

Sources for sick child care in *Malawi*

One in a series of analyses by SHOPS Plus

July 2018





Purpose of this analysis

- Understand whether and where Malawian 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**

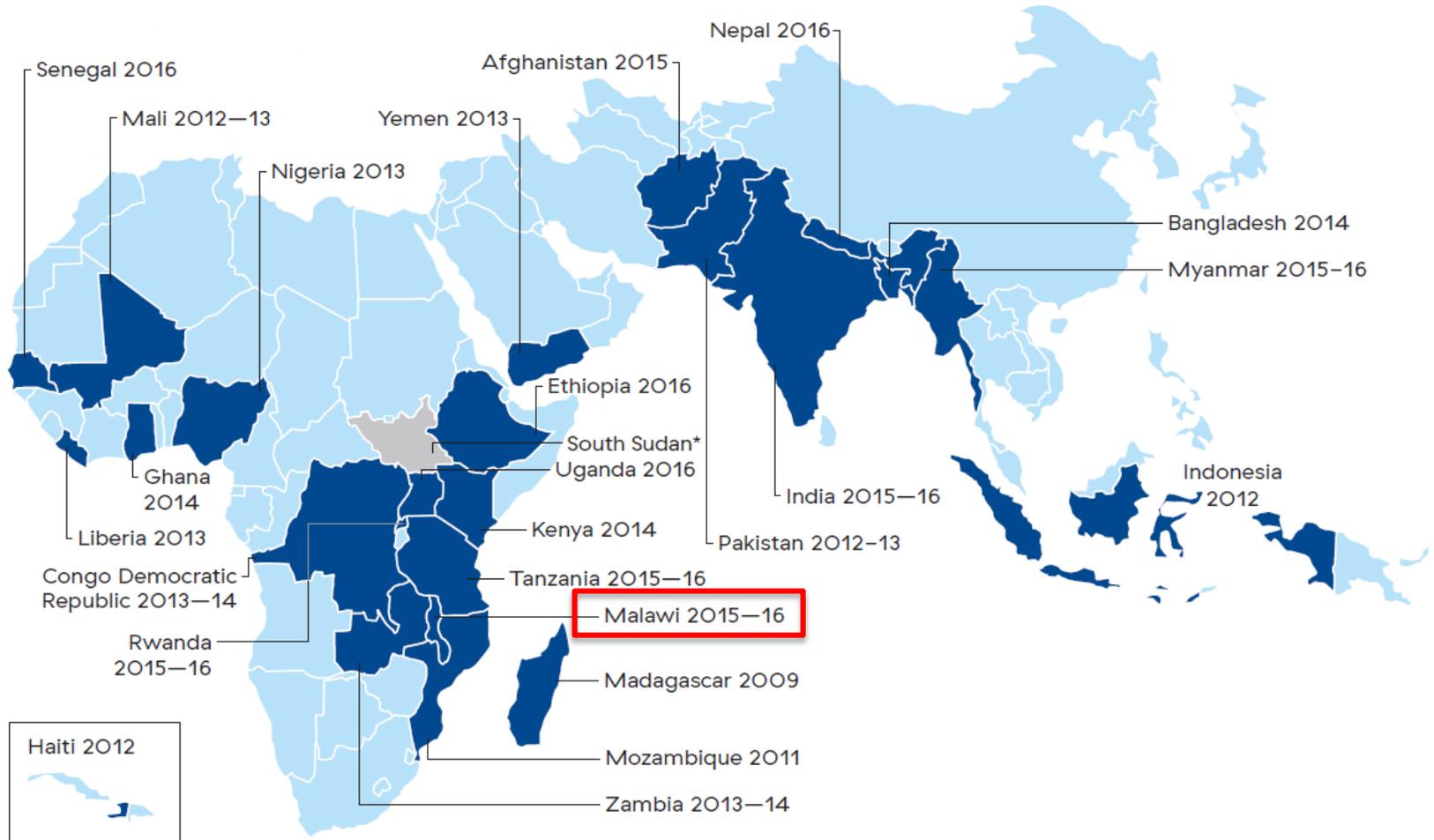


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Demographic and Health Survey (DHS) data analyzed from 24 priority countries

USAID priority countries analyzed using Demographic and Health Survey data



*No DHS data are available for South Sudan.



