

Sources for sick child care in *Rwanda*

One in a series of analyses by SHOPS Plus

July 2018





Purpose of this analysis

- Understand whether and where Rwandan 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**

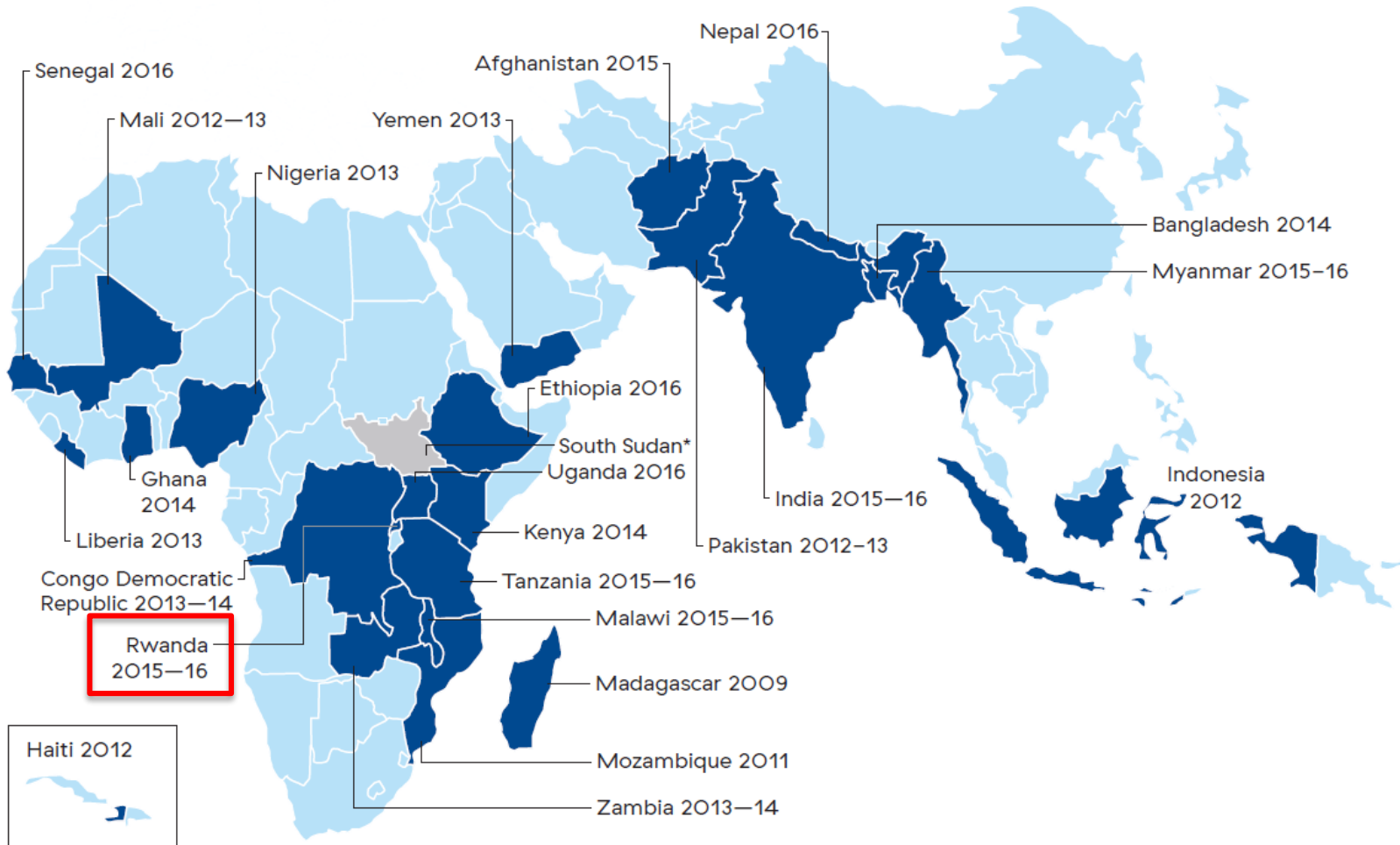


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Demographic and Health Survey (DHS) data analyzed from 24 priority countries

USAID priority countries analyzed using Demographic and Health Survey data



*No DHS data are available for South Sudan.



Rwanda 2015-16 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 Rwanda 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 East and Southern Africa region
 - c) Wealth quintile: poorest and wealthiest Rwandans



