SHOPS PLUS

USAID
FROM THE AMERICAN PEOPLE

Sources for Sick Child Care in Uganda

USAID

The private sector is the primary source of care in Uganda; however, care-seeking patterns vary by socioeconomic status. 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 Uganda 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

- 44% of Ugandan children and 53% of the poorest children experienced fever, acute respiratory infection symptoms, and/or diarrhea in the past two weeks.
- 80% of Ugandan caregivers seek treatment or advice outside the home, across all three illnesses.
- Uganda has a higher level of private sector care seeking (54%) compared to the average level across East and Southern African USAID priority countries (26%).
- Most private and public sector care seekers use clinical facilities.
- The wealthiest and poorest caregivers seek care outside the home in nearly equal proportions. This equitable care-seeking pattern in Uganda calls into question whether additional factors—such as quality or source of care—might contribute to different illness levels among the wealthiest and poorest children.

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 Uganda Demographic and Health Survey, 44 percent of Ugandan children under five experienced one or more of the following illnesses: fever (33 percent), symptoms of acute respiratory infection (ARI)—a proxy for pneumonia—(9 percent), and/or diarrhea (20 percent) in the two weeks prior to the survey.[1]

Out-of-home care seeking

Most caregivers in Uganda (80 percent) seek advice or treatment outside the home.[2] This care-seeking level remains consistent for children with fever (82 percent) and ARI (81 percent). Comparatively, the level is lower for diarrhea (71 percent), possibly because the illness can often be effectively managed at home. The overall care-seeking level in Uganda is the highest among East and Southern African maternal and child survival priority countries ("USAID priority countries").[3] Notably, the prevalence of the three diseases in Uganda (44 percent) is higher than the average regional prevalence (30 percent), which may explain the higher care-seeking level. Uganda is a regional leader in care-seeking behaviors and is well positioned to share best practices regarding interventions and policies to encourage care seeking for childhood diseases.

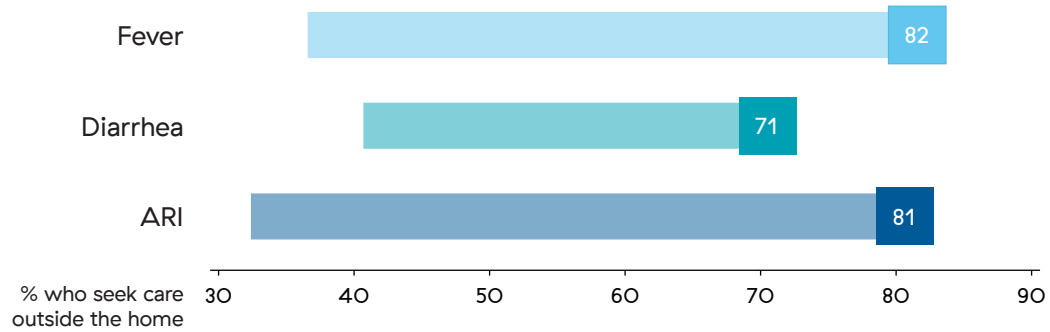
2 out of 5 children in Uganda experienced fever, ARI symptoms, or diarrhea in the last 2 weeks.

Sources of care

The private sector is the primary source of sick child care in Uganda. Among caregivers who seek treatment or advice outside their homes, 54 percent use private sector sources and 42 percent use public sector sources. This stands in contrast to regional averages among East and Southern African USAID priority countries, where 70 percent use the public sector and 26 percent use the private sector. Very few caregivers (3 percent) seek care from both the public and private sectors. The majority of public (99 percent) and private (73 percent) sector care seekers use clinical facilities like hospitals or clinics, rather than seeking care from a community health worker, pharmacy, 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. Uganda's care-seeking levels are among the highest in East and Southern Africa

