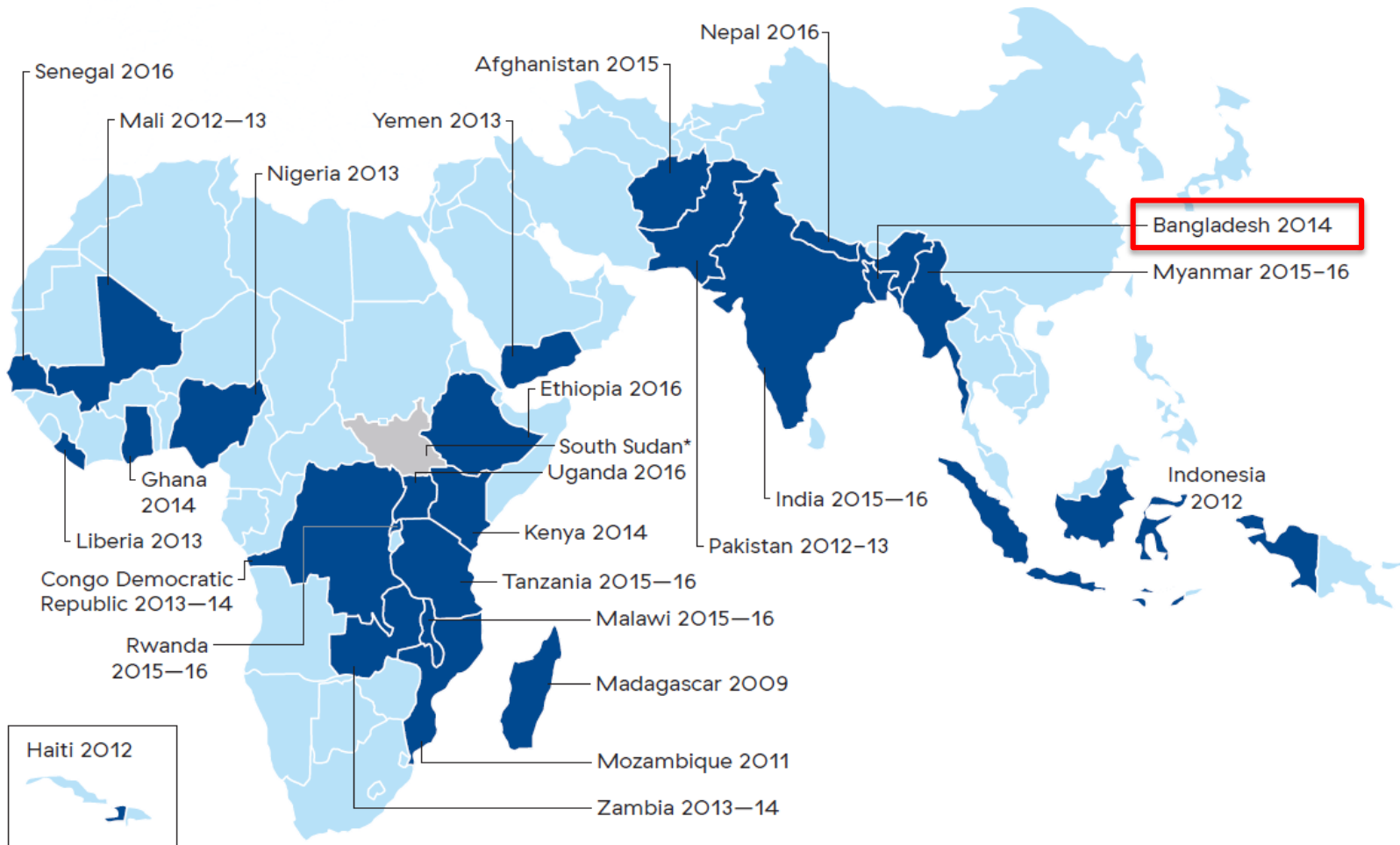


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Demographic and Health Survey (DHS) data analyzed from 24 priority countries

USAID priority countries analyzed using Demographic and Health Survey data



*No DHS data are available for South Sudan.



Bangladesh 2014 DHS data: Interviews with mothers of young children

Mothers of children five years old or younger were asked:

- Whether their children had experienced fever, symptoms of acute respiratory infection (ARI), or diarrhea in the past two weeks
 - If yes, asked whether they had sought advice or treatment from any source
 - If yes, asked where they had sought advice or treatment





This analysis will tell you:

1. What percentage of children in Bangladesh experience fever, ARI symptoms, and/or diarrhea?
2. What percentage of caregivers seek advice or treatment outside the home for children with these illnesses?
3. Among those who seek out-of-home care, what are the sources?
 - a) Public, private, other
 - b) Clinical vs. non-clinical
4. How do patterns of care-seeking vary by:
 - a) Illness: fever, ARI, diarrhea
 - b) Countries within the Asia region
 - c) Wealth quintile: poorest and wealthiest Bangladeshis



How frequently do children in
Bangladesh experience
fever, ARI symptoms, and/or
diarrhea?

