



Sources for sick child care in the Democratic Republic of Congo

One in a series of analyses by SHOPS Plus

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Neil Palmer CIAT



Purpose of this analysis

- Understand whether and where Congolese 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**

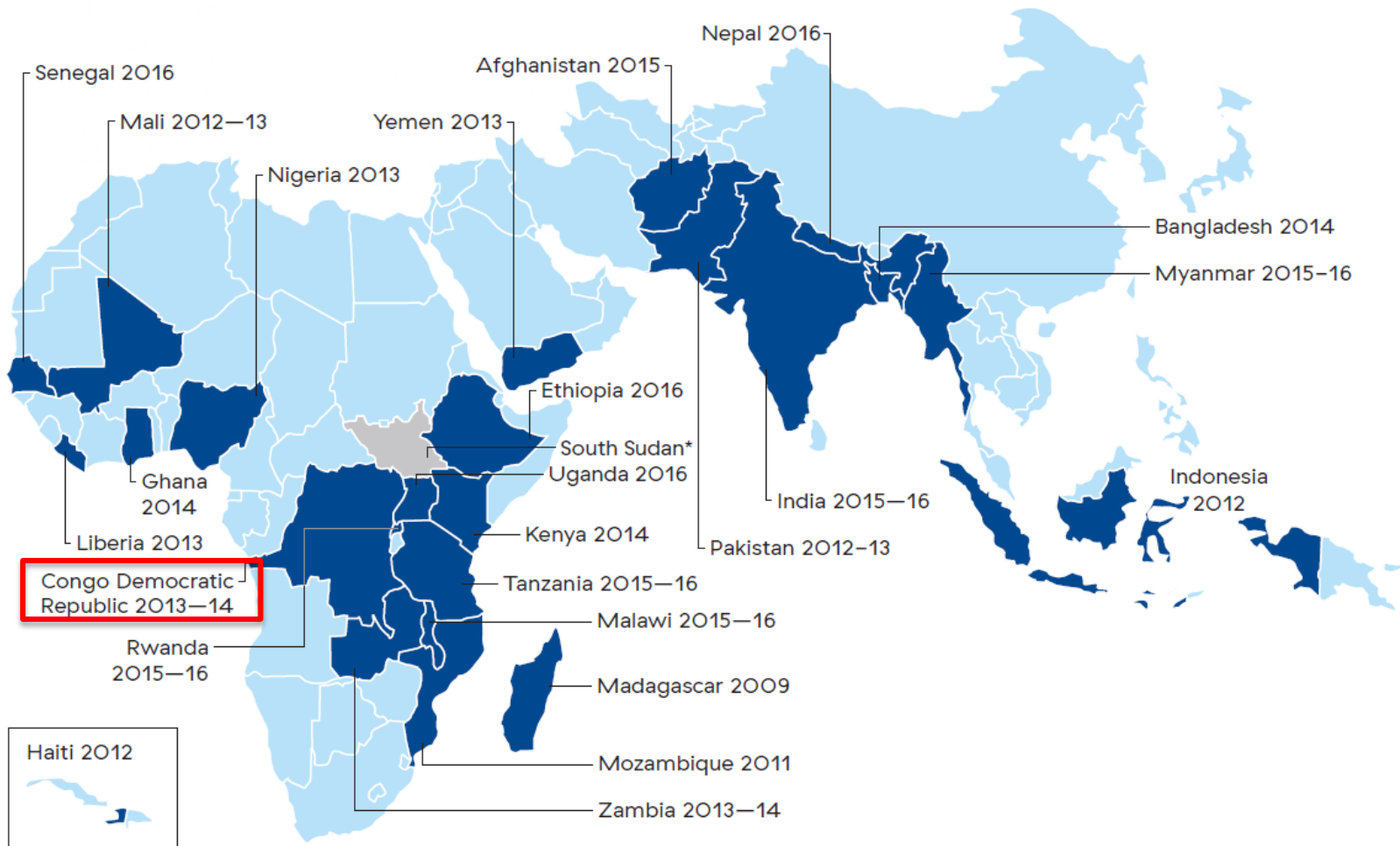


Trocaire Astrid de Valon



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.