Malawi 2015-16 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 Malawi 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 East and Southern Africa region
 - c) Wealth quintile: poorest and wealthiest Malawians



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

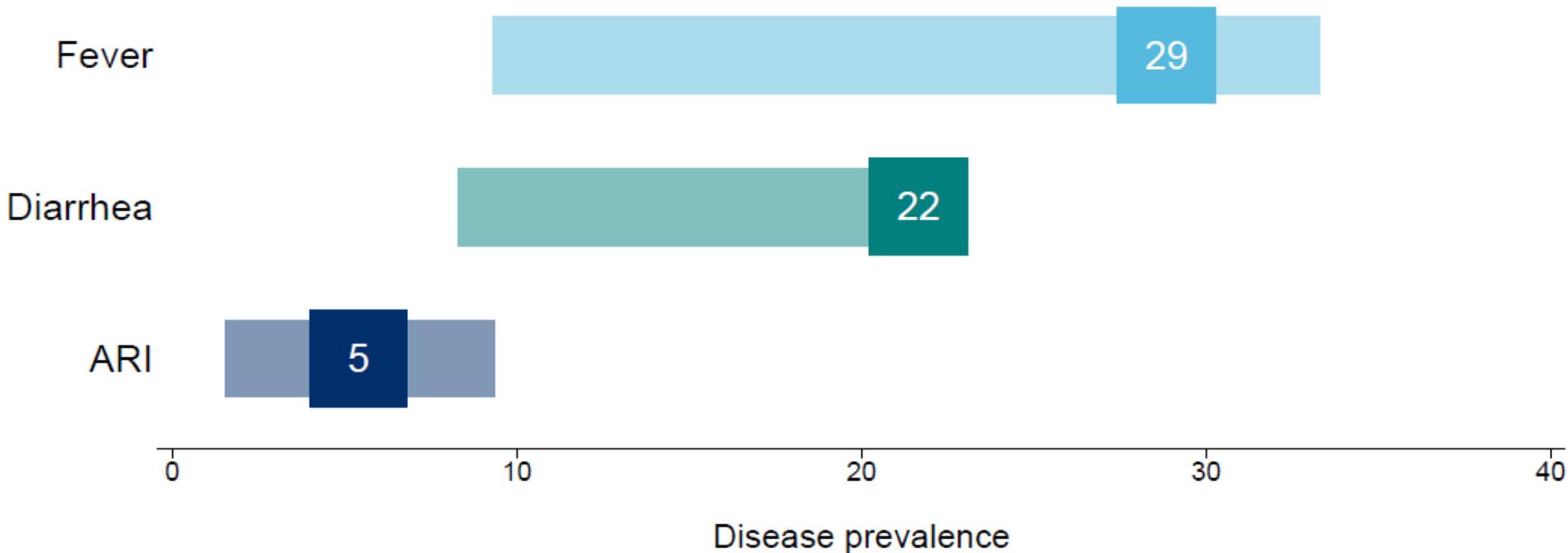




Malawi's childhood disease prevalence is high among countries in East and Southern Africa

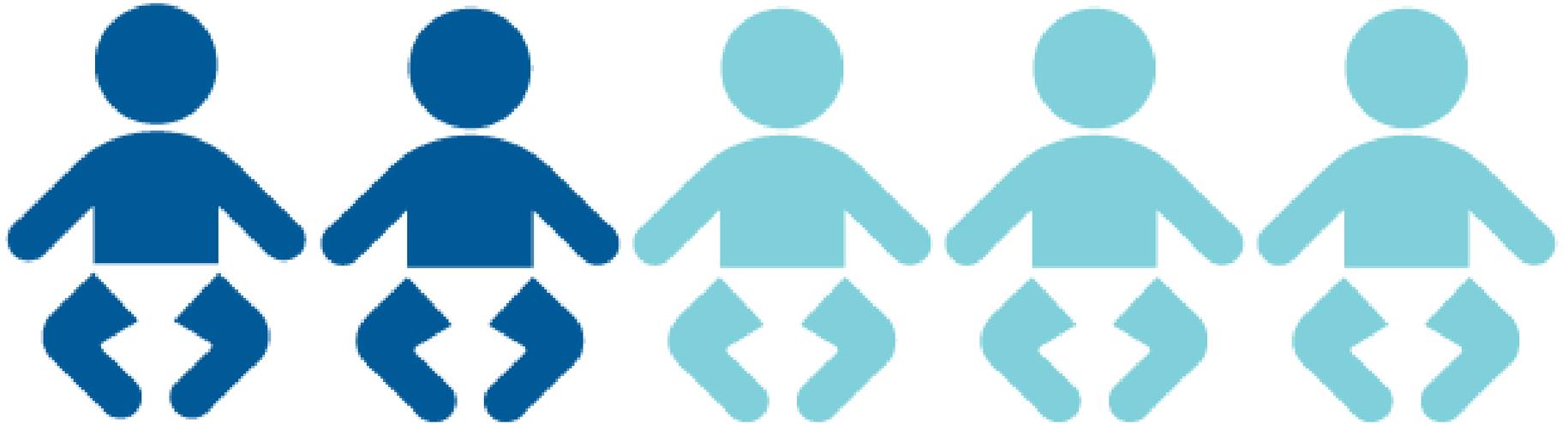
Bars show **range** across East and Southern African USAID priority countries; squares show **Malawi**