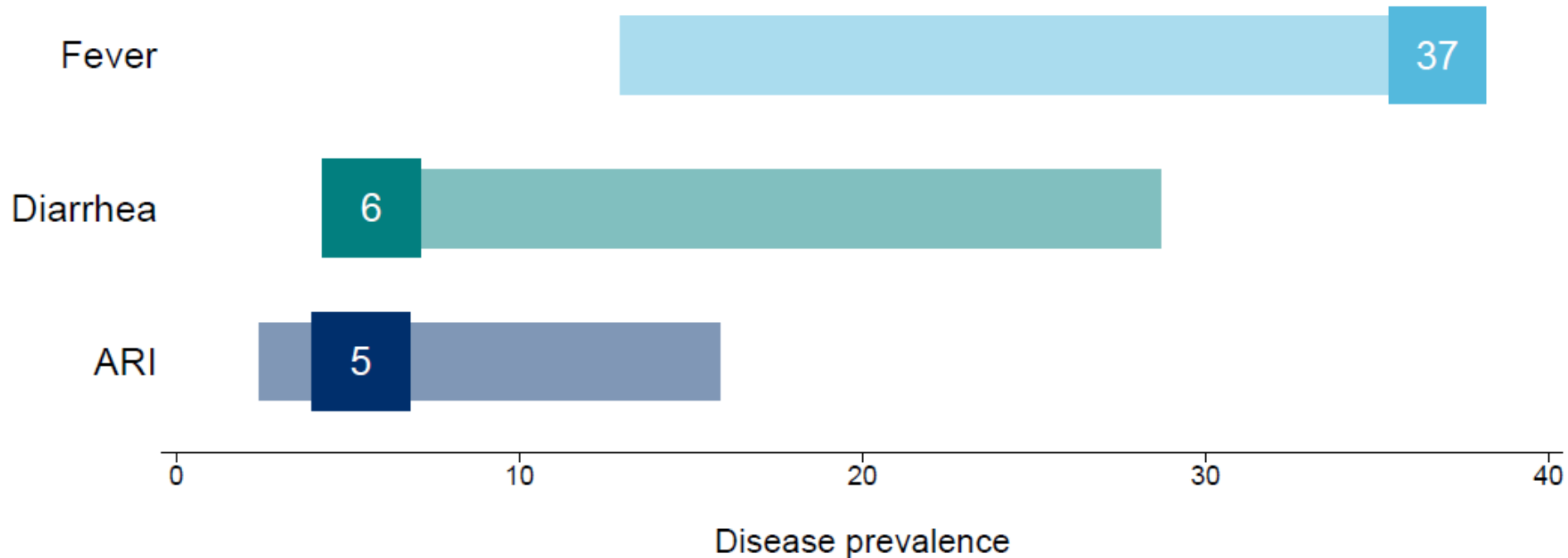




Child illness prevalence in Bangladesh varies across illnesses and relative to in neighboring countries

Bars show **range** across Asian USAID priority countries; squares show **Bangladesh**

Illness prevalence: Bangladesh and Asia





2 out of 5 children in Bangladesh experienced fever, ARI symptoms, and/or diarrhea in the last 2 weeks.



