SHOPS PLUS

USAID
FROM THE AMERICAN PEOPLE

Jessica Scranton

Sources for Sick Child Care in Nepal

The private sector is the primary source of care in Nepal; 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 Nepal Demographic and Health Survey to examine where treatment or advice is sought for sick children who experience 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

- 78% of Nepalese caregivers seek treatment or advice outside the home for their sick children, across all three illnesses.
- Only 61% of the poorest compared to 79% of the wealthiest caregivers seek advice or treatment outside the home.
- 78% of the wealthiest care seekers rely on the private sector compared to 40% of the poorest care seekers. Conversely, 56% of the poorest care seekers use the public sector compared to 20% of the wealthiest care seekers.
- 97% of public sector care seekers access a clinical facility; 50% of private sector care seekers access a non-clinical source such as a pharmacy, market, or shop.
- Nepal has large socioeconomic differences in its care-seeking patterns. This finding can help inform programs to increase equity and improve childhood survival.

This is one in a series of briefs that examines care seeking in USAID maternal and child survival priority countries.

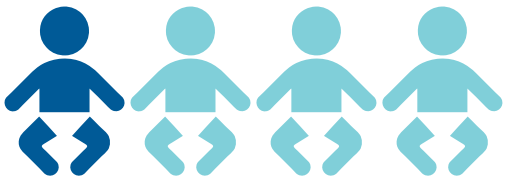
Illness prevalence

According to mothers interviewed across the country for the Nepal Demographic and Health Survey, 25 percent of Nepalese children under five experienced one or more of the following illnesses: fever (21 percent), symptoms of acute respiratory infection (ARI)—a proxy for pneumonia—(2 percent), and/or diarrhea (8 percent) in the two weeks prior to the survey.[1]

Out-of-home care seeking

When children fall ill, most caregivers in Nepal (78 percent) seek advice or treatment outside the home.[2] For children with ARI, the care-seeking level is somewhat higher (85 percent). Comparatively, the level is lower for diarrhea (65 percent), possibly because the illness can often be effectively managed at home. The overall level of care seeking in Nepal is equal to the average level (78 percent) across Asian maternal and child survival priority countries ("USAID priority countries").[3]

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

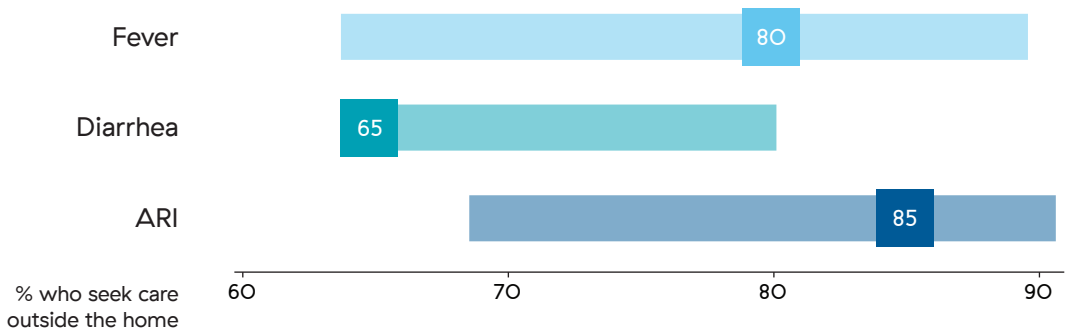


Sources of care

The private sector is the primary source of sick child care in Nepal. Among caregivers who seek treatment or advice outside of their homes, 72 percent use private sector sources and 25 percent go to public sector sources. Very few caregivers (1 percent) seek care from both the public and private sectors. Among public sector care seekers, the majority (97 percent) go to a clinical facility like a hospital or a clinic, rather than seeking care from a community health worker. In contrast, only 50 percent of private sector care seekers use a clinical facility, while the remainder go to non-clinical sources such as a pharmacy, market, 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. Nepal's care-seeking level is lower for diarrhea than for fever or ARI

