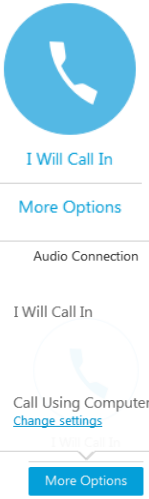
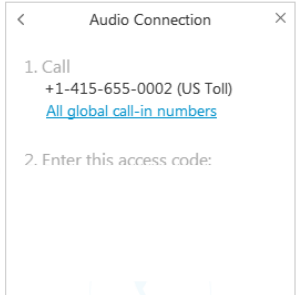
WebEx Audio Tips



- Once you have entered the session, click on the telephone icon to select your audio source.
- Computer audio (**toll-free option**):
  1. Click “More Options”
  2. Click “Call Using Computer”
  3. If you still can’t hear, you may have to click “Change settings” where you can select your speaker source.
- Telephone audio
  a. Click the telephone icon or select “I Will Call In”
  b. Dial the number provided. When prompted, enter the Access Code followed by the # sign. There are several international numbers should you need one. Please note this option is not toll free.



Sources for sick child care in East and Southern Africa

An analysis of DHS data

July 24, 2018

USAID
FROM THE AMERICAN PEOPLE

About SHOPS Plus

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.

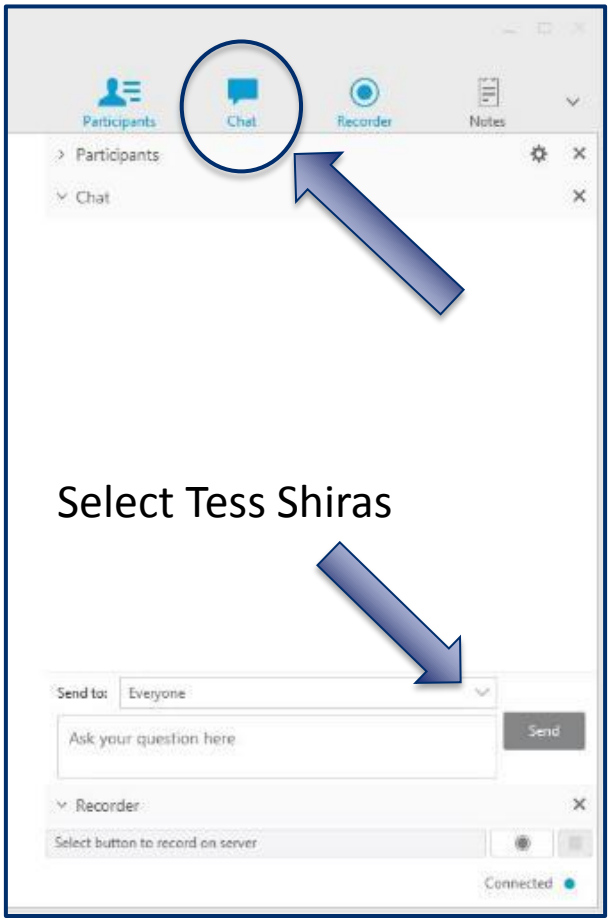
© UNICEF/UNI201831/Schembrucker

Asking questions on Webex

We will answer as many questions as we can at the end of the presentation.

Please submit your questions as they arise via the “chat” box on your screen and send them to Tess Shiras.

To ask a question, enter it in the Chat box



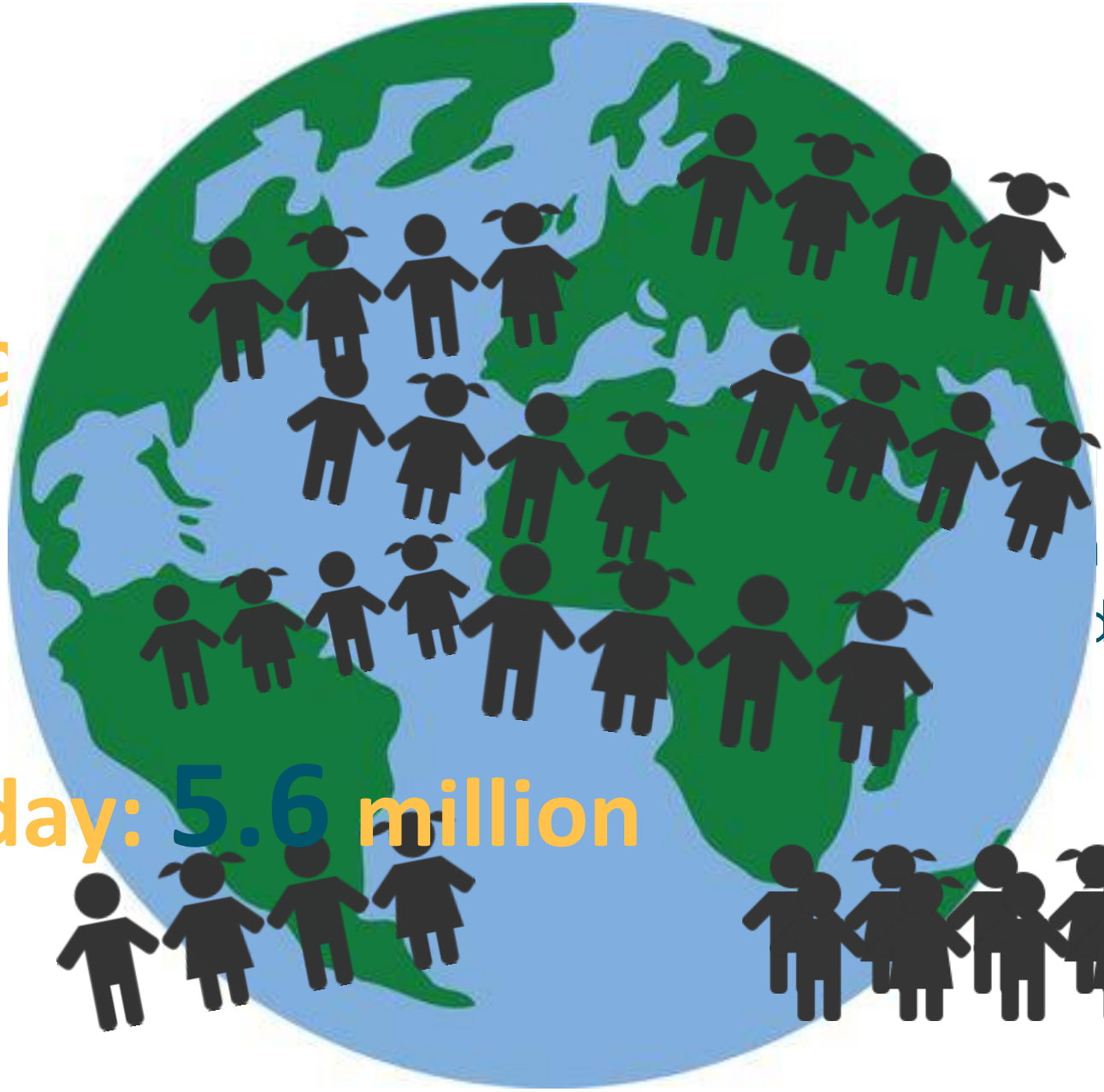
Malia Boggs

Senior Child Health Technical Advisor

Office of Maternal, Child Health & Nutrition

USAID Bureau for Global Health

19[illegible]



