



Sources for sick child care in *Afghanistan*

One in a series of analyses by SHOPS Plus

July 2018





Purpose of this analysis

- Understand whether and where Afghan 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**

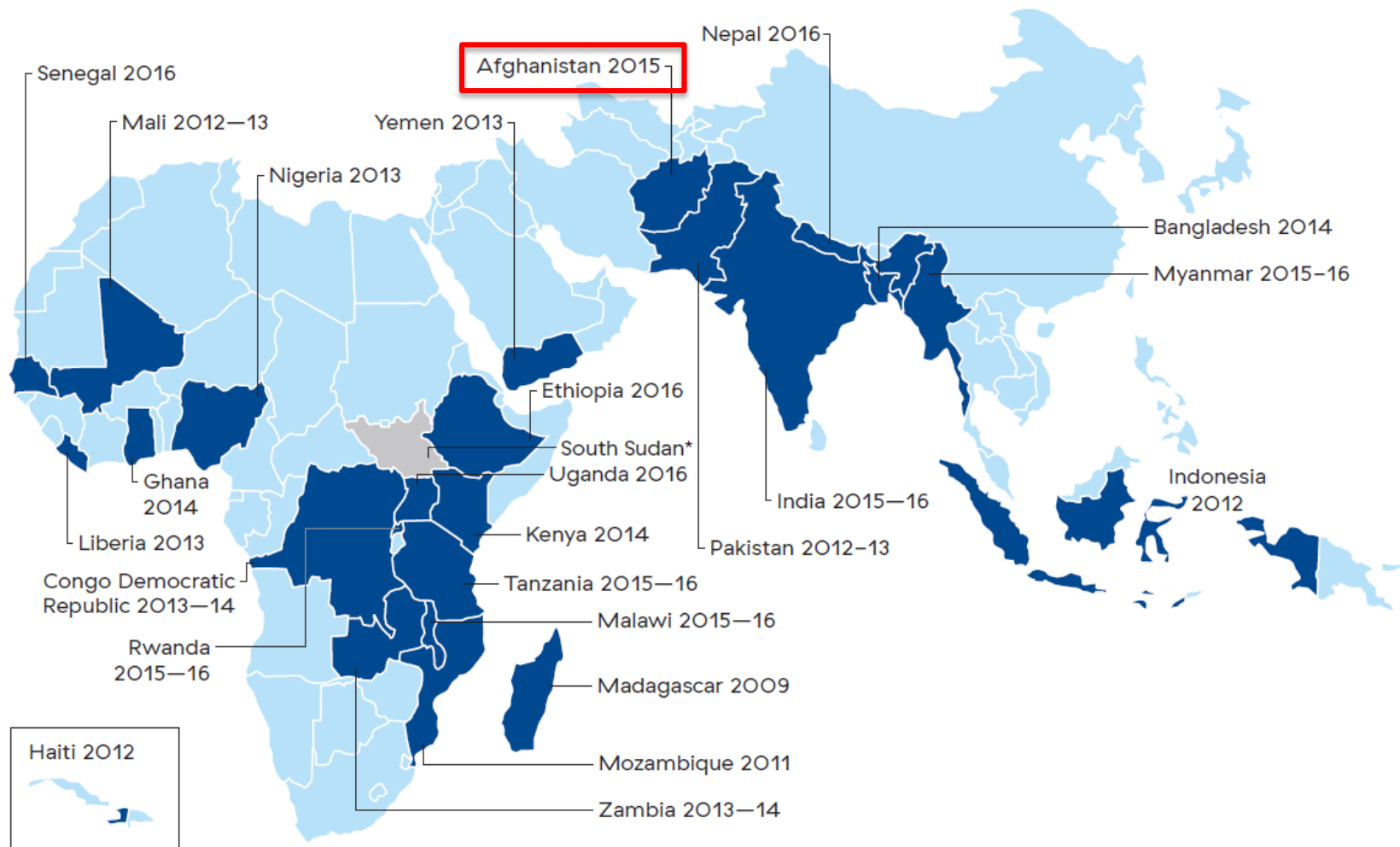


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Demographic and Health Survey (DHS) data analyzed from 24 priority countries

USAID priority countries analyzed using Demographic and Health Survey data



*No DHS data are available for South Sudan.