DRC 2013-14 DHS data: Interviews with mothers of young children



Neil Palmer – CIAT

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 the DRC 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 West and Central Africa region
 - c) Wealth quintile: poorest and wealthiest Congolese



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

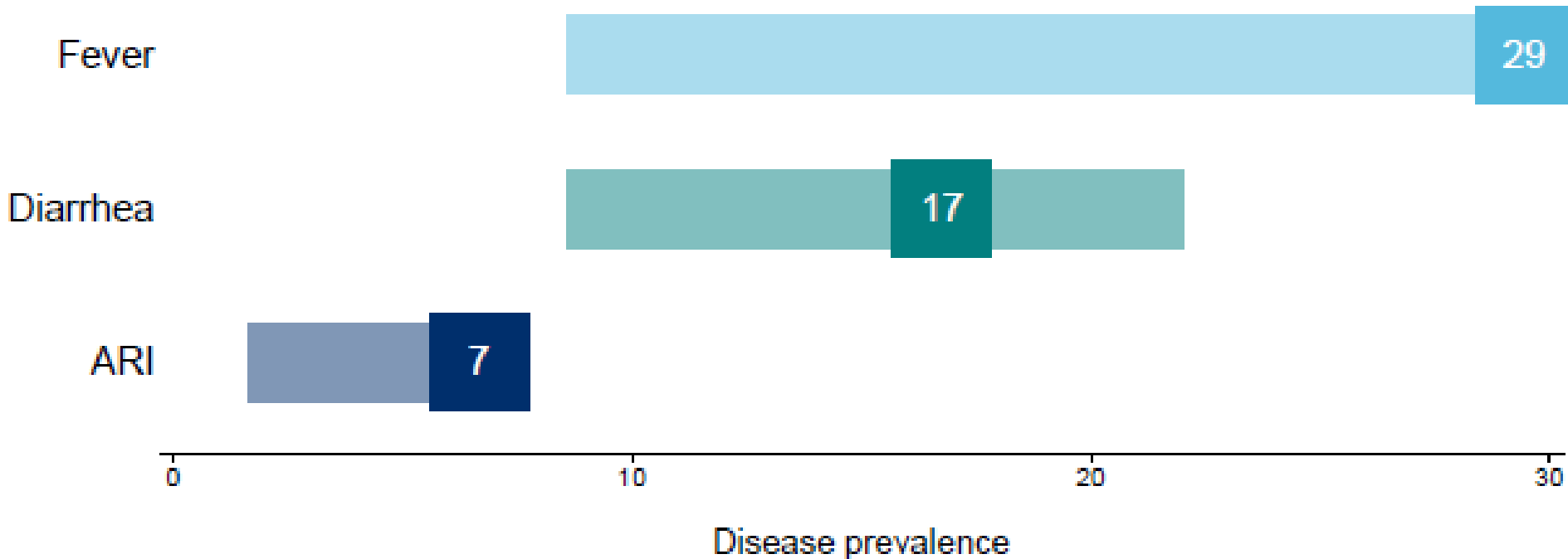




The DRC has a higher childhood disease prevalence compared to other countries in West and Central Africa

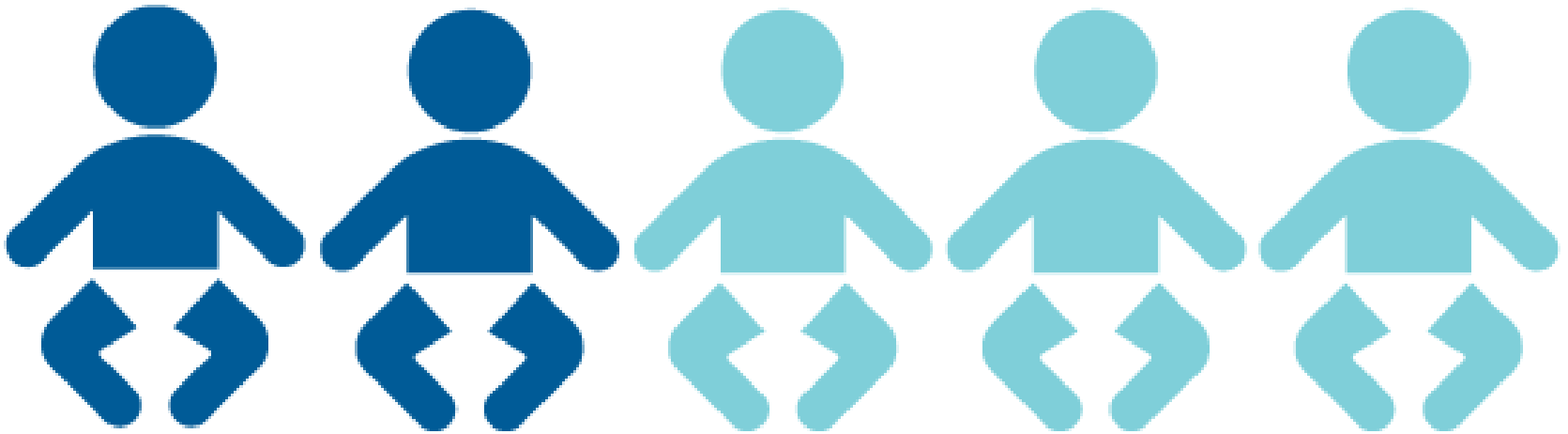
Bars show **range** across West and Central African USAID priority countries; squares show **the DRC**