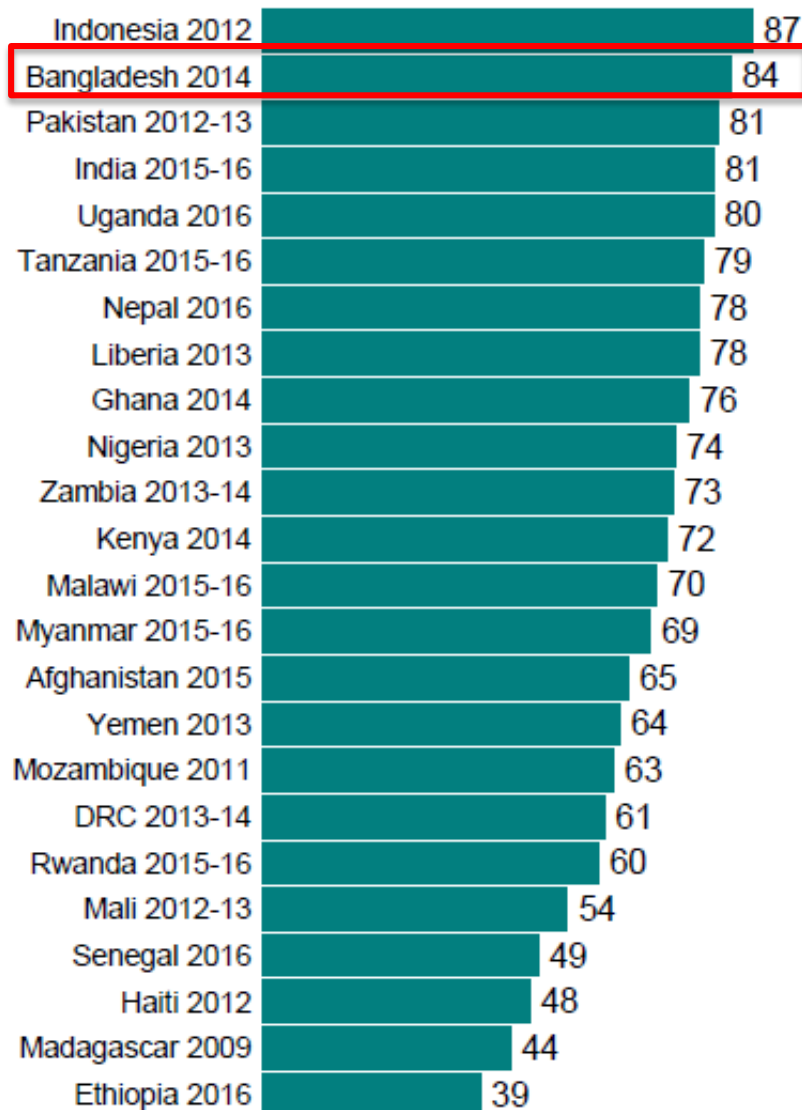


How frequently is out-of-home care sought for Bangladeshi children with these illnesses?





Bangladesh's care-seeking level is among the highest



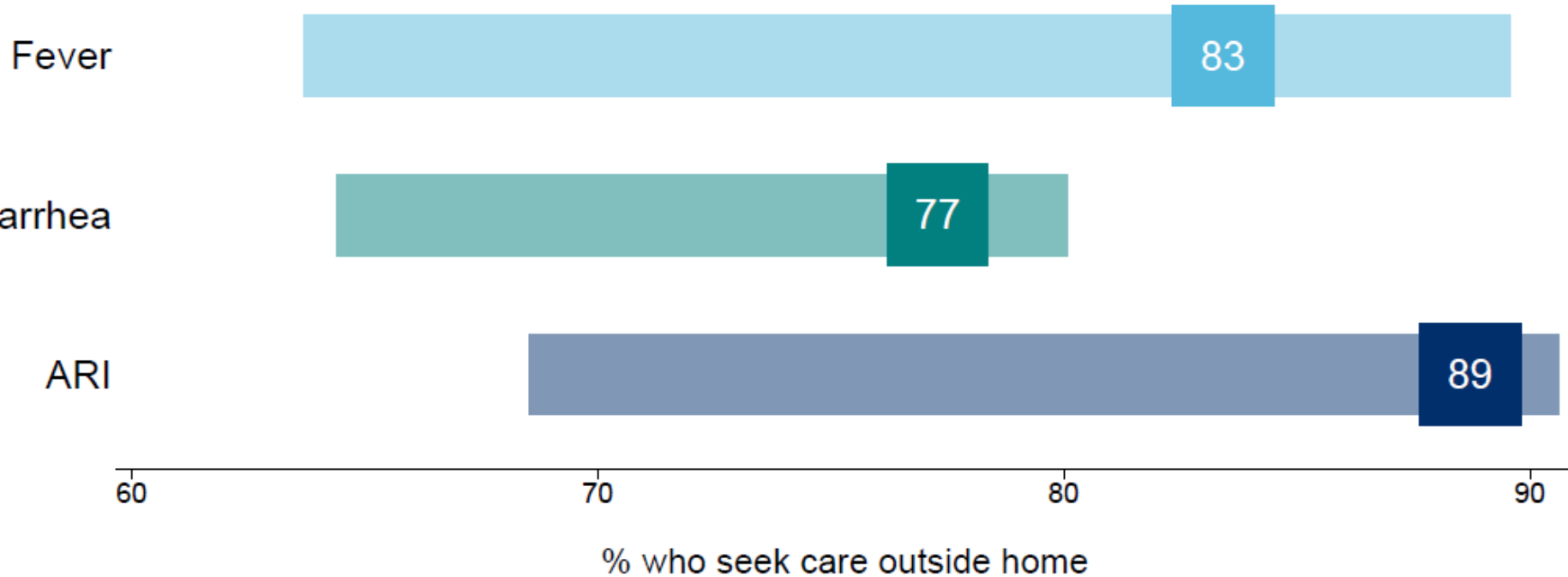
% of caregivers who seek treatment for children with any of the three illnesses in each of the 24 USAID priority countries analyzed



Bangladesh's care-seeking levels are among the highest in the Asia region, across illnesses

Bars show **range** across Asian USAID priority countries; squares show **Bangladesh**.

Caregivers who seek care outside the home: Bangladesh and Asian priority countries





Among Bangladeshis who
seek out-of-home care, what
are the sources?

