



Sources for sick child care in Nepal

One in a series of analyses by SHOPS Plus

July 2018





Purpose of this analysis

- Understand whether and where Nepali 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**

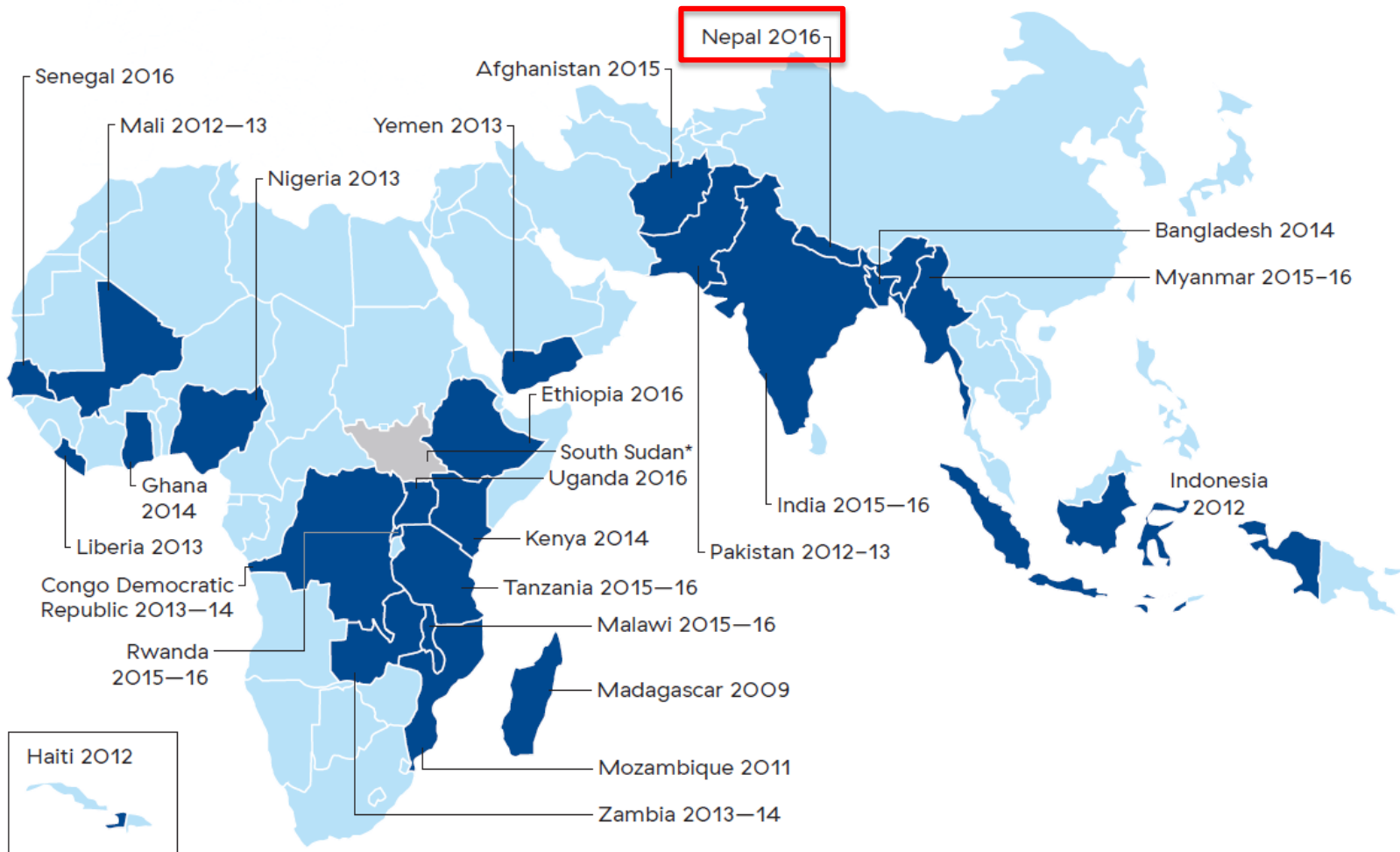


Jean-Marie Hullot



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.