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

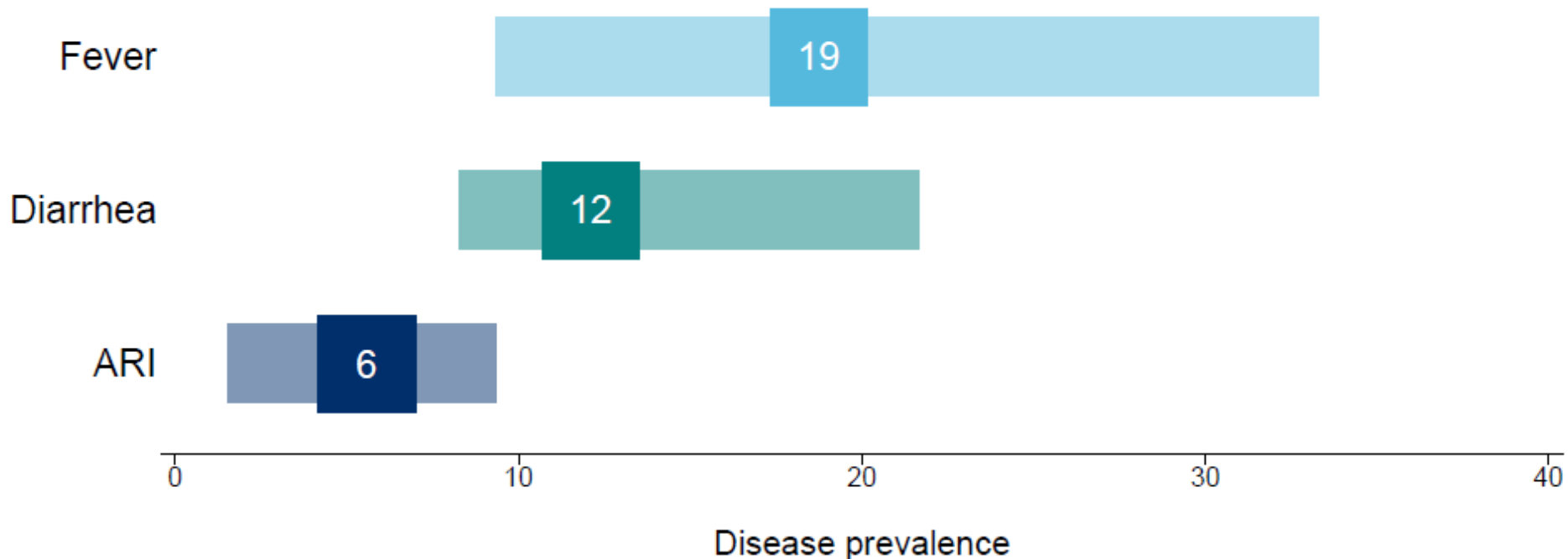




Rwanda's childhood disease prevalence is mid-range among countries in East and Southern Africa

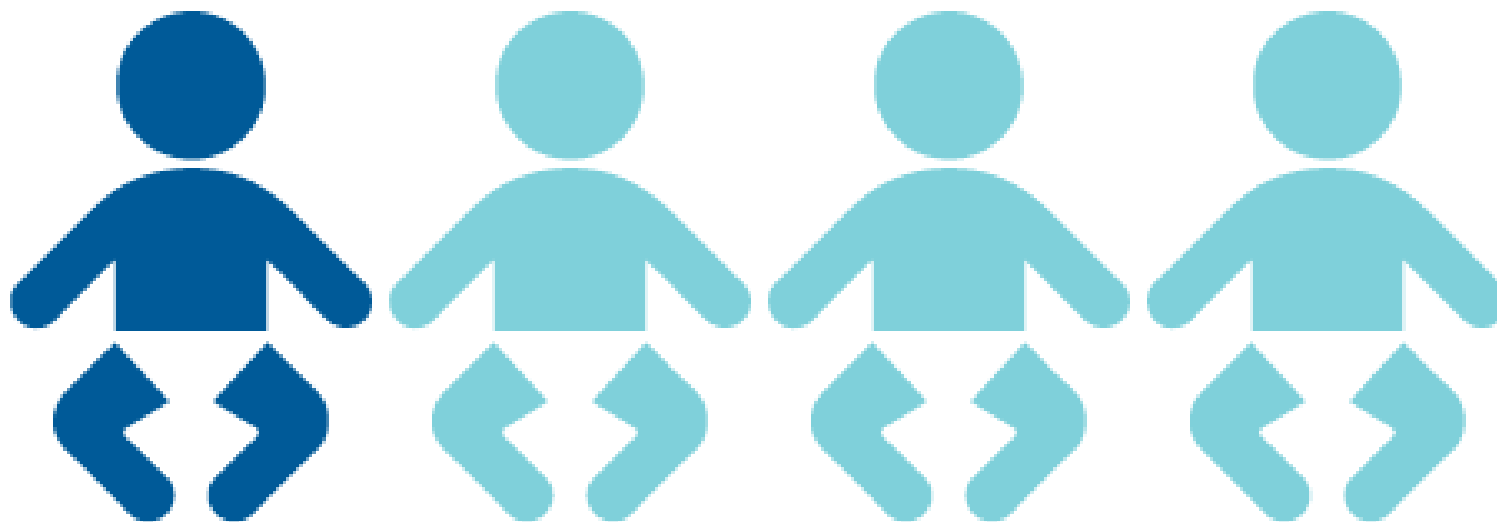
Bars show **range** across East and Southern African USAID priority countries; squares show **Rwanda**