Illness prevalence: Malawi and East and Southern Africa





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



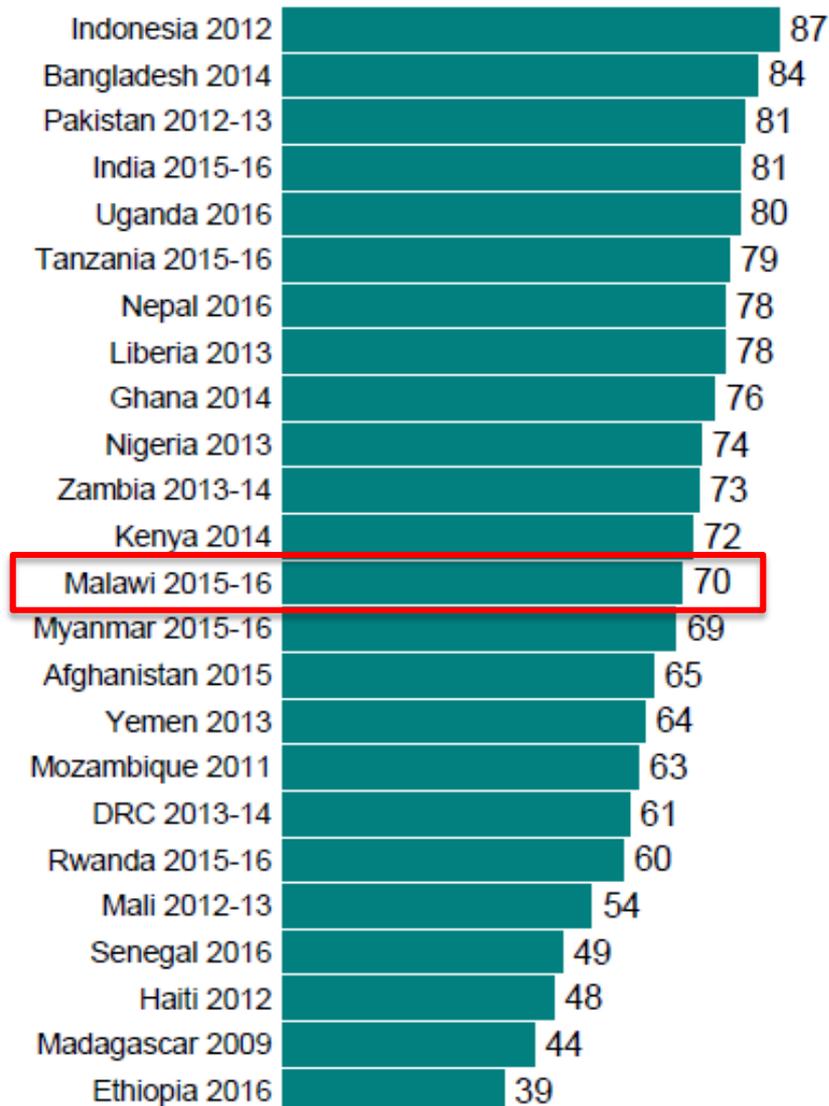


How frequently is out-of-home care sought for Malawian children with these illnesses?





Malawi's care-seeking level is mid-range compared to in other USAID priority countries



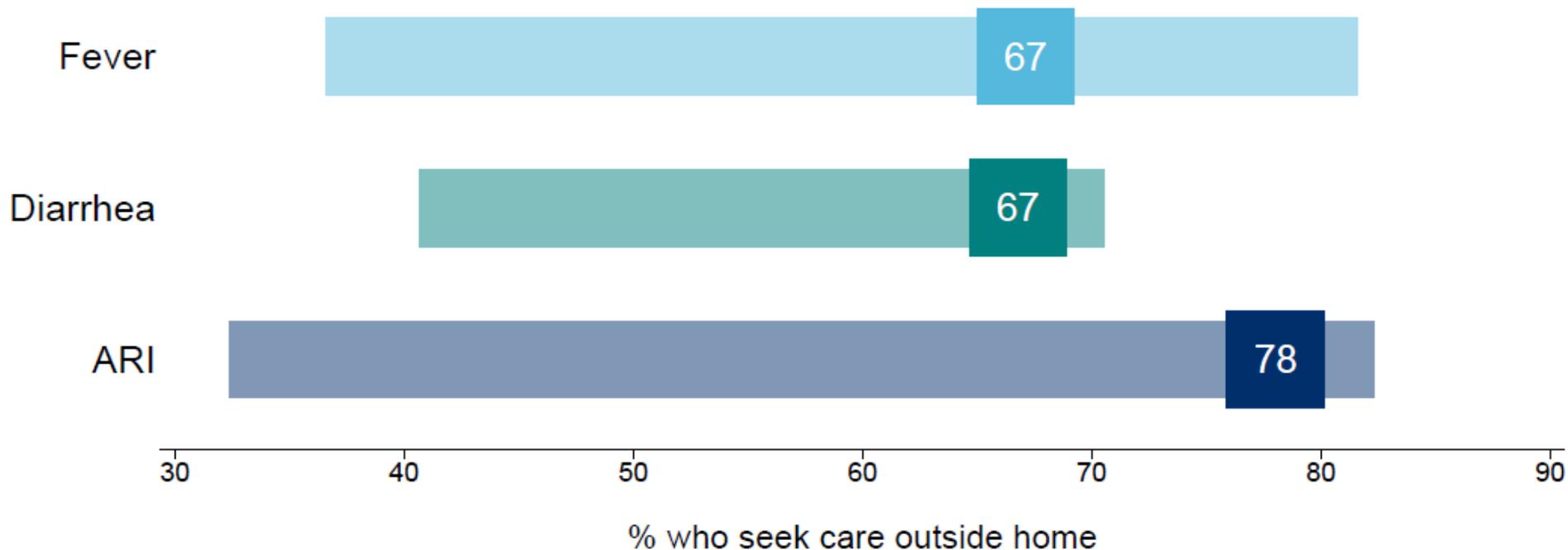
% of caregivers who seek treatment for children with any of the three illnesses in each of the 24 USAID priority countries analyzed