Nepal 2016 DHS data: Interviews with mothers of young children



Possible Health

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 Nepal 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 Nepalese



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

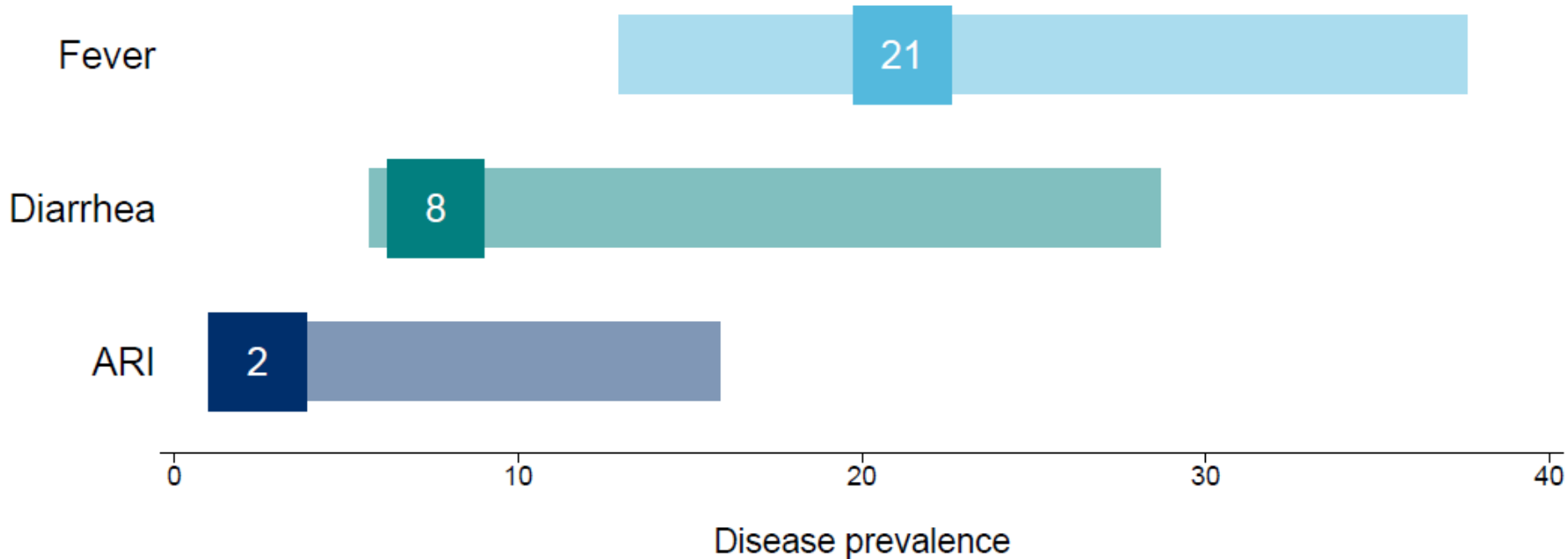




Nepal has a lower diarrhea and ARI prevalence compared to other countries in Asia

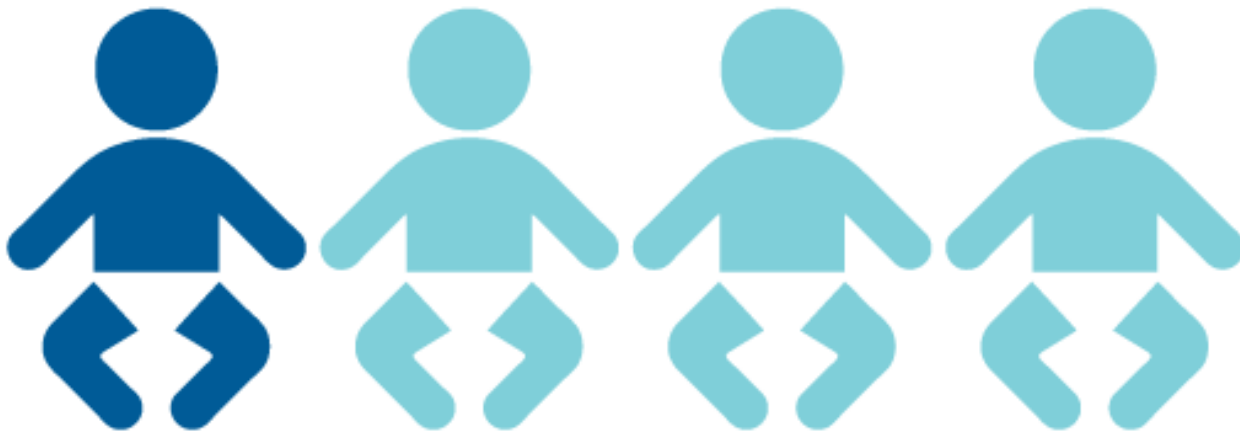
Bars show **range** across Asian USAID priority countries; squares show **Nepal**