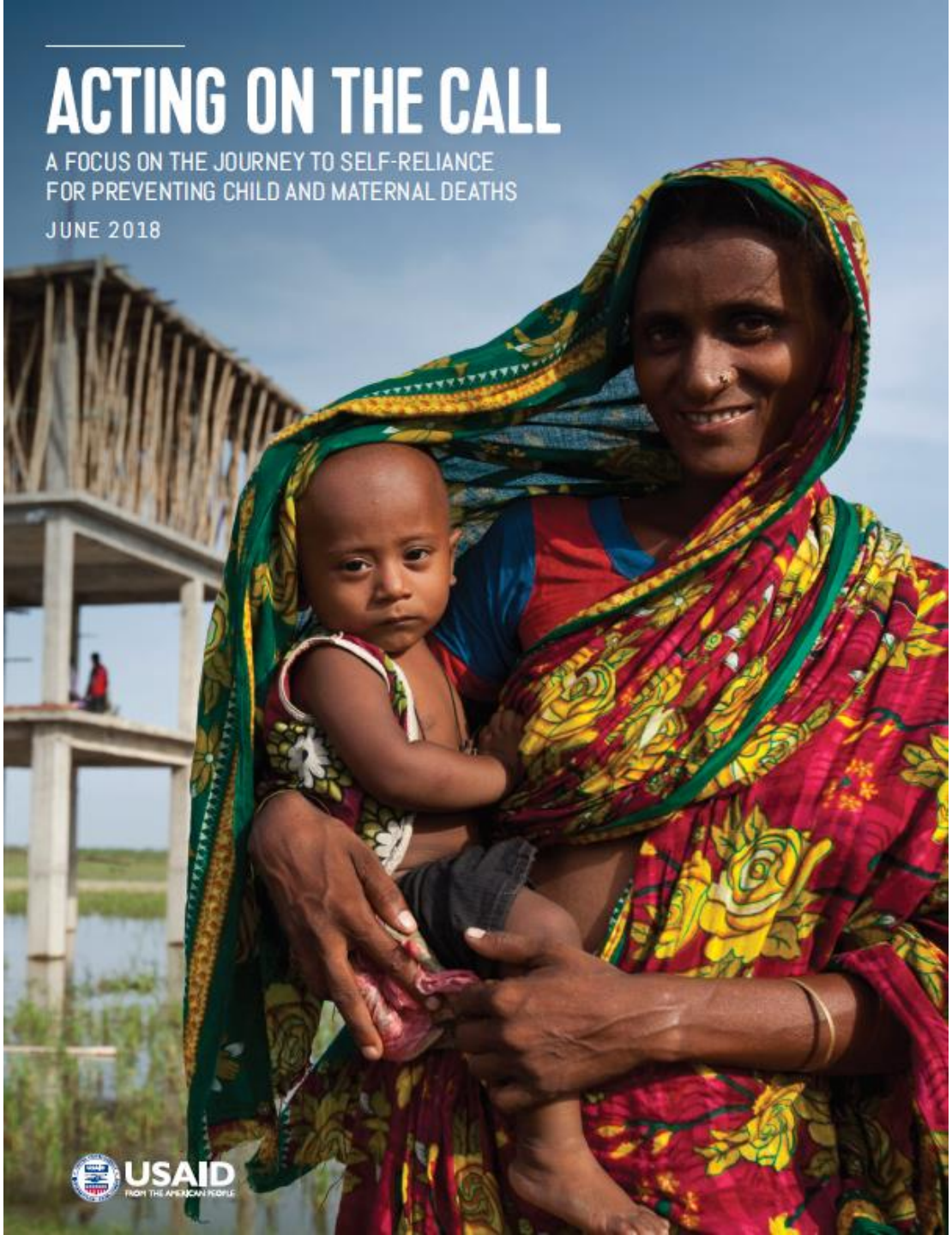
ecrease
ual
deaths

Today: 5.6 million

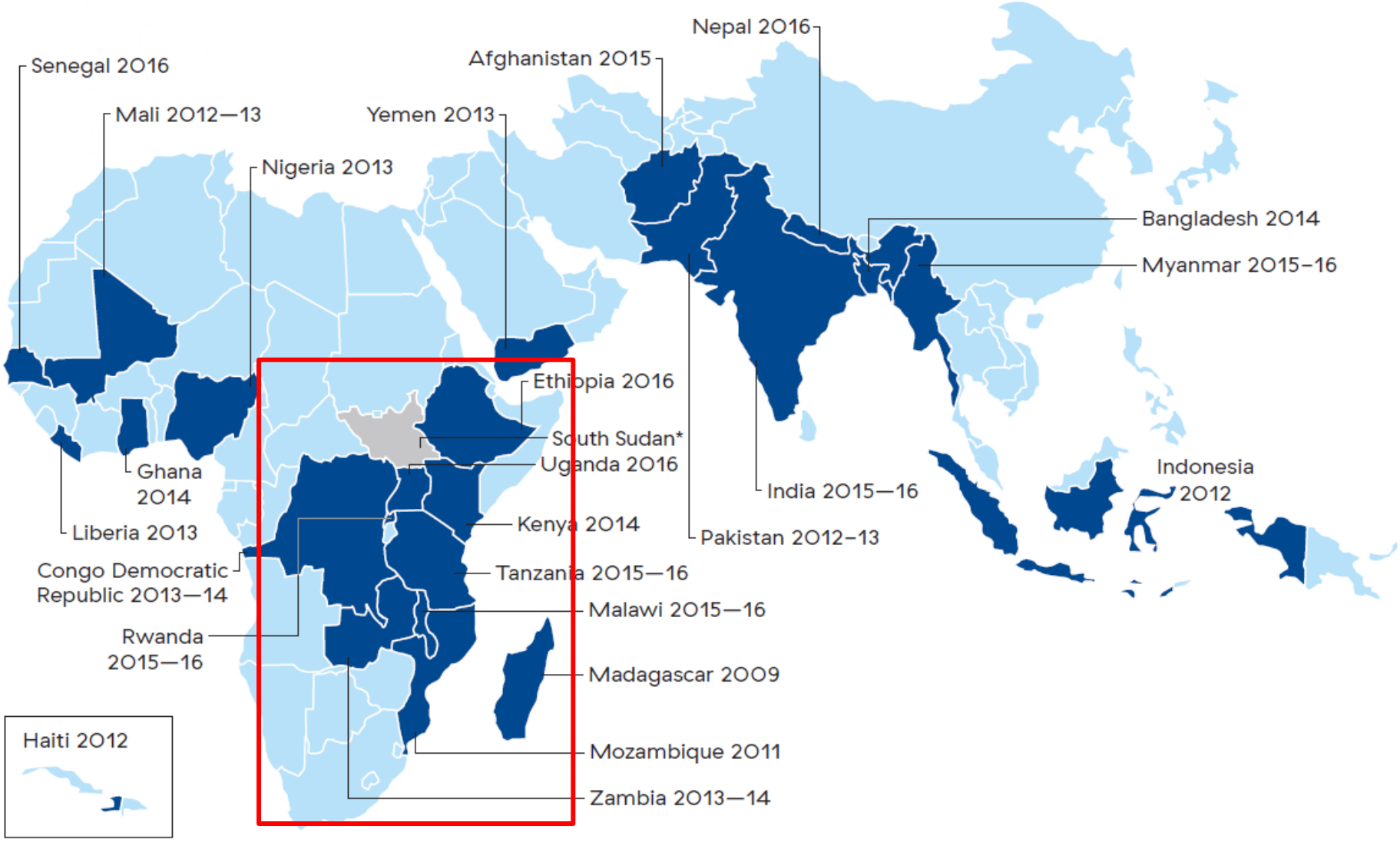
African child mortality

The best story in development

Africa is experiencing some of the biggest falls in child mortality ever seen, anywhere


ACTING ON THE CALL
A FOCUS ON THE JOURNEY TO SELF-RELIANCE
FOR PREVENTING CHILD AND MATERNAL DEATHS
JUNE 2018
USAID
FROM THE AMERICAN PEOPLE

USAID priority countries analyzed using Demographic and Health Survey data



*No DHS data are available for South Sudan.

www.SHOPSPlusProject.org/resource-center

Private Sector Counts

Explore the role of public and private sources

Home | Child Health Data | Family Planning Data | About the Data | About this Tool | SHOPSProject.org

Child Health

Explore if and where caregivers obtain sick child care.

Interact with the data!

- Socioeconomic status
- Maternal education
- Urban and rural residence

Child Health

Family Planning

Explore where women obtain their family planning method.

Interact with the data!

- mCPR
- Method mix
- Regional differences
- Trends

Family Planning

Private Sector Counts uses Demographic and Health Survey data to illuminate the role of the private health sector. Data are available for family planning and child health. Family planning data looks at source of supply and child health looks at sources of care for three common and treatable illnesses: fever, acute respiratory infection symptoms, and diarrhea.

Donors and program implementers have at their fingertips the data they need to design country programs using a total market approach.