Illness prevalence: Rwanda and East and Southern Africa





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



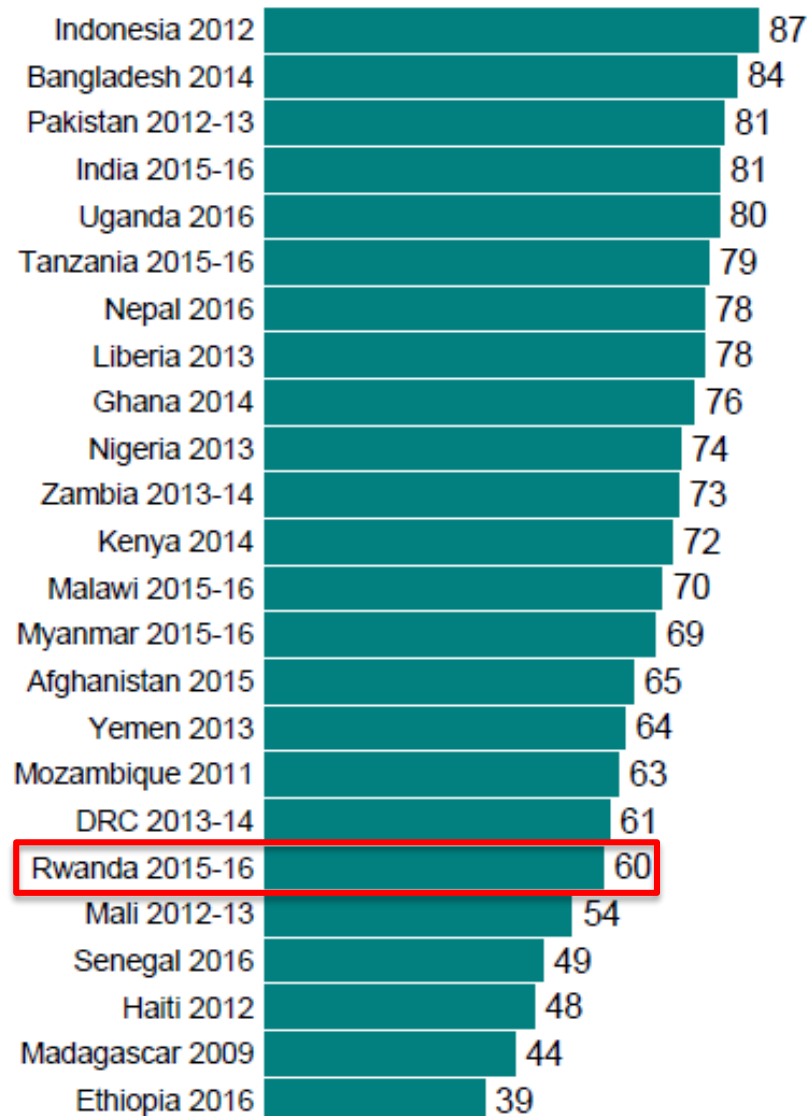


How frequently is out-of-home
care sought for Rwandan
children with these illnesses?





Rwanda's care-seeking level is low compared to in most other USAID priority countries



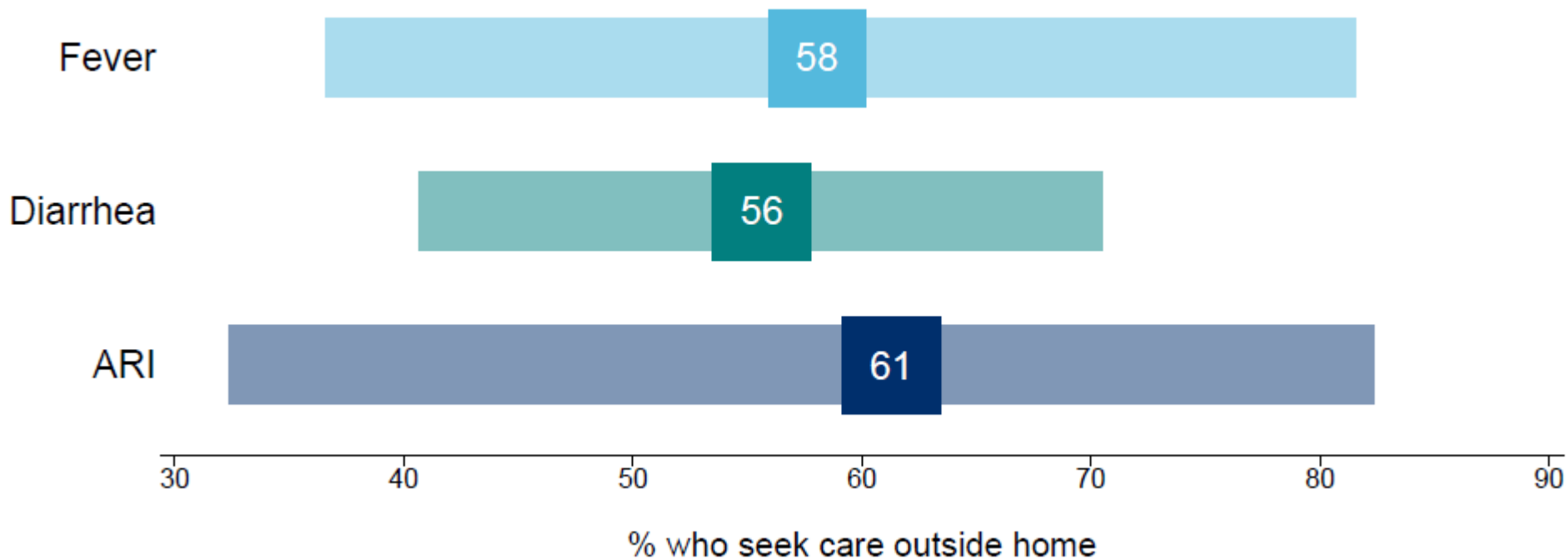
% of caregivers who seek treatment for children with any of the three illnesses in each of the 24 USAID priority countries analyzed