Afghanistan 2015 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 Afghanistan 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 Asia region
 - c) Wealth quintile: poorest and wealthiest Afghans



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

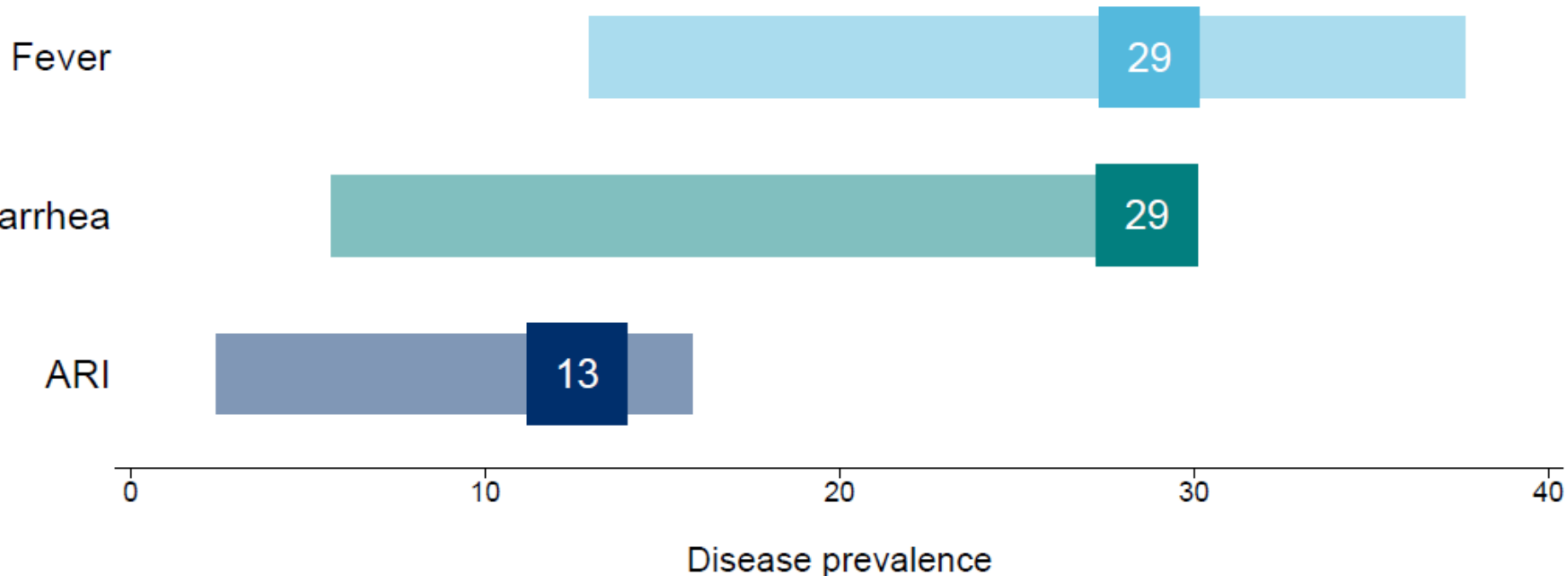




Child illness prevalence in Afghanistan is relatively high compared to among its neighbors

Bars show **range** across Asian USAID priority countries; squares show **Afghanistan**