Public, private, other



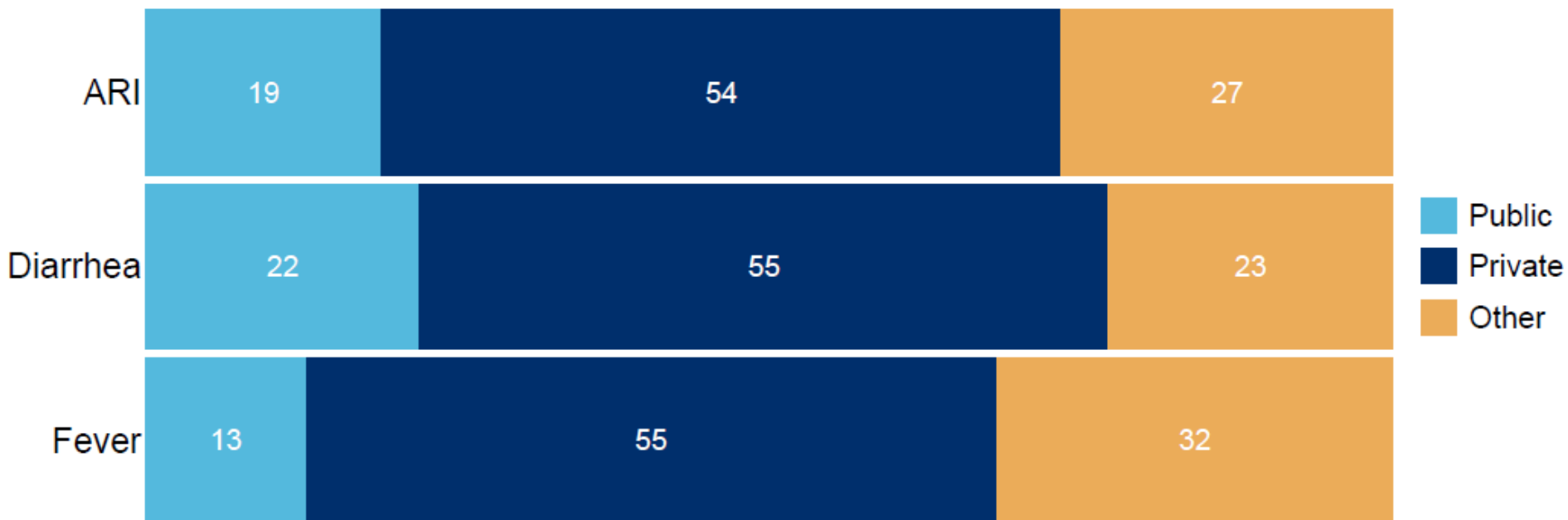


Sources of care

Public sector	Private sector	Other
<ul style="list-style-type: none">Hospitals, Upazila health complexes, Upazila health and family welfare centers, maternal and child welfare centers, community clinics, satellite clinics, family welfare assistants	<ul style="list-style-type: none">Private clinics, hospitals, and doctorsNongovernmental organizations, nongovernmental static and satellite clinics, and nongovernmental field workersPharmacies	<ul style="list-style-type: none">Unqualified doctors



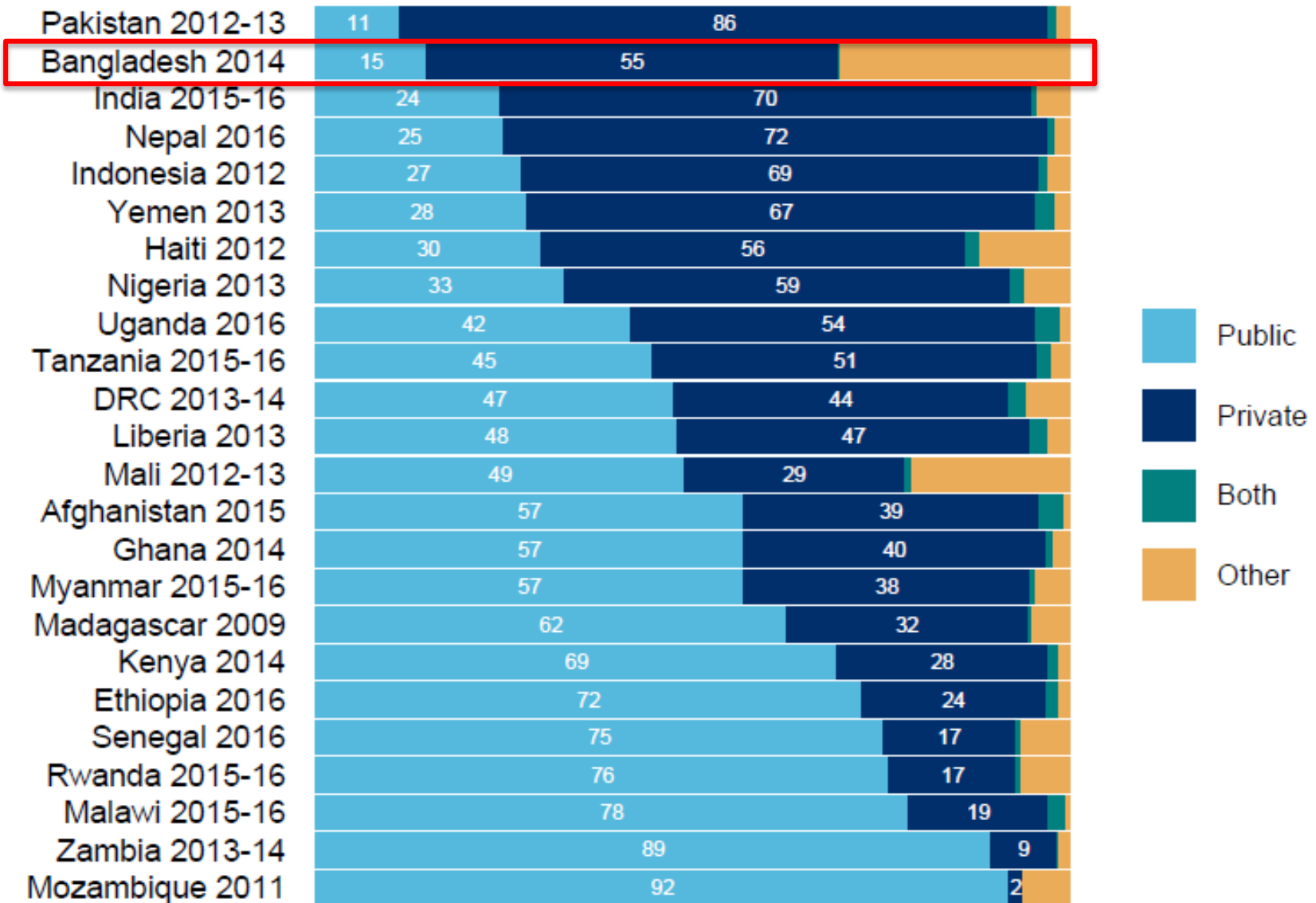
Across illnesses, the **private** sector is dominant, while **other sources** play a substantial role