Illness prevalence: Nepal and Asia





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



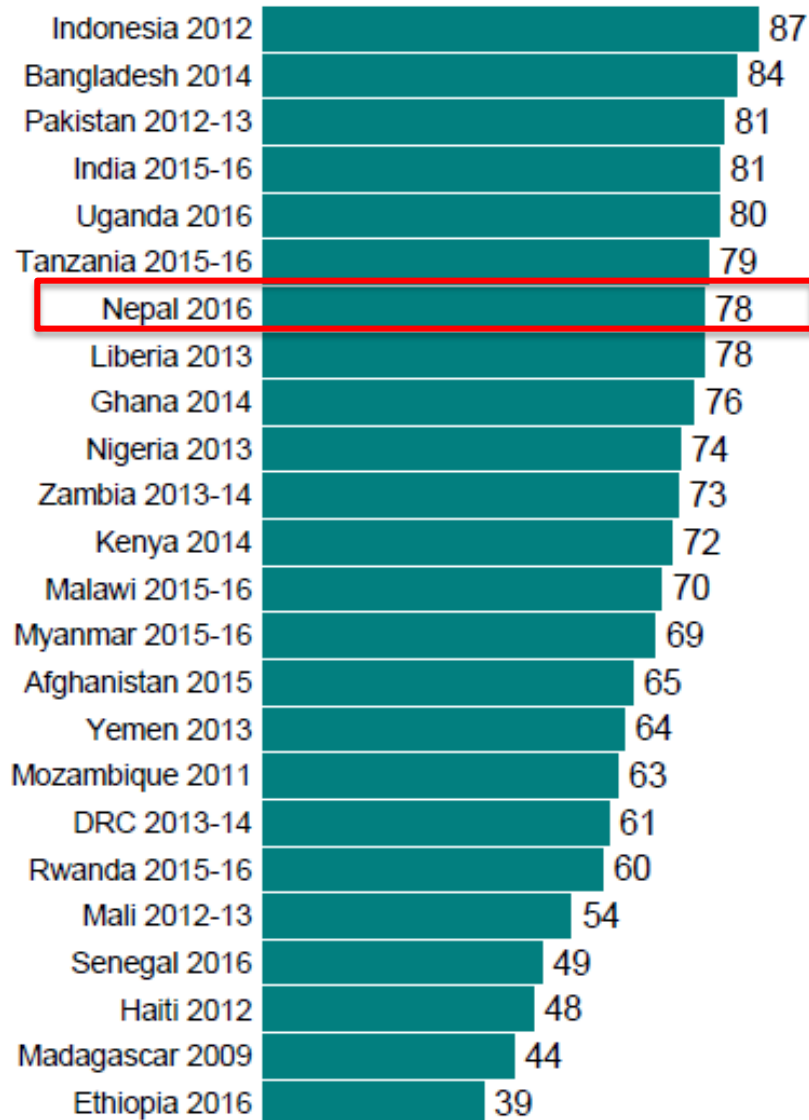


How frequently is out-of-home care sought for Nepali children with these illnesses?





Nepal has a relatively high care-seeking level compared to other USAID priority countries