Today's Speakers

Dr. Sarah E.K. Bradley
Global Research Director, SHOPS Plus
Abt Associates

Dr. Christine Mugasha
Program Management Specialist
USAID/Uganda

Dr. Mutinta Nalubamba
Child Health Advisor
USAID/Zambia

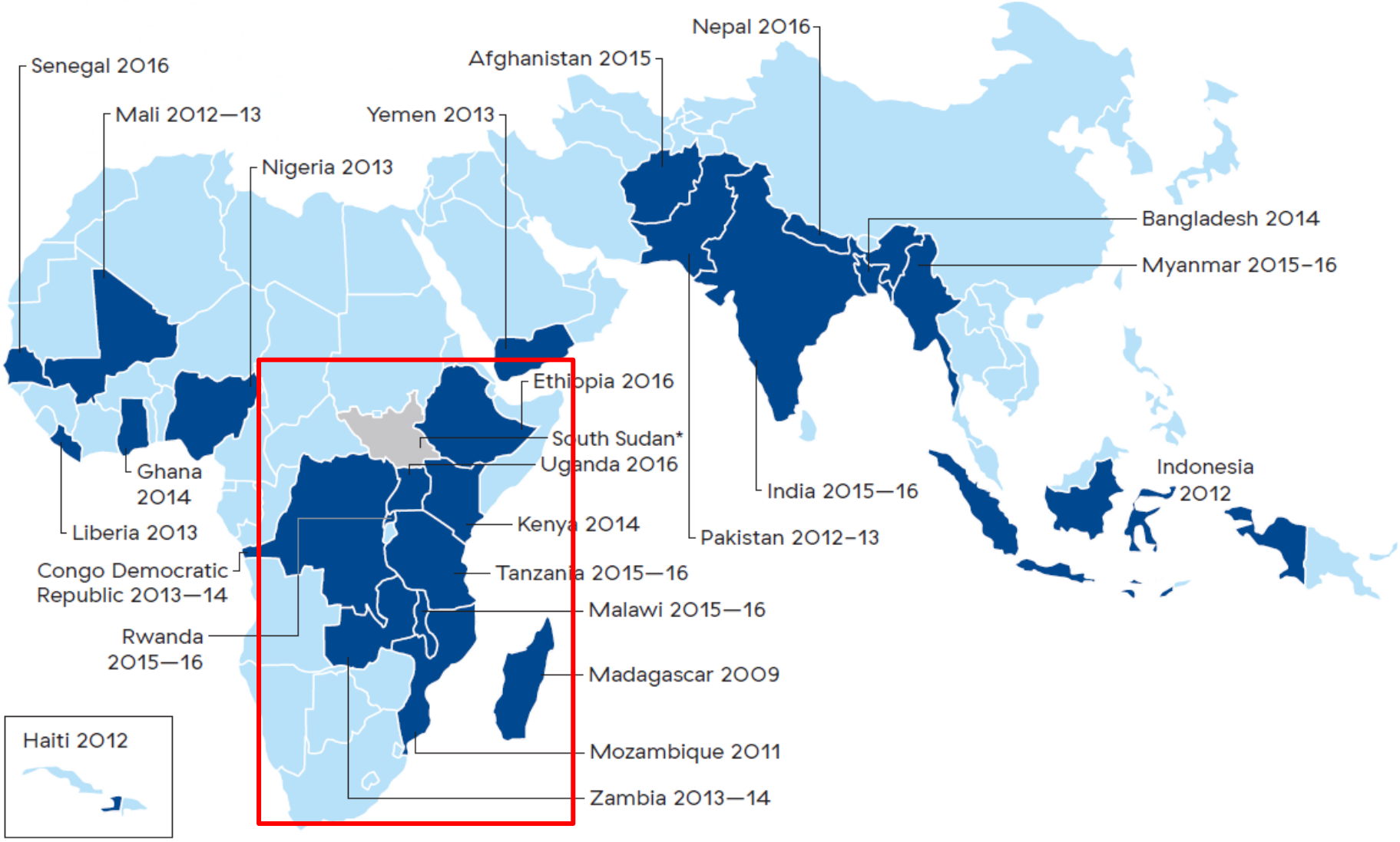
Sources for sick child care in East and Southern Africa

An analysis of DHS data

July 24, 2018

USAID
FROM THE AMERICAN PEOPLE

USAID priority countries analyzed using Demographic and Health Survey data



*No DHS data are available for South Sudan.

Data: Interviews with mothers of young children

Mothers of children 5 years old or younger were asked if each child experienced, in the last 2 weeks:

- Symptoms of acute respiratory infection (ARI): cough with chest-related rapid or difficult breathing
- Fever
- Diarrhea

Data: Interviews with mothers of young children

Mothers of children 5 years old or younger were asked if each child experienced, in the last 2 weeks:

- Symptoms of acute respiratory infection (ARI): cough with chest-related rapid or difficult breathing
  - **Suspected pneumonia**
- Fever
  - **Possible malaria**
- Diarrhea
  - **Diarrheal disease**

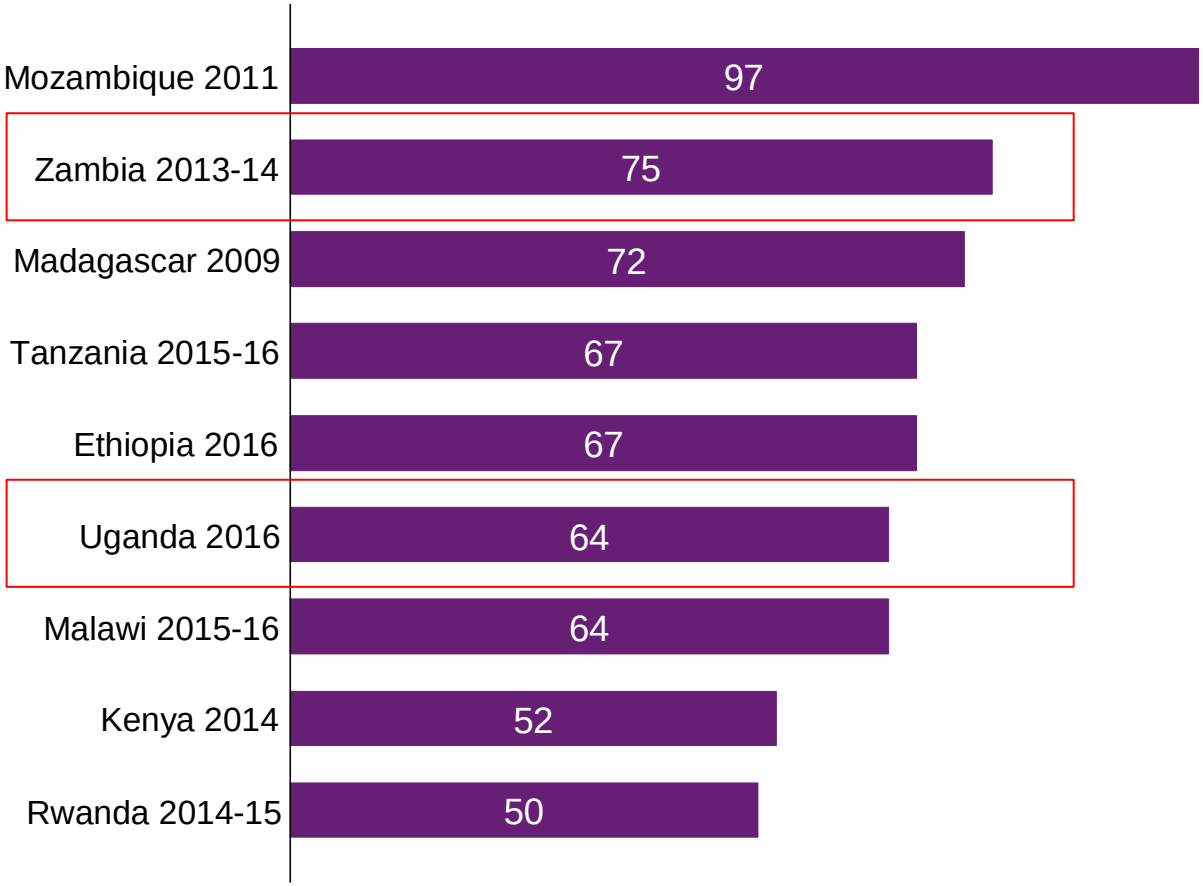
Data: Interviews with mothers of young children

Mothers of children 5 years old or younger were 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.