Illness prevalence: Afghanistan and Asia





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



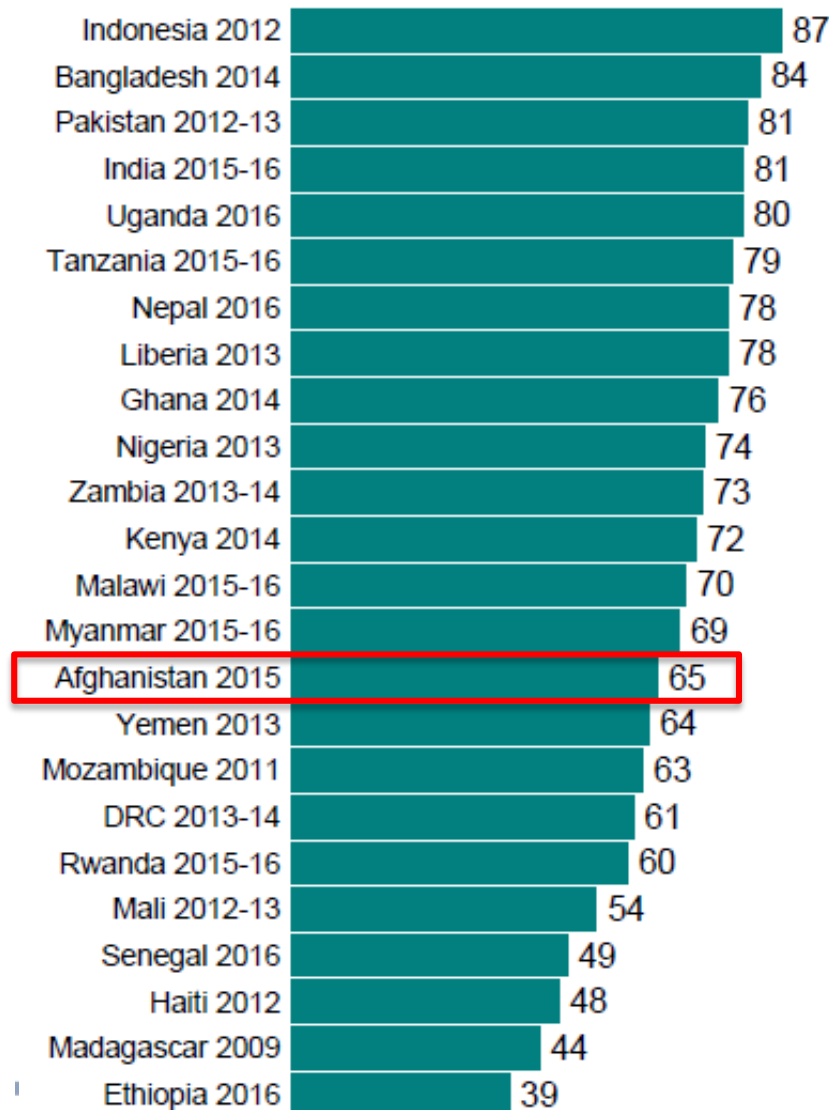


How frequently is out-of-home care sought for Afghan children with these illnesses?





Afghanistan's care-seeking level is lower than that of many other USAID priority countries



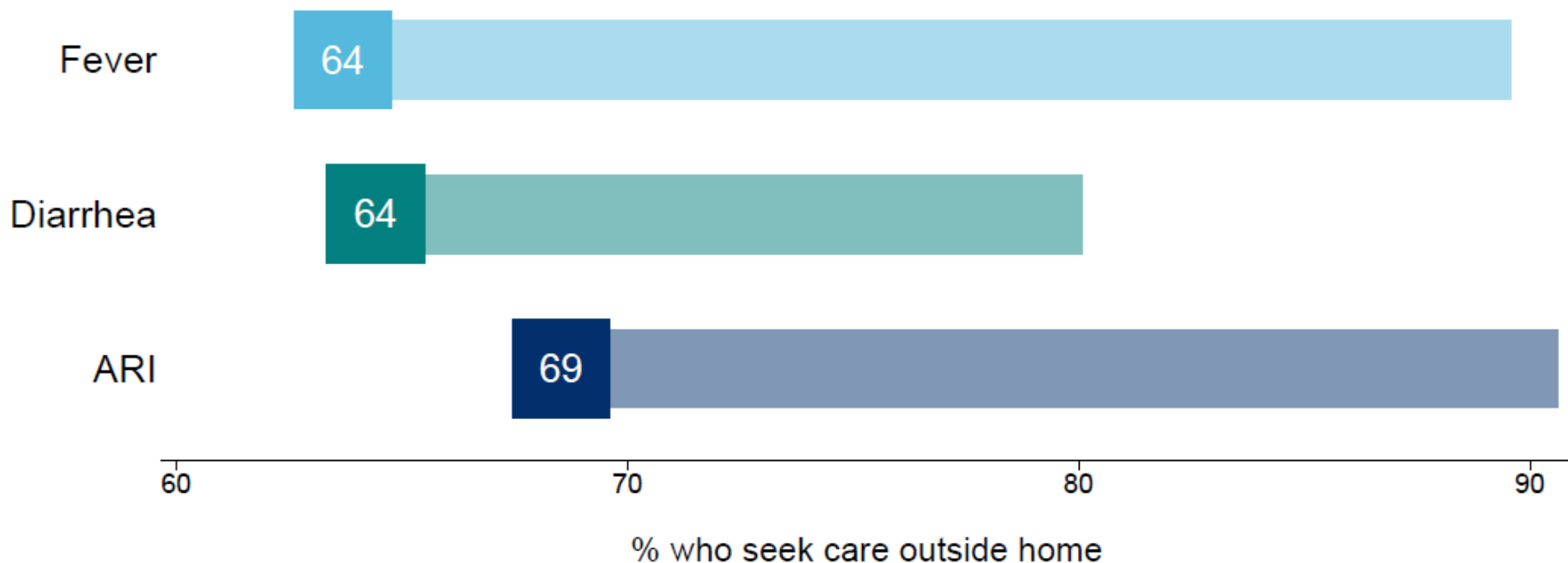
% of caregivers who seek treatment for children with any of the three illnesses in each of the 24 USAID priority countries analyzed