Rwanda's care-seeking levels are mid-range compared to among its neighbors

Bars show **range** across East and Southern African USAID priority countries; squares show **Rwanda**.

Caregivers who seek care outside the home: Rwanda and East and Southern Africa





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

Public, private, other



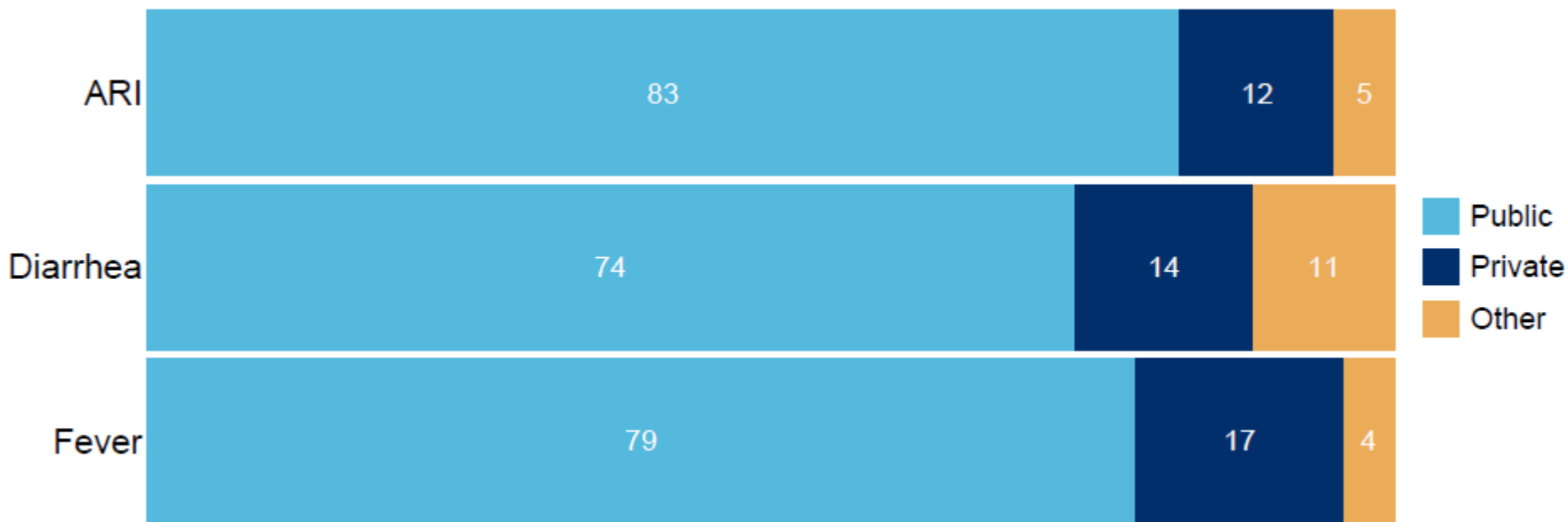


Sources of care

Public sector	Private sector	Other
<ul style="list-style-type: none">· Hospitals, health centers, and health posts· Community health workers	<ul style="list-style-type: none">· Private clinics, hospitals, doctors, and polyclinics· Faith-based organizations· Pharmacies, shops, kiosks, and dispensaries	<ul style="list-style-type: none">· Traditional healers· Friends and relatives