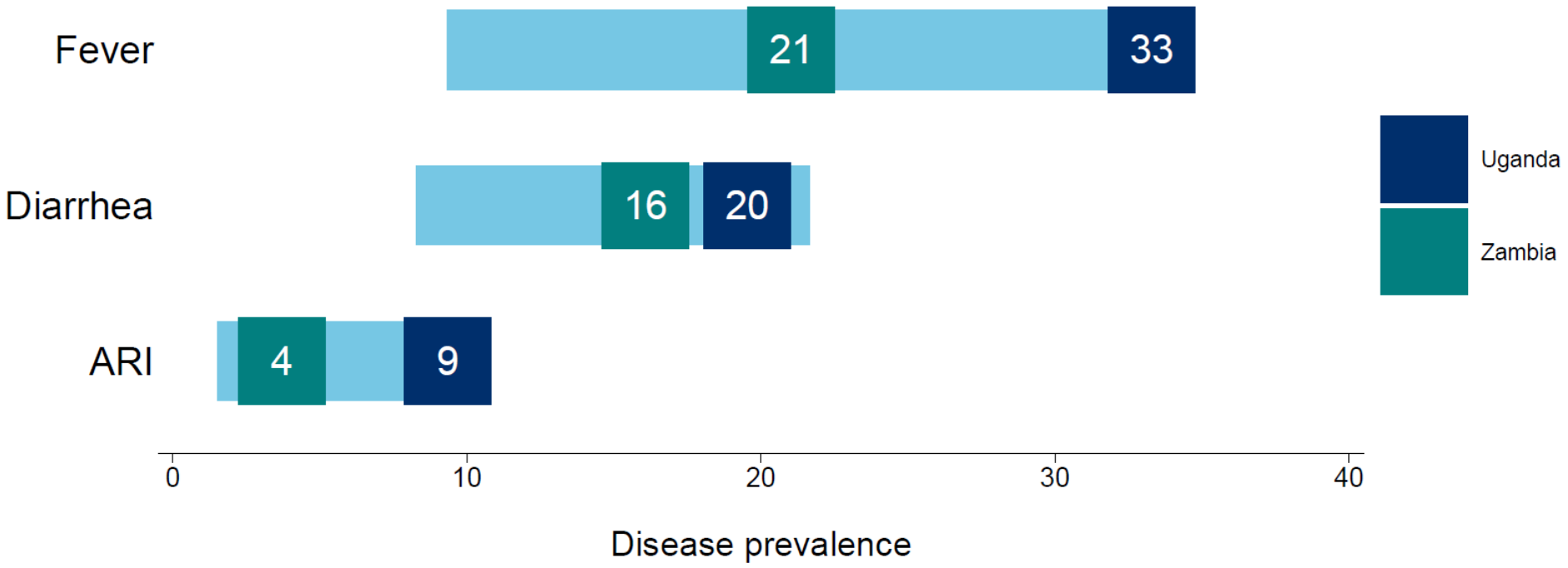
Regional findings in East and Southern Africa

Under-five child mortality rates in East and Southern African USAID priority countries

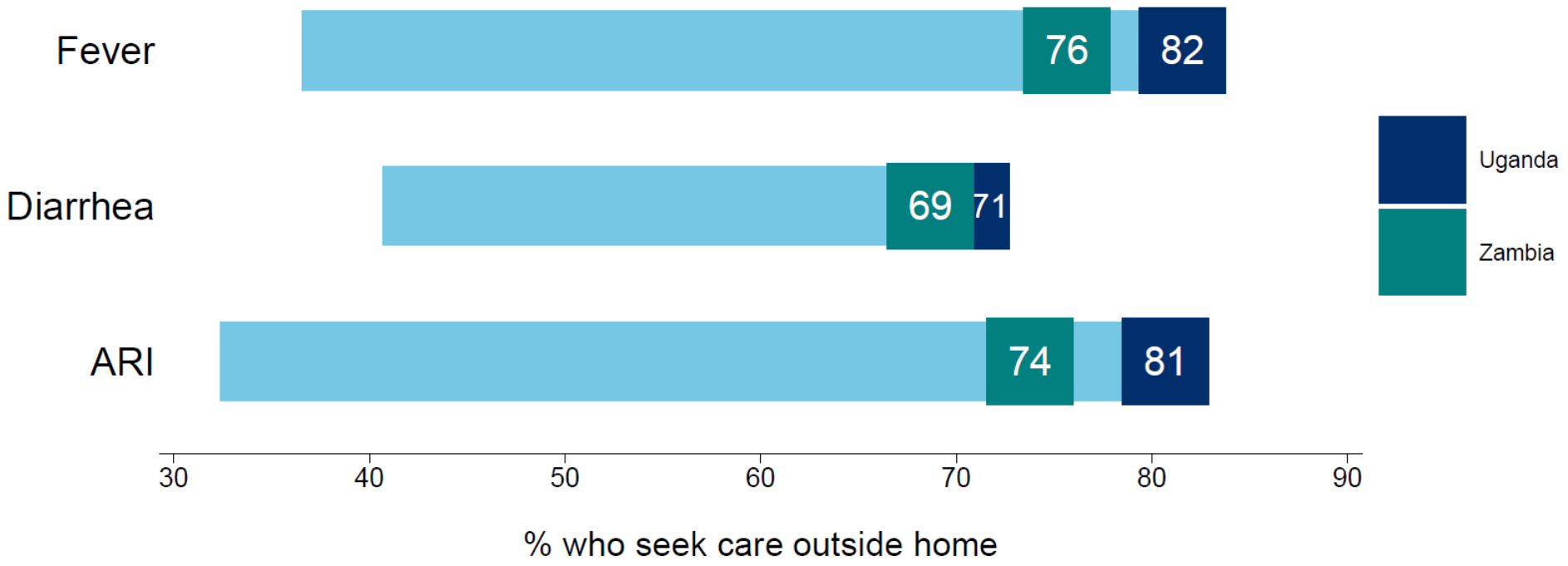


Under-five deaths per 1,000 live births

Illness prevalence: The burden of fever is highest in East and Southern Africa



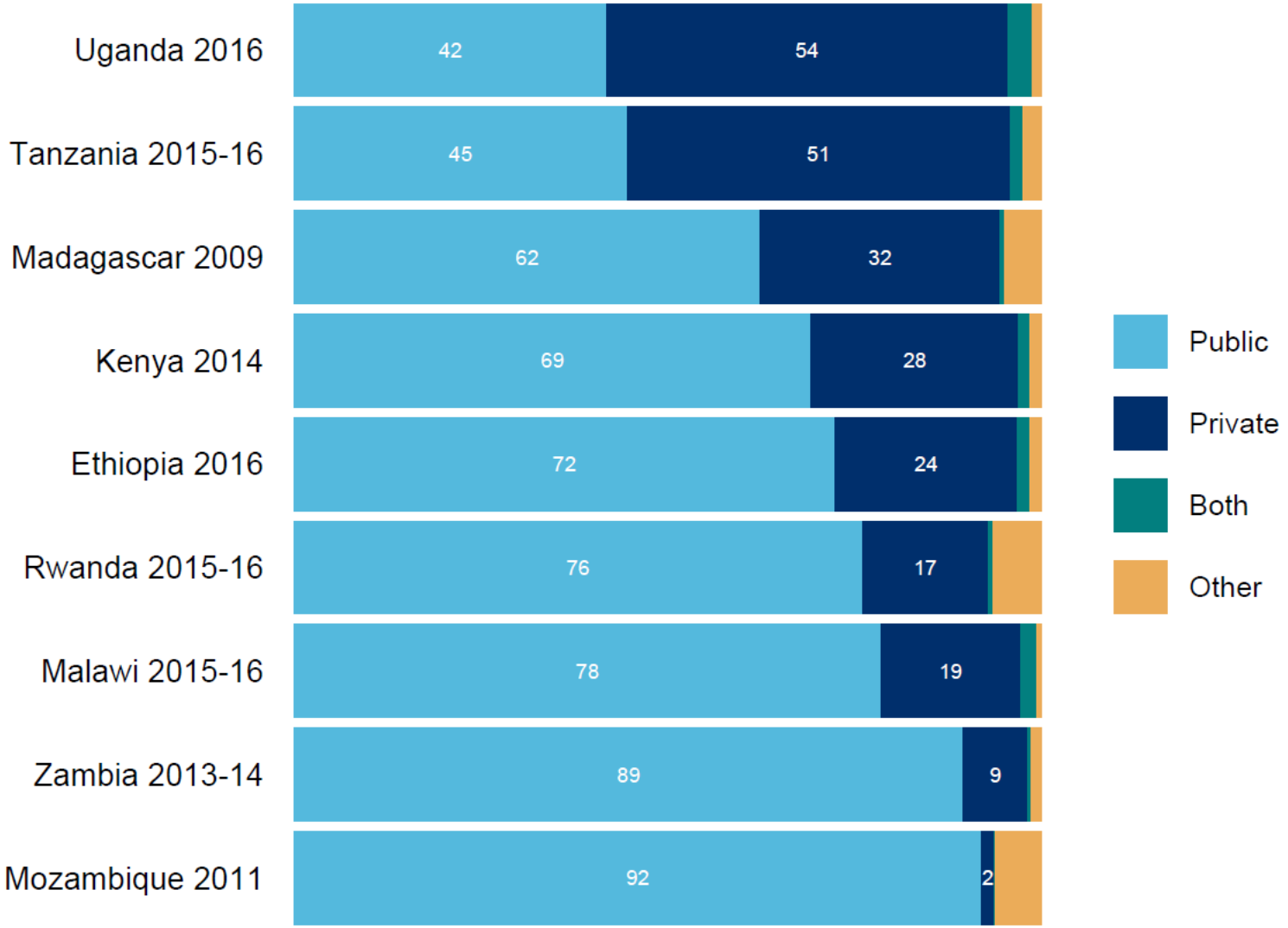
Care-seeking levels are similar in Uganda and Zambia across illnesses