Illness prevalence: the DRC and West and Central Africa





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



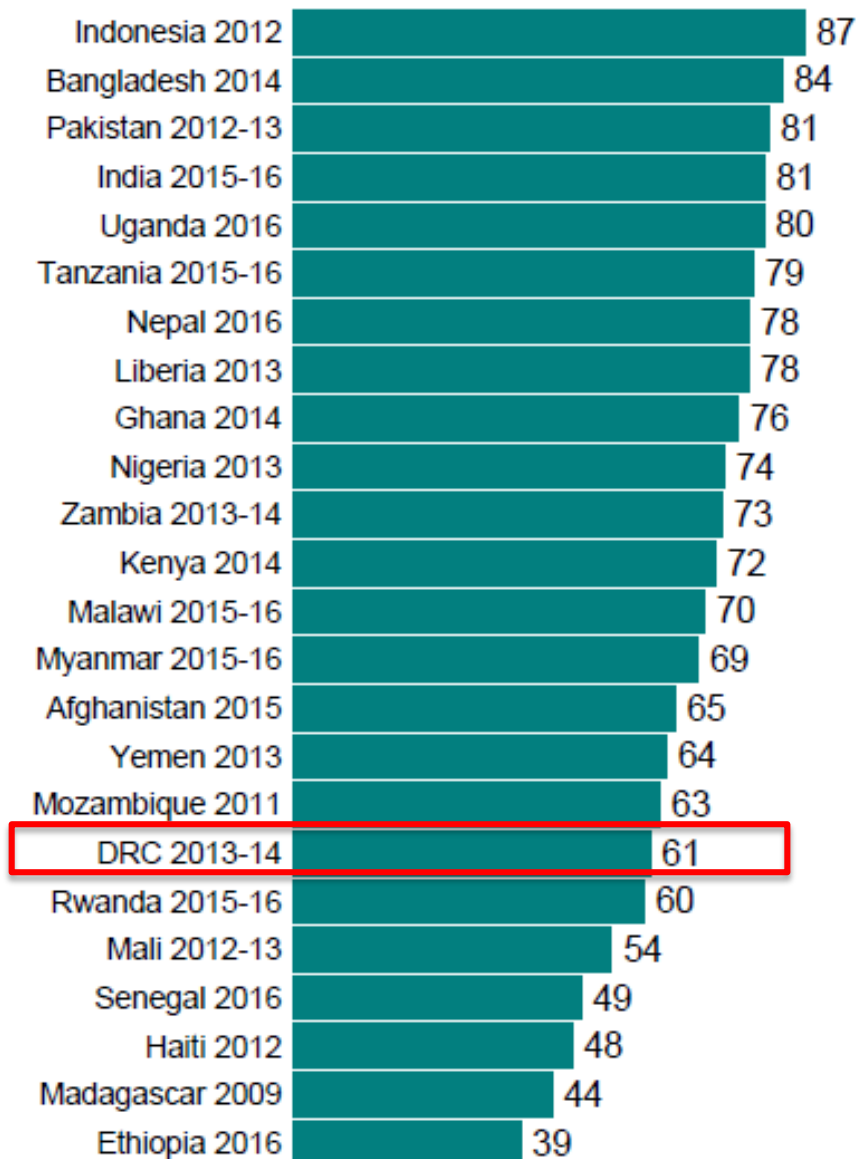


How frequently is out-of-home care sought for Congolese children with these illnesses?