Afghanistan's care-seeking levels are the lowest in the Asia region, across illnesses

Bars show **range** across Asian USAID priority countries; squares show **Afghanistan**.

Caregivers who seek care outside the home: Afghanistan and Asian priority countries





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

Public, private, other



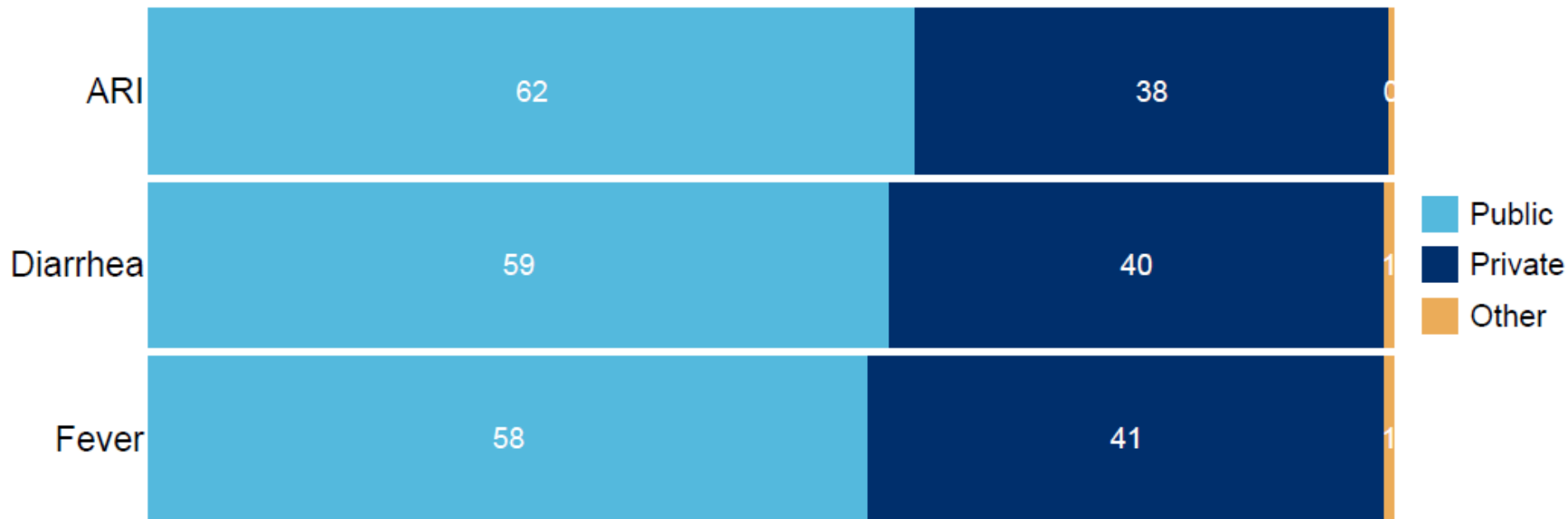


Sources of care

Public sector	Private sector	Other
<ul style="list-style-type: none">· Hospitals, comprehensive health centers, polyclinics, basic health centers, health sub-centers, health posts, mobile clinics· Community health workers	<ul style="list-style-type: none">· Private clinics, hospitals, and doctors· Nongovernmental organizations, foundations, and charities· Refugee camps· Pharmacies, shops, and markets	<ul style="list-style-type: none">· Traditional practitioners



