

Saving Children through Increased Access to Care: The Transformational Power of Data



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Introduction

Why do sources of sick child care matter?

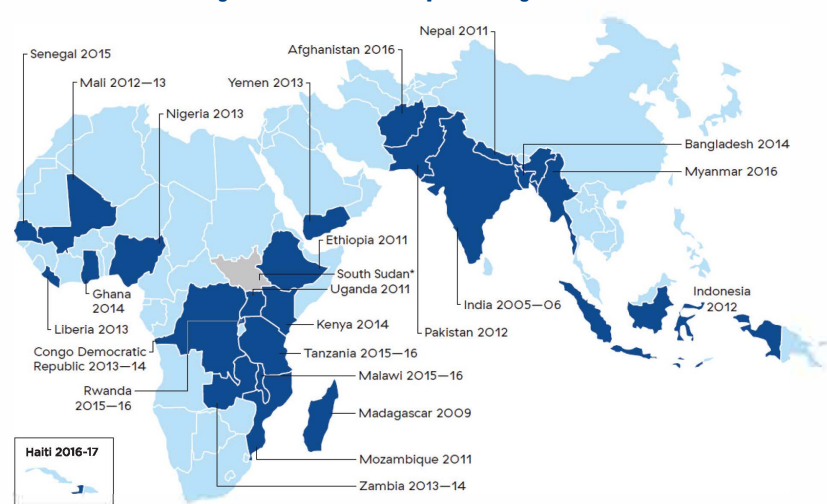
Understanding if and where sick children are taken for care is critical to:

- Improve case management interventions
- Develop more sustainable programs using a total market approach
- Make data-driven decisions
- Inform programs and policies to end preventable child deaths and improve caregivers' well-being

How do you engage with stakeholders to use data and drive change?

- Collaborate with country partners to review, interpret, and disseminate data
 - Develop local ownership of the research
 - Ensure interpretation is locally relevant
- Dive deep: Meet with stakeholders one-on-one to discuss data application in the country context
 - Improve data comprehension
 - Empower stakeholders to advocate for results
- Disseminate findings at country level in visually-appealing, accessible, easy-to-use formats

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



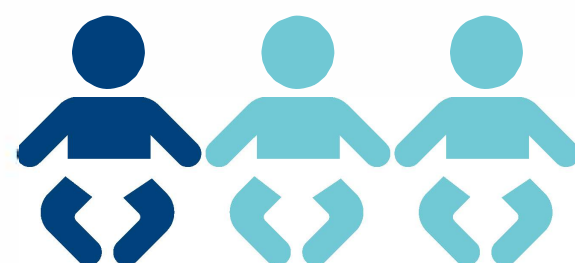
*No DHS data are available for South Sudan

Research questions

1. How frequently do children in priority countries experience fever, ARI symptoms, and/or diarrhea?
 - These three illnesses are leading causes of death among children under five in the 24 priority countries
2. How frequently is out-of-home care sought for children with these illnesses?
3. Among those who seek out-of-home care, what are the sources (public, private, other)?
4. How do patterns of care seeking vary by socioeconomic status?

Results

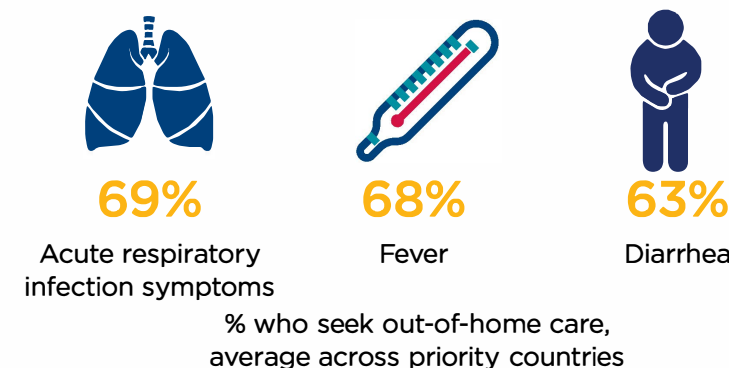
On average across the 24 priority countries, **1 out of 3** children experienced a treatable illness in the last 2 weeks



