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Sources for Sick Child Care in Afghanistan

The public sector is the dominant source of care in Afghanistan. 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 2015 Afghanistan 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

- 44% of Afghan children experienced fever, acute respiratory infection symptoms, or diarrhea in the past two weeks.
- 65% of Afghan caregivers seek treatment or advice outside the home, across all three illnesses.
- Afghanistan has a high level of public sector care seeking (57%) compared to the average across Asian countries (31%).
- 98% of public sector care seekers and 63% of private sector care seekers access a clinical facility.
- The poorest caregivers are more likely to use the public sector than the wealthiest, while the wealthiest caregivers are more likely to use the private sector than the poorest. These socioeconomic differences should be considered when designing programs focused on child survival in Afghanistan.

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 Afghanistan Demographic and Health Survey, 44 percent of Afghan children under five experienced one or more of the following illnesses: fever (29 percent), symptoms of acute respiratory infection (ARI)—a proxy for pneumonia—(13 percent), and/or diarrhea (29 percent) in the two weeks prior to the survey.[1]

Out-of-home care seeking

When children fall ill, most caregivers in Afghanistan (65 percent) seek advice or treatment outside the home.[2] This level remains fairly consistent among children with fever, ARI symptoms, or diarrhea (64 percent, 69 percent, and 64 percent, respectively). The overall level of care seeking in Afghanistan is lower than the average level (78 percent) across Asian maternal and child survival priority countries ("USAID priority countries").[3] Given Afghanistan's high childhood disease burden, improving care-seeking behaviors is an important step for the country to improve child survival.

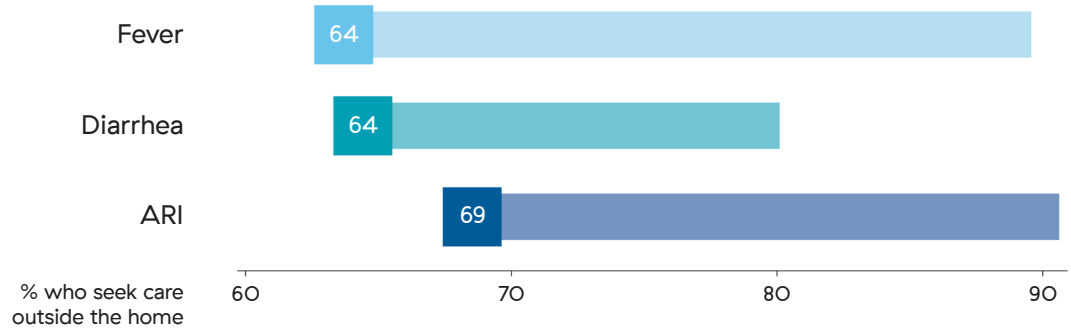
2 out of 5 children in Afghanistan experienced fever, ARI symptoms, or diarrhea in the last 2 weeks.

Sources of care

The public sector is the dominant source of sick child care in Afghanistan. Among caregivers who seek treatment or advice outside their homes, 57 percent use public sector sources and 39 percent use private sector sources. Afghanistan has a higher level of public sector care seeking compared to the average level among Asian USAID priority countries (31 percent). Very few caregivers (3 percent) seek care from both the public and private sectors. Among public sector care seekers, 98 percent go to a clinical facility like a hospital or clinic, rather than seeking care from a community health worker. In contrast, 63 percent of private sector care seekers go to a clinical facility, while the remainder use non-clinical sources (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. Afghanistan has the lowest care-seeking levels among Asian priority countries

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

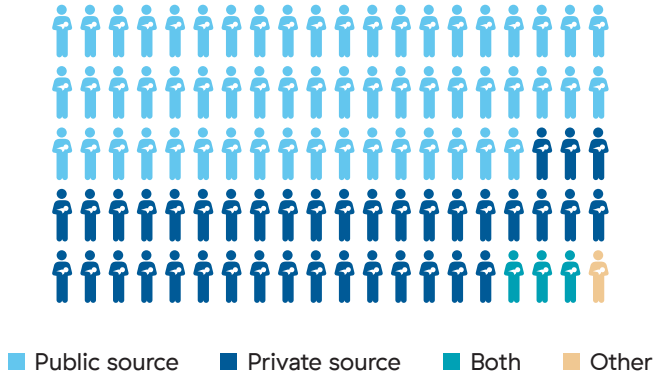


[1] All Demographic and Health Survey data used in this analysis are reported by mothers who were asked if their children under age five experienced fever, ARI symptoms, or diarrhea in the two weeks before the interview. These data do not report whether children recently had pneumonia or malaria because 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] In this analysis, out-of-home sources of care comprise public sources (hospitals, comprehensive health centers, polyclinics, basic health centers, health sub-centers, health posts, mobile clinics, and community health workers), private sources (private clinics, hospitals, and doctors; nongovernmental organizations, foundations, and charities; refugee camps; and pharmacies, shops, and markets), 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, 57% seek treatment or advice from public sector sources and 39% from private sector sources.