The care-seeking level in the DRC is lower than among most of its neighbors



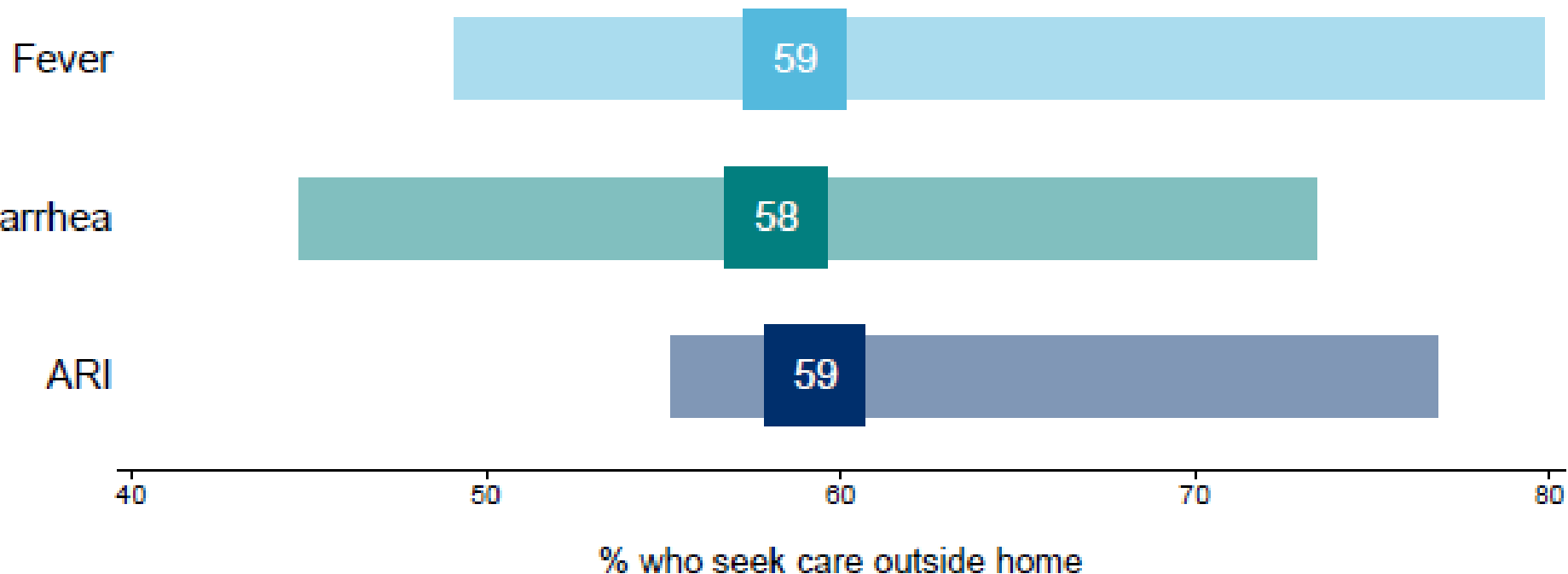
% of caregivers who seek treatment for children with any of the three illnesses in each of the 24 USAID priority countries analyzed



The DRC's care-seeking levels are mid-range compared to its neighbors'

Bars show **range** across West and Central African USAID priority countries; squares show **the DRC**.

Caregivers who seek care outside the home: the DRC and West and Central Africa





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

Public, private, other



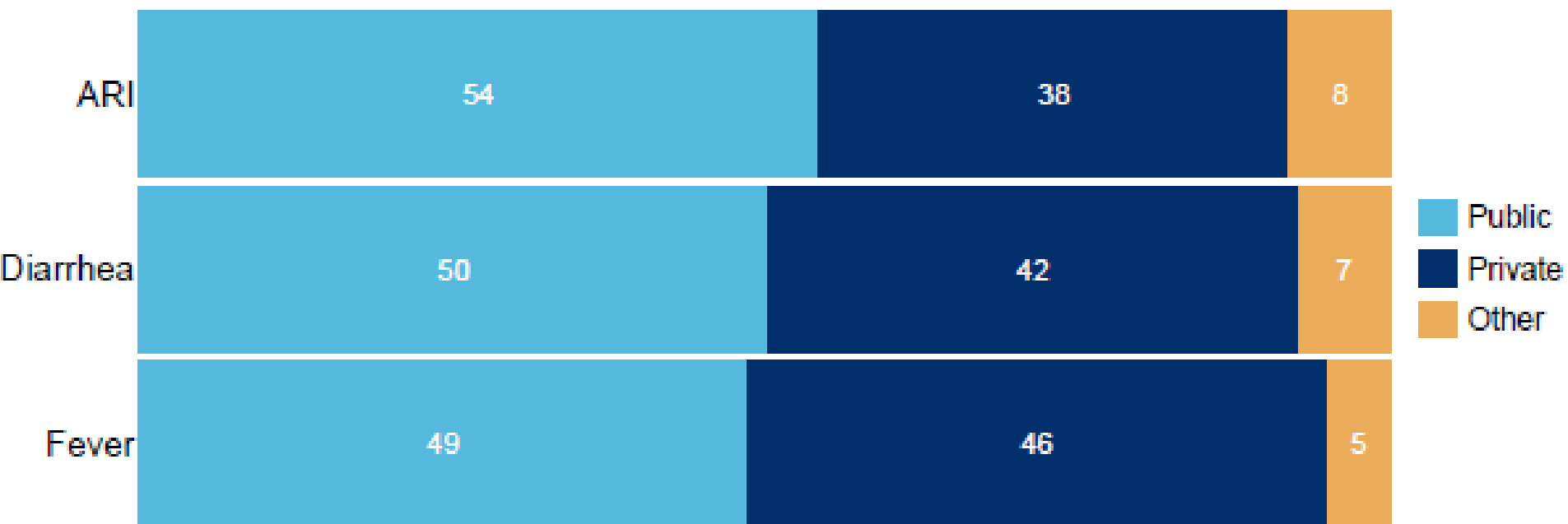


Sources of care

Public sector	Private sector	Other
<ul style="list-style-type: none">· Hospitals· Health centers· Health posts· Maternity clinics· Mobile clinics· Community relay· Health workers	<ul style="list-style-type: none">· Private clinics, hospitals, and doctors· Pharmacies, shops, and markets· Mobile nurses	<ul style="list-style-type: none">· Traditional practitioners