Across illnesses, **Malawi** has some of the **highest** care-seeking levels in the region

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

Caregivers who seek care outside the home: Malawi and East and Southern Africa





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

Public, private, other



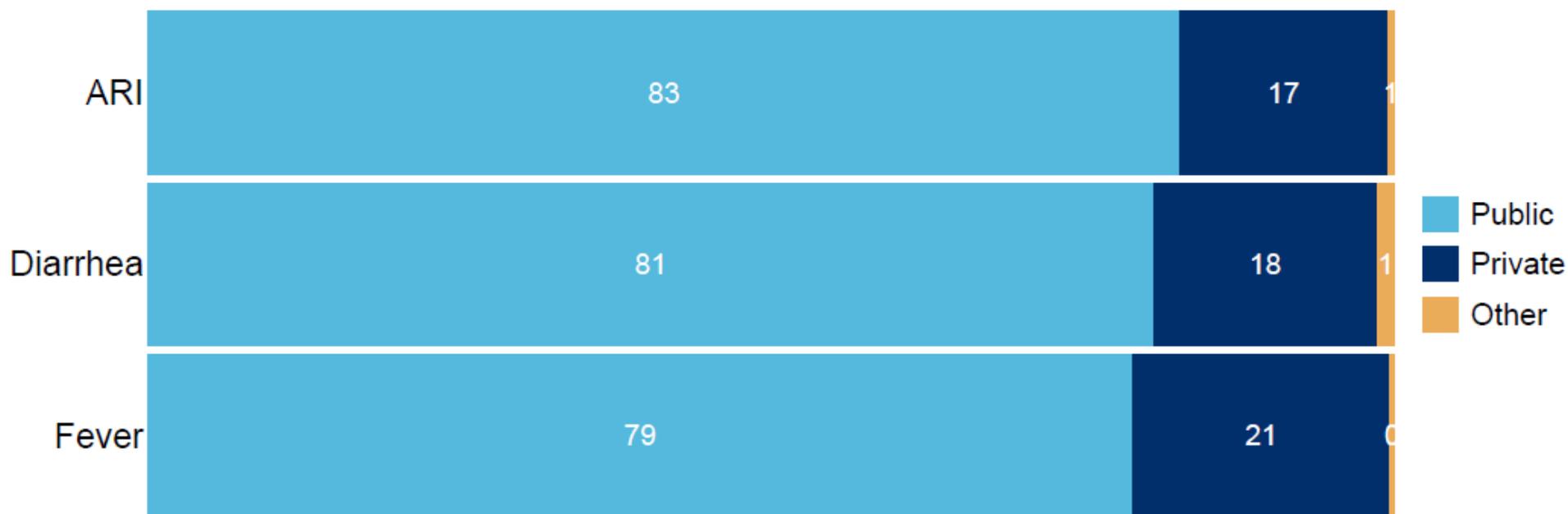


Sources of care

Public sector	Private sector	Other
<ul style="list-style-type: none">· Hospitals, health centers, health posts, mobile clinics· Health surveillance assistants	<ul style="list-style-type: none">· Private clinics, hospitals, doctors, mobile clinics, youth drop-in centers, and health surveillance assistants· Nongovernmental and faith-based organizations· Pharmacies, shops, markets, and itinerant drug sellers	<ul style="list-style-type: none">· Traditional practitioners



