



Sources for Sick Child Care in Liberia

Both the public and private sectors are important sources of sick child care in Liberia. 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 2013 Liberia 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

- 41% of Liberian children experienced fever, acute respiratory infection symptoms, or diarrhea in the past two weeks.
- 78% of Liberian caregivers seek treatment or advice outside the home, across all three illnesses.
- Among caregivers who seek sick child care, 48% use the public sector and 47% use the private sector.
- 99% of public sector care seekers access a clinical facility; 62% of private sector care seekers access a non-clinical source (pharmacy, market, or shop).
- The wealthiest and poorest caregivers seek care outside the home in nearly equal proportions.
- Liberia has large differences in sources of care by socioeconomic status. Many more of the wealthiest caregivers (72%) seek care from the private sector than the poorest caregivers (36%).

Illness prevalence

According to mothers interviewed across the country for the Liberia Demographic and Health Survey, 41 percent of Liberian children under five experienced one or more of the following illnesses: fever (29 percent), symptoms of acute respiratory infection (ARI—a proxy for pneumonia, 7 percent), and/or diarrhea (22 percent) in the two weeks prior to the survey.¹

Out-of-home care seeking

When children fall ill, most caregivers in Liberia (78 percent) seek advice or treatment outside the home.² For children with ARI or diarrhea, the care-seeking rates are slightly lower (73 percent). The overall rate of care seeking in Liberia is the highest among West and Central African

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



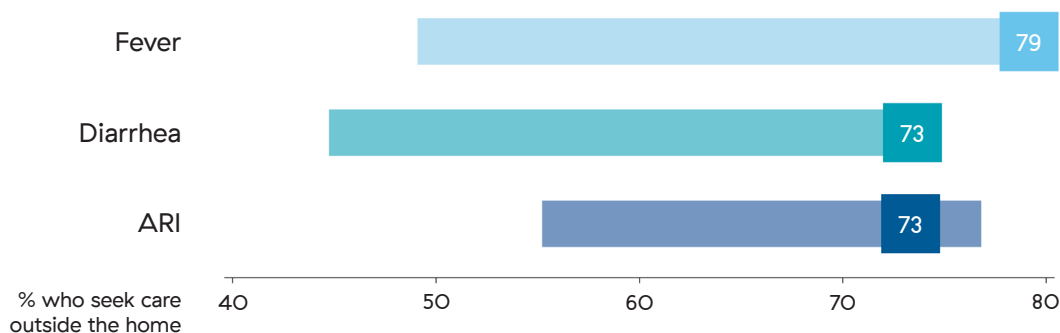
maternal and child survival priority countries (“USAID priority countries”).³ Notably, the combined prevalence of the three diseases in Liberia (41 percent) is higher than the average regional prevalence (27 percent), which may help explain the higher care-seeking rate.

Sources of care

The private and public sectors are used equally as sources of sick child care in Liberia. Among caregivers who seek treatment or advice outside their homes, 48 percent use public sector sources and 47 percent go to private sector sources. Liberia’s rate of private sector care seeking is somewhat higher than the regional average among USAID priority countries in West and Central Africa (40 percent), while the public sector care seeking rate is comparable to the regional average (51 percent). Very few caregivers (2 percent) seek care from both the public and private sectors. Among public sector care seekers, almost all (99 percent) go to a clinical facility like a hospital or a clinic, rather than seeking care from a community health worker. In contrast, 41 percent of private sector care seekers use clinical facilities, while the remainder go to non-clinical sources (pharmacies, markets or shops). 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. Liberia has higher care-seeking rates than most of its neighbors

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



¹ All Demographic and Health Survey 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 Demographic and Health Survey 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 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 West and Central Africa are the Democratic Republic of the Congo, Ghana, Liberia, Mali, Nigeria, and Senegal.

Among caregivers who seek sick child care outside the home, **48%** seek treatment or advice from public sector sources and **47%** from private sector sources.

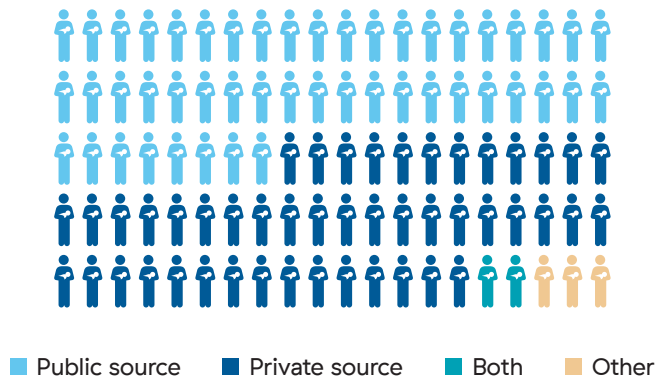
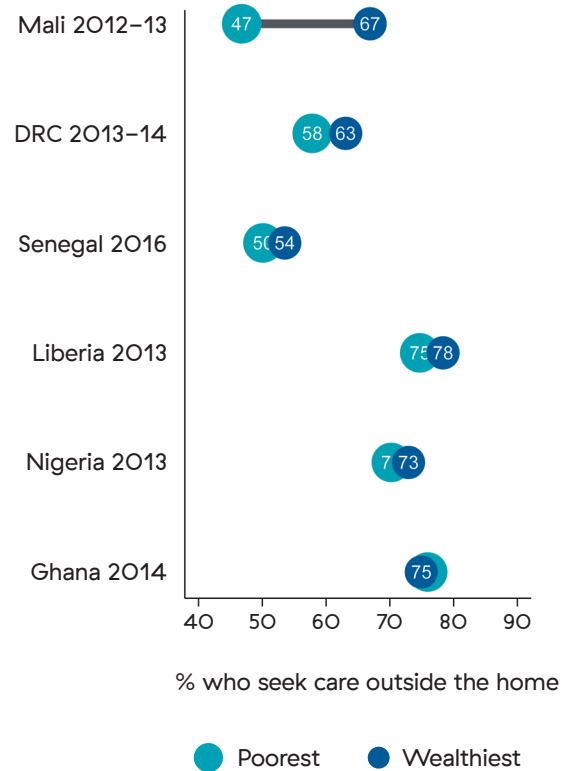