Source among Bangladeshis who seek sick child care outside the home

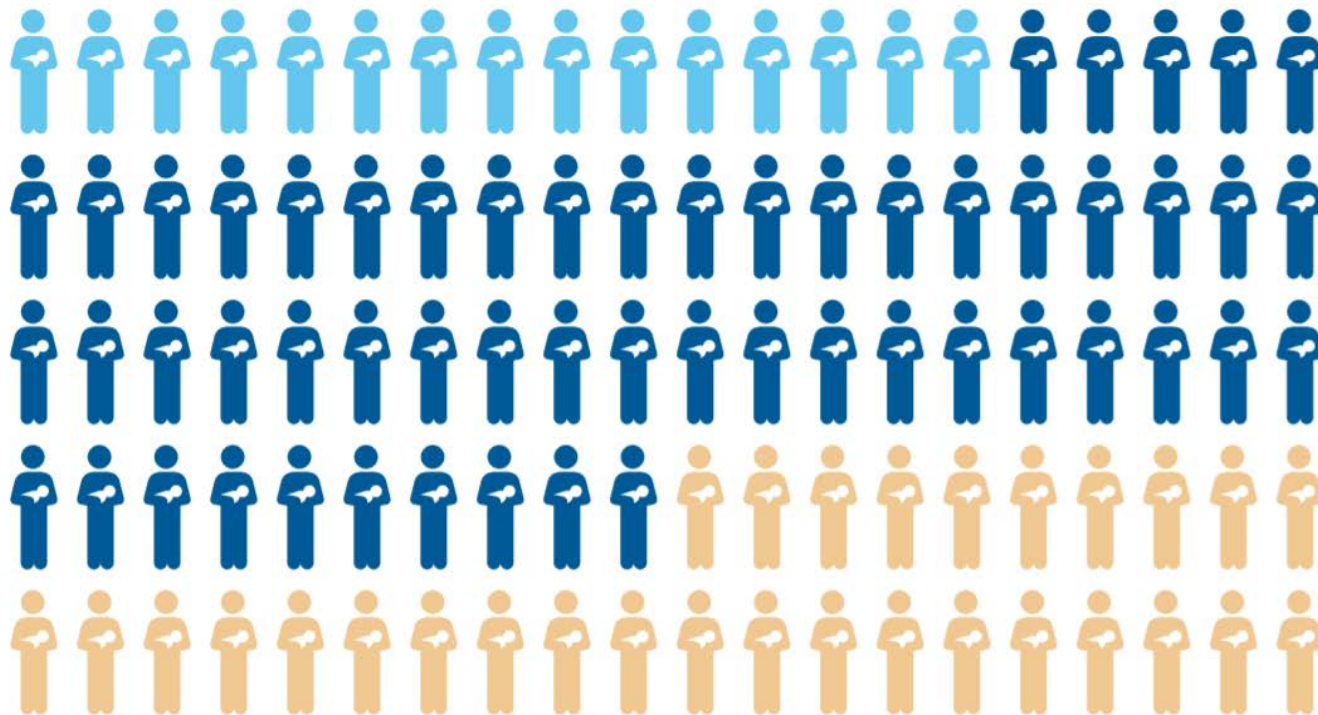


Bangladesh is an outlier due to the high reliance on other sources of care





Among caregivers who seek sick child care outside the home, **55%** seek treatment or advice from private sector sources and **15%** from public sector sources. An additional **30%** use other sources.