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

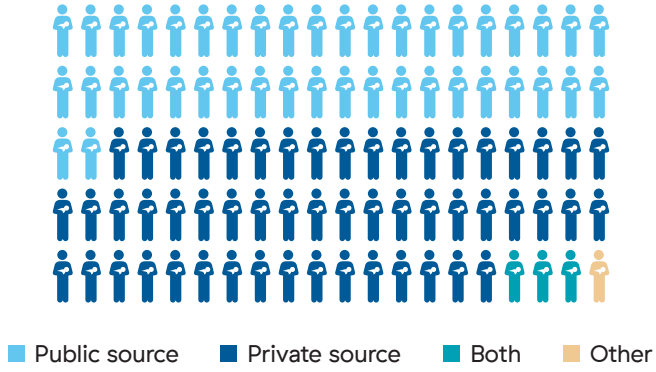


[1] All Demographic and Health Survey data used in this analysis are reported by mothers who were asked if their children under age five experienced fever, ARI symptoms, or diarrhea in the two weeks before the interview. These data do not report whether children recently had pneumonia or malaria because 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, outreach/mobile clinics; community health workers and village health teams), private sources (clinics, hospitals, mobile clinics, and doctors; field workers and private village health teams; shops, markets and itinerant drug sellers), and other sources (traditional practitioners). 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 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, 42% seek treatment or advice from public sector sources and 54% from private sector sources.



Equity in illness prevalence and care seeking

In Uganda, the burden of fever, ARI symptoms, and/or diarrhea in the poorest households is greater than in the wealthiest households (53 percent versus 33 percent, respectively). However, the poorest and wealthiest children in Uganda who experience one of these illnesses are equally likely to receive treatment (80 percent and 83 percent, respectively). This equitable care-seeking pattern in Uganda calls into question whether additional factors, such as quality or source of care, may contribute to different illness rates among the wealthiest and poorest children.

Figure 2. Uganda has equitable care-seeking levels between the poorest and wealthiest caregivers

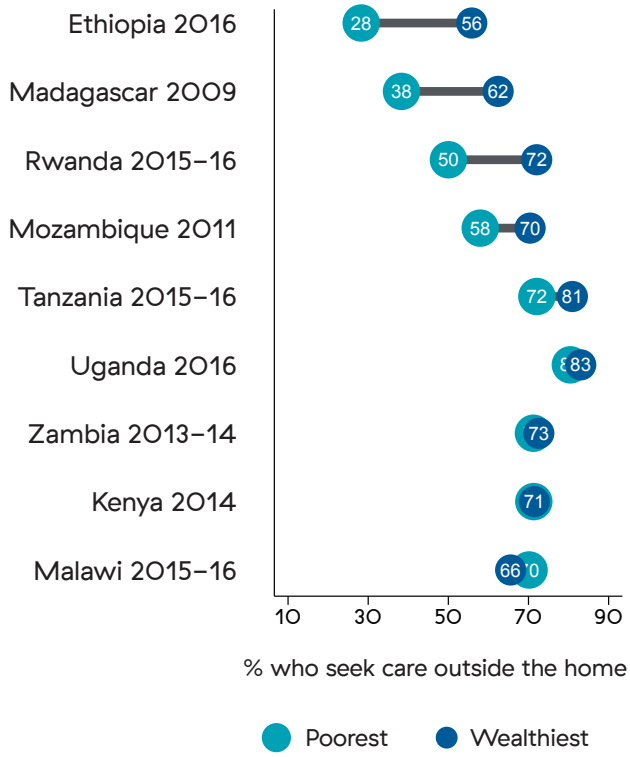
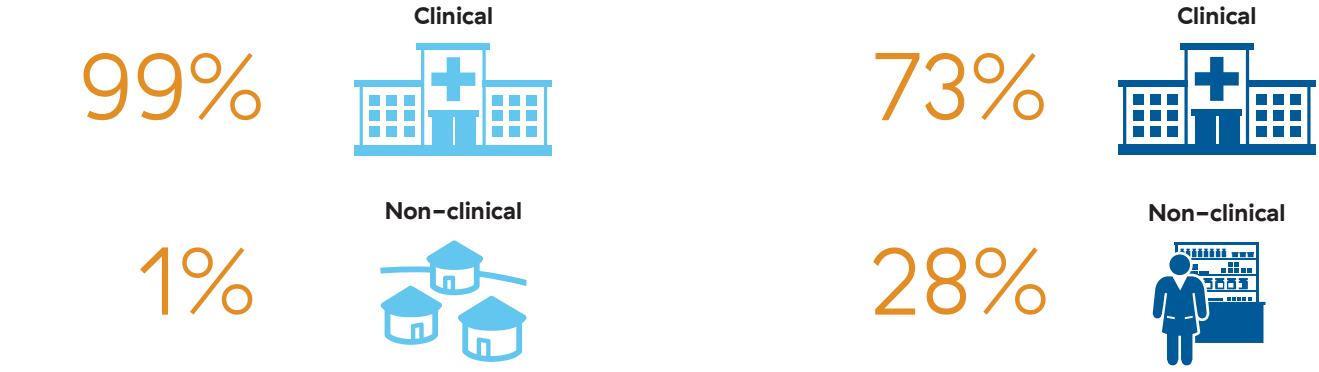