Sources of care

Public sector	Private sector	Other
• Hospitals • Clinics • Health posts • Community health workers	• Private clinics, hospitals, and clinicians • Nongovernmental and faith-based organizations • Pharmacies • Shops, markets	• Traditional healers • Friends or family members

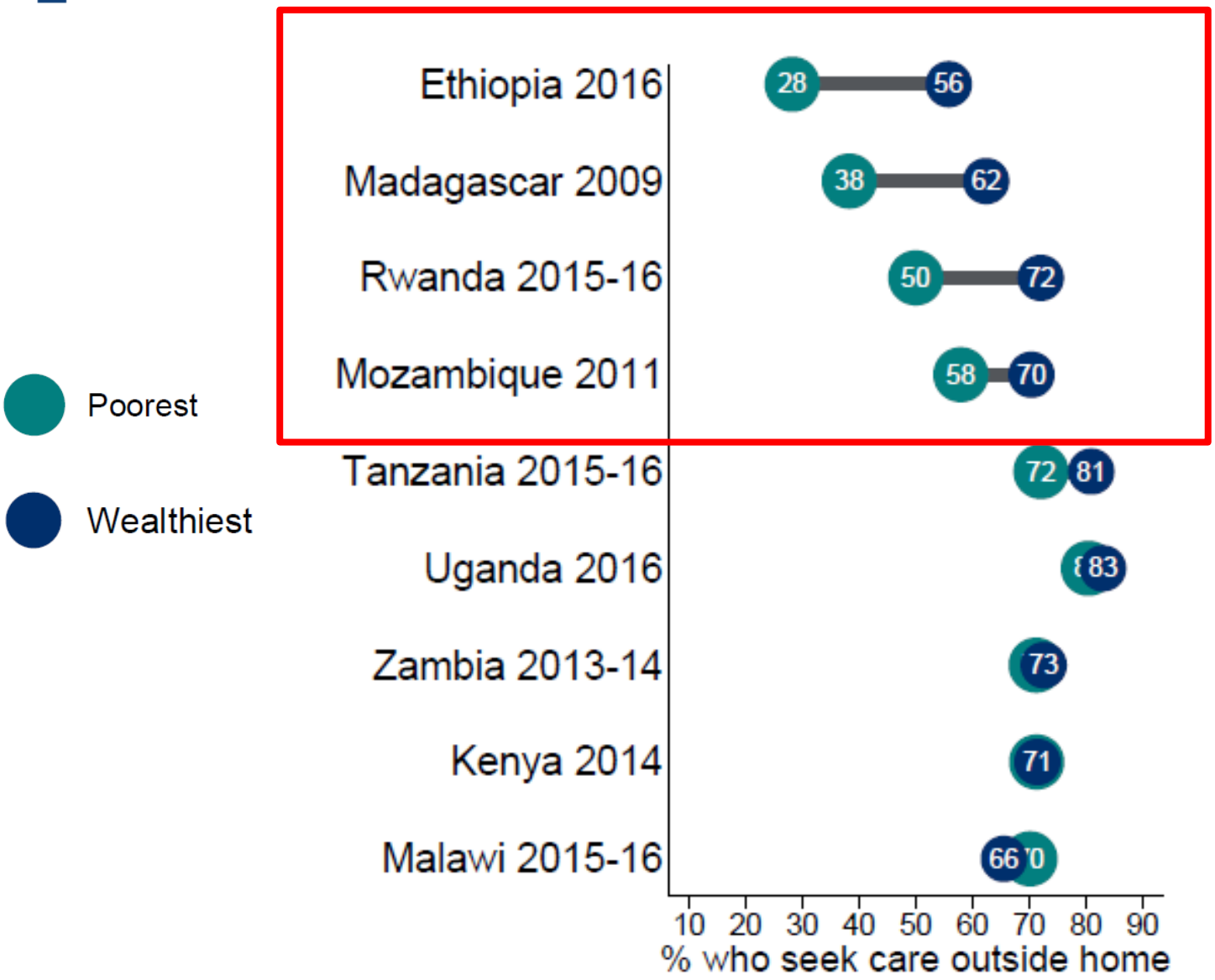
In most East and Southern African countries, families rely on **public sources** for sick child care



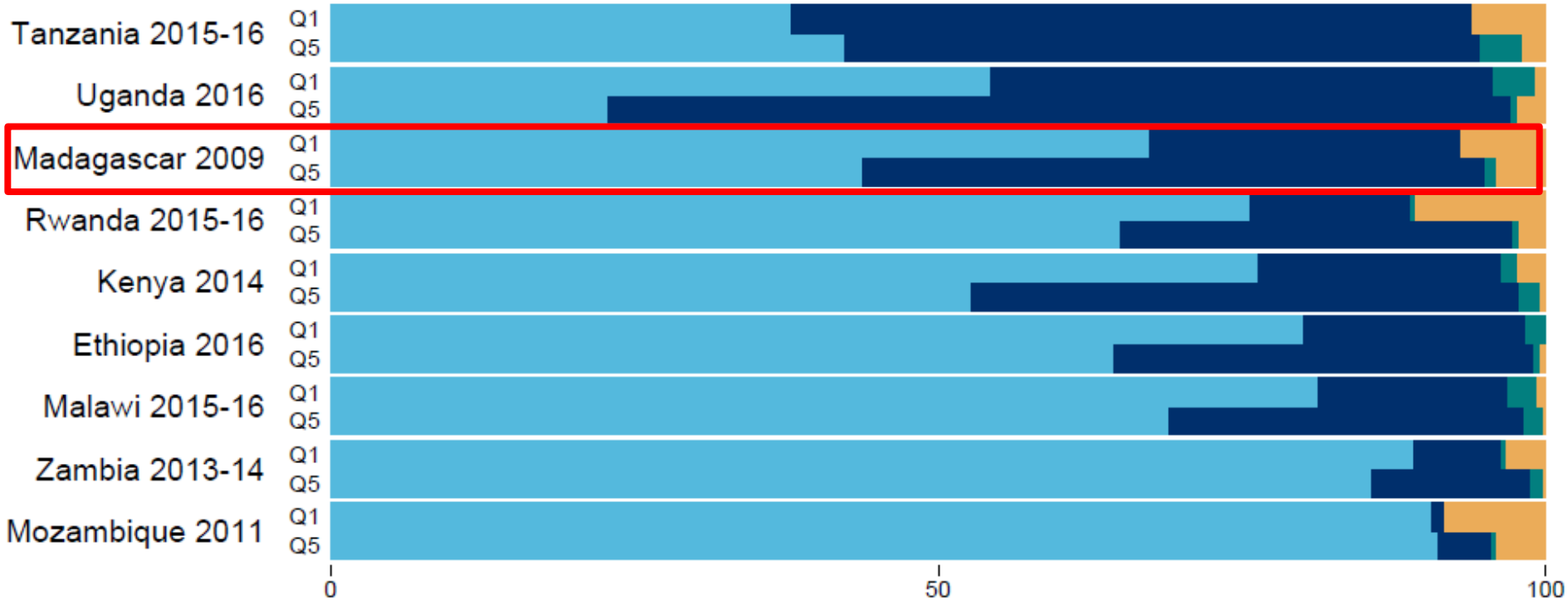
Equity in care seeking

- DHS wealth quintiles
  - Asset-based index of items owned by household
  - Divides households into 5 quintiles based on asset ownership
- We compare poorest 20% of population (lowest quintile) with wealthiest 20% of population (highest quintile)