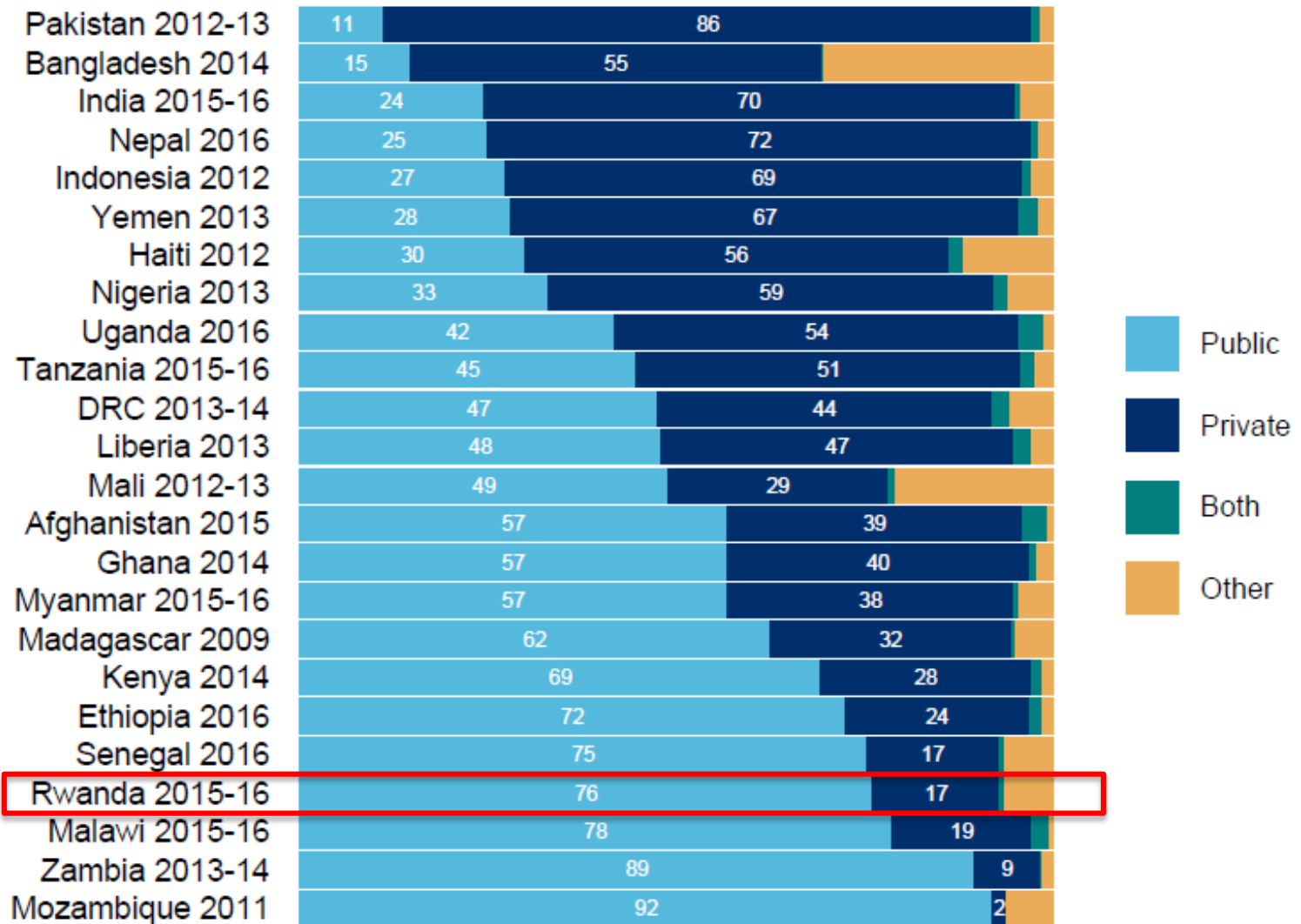
Across illnesses, the **public** sector is the **dominant** source of care in Rwanda