■ Public source ■ Private source ■ Both ■ Other



Sources of care: Clinical versus non-clinical





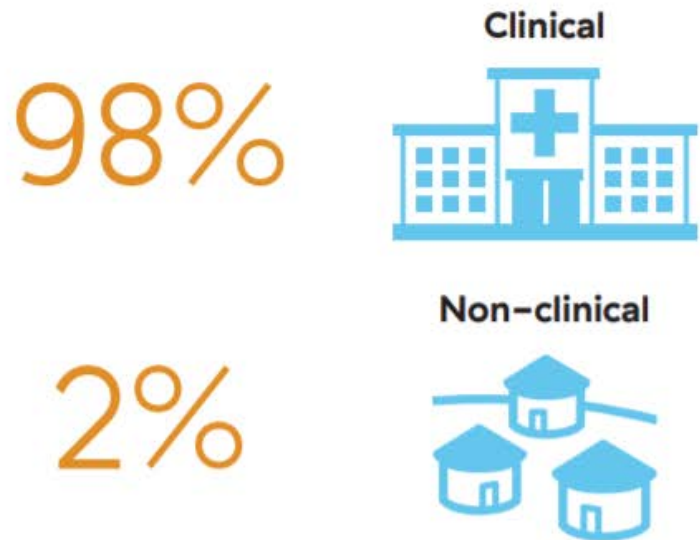
Sources of care: Clinical and non-clinical

	Public sector	Private sector
Clinical	<ul style="list-style-type: none">· Hospitals, <i>Upazila</i> health complexes, <i>Upazila</i> health and family welfare centers, maternal and child welfare centers, community clinics, satellite clinics	<ul style="list-style-type: none">· Private clinics, hospitals, and doctors· Nongovernmental organizations and nongovernmental static and satellite clinics
Non-clinical	<ul style="list-style-type: none">· Family welfare assistants	<ul style="list-style-type: none">· Nongovernmental field workers· Pharmacies

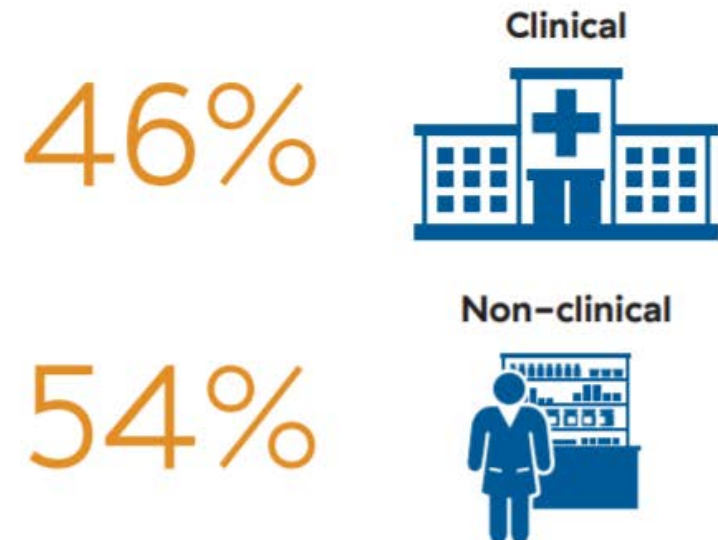


The private sector is split between use of **clinical** and **non-clinical** sources

Public sector:

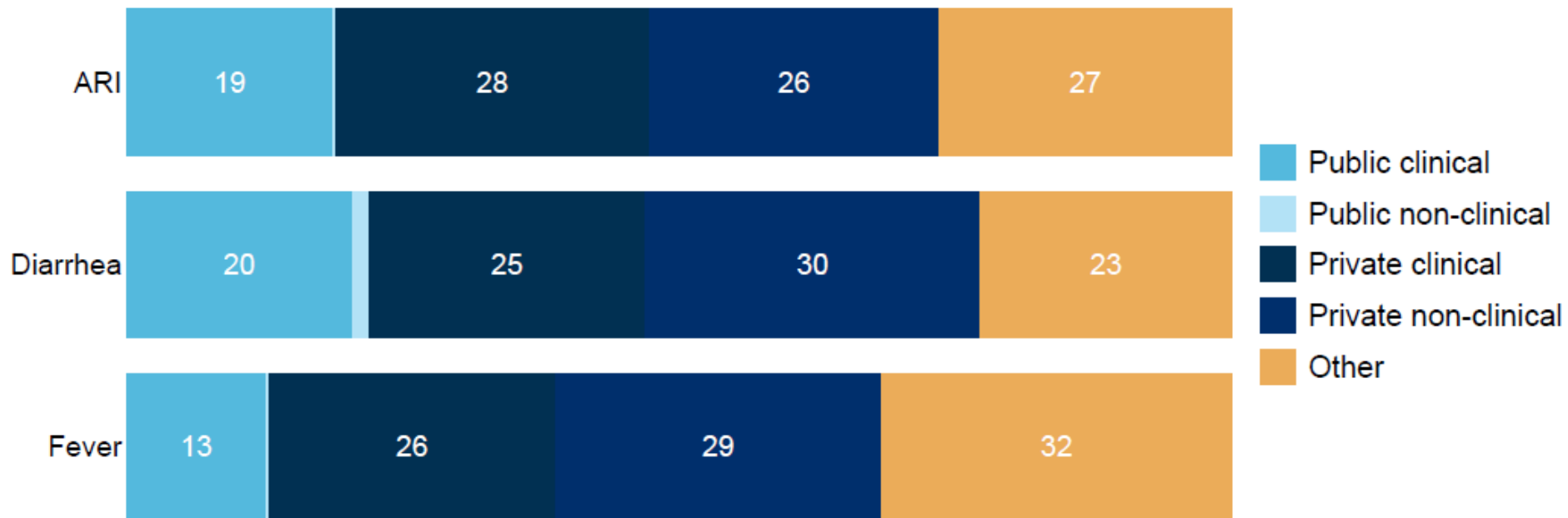


Private sector:





By illness: *Some variation* in clinical vs. non-clinical sources of care



Source among Bangladeshis who seek sick child care outside the home



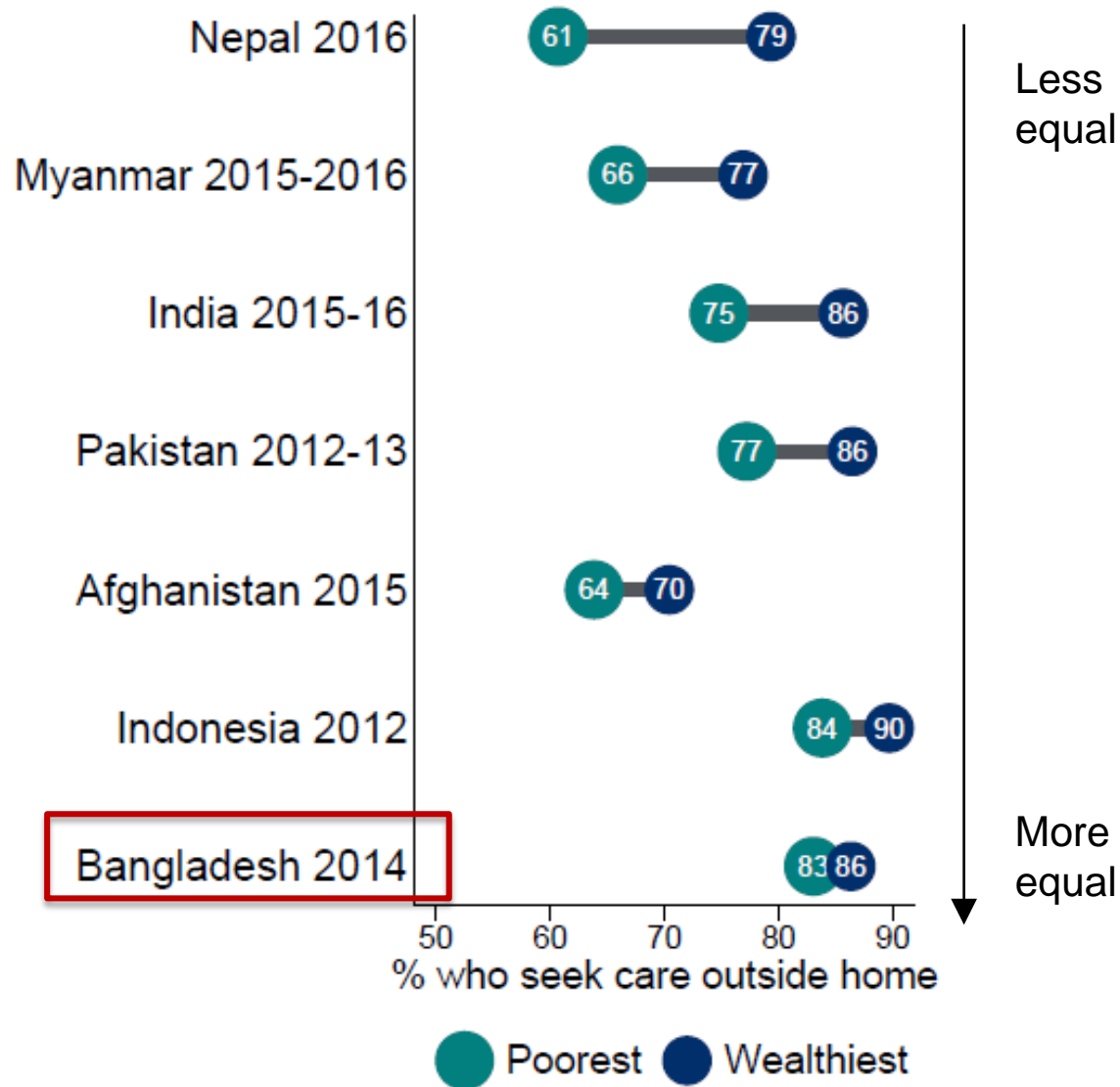
How do patterns of care-seeking vary between the poorest and wealthiest Bangladeshis?