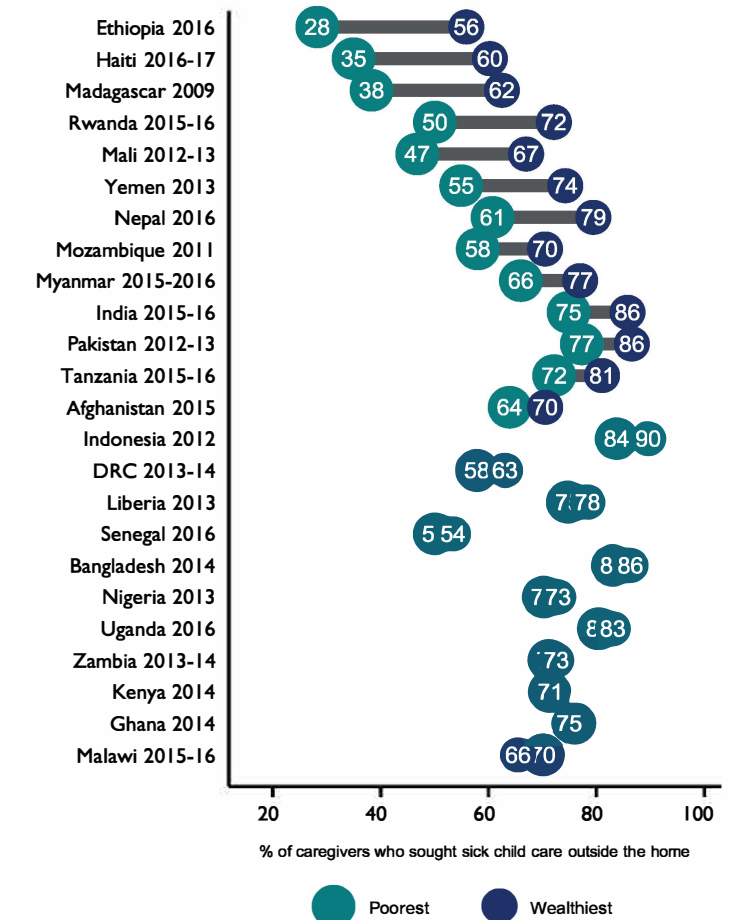
On average across the 24 countries and among caregivers who sought care, **42%** went to a private source and **51%** to a public source



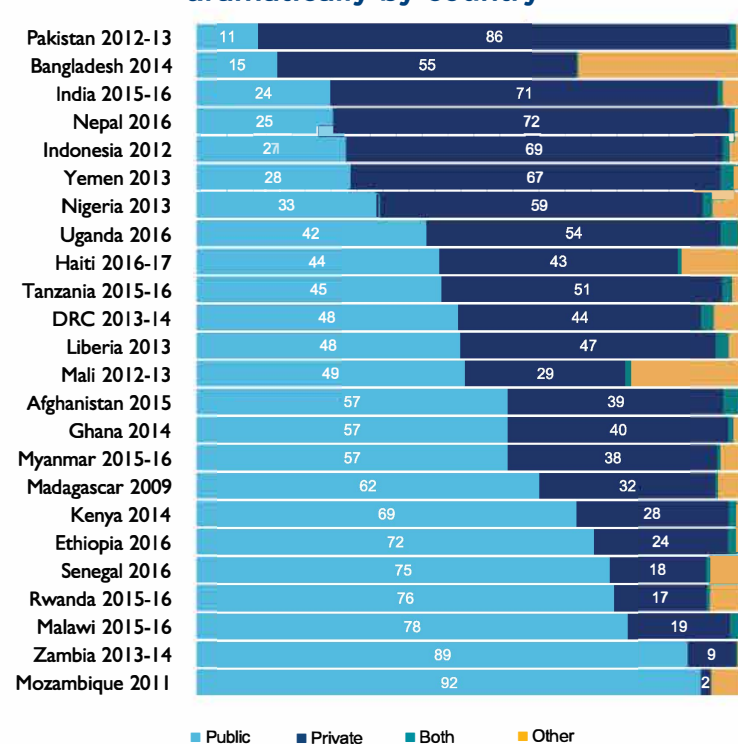
Out-of-home care seeking does not vary substantially by illness



In many countries, the wealthiest families seek care at a higher level than the poorest families



Sources of care vary dramatically by country



Advocacy Impact

How are countries using results to advocate for improvements in child health?