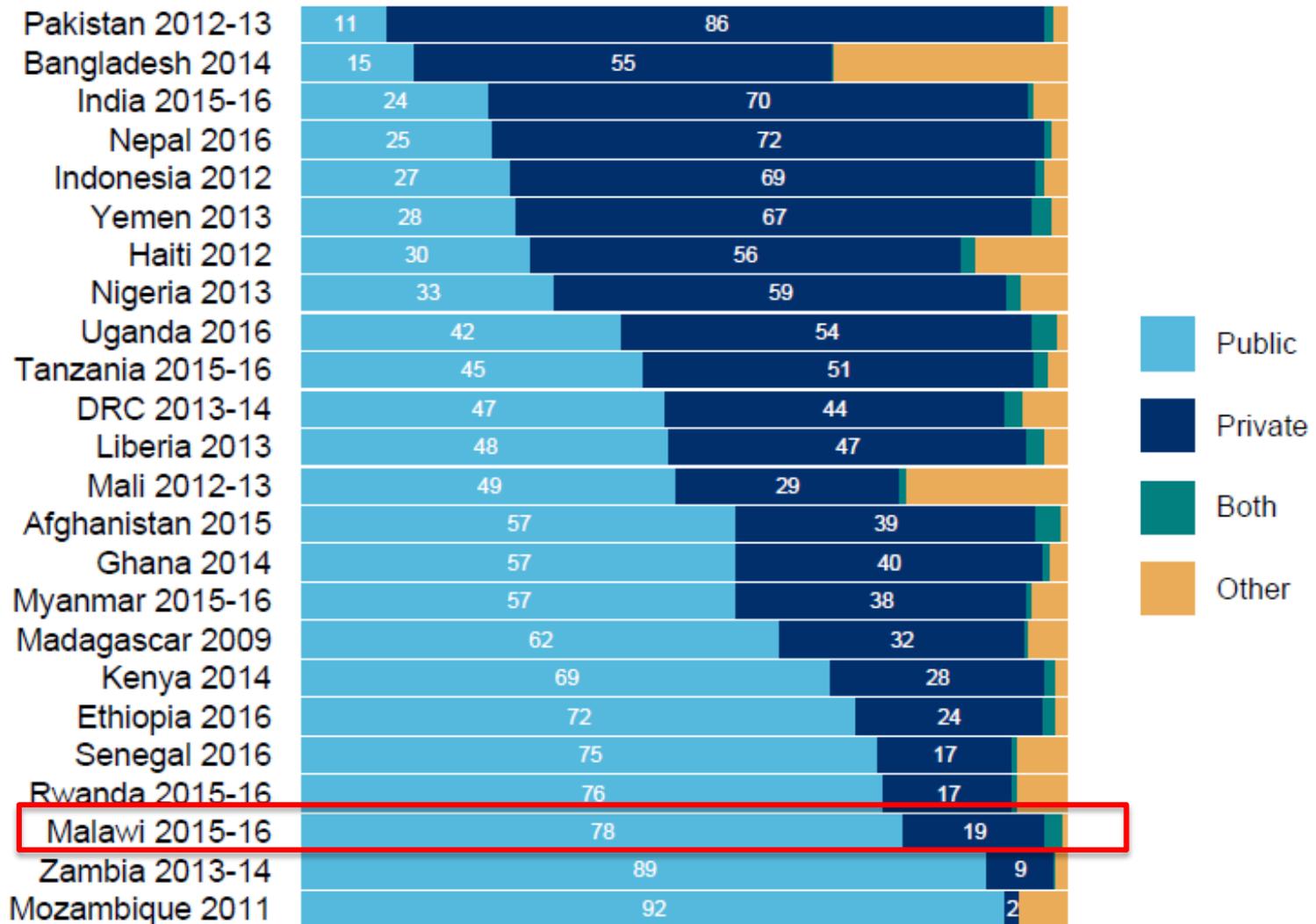
Across all three illnesses, the **public** sector is the **dominant** source of care in Malawi