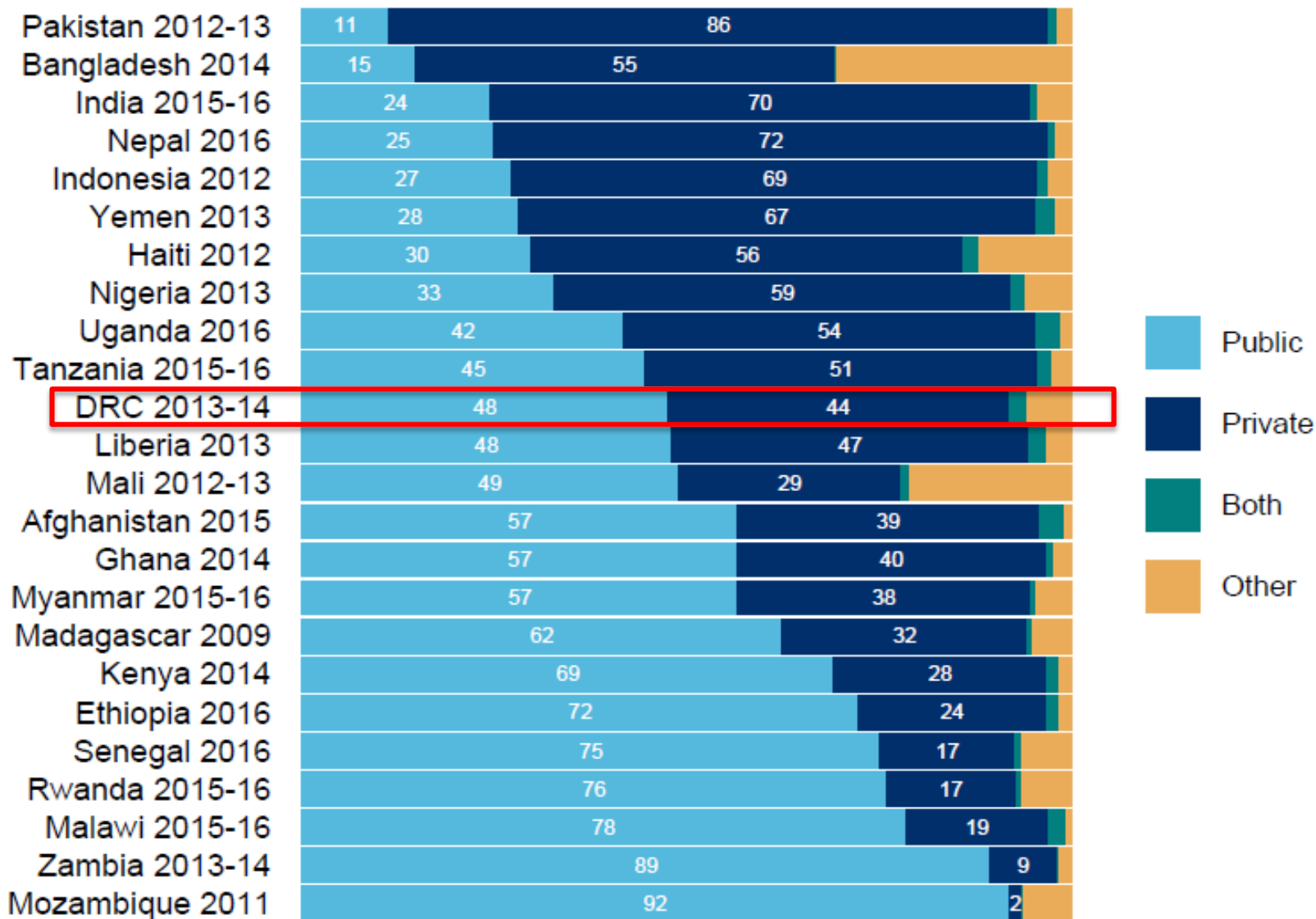
Across all three illnesses, the **public** and **private** sectors are important source of care in the DRC



Source among Congolese who seek sick child care outside the home



The DRC's **private** sector is dominant compared to in many other African USAID priority countries





Among caregivers who seek sick child care outside the home, **44%** seek treatment or advice from private sector sources and **48%** from public sector sources. An additional **6%** use other sources.