- To identify **inequities** in sick child care and inform program decisions to reach the **poorest and most vulnerable** families
- To better **target resources** based on a deeper understanding of current source patterns
- To inform **training and capacity development** programs to enhance access and quality of care
- To advocate for the complementarity of both public and private sources of care to promote **efficiency, equity, accessibility, and sustainability**

Examples from the field

"Haiti has particularly low care-seeking levels, and the data showed us that the private sector is a really important source of sick child care. We needed to pursue options to increase care seeking levels. Now, SHOPS Plus is partnering with a commercial manufacturer to support the launch of an ORS/zinc co-pack in the private sector."

- SHOPS Plus Haiti Team Member

"In India, it's surprising that even 70% of the poorest seek care from the private sector...Our understanding was that amongst the poor, the public sector was dominant. But, this data shows us that poor also get care from the private sector. This gives us a clue about improving the care in the private sector."

- USAID India Representative

"One key thing...is advocating for expanding health financing options to deliver services. These results show that the private sector has a big role in delivering services, and the government needs to put in more effort to ensure that they strengthen the private [sector] equally to the public sector...These results give us a powerful tool to advocate for a comprehensive health financing strategy."

- USAID Uganda Representative

Resources to continue the advocacy dialogue

- 24 country briefs and slide decks
 - Available at SHOPSPlusProject.org
- Private Sector Counts (see below)
 - Interactive website to visualize the data by illness, country, and demographics
 - Available at PrivateSectorCounts.org

Methodology

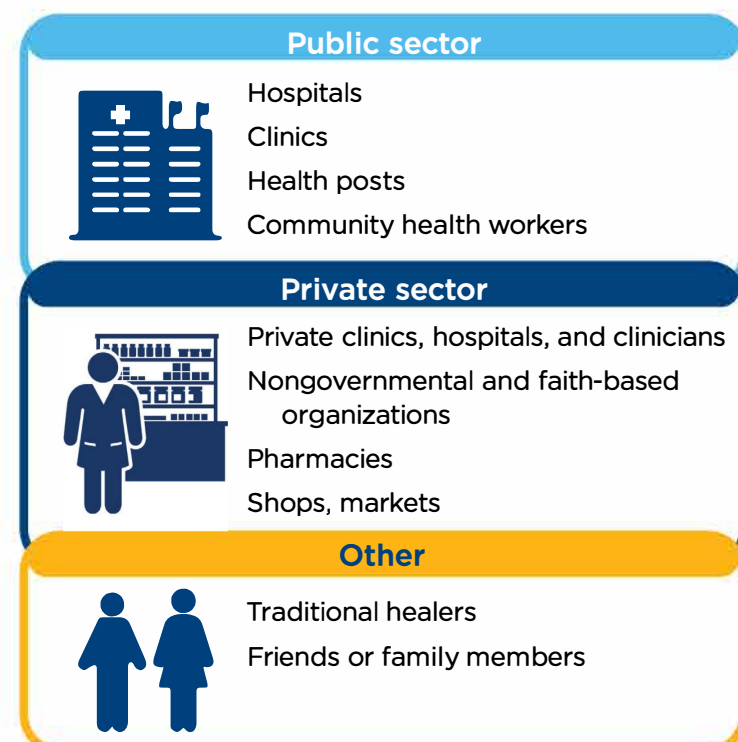
Data: DHS interviews with mothers of young children

In DHS surveys, mothers of children under age 5 are asked:

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



Sources of care



References

Bradley, Sarah E. K., Lauren Rosapep, and Tess Shiras. 2017. Sources for Sick Child Care in 24 USAID Priority Countries. Brief, Bethesda, MD: Sustaining Health Outcomes through the Private Sector Plus Project, Abt Associates.
ICF. 2004-2017. Demographic and Health Surveys (various) [Datasets]. Funded by USAID, Rockville, Maryland: ICF [Distributor].
World Health Organization. 2018. MCEE-WHO methods and data sources for child causes of death 2000-2016.

Summary of findings across 24 USAID priority countries

- **1 out of 3** children experienced a treatable illness in the last two weeks
- **67%** of caregivers seek treatment outside the home
- **51%** of caregivers use the public sector and **42%** use the private sector
- Source patterns vary substantially by country, and each country tells its own story