Source among Malawians who seek sick child care outside the home

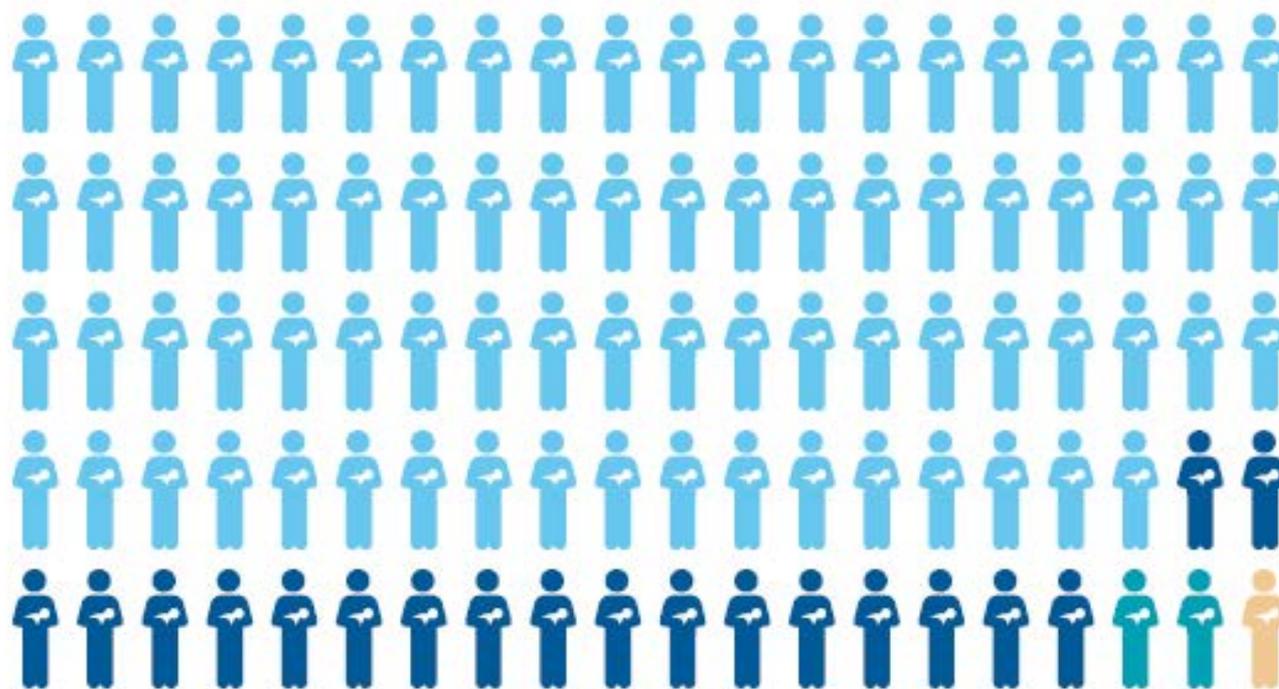


Like many countries in the region, **Malawi** has high **public** sector use





Among caregivers who seek sick child care outside the home, **19%** seek treatment or advice from private sector sources and **78%** 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· Health centers· Health posts· Mobile clinics	<ul style="list-style-type: none">· Private clinics, hospitals, doctors, mobile clinics, youth drop-in centers, and health surveillance assistants· Nongovernmental and faith-based organizations
Non-clinical	<ul style="list-style-type: none">· Health surveillance assistants	<ul style="list-style-type: none">· Pharmacies, shops, markets, and itinerant drug sellers



Most **public sector** care-seekers use **clinical** care; **private sector** care-seekers are **split**

Public sector:

93%



7%



Private sector:

57%

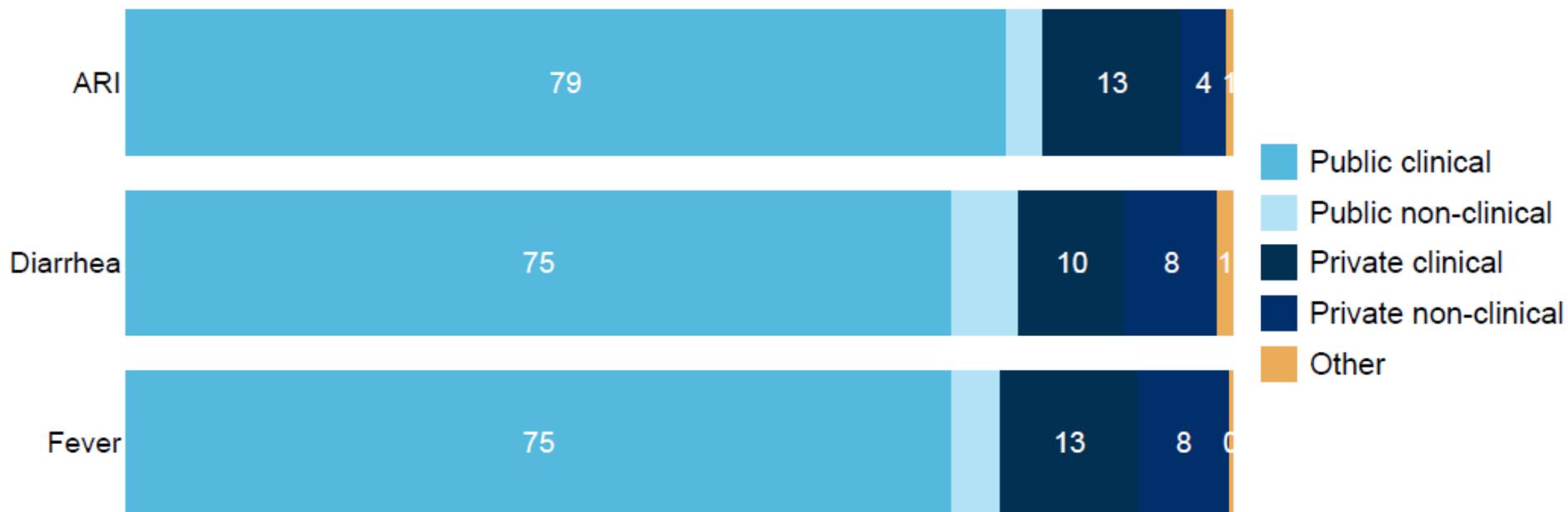


43%





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



Source among Malawians who seek sick child care outside the home

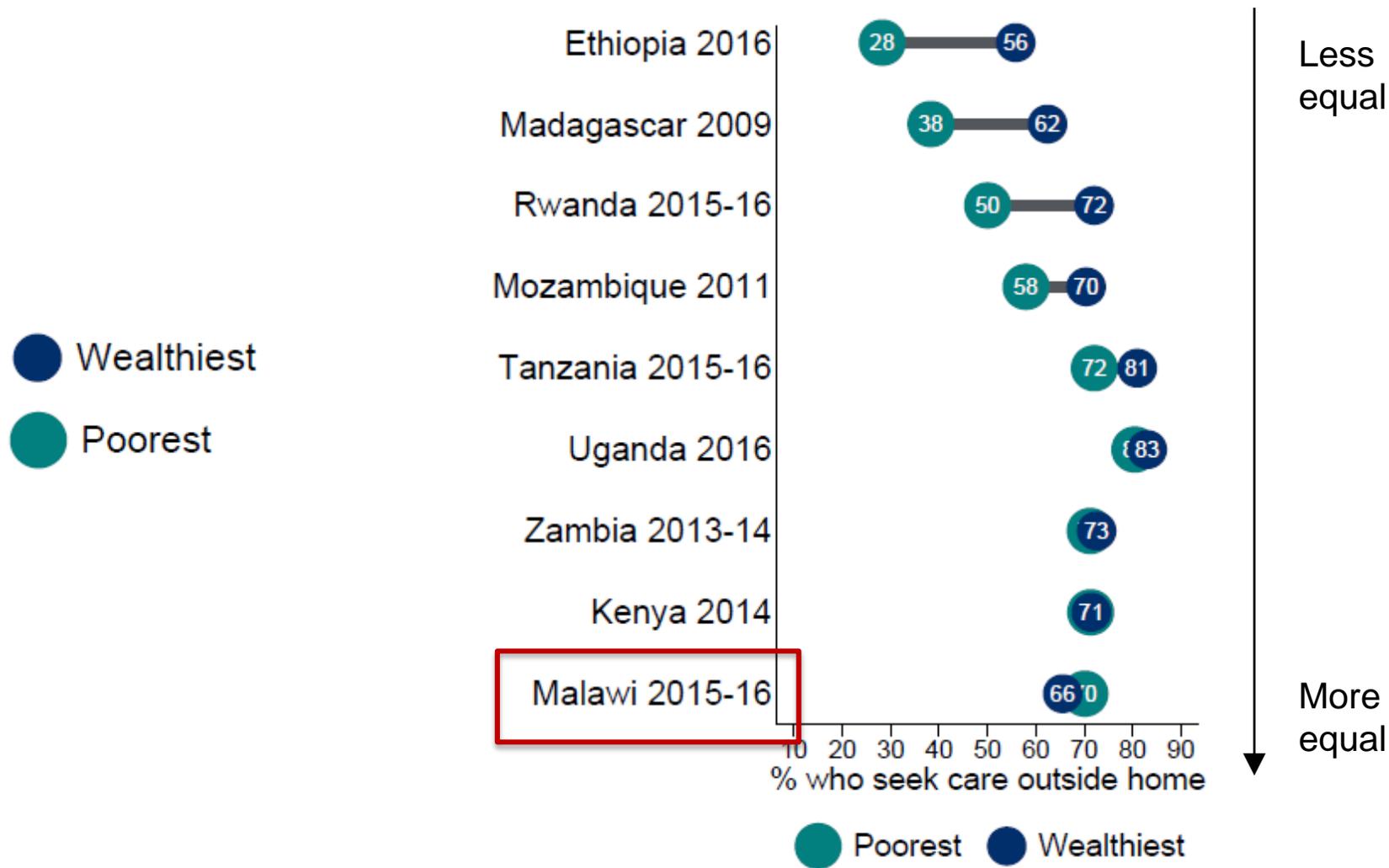


How do patterns of care-seeking vary between the poorest and wealthiest Malawians?