Figure 3. Most public and private sector clients go to clinical sources



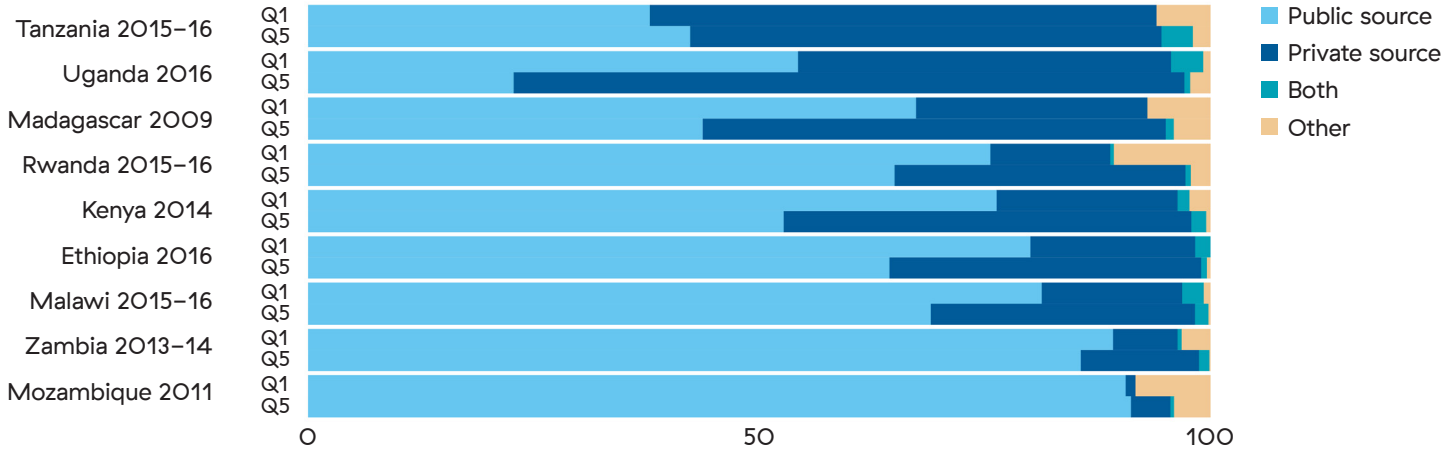
Note: Use of private clinical sources and private non-clinical sources sums to 101%, as some private sector care seekers use both types of sources.

Sources of care categories

Public sector: Hospitals, health centers, outreach/mobile clinics; community health workers and village health teams
Private sector: Clinics, hospitals, mobile clinics, and doctors; field workers and private village health teams; shops, markets and itinerant drug sellers
Other: Traditional practitioners

The majority of care outside the home for sick children is accessed from the private sector. However, this pattern varies by socioeconomic status. Caregivers from the wealthiest quintile of the Ugandan population are much more likely to seek care from a private sector source (74 percent) than caregivers from the poorest quintile (41 percent) and are less likely to seek care from a public sector source (23 percent) than caregivers from the poorest quintile (54 percent). However, the poorest caregivers in Uganda are still more likely to seek care from the private sector than the poorest caregivers from most other East and Southern African USAID priority countries.

Figure 4. Uganda has high private sector use compared to its neighbors



Q1: Poorest, Q5: Wealthiest

Conclusion

Fever, ARI, and diarrhea are extremely common illnesses in Uganda, affecting 44 percent of all children and more than half of the poorest children. Seeking advice or treatment outside the home is frequent; Uganda has the highest care-seeking level among USAID priority countries in the region. Despite the socioeconomic disparity in childhood illness prevalence, care is sought at approximately the same levels for children from the poorest and wealthiest households. This equitable care-seeking pattern in Uganda calls into question whether additional factors, such as quality or source of care, might contribute to different illness levels among the wealthiest and poorest children. The poorest caregivers seek care from the public and private sectors in fairly equal proportions, while the wealthiest caregivers are much more likely to seek care from the private than the public sector. The majority of caregivers using either the private or public sector seek treatment from clinical sources. These factors should be taken into account when designing programs to meet the needs of sick children in Uganda.

Find Us

SHOPSPlusProject.org

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.

Abt Associates Inc.
6130 Executive Boulevard
Rockville, MD 20852 USA
Tel: +1.301.347.5000

July 2018