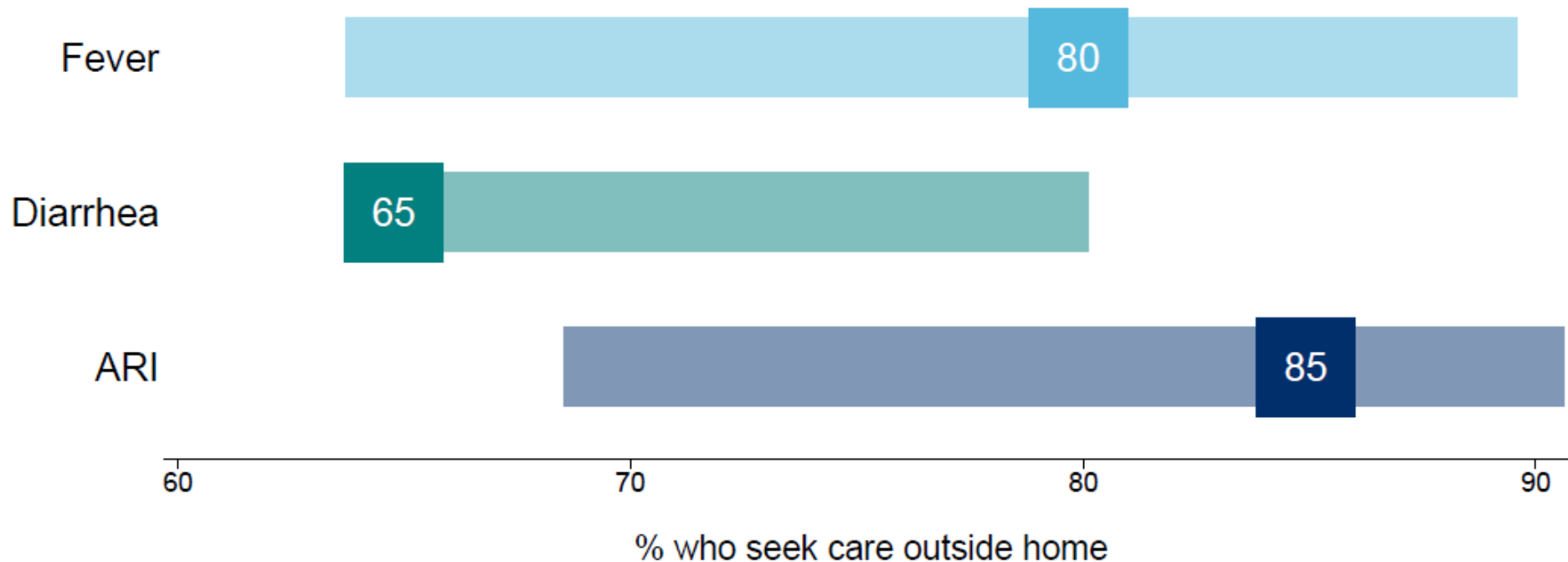
% of caregivers who seek treatment for children with any of the three illnesses in each of the 24 USAID priority countries analyzed