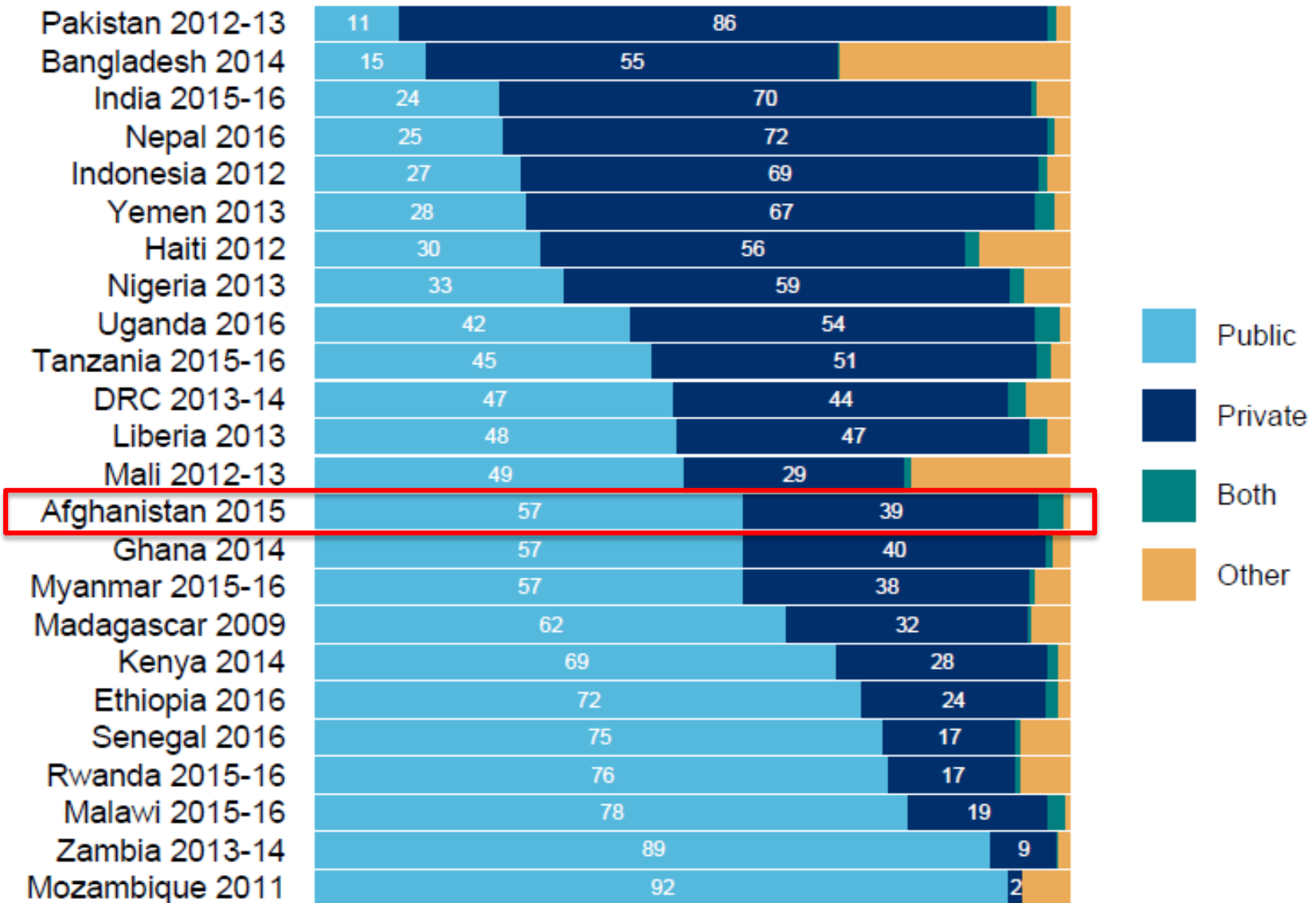
The **public** sector is dominant, yet the **private** sector plays a substantial role



Source among Afghans who seek sick child care outside the home



Most Asian countries have low public sector use; Afghanistan is an outlier





Among caregivers who seek sick child care outside the home, **39%** seek treatment or advice from private sector sources and **57%** from public sector sources.



■ Public source ■ Private source ■ Both ■ Other



Sources of care: Clinical versus non-clinical





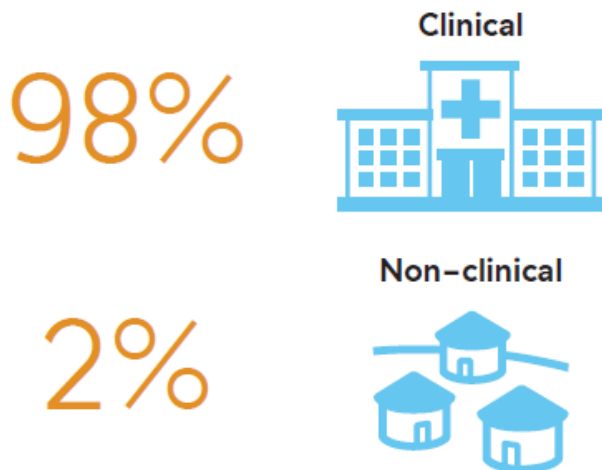
Sources of care: Clinical and non-clinical