In some countries, the **wealthiest** are much more likely to seek care than the **poorest**



Typically, the **public sector is dominant** among the **poorest and wealthiest**



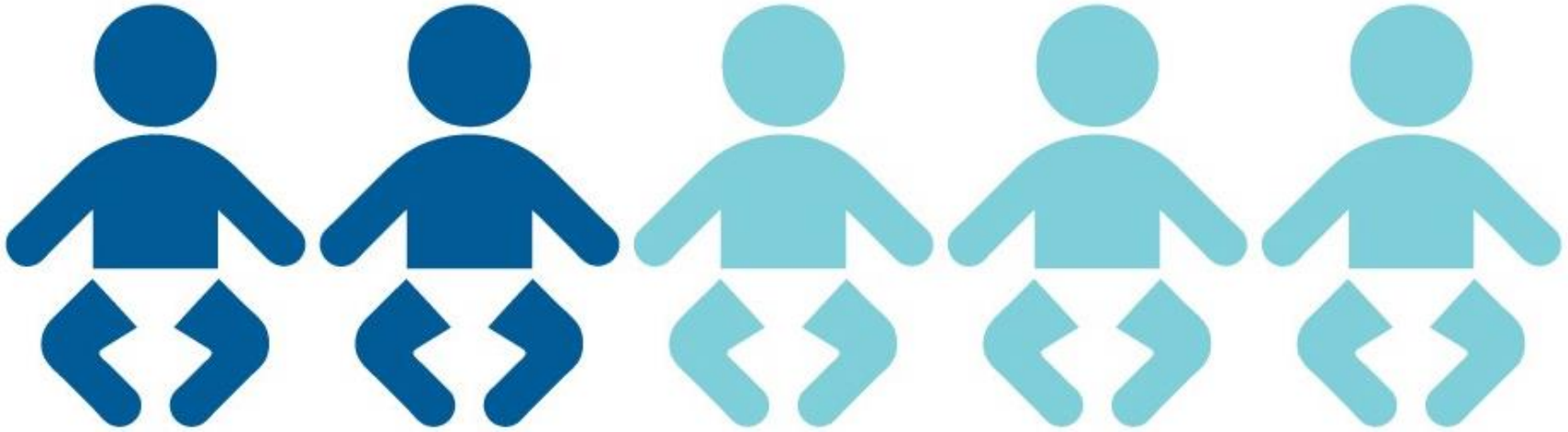
Q1 = poorest

Q5 = wealthiest

Public Private Both Other

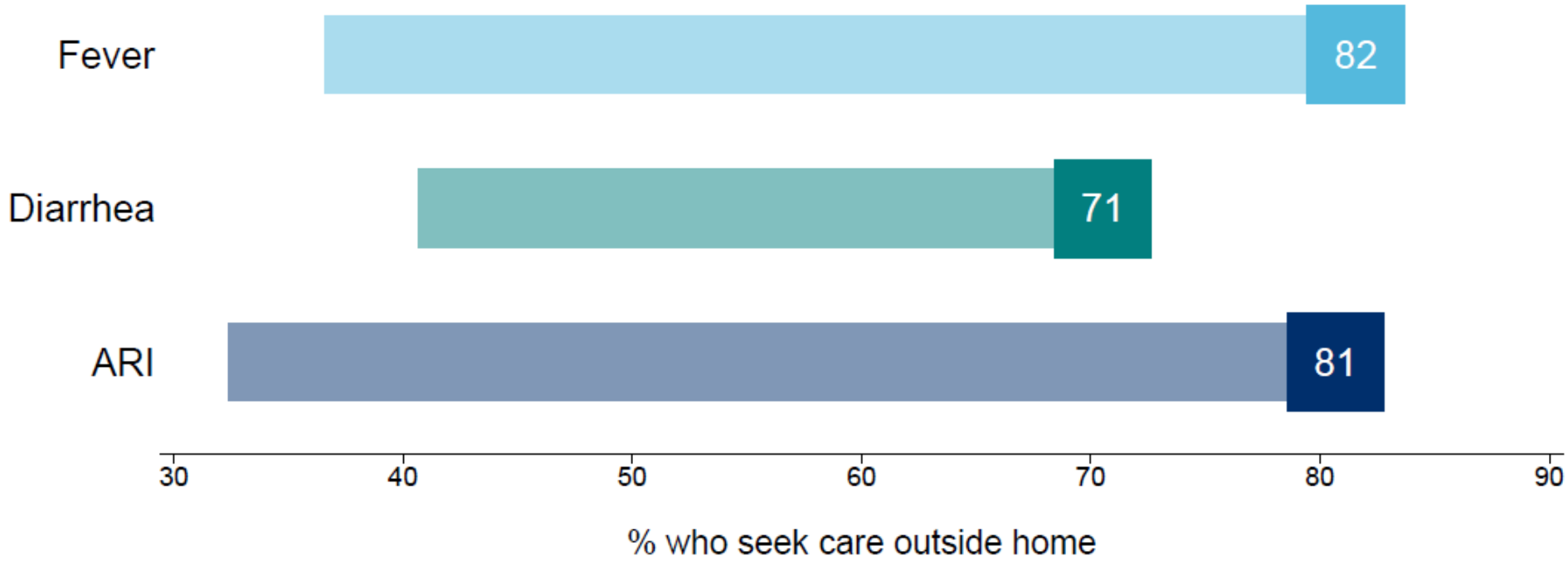
What factors might influence the **high care-seeking levels** in Uganda?

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



Regionally, Uganda has the **highest** care seeking levels

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



Explanations for Uganda's high care-seeking level

- PMI efforts to encourage malaria care seeking
- History of community level child health programming
  - Investment in ICCM, IMCI, immunization, and WASH programming
- Emphasis on commodity security

© Rod Waddington

Best practices to be replicated by others

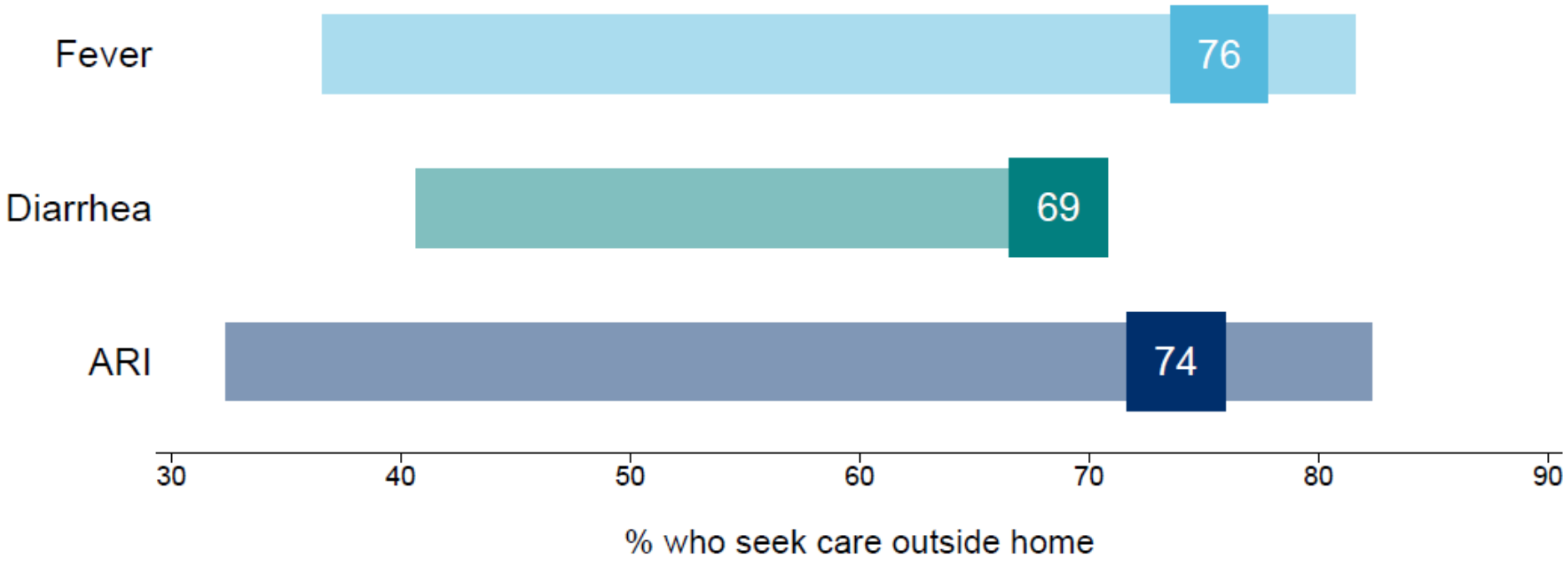
- Coordinate messaging
  - This builds community-level trust
- Use multiple communication channels
- Engage non-health stakeholders
- Utilize data

What factors might influence the **high care-seeking levels** in Zambia?