Nepal's care-seeking level is lower for diarrhea than for fever or ARI

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

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





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

Public, private, other



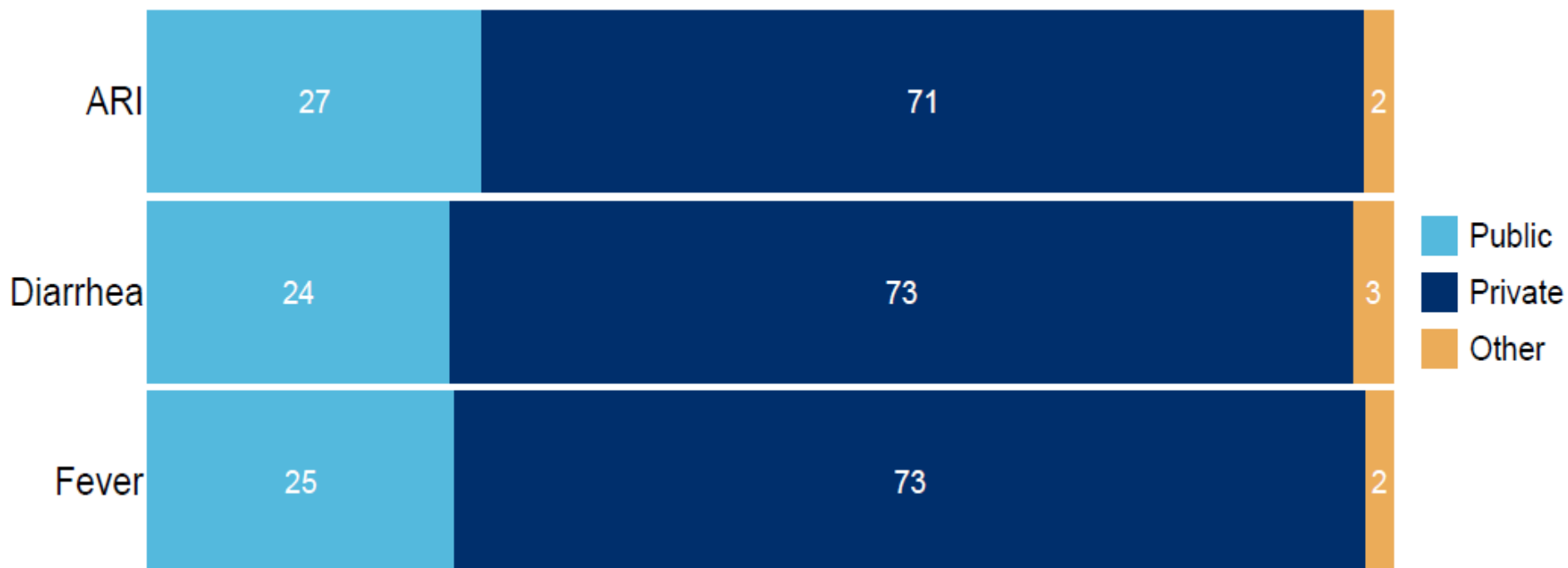


Sources of care

Public sector	Private sector	Other
<ul style="list-style-type: none">· Hospitals· Primary health care centers· Primary health care outreach clinics· Health posts· Female community health volunteers	<ul style="list-style-type: none">· Private clinics, hospitals, and nursing homes· Nongovernmental organizations· Pharmacies and shops	<ul style="list-style-type: none">· Traditional practitioners



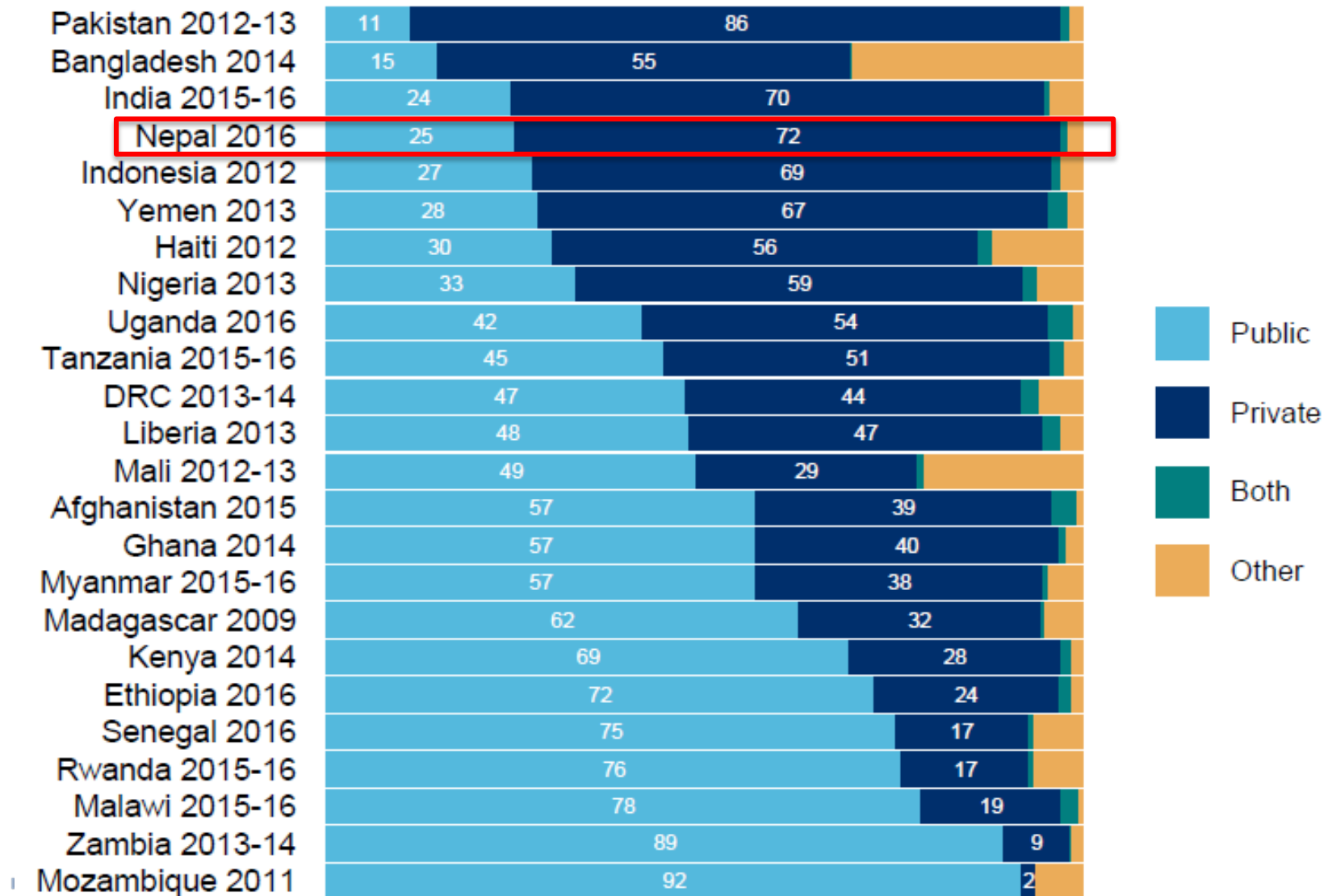
Across all three illnesses, the **private** sector is the **dominant** source of care in Nepal