	Public sector	Private sector
Clinical	<ul style="list-style-type: none">· Hospitals, comprehensive health centers, polyclinics, basic health centers, health sub-centers, health posts, mobile clinics	<ul style="list-style-type: none">· Private clinics, hospitals, and doctors· Nongovernmental organizations, foundations, and charities· Refugee camps
Non-clinical	<ul style="list-style-type: none">· Community health workers	<ul style="list-style-type: none">· Pharmacies, markets, and shops

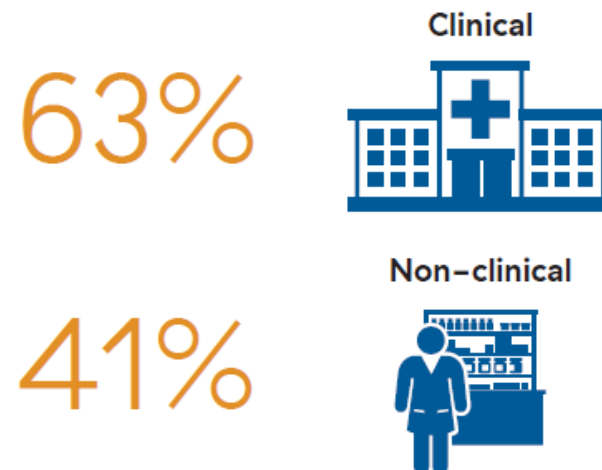


Nearly all **public** sector users rely on clinical sources; **private** sector use is split

Public sector:



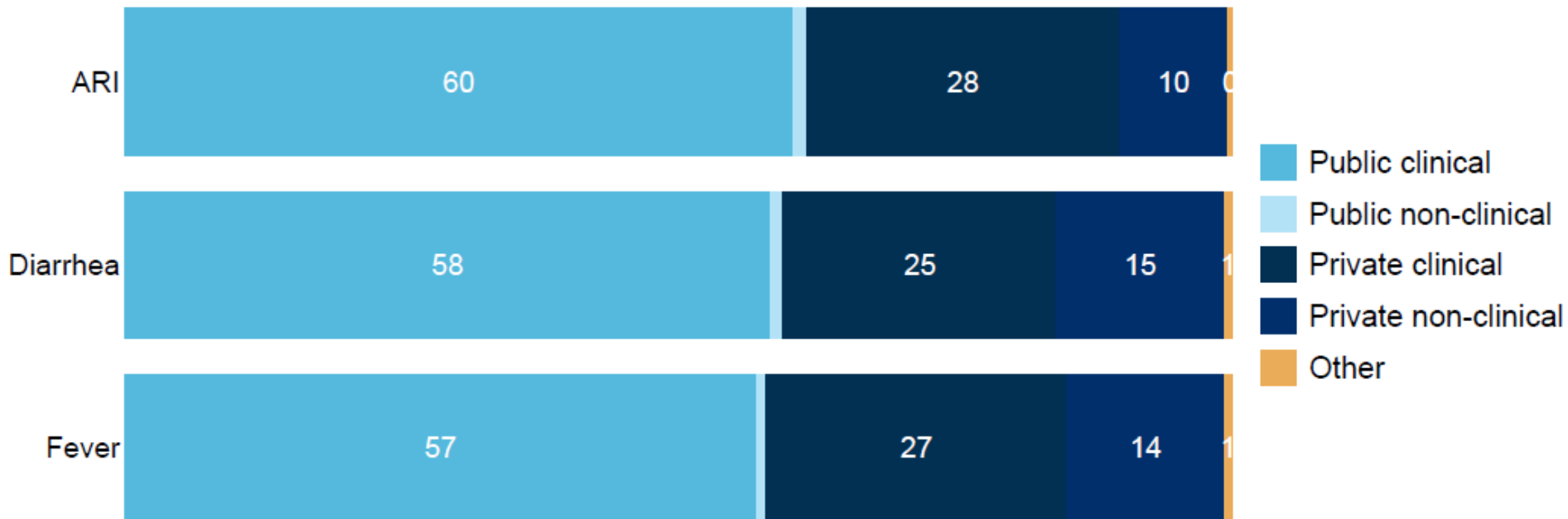
Private sector:



Note: Use of private clinical sources and private non-clinical sources sums to 104%, as some private sector care seekers use both types of sources.