■ Public source ■ Private source ■ Both ■ Other



Sources of care: Clinical versus non-clinical





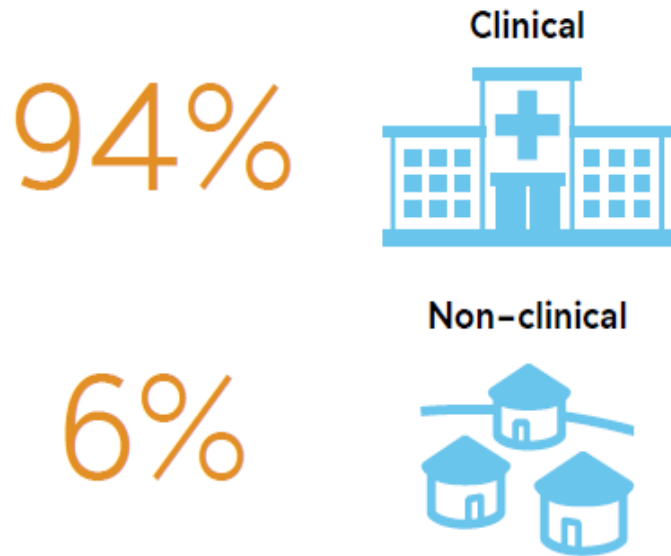
Sources of care: Clinical and non-clinical

	Public sector	Private sector
Clinical	<ul style="list-style-type: none">· Hospitals· Health centers· Health posts· Maternity clinics· Mobile clinics	<ul style="list-style-type: none">· Private clinics, hospitals, and doctors
Non-clinical	<ul style="list-style-type: none">· Community relay· Health workers	<ul style="list-style-type: none">· Pharmacies, shops, and markets· Mobile nurses

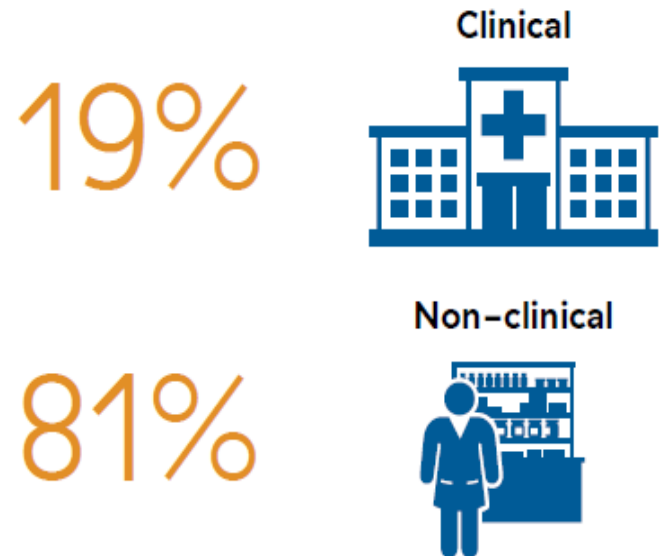


Clinical care is dominant in the **public** sector;
Non-clinical care is dominant in the **private** sector

Public sector:

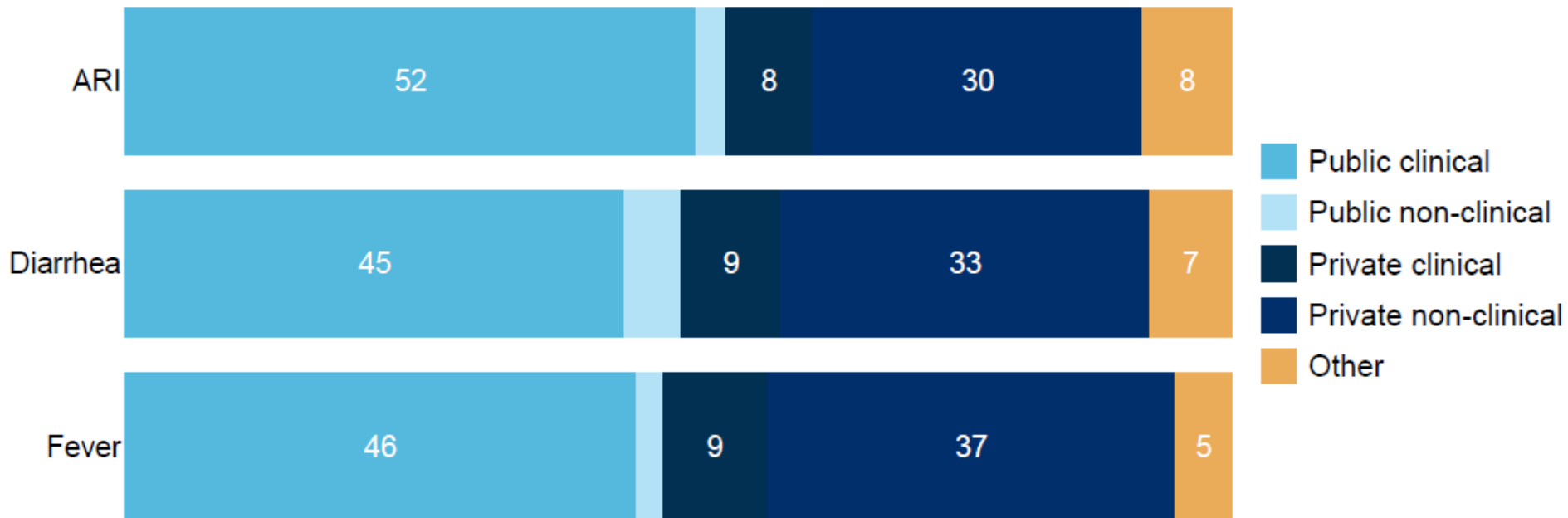


Private sector:





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



Source among Congolese who seek sick child care outside the home

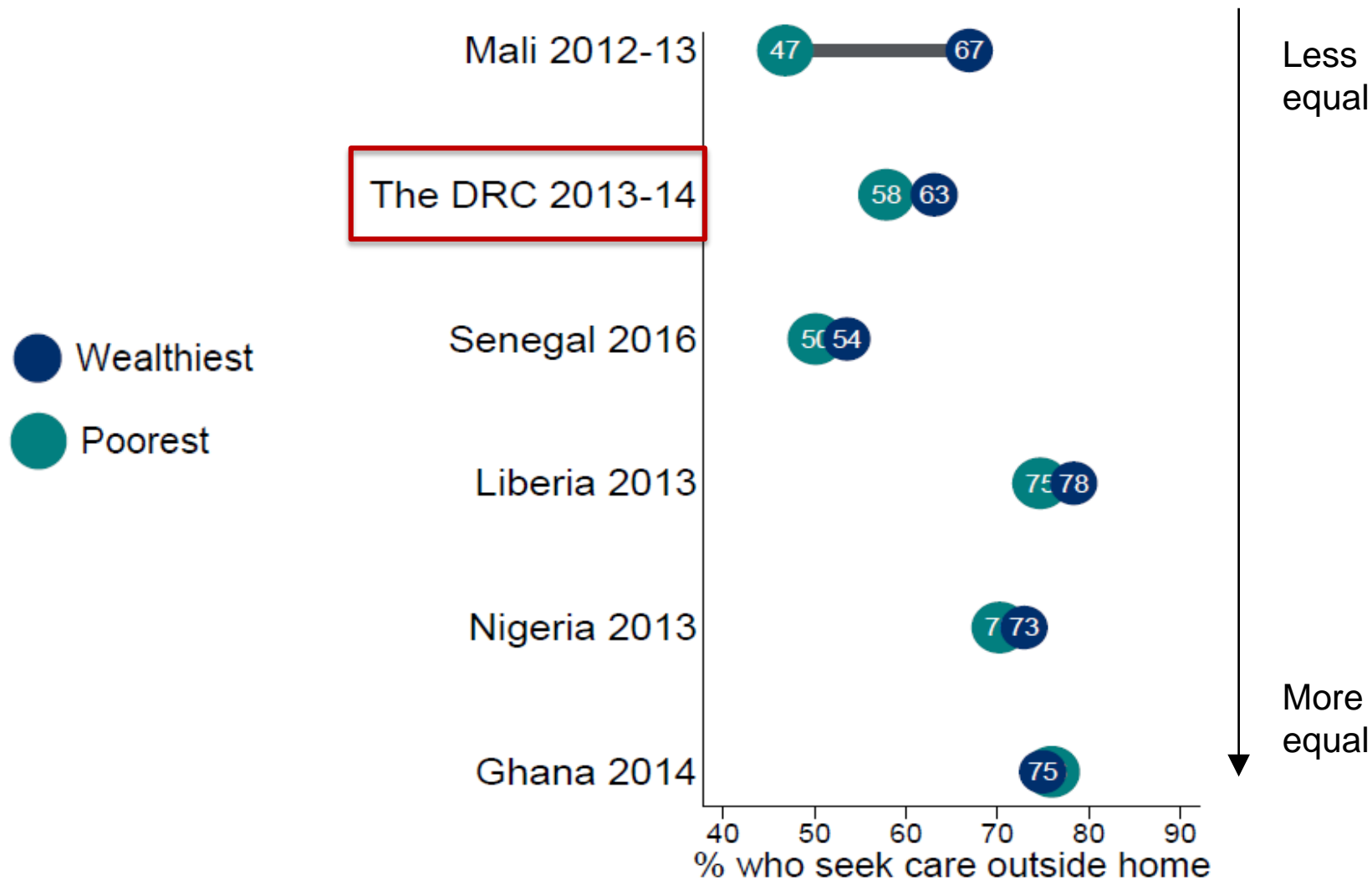


How do patterns of care-seeking vary between the poorest and wealthiest Congolese?