Source among Rwandans who seek sick child care outside the home

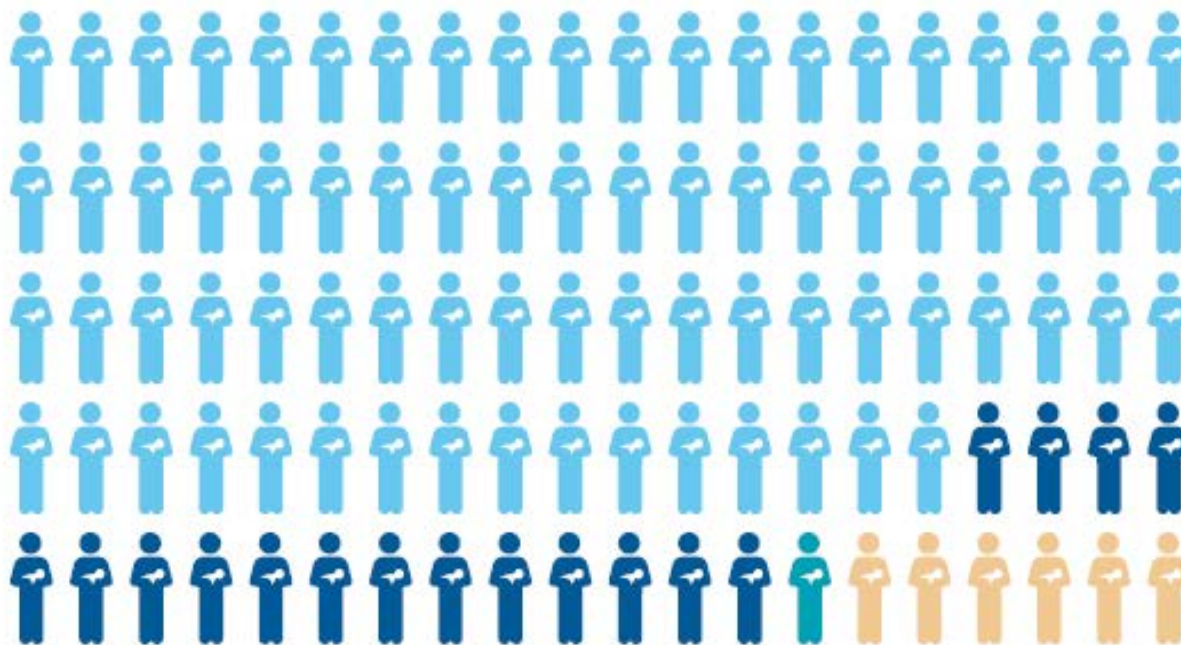


Rwanda has high **public sector** use compared to other USAID priority countries





Among caregivers who seek sick child care outside the home, **17%** seek treatment or advice from private sector sources and **76%** from public sector sources. An additional **6%** use other sources.



■ Public source ■ Private source ■ Both ■ Other



Sources of care: Clinical versus non-clinical





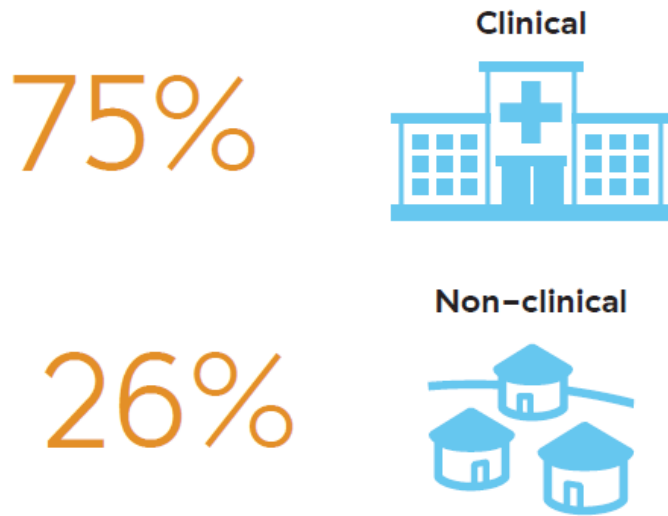
Sources of care: Clinical and non-clinical

	Public sector	Private sector
Clinical	<ul style="list-style-type: none">· Hospitals· Health centers· Health posts	<ul style="list-style-type: none">· Private clinics, hospitals, doctors, polyclinics· Faith-based organizations
Non-clinical	<ul style="list-style-type: none">· Community health workers	<ul style="list-style-type: none">· Pharmacies, shops, kiosks, and dispensaries

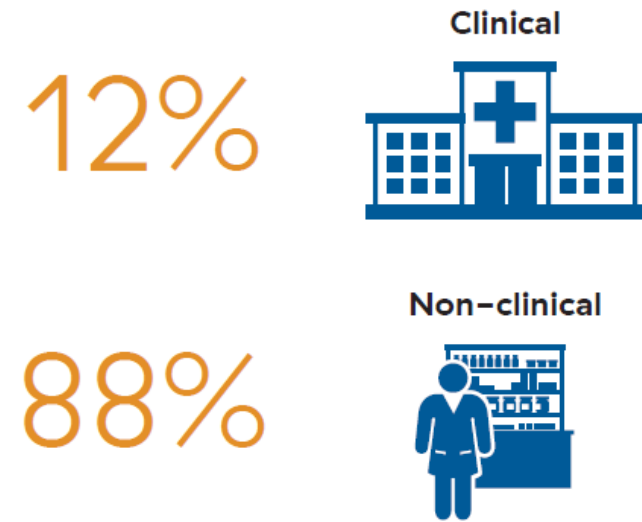


Most **public sector** care-seekers use **clinical** care; **private sector** care-seekers use **non-clinical** sources

Public sector:



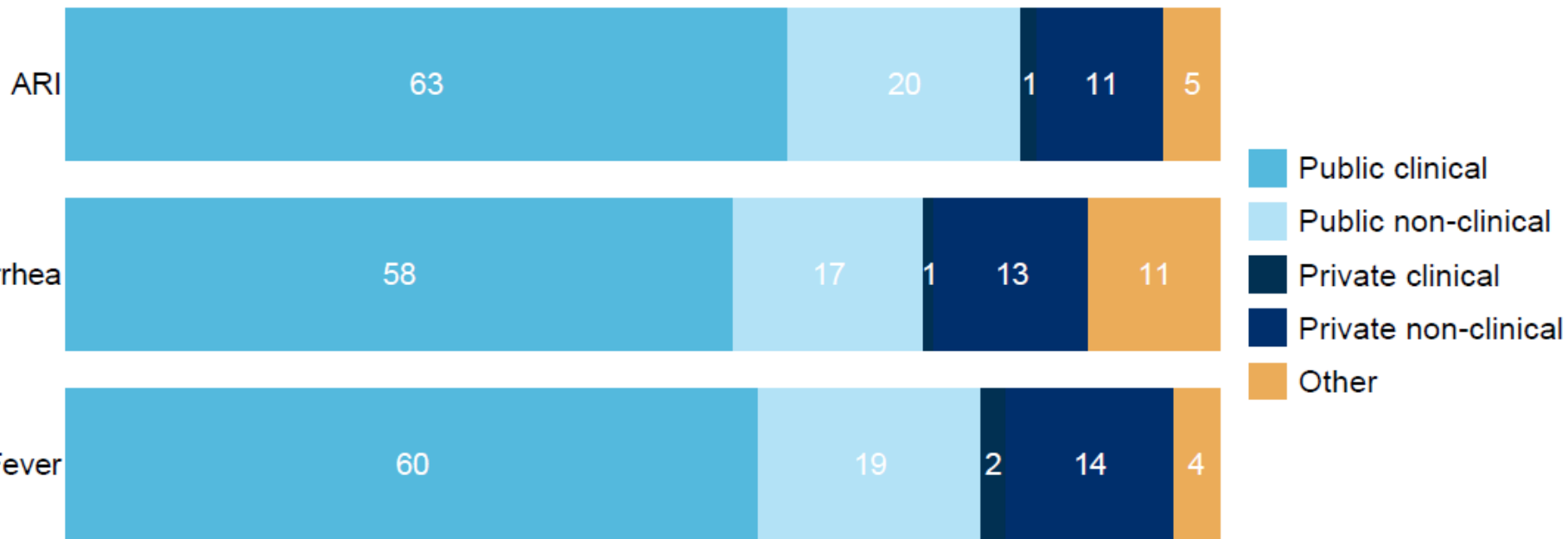
Private sector:



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



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



Source among Rwandans who seek sick child care outside the home

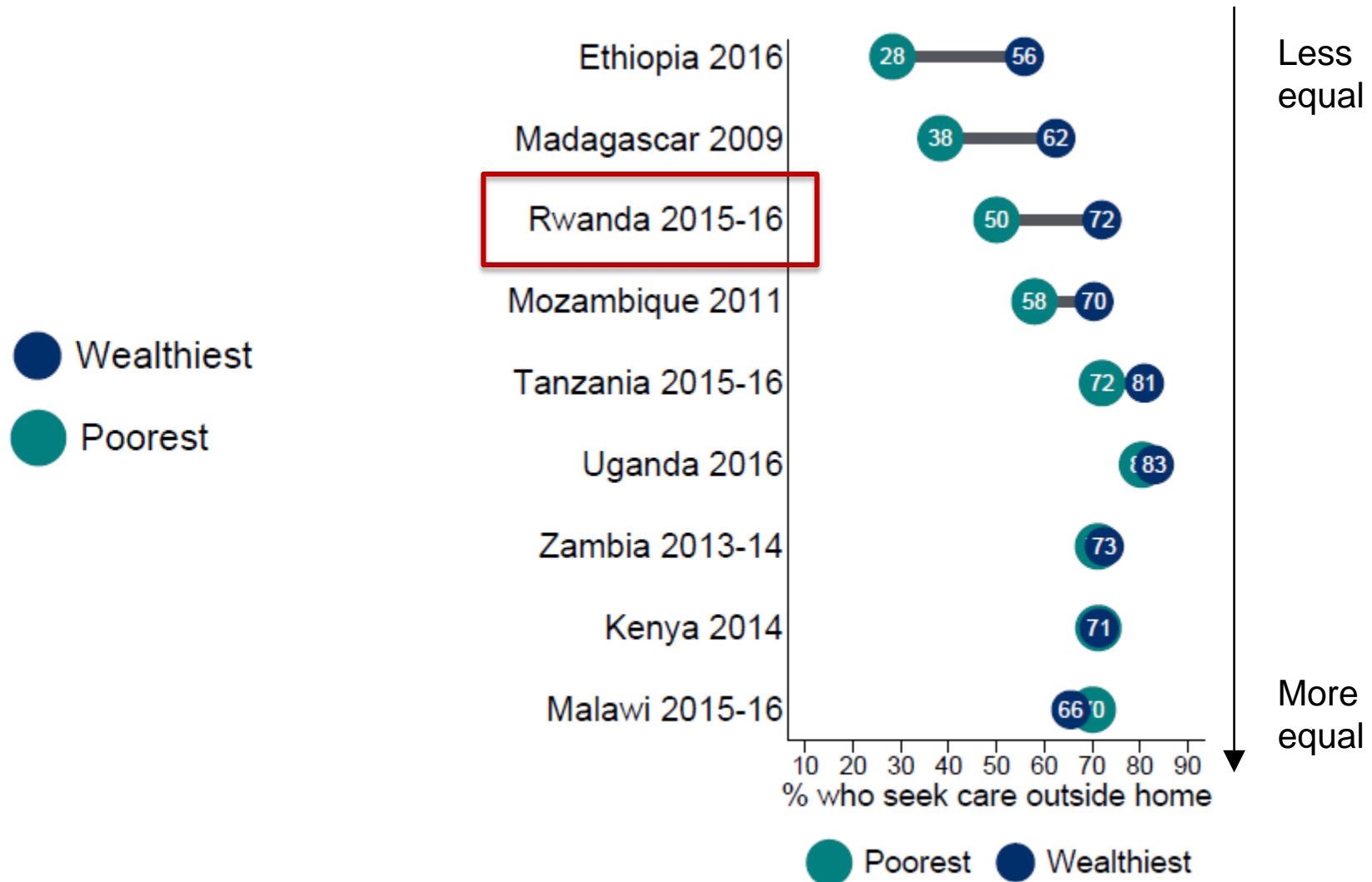


How do patterns of care-seeking vary between the poorest and wealthiest Rwandans?