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



Source among Afghans who seek sick child care outside the home



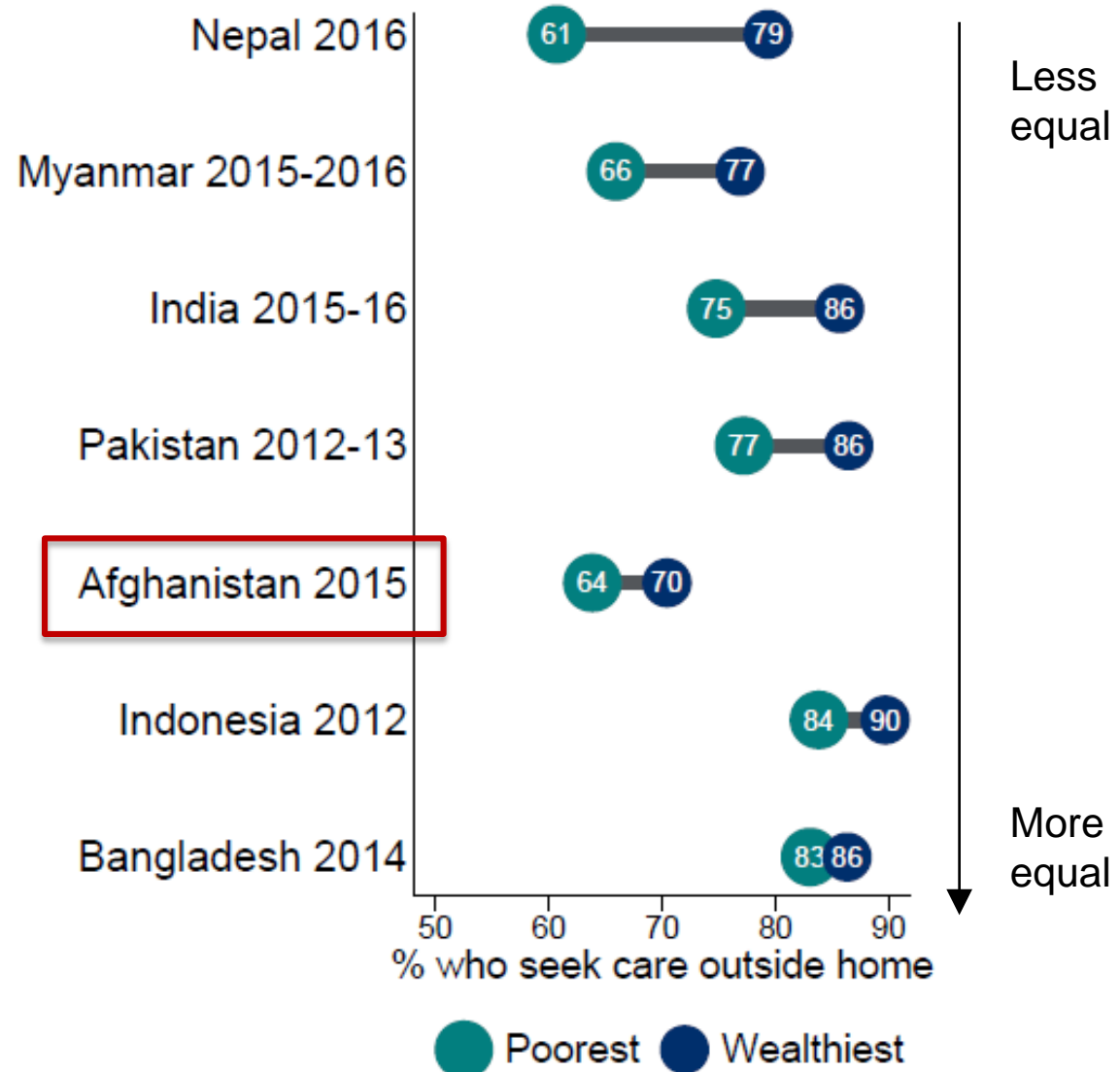
How do patterns of care-seeking vary between the poorest and wealthiest Afghans?