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

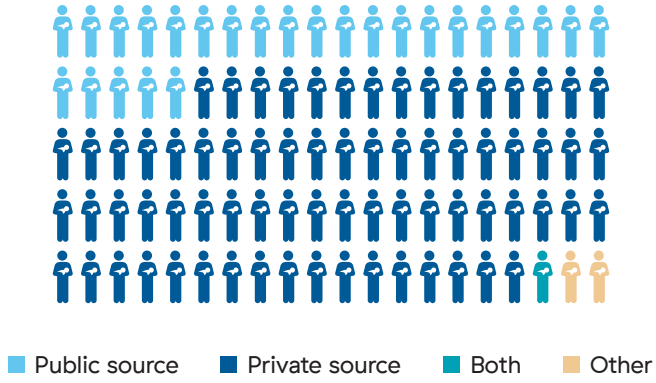


[1] All DHS data used in this analysis are reported by mothers who were asked if their children under age five experienced fever, ARI symptoms, or diarrhea in the two weeks before the interview. These data do not report whether children recently had pneumonia or malaria because both illnesses must be confirmed in a laboratory. Instead, the DHS 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, primary health care centers, primary health care outreach clinics, health posts, and female community health volunteers), private sources (clinics, hospitals, and nursing homes; nongovernmental organizations; pharmacies and shops), 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 Asia are Afghanistan, Bangladesh, India, Indonesia, Myanmar, Nepal, and Pakistan.

Among caregivers who seek sick child care outside the home, 25% seek treatment or advice from public sector sources and 72% from private sector sources.



Equity in illness prevalence and care seeking

In Nepal, the burden of childhood illnesses is fairly equal across income levels, affecting 21 percent of the poorest and 26 percent of the wealthiest children. However, poorer children in Nepal who experience fever, ARI symptoms, and/or diarrhea are less likely to receive treatment than their wealthier peers (61 percent versus 79 percent, respectively). The magnitude of the care seeking disparity between the poorest and wealthiest quintiles in Nepal is greater than the magnitude in all of the other Asian USAID priority countries.

Figure 2. Regionally, Nepal has the largest wealth disparity in care-seeking levels

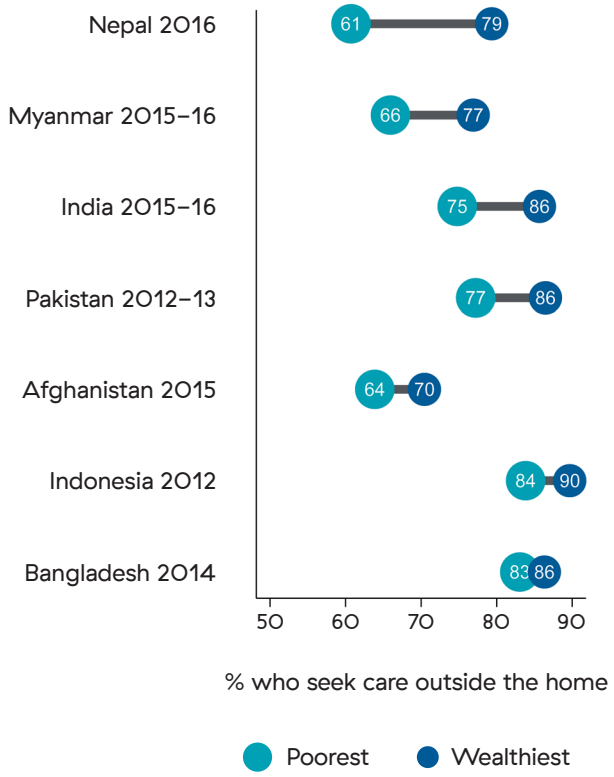
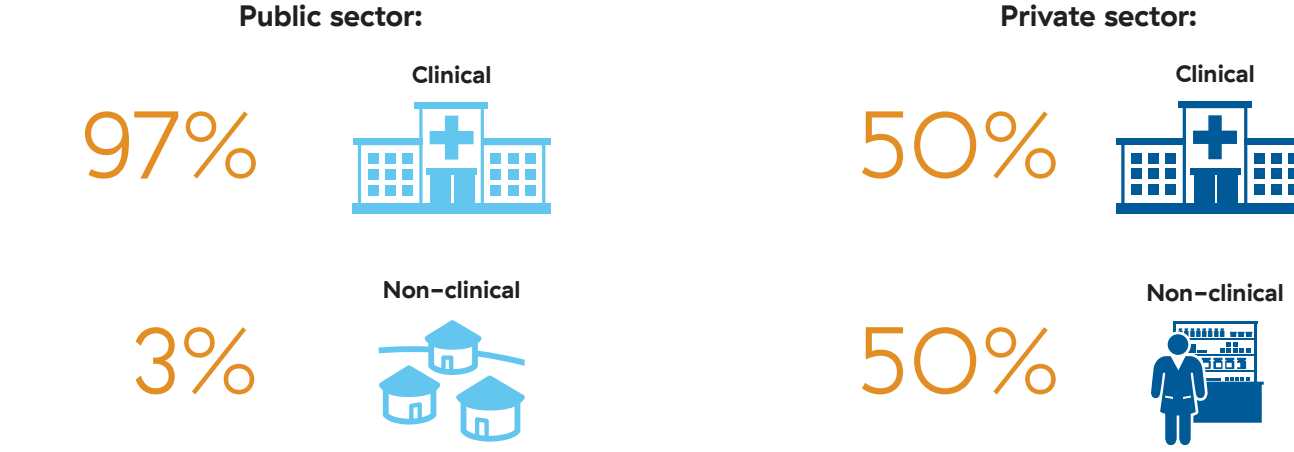