Malawi has the **most equitable** care-seeking levels in the region





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



Source among those who seek care outside the home

Q1 = poorest

Q5 = wealthiest



Public



Private



Both



Other

In Malawi, the public sector is dominant:

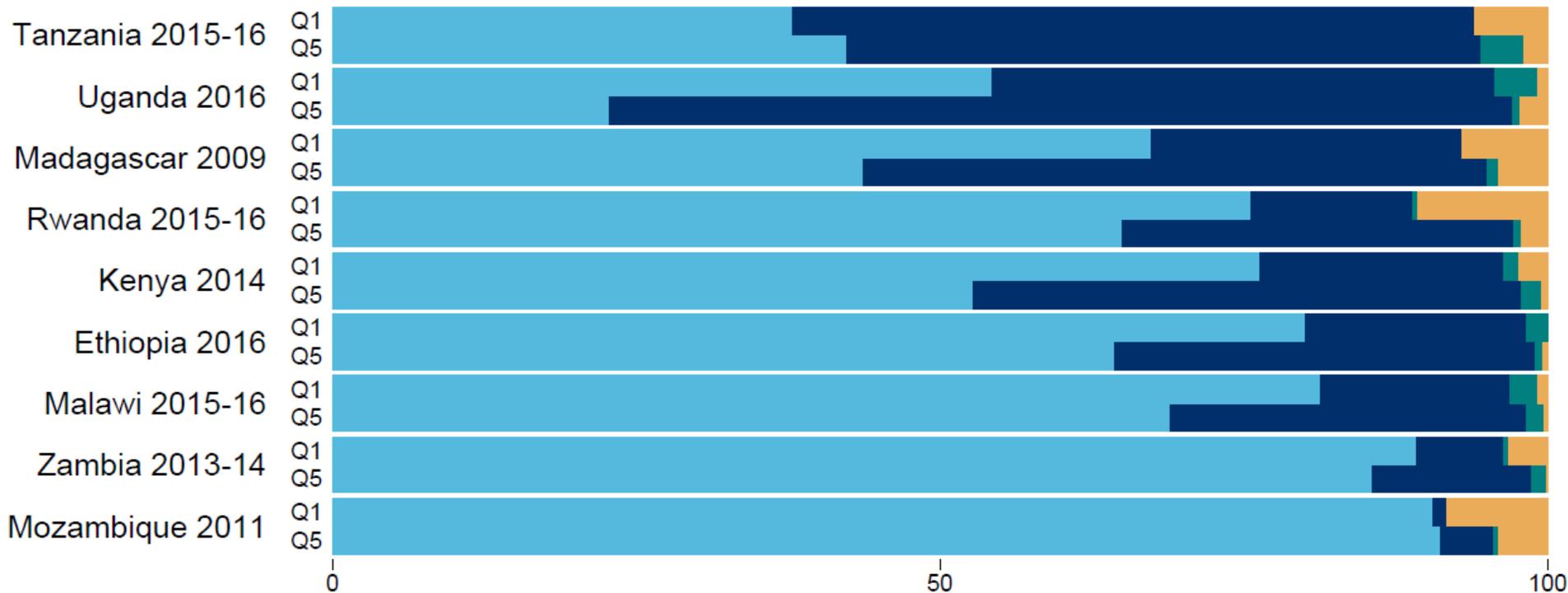
- 81% of poorest and 69% of wealthiest caregivers use the public sector

Private sector use is higher among the wealthiest

- 16% of poorest and 29% of wealthiest caregivers use the private sector



Malawi's care-seeking sources align with regional patterns: **public sector dominant**, particularly among **poorest**



Source among those who seek care outside the home

Q1 = poorest
Q5 = wealthiest

Public Private Both Other



Summary

- **2 out of 5** children experienced a treatable illness in the past two weeks
- **70%** of caregivers seek treatment outside the home
 - Care-seeking levels in Malawi are very equitable by income level
- **Public sector** is dominant
 - **78%** use the public sector
 - **19%** use the private sector
- Public sector remains dominant across income levels
 - **69%** of wealthiest and **81%** of poorest caregivers use the public sector
 - **16%** of poorest and **29%** of wealthiest use private sources
- Clinical vs. non-clinical sources
 - Private sector: **57%** use clinical sources, **43%** use non-clinical sources
 - Public sector: **93%** use clinical sources; **7%** use non-clinical sources



Acknowledgements

These analyses were produced by:

- Sarah E.K. Bradley, Lauren Rosapep, Tess Shiras, SHOPS Plus

Thank you to:

- Cathy Clarence, Saiqa Panjsheri, Anthony Leegwater, Jennifer Mino-Mirowitz (Abt Associates)
- Malia Boggs, William Weiss, Kerry Ross, Nefra Faltas (USAID)

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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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