Afghanistan has a modest socioeconomic disparity in care-seeking levels

● Wealthiest
● Poorest





Sources of care in Afghanistan vary by socioeconomic level



Source among those who seek care outside the home

Q1 = poorest

Q5 = wealthiest



Public



Private



Both



Other

The private sector is the primary source of care among the wealthiest

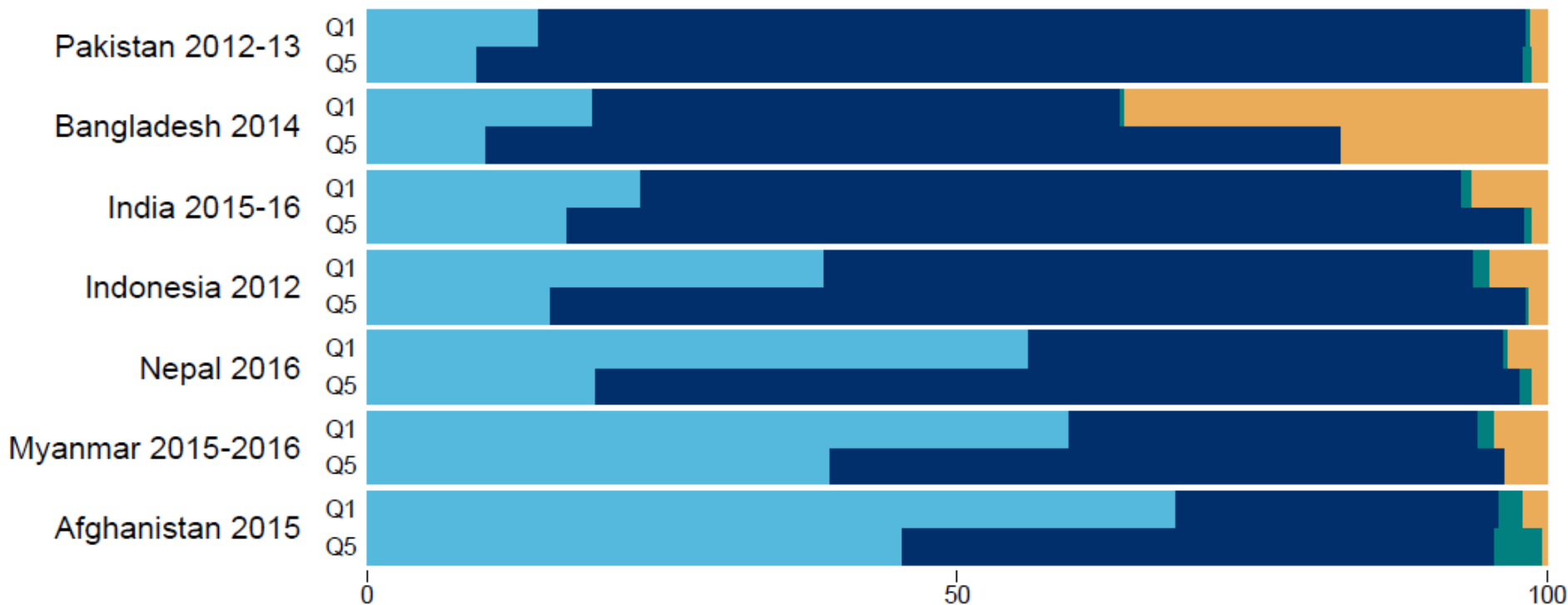
- 50% of wealthiest and 27% of poorest care-seekers use private sector

Use of the public sector is substantially higher among the poorest

- 68% of poorest and 45% of wealthiest care-seekers use public sector



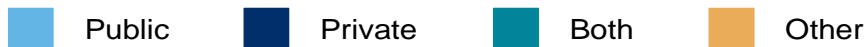
In contrast with regional patterns, Afghanistan has the **lowest private sector use** among the poorest and wealthiest



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
- **65%** of caregivers seek treatment outside the home
 - **39%** use the private sector
 - **57%** use the public sector
- **Public sector** is primary source
 - The public sector is the main source of care, yet reliance on the private sector is substantial
- Considerable differences in care-seeking sources by SES
 - **50%** of wealthiest versus **27%** of poorest caregivers use the private sector
 - **68%** of poorest and **45%** of wealthiest use the public sector
- Clinical vs. non-clinical sources
 - Private sector: **41%** used non-clinical sources; **63%** used clinical sources
 - Public sector: **98%** used clinical sources; **2%** 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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