Figure 3. Private sector clients use clinical and non-clinical sources

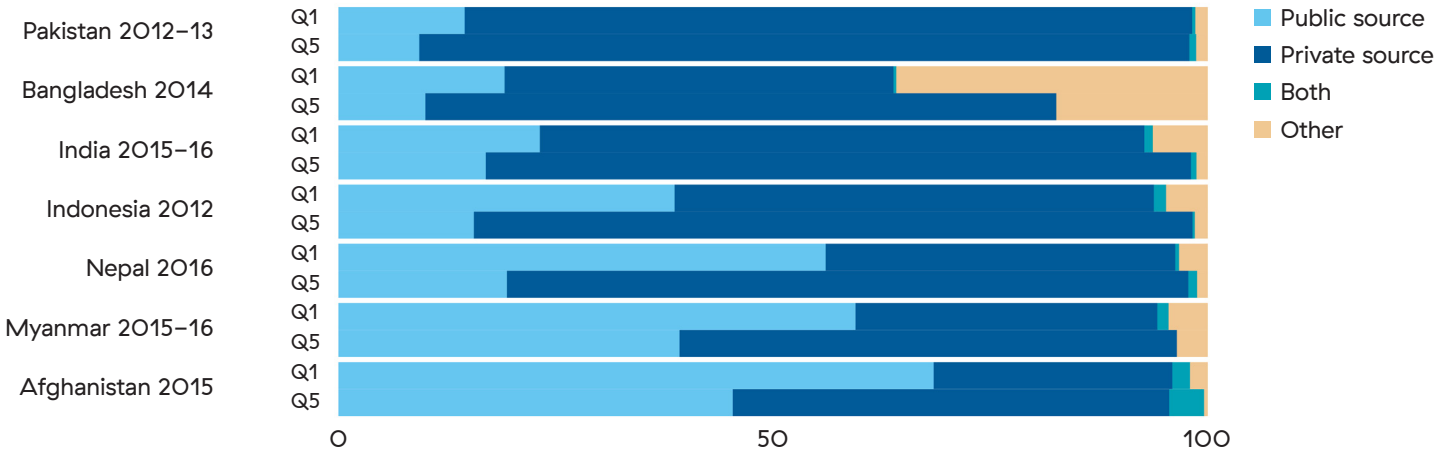


Sources of care categories

Public sector: Hospitals, primary health care centers, primary health care outreach clinics, health posts, and female community health volunteers
Private sector: Clinics, hospitals, and nursing homes; nongovernmental organizations; pharmacies and shops
Other: Traditional practitioners

In Nepal, the majority of care outside the home for sick children is accessed from the private sector. However, care-seeking patterns vary by socioeconomic status. Use of the public sector is correlated with poverty: 56 percent of caregivers from the poorest quintile use a public sector source compared to only 20 percent of caregivers from the wealthiest quintile. Similarly, the wealthiest Nepali caregivers are more likely to use the private sector than the poorest caregivers (78 percent versus 40 percent, respectively). Compared to other Asian USAID priority countries, Nepal has the largest socioeconomic difference in both public and private sector care seeking.

Figure 4. Sources of sick child care vary dramatically by socioeconomic status in Nepal



Q1: Poorest, Q5: Wealthiest

Conclusion

Fever, ARI, and diarrhea are common illnesses in Nepal, affecting one in every four children. The private sector is the primary source of out-of-home treatment or advice for sick children. While the majority of caregivers seek advice or treatment for their children across all three illnesses, the care-seeking level is substantially higher for fever and ARI than for diarrhea, possibly because diarrhea can often be effectively managed at home. Additionally, there is a large disparity in care-seeking levels between the poorest and wealthiest caregivers. The wealthiest caregivers rely heavily on the private sector, while the poorest caregivers use the public sector somewhat more frequently than the private sector. Nepal has the largest socioeconomic difference in care-seeking sources among all Asian USAID priority countries. Nearly all public sector care seekers use clinical sources of care, while half of private sector care seekers rely on non-clinical sources. This high use of non-clinical care in the private sector has implications for systems of referral to more intensive treatments and possible implications for the quality of care received. These patterns should be taken into account when designing programs to meet the needs of sick children in Nepal.

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