The DRC's wealth disparity in care-seeking levels is **relatively small**





Despite differences in care-seeking sources by SES, both the private and public sectors are important across income levels



Source among those who seek care outside the home

Q1 = poorest

Q5 = wealthiest



Public



Private



Both



Other

In the DRC, private sector is substantial across income levels:

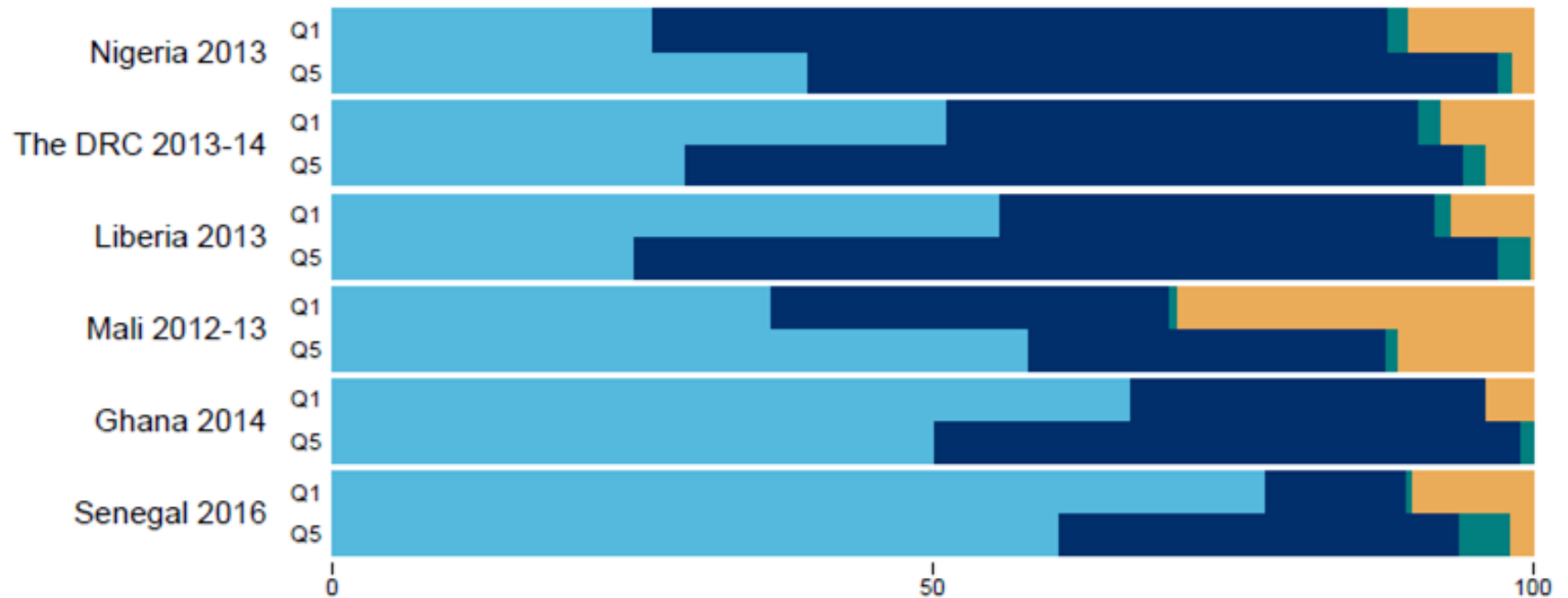
- 39% of poorest and 65% of wealthiest caregivers use the private sector

Public sector use is less common among the wealthiest:

- 51% of poorest and 29% of wealthiest caregivers use the public sector



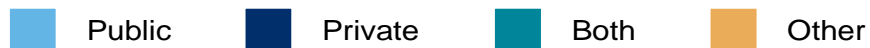
In the DRC, both the public and private sectors are important sources of care across income levels



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
- **61%** of caregivers seek treatment outside the home
 - **48%** use the public sector
 - **44%** use the private sector
- **Public and private sectors** both important
 - Care-seekers in the DRC use both sectors nearly equally
- Care-seeking sources vary by income level
 - **29%** of wealthiest and **51%** of poorest caregivers use the public sector
 - **39%** of poorest and **65%** of wealthiest use private sources
- **Clinical vs. non-clinical sources**
 - Private sector: **81%** used non-clinical sources; **19%** used clinical sources
 - Public sector: **94%** used clinical sources; **6%** 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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