Source among Nepalese who seek sick child care outside the home



Nepal's **private** sector is dominant compared to in other USAID priority countries





Among caregivers who seek sick child care outside the home, **72%** seek treatment or advice from private sector sources and **25%** from public sector sources. An additional **2%** 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· Primary health care centers· Primary health care outreach clinics· Health posts	<ul style="list-style-type: none">· Private clinics, hospitals, and nursing homes· Nongovernmental organizations
Non-clinical	<ul style="list-style-type: none">· Female community health volunteers	<ul style="list-style-type: none">· Pharmacies and shops



Clinical care is dominant in the **public** sector;
clinical and non-clinical care is split in the **private**
sector

Public sector:



Non-clinical



Private sector:

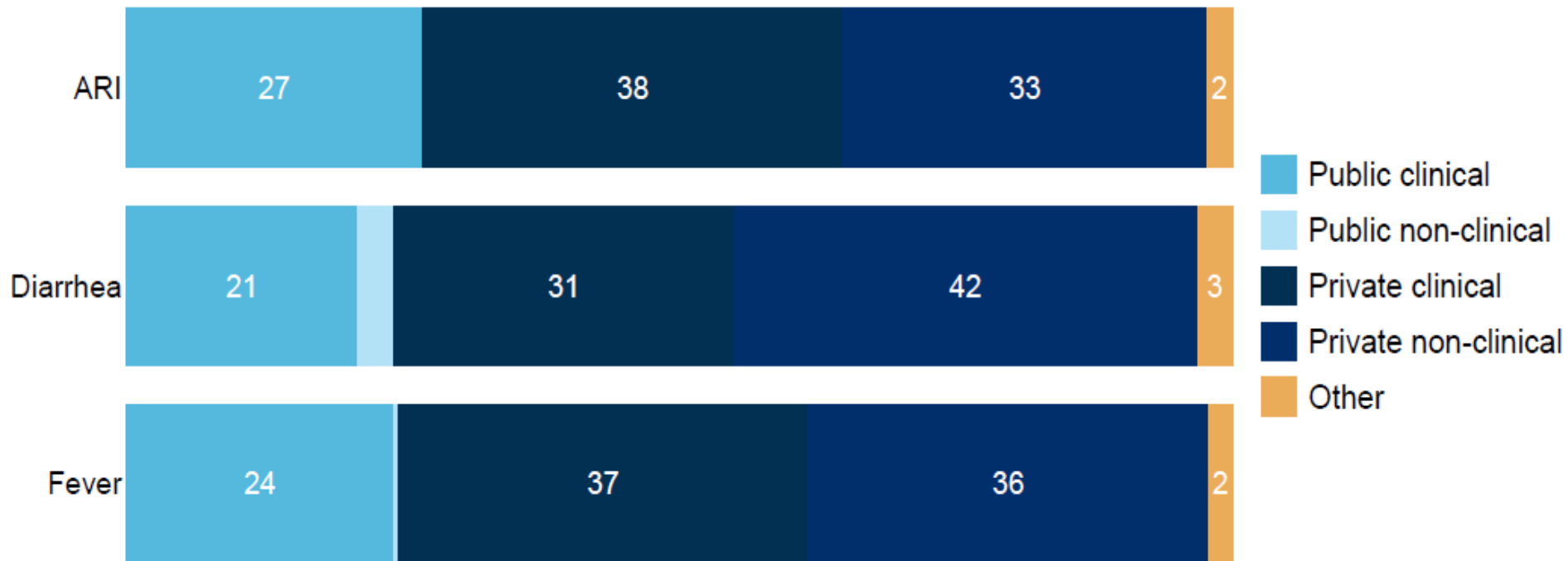


Non-clinical





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



Source among Nepalese who seek sick child care outside the home

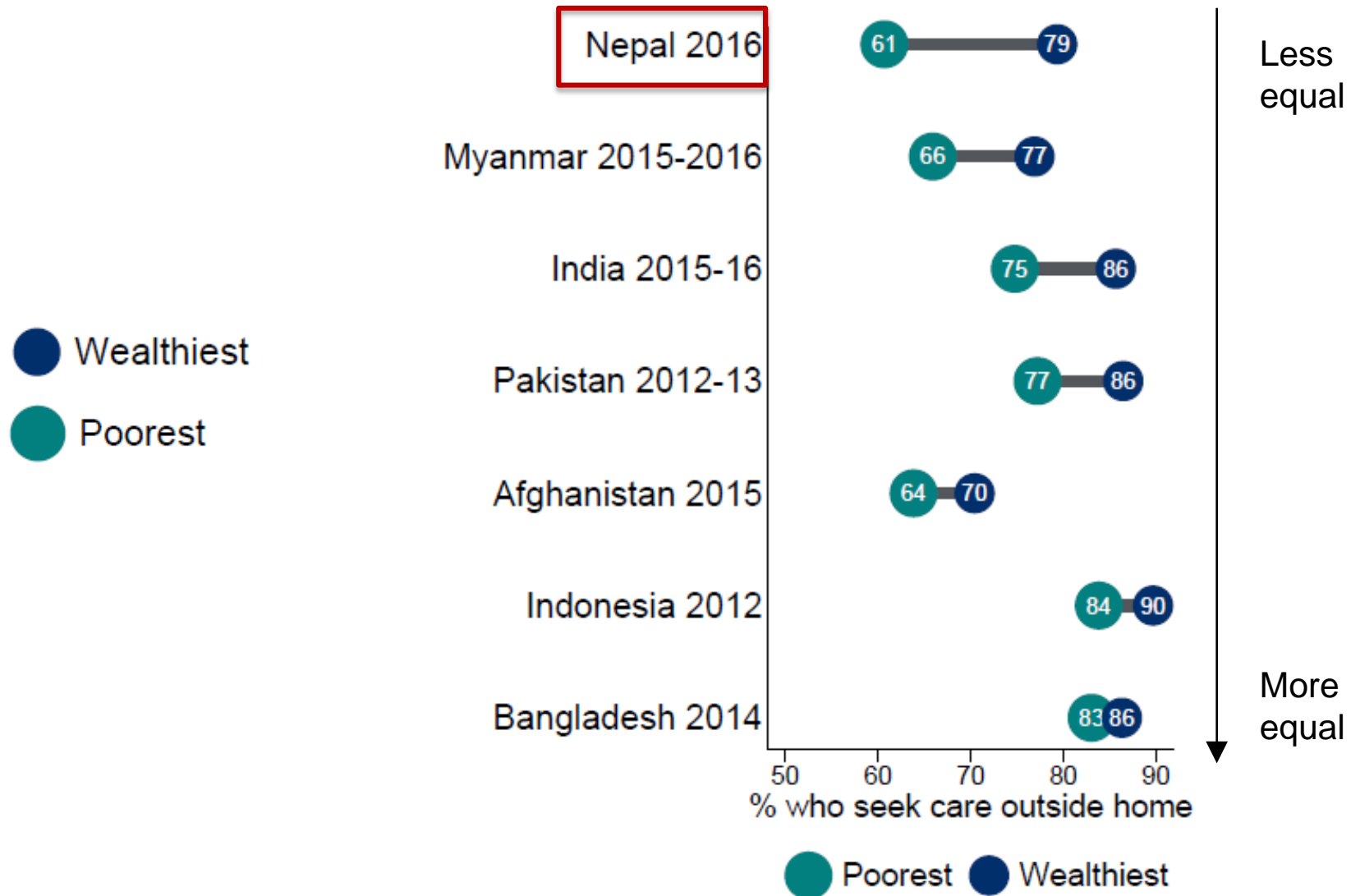


How do patterns of care-seeking vary between the poorest and wealthiest Nepalese?





Nepal's care-seeking levels are the least equitable among Asian priority countries





Private sector is dominant for **wealthiest** Nepalese; public sector is dominant for **poorest**