Rwanda has a substantial disparity in care-seeking levels





Care-seeking sources in Rwanda vary somewhat by **income level**



Source among those who seek care outside the home

Q1 = poorest

Q5 = wealthiest



Public



Private



Both



Other

In Rwanda, the public sector is dominant across income levels:

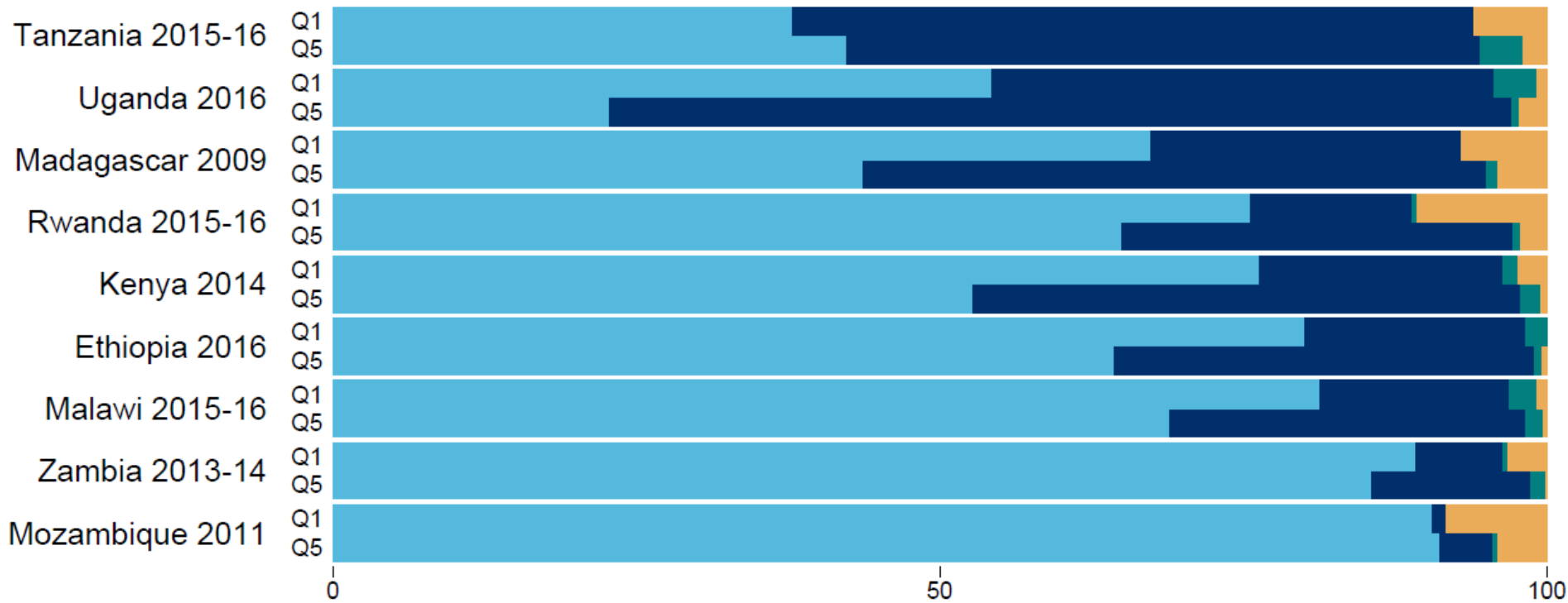
- 76% of poorest and 65% of wealthiest caregivers use the public sector

Private sector use is higher for the wealthiest:

- 32% of wealthiest and 13% of poorest caregivers use the private sector



As with many of its neighbors, public sector use is dominant in Rwanda across income levels



Source among those who seek care outside the home

Q1 = poorest
Q5 = wealthiest

Public Private Both Other



Summary

- **1 out of 4** children experienced a treatable illness in the past two weeks
- **60%** of caregivers seek treatment outside the home
 - 50% of the poorest seek care
 - 72% of the wealthiest seek care
- **Public sector** is primary sources of care
 - **76%** use the public sector
 - **17%** use the private sector
- Sources of care vary somewhat by income level
 - **76%** of the poorest and **65%** of the wealthiest use the public sector
 - **13%** of poorest and **32%** of wealthiest use private sources
- Clinical vs. non-clinical sources
 - Public sector: **75%** use clinical sources; **26%** use non-clinical sources
 - Private sector: **12%** use clinical sources; **88%** use 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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