Figure 2. Like most of its neighbors, Liberia has equitable care-seeking rates



Equity in illness prevalence and care seeking

In Liberia, the burden of fever, ARI symptoms, and/or diarrhea in the poorest households is slightly greater than it is in the wealthiest households (44 percent versus 38 percent, respectively). The poorest and wealthiest children in Liberia who experience one of these illnesses are equally likely to receive treatment (75 percent and 78 percent, respectively). The magnitude of the disparity in care seeking between the poorest and wealthiest quintiles in Liberia is relatively small and similar to most of the other USAID priority countries in West and Central Africa.

Figure 3. Public sector clients use clinical sources while private sector clients use non-clinical sources



Note: Use of private clinical sources and private non-clinical sources sums to 103%, as some private sector care seekers use both types of sources.

Sources of care categories

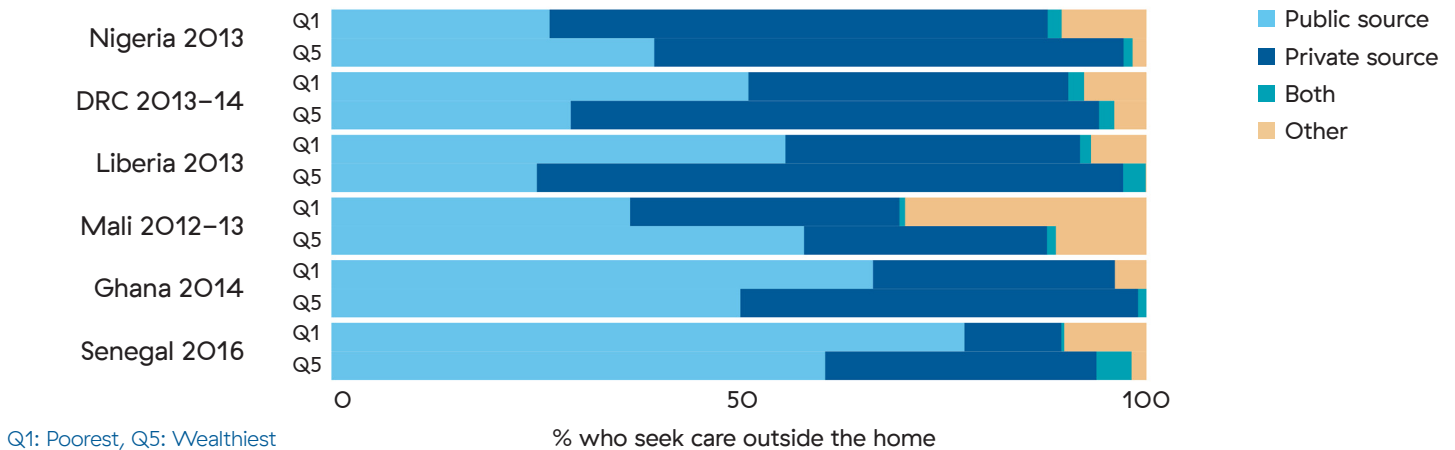
Public sector: Hospitals, clinics, health centers, community health volunteers

Private sector: Private clinics, hospitals, doctors, and mobile clinics; nongovernmental and faith-based organizations; pharmacies, shops, and drug peddlers

Other: Traditional practitioners

In Liberia, care seeking is split almost evenly between the private and public sectors. However, care-seeking patterns vary by socioeconomic status. Liberia’s wealthiest caregivers are more likely to seek care from a private sector source (72 percent) than the poorest caregivers (36 percent) and less likely to seek care from a public sector source (25 percent) than the poorest caregivers (56 percent). Seven percent of the poorest caregivers and none of the wealthiest caregivers report seeking care from other sources—primarily traditional practitioners. Compared to other West and Central African USAID priority countries, Liberia has the highest rate of private sector care-seeking among caregivers in the wealthiest quintile. Further, Liberia has the least equitable care-seeking source rates in both the public and private sectors compared to other USAID priority countries in the region.

Figure 4. Private sector use in Liberia increases with wealth



Conclusion

Fever, ARI symptoms, and diarrhea are common illnesses in Liberia, affecting more than two out of five children. The majority of caregivers across socioeconomic statuses seek advice or treatment outside the home for their sick children. The private and public sectors are used in nearly equal proportions. However, the wealthiest care seekers are much more likely to use the private sector while the poorest care seekers are much more likely to use the public sector. Nearly all public sector care seekers use clinical facilities. In contrast, the majority of private sector care seekers use non-clinical sources, such as pharmacies, markets, and shops. Liberia has a relatively high out-of-home care seeking rate, with large socioeconomic differences in sources of care seeking. These patterns should be taken into account when designing programs to meet the needs of sick children in Liberia.



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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, Praekelt.org, and the William Davidson Institute at the University of Michigan.



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