Bangladesh has the most equitable care-seeking levels in the region

- Wealthiest
- Poorest





Use of **other sources of care** is substantial among the poorest care-seekers



Source among those who seek care outside the home

Q1 = poorest

Q5 = wealthiest



Public



Private



Both



Other

The private sector is the primary source of care across income levels

- 73% of wealthiest and 45% of poorest care-seekers use private sector

Use of the public sector is moderate

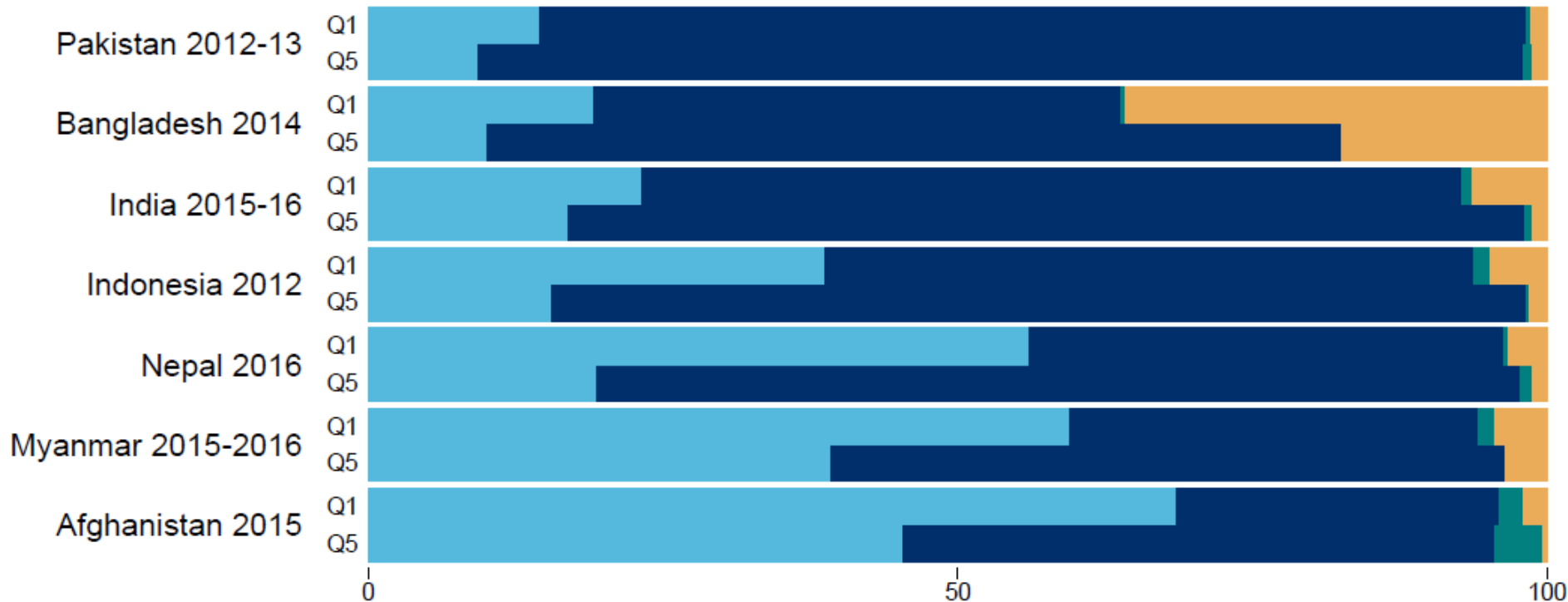
- 19% of poorest and 10% of wealthiest care-seekers use public sector

Use of other sources of care is substantial, particularly among the poorest

- 36% of the poorest and 17% of the wealthiest use other sources



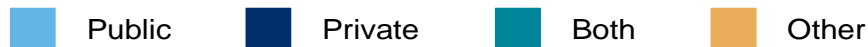
High reliance on other sources of care, particularly among the poorest, makes Bangladesh an outlier in the region



Source among those who seek care outside the home

Q1 = poorest

Q5 = wealthiest





Summary

- **2 out of 5** children experienced a treatable illness in the past two weeks
- **84%** of caregivers seek treatment outside the home
 - **55%** use the private sector
 - **15%** use the public sector
 - **30%** use other sources
- **Private sector** is primary source
 - While the private sector is the main source of care, reliance on other sources is substantial
- Considerable differences in care-seeking sources by SES
 - **73%** of wealthiest versus **45%** of poorest caregivers use the private sector
 - **36%** of poorest and **17%** of wealthiest use other sources
- Clinical vs. non-clinical sources
 - Private sector: **46%** used clinical sources; **54%** used non-clinical sources
 - Public sector: **98%** used clinical sources; **2%** used non-clinical sources



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Sustaining Health Outcomes through the Private Sector (SHOPS) Plus is USAID's flagship initiative in private sector health. The project seeks to harness the full potential of the private sector and catalyze public-private engagement to improve health outcomes in family planning, HIV, child health, and other health areas. SHOPS Plus supports the achievement of U.S. government priorities, including preventing child and maternal deaths, an AIDS-free generation, and Family Planning 2020.



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