Source among those who seek care outside the home

Q1 = poorest

Q5 = wealthiest



Public



Private



Both



Other

Despite socioeconomic differences, private sector use is substantial for all

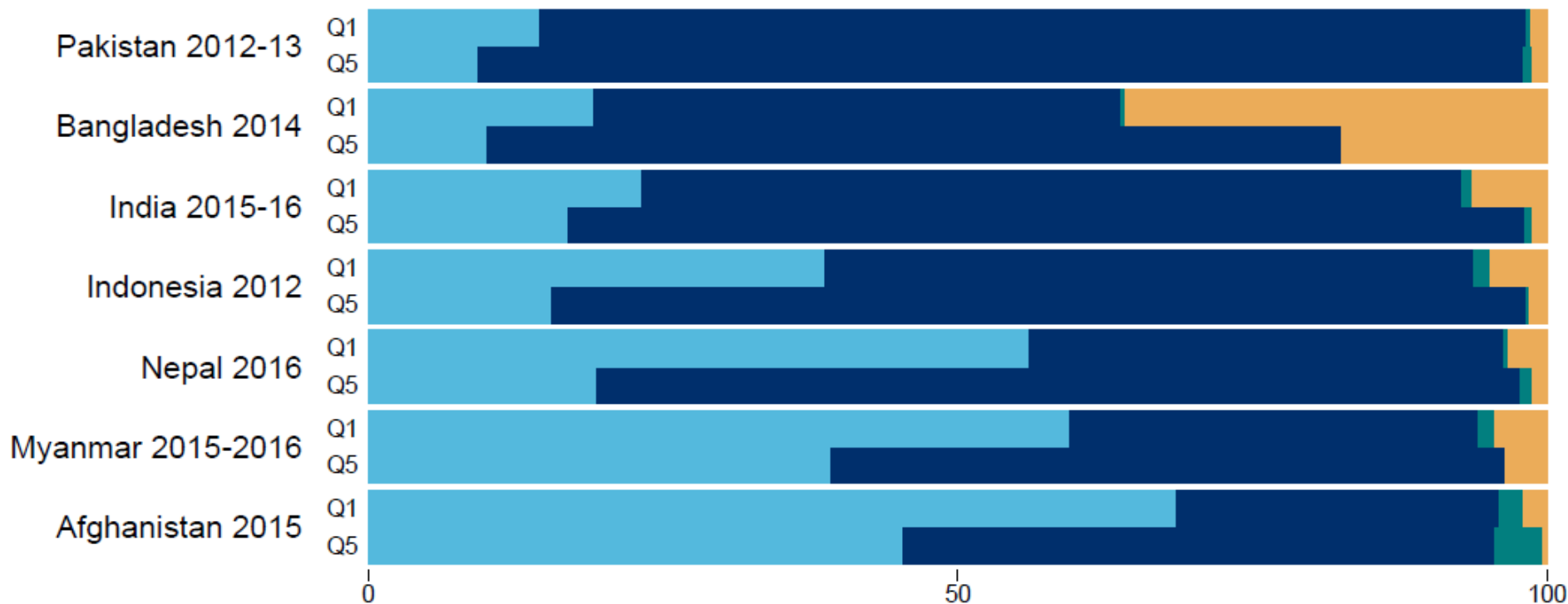
- 40% of poorest and 78% of wealthiest caregivers use private sector

Public sector use is less common among the wealthiest:

- 56% of poorest and 20% of wealthiest caregivers use public sector



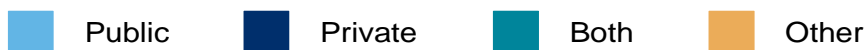
Nepal has the largest socioeconomic differences in care-seeking sources among Asian priority countries



Source among those who seek care outside the home

Q1 = poorest

Q5 = wealthiest





Summary

- **1 out of 4** children experienced a treatable illness in the past two weeks
- **78%** of caregivers seek treatment outside the home
 - **72%** use the private sector
 - **25%** use the public sector
- **Private sector** is dominant
 - Nepal has one of the **highest** levels of private sector care-seeking compared to other USAID priority countries
- Vast differences in care-seeking sources by SES
 - **20%** of wealthiest and **56%** of poorest caregivers use the public sector
 - **40%** of poorest and **78%** of wealthiest use private sources
- Clinical vs. non-clinical sources
 - Private sector: **50%** used non-clinical sources; **50%** used clinical sources
 - Public sector: **97%** used clinical sources; **3%** used non-clinical sources



Acknowledgements

These analyses were produced by:

- Sarah E.K. Bradley, Lauren Rosapep, Tess Shiras, SHOPS Plus

Thank you to:

- Cathy Clarence, Saiqa Panjsheri, Anthony Leegwater, Jennifer Mino-Mirowitz (Abt Associates)
- Malia Boggs, William Weiss, Nefra Faltas, Kerry Ross (USAID)

Please use these slides for your own purposes, with credit to SHOPS Plus



About SHOPS Plus

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.



USAID
FROM THE AMERICAN PEOPLE

For more information, visit
SHOPSPlusProject.org