1 out of 3 children in Zambia experienced fever, ARI symptoms, and/or diarrhea in the last 2 weeks.

Zambia has **higher** care seeking levels compared to most USAID priority countries in East and Southern Africa, across illnesses

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

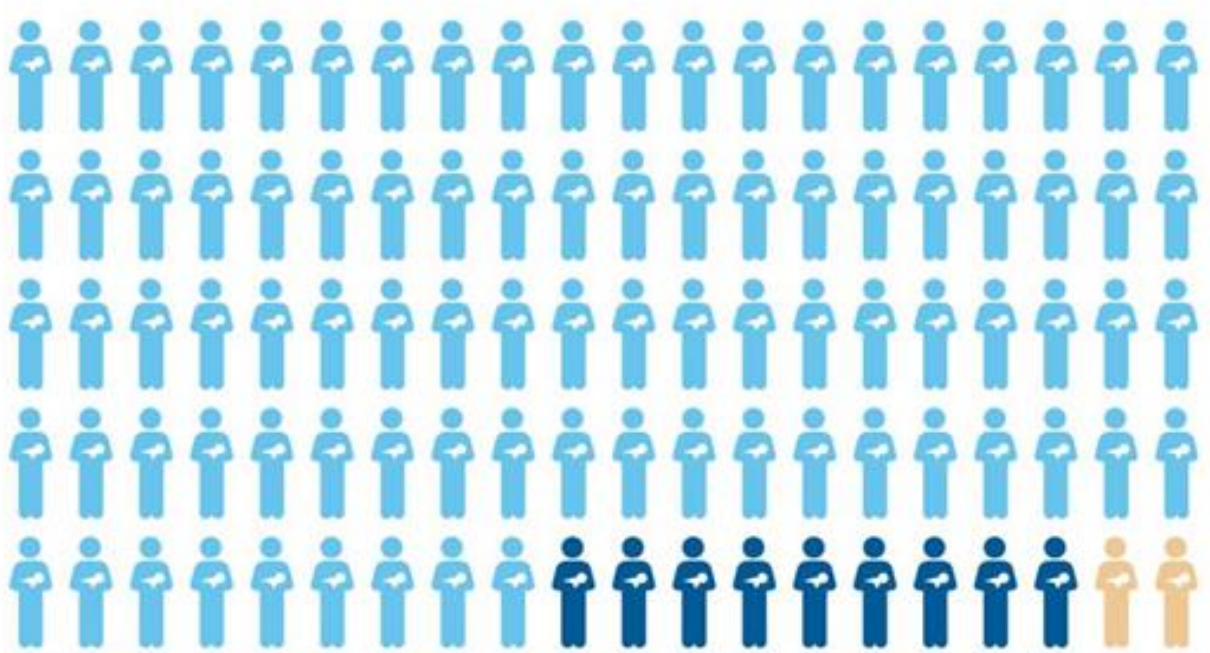


Explanations for Zambia's high care-seeking level

- Number of health facilities has increased
- Use of multiple communication channels
  - Mass and mid media
  - Interpersonal communication
  - New media including SMS technology

What explains the **high reliance on public sector sources** of sick child care in Zambia?

Among caregivers who seek sick child care outside the home, **9%** seek treatment or advice from private sector sources and **89%** from public sector sources.

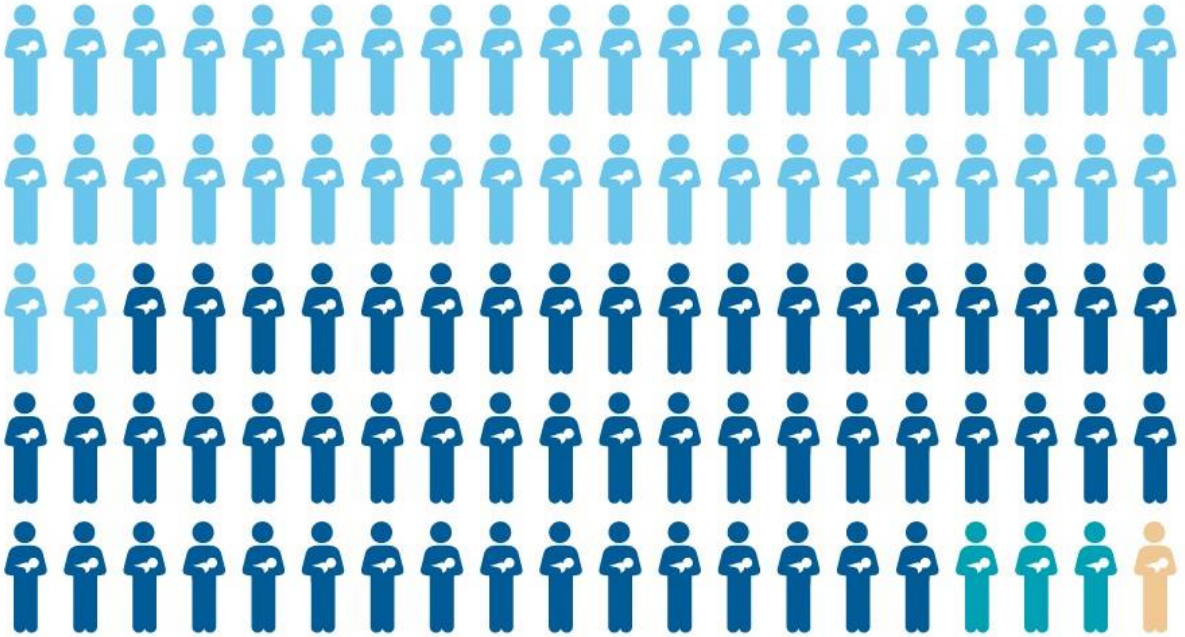


Zambia: Context underlying public sector dominance

- Perception that skilled workers are in the public sector
- Private providers can be integrated into public facilities
- Potential role of the HIV epidemic
  - ART was only available from public sources
- Lack of social franchises and social marketing organizations in Zambia

In Uganda, what is the context behind the **high private sector use**?

Among caregivers who seek sick child care outside the home, **54%** seek treatment or advice from private sector sources and **42%** from public sector sources.



Uganda: Context underlying relatively high private sector reliance

Private sector 2011:

90% Clinical

10% Non-clinical

Private sector 2016:

73% Clinical

28% Non-clinical

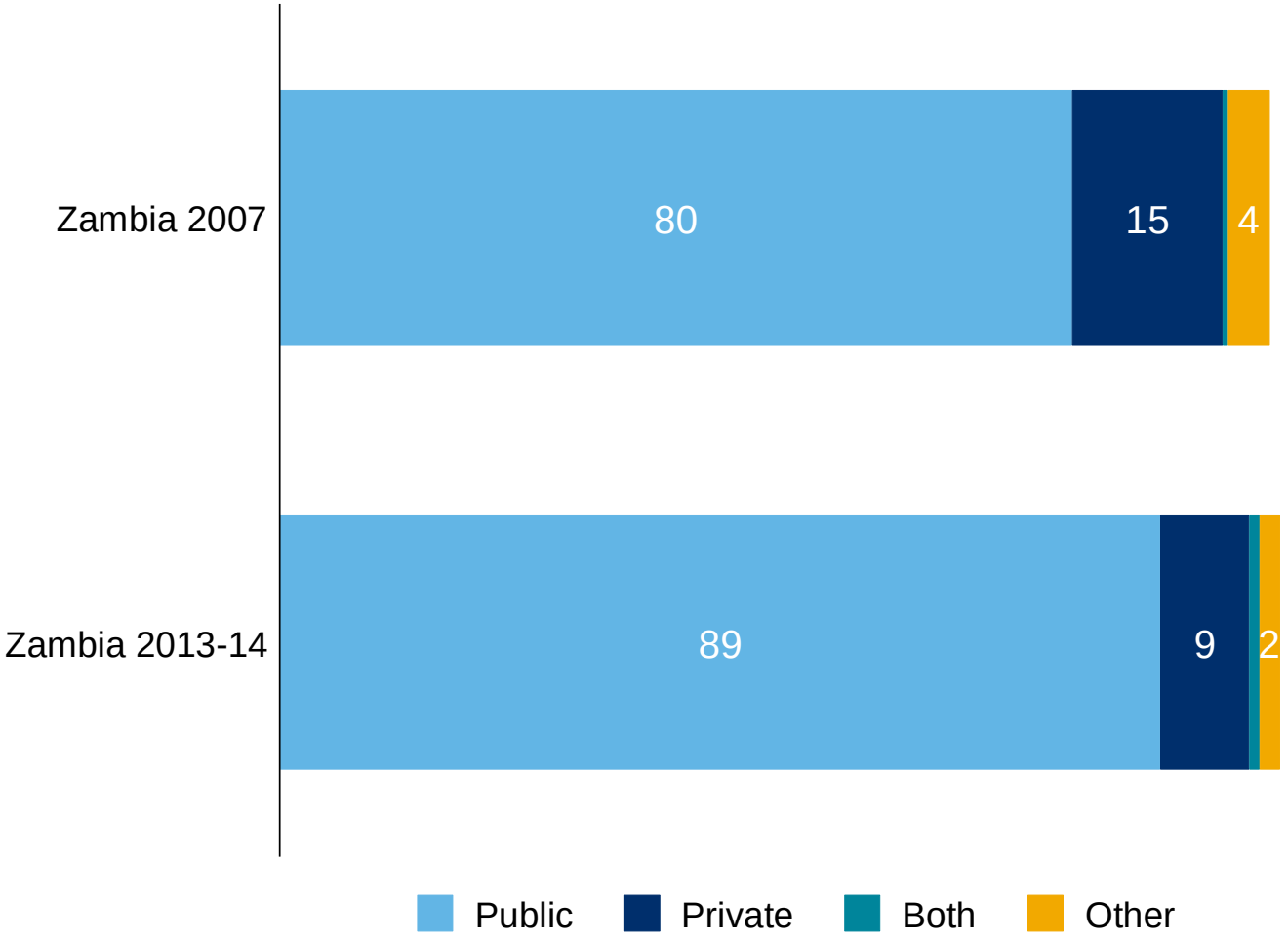
- Increase in small drug shops and itinerant drug sellers
- Role of social franchises and socially marketed products

Public Sector Situation

- Poor access to public facilities with up to 15km distance from households
- Long waiting times
- High out-of-pocket costs
- Commodity security
- Upcoming expansion of the Community Health Extension Worker (CHEWs) strategy

In Zambia, do you think the **private sector will grow** in coming years?

Since 2007, public sector increased and private sector decreased



Could you comment on the sources of care used by both the **wealthiest and poorest families**?

Public sector dominant for **poorest**; private sector dominant for **wealthiest** Ugandans

Source among those who seek care outside the home

Q1 = poorest
Q5 = wealthiest

In Uganda, the private sector is dominant for the wealthiest care seekers:

- 74% of wealthiest and 41% of poorest caregivers use the private sector

Public sector use is higher among the poorest Ugandans:

- 54% of poorest and 23% of wealthiest caregivers use the public sector

Public sector is dominant for **both poorer and wealthier** Zambians

Source among those who seek care outside the home

Q1 = poorest
Q5 = wealthiest

In Zambia, the public sector is dominant:

- 89% of poorest and 86% of wealthiest caregivers use the public sector

Private sector use is much less common, particularly among the poor:

- 7% of poorest and 13% of wealthiest caregivers use the private sector

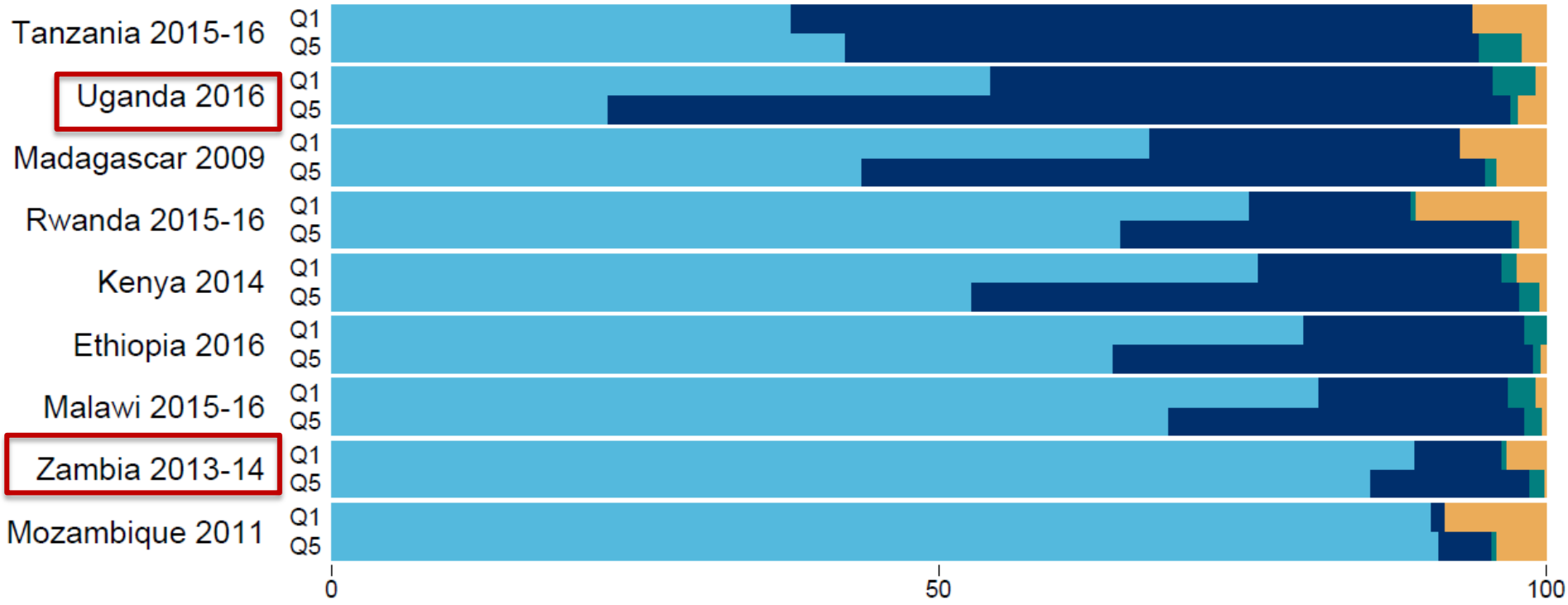
Questions from the audience

Ask a question to our panelists!

Dr. Mutinta Nalubamba
Child Health Advisor
USAID/Zambia

Dr. Christine Mugasha
Program Management Specialist
USAID/Uganda

Use of the **private** sector is higher in **Uganda** across income levels than in most other countries in the region



Source among those who seek care outside the home

Q1 = poorest
Q5 = wealthiest

Resources available now on **SHOPSPlusProject.org**

Country briefs and slides

- East and Southern Africa briefs with country-specific findings
- Country slide decks with graphs and data visualizations

Global brief

- Technical brief summarizing results across 24 priority countries

Interactive data website:
PrivateSectorCounts.org

Private Sector Counts

Explore the role of public and private sources

Home | Child Health Data | Family Planning Data | About the Data | About this Tool | SHOPSProject.org

Child Health

Explore if and where caregivers obtain sick child care.

Interact with the data!

- Socioeconomic status
- Maternal education
- Urban and rural residence

Child Health

Family Planning

Explore where women obtain their family planning method.

Interact with the data!

- mCPR
- Method mix
- Regional differences
- Trends

Family Planning

Private Sector Counts uses Demographic and Health Survey data to illuminate the role of the private health sector. Data are available for family planning and child health. Family planning data looks at source of supply and child health looks at sources of care for three common and treatable illnesses: fever, acute respiratory infection symptoms, and diarrhea.

Donors and program implementers have at their fingertips the data they need to design country programs using a total market approach.

SHOPS PLUS

USAID
FROM THE AMERICAN PEOPLE

ShopsPlusProject.org

PrivateSectorCounts.org