Equity in illness prevalence and care seeking

In Afghanistan, the burden of fever, ARI, and/or diarrhea is equivalent among children from the poorest and wealthiest households. Poorer children who experience one of these illnesses are slightly less likely to receive treatment than their wealthier peers (64 percent versus 70 percent, respectively). The magnitude of the disparity in care seeking between the poorest and wealthiest quintiles in Afghanistan is lower than it is in most of the other USAID priority countries in Asia.

Figure 2. Regionally, Afghanistan has a relatively low wealth disparity in care-seeking levels

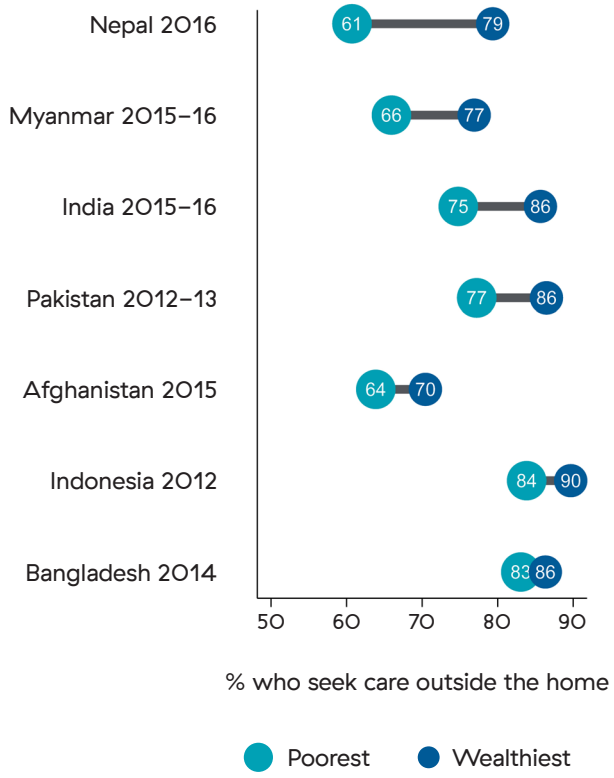
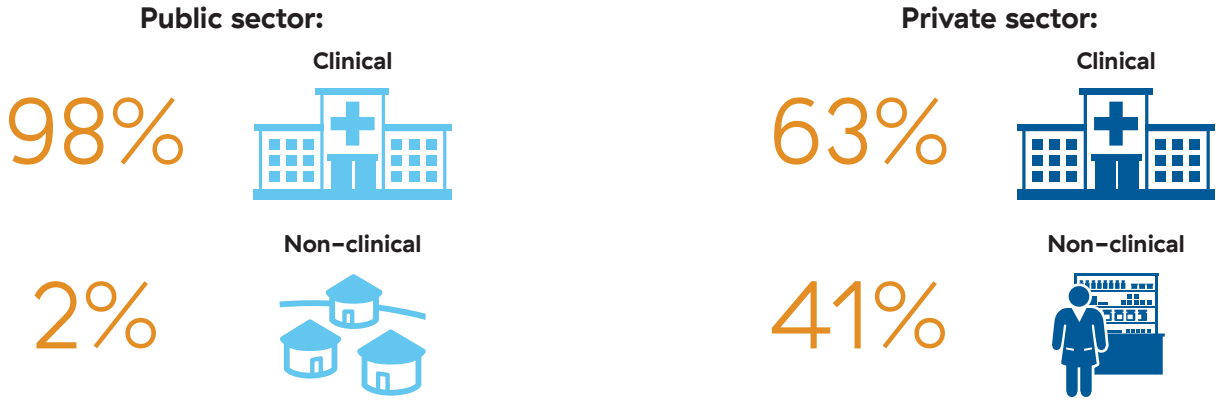


Figure 3. Nearly all public sector clients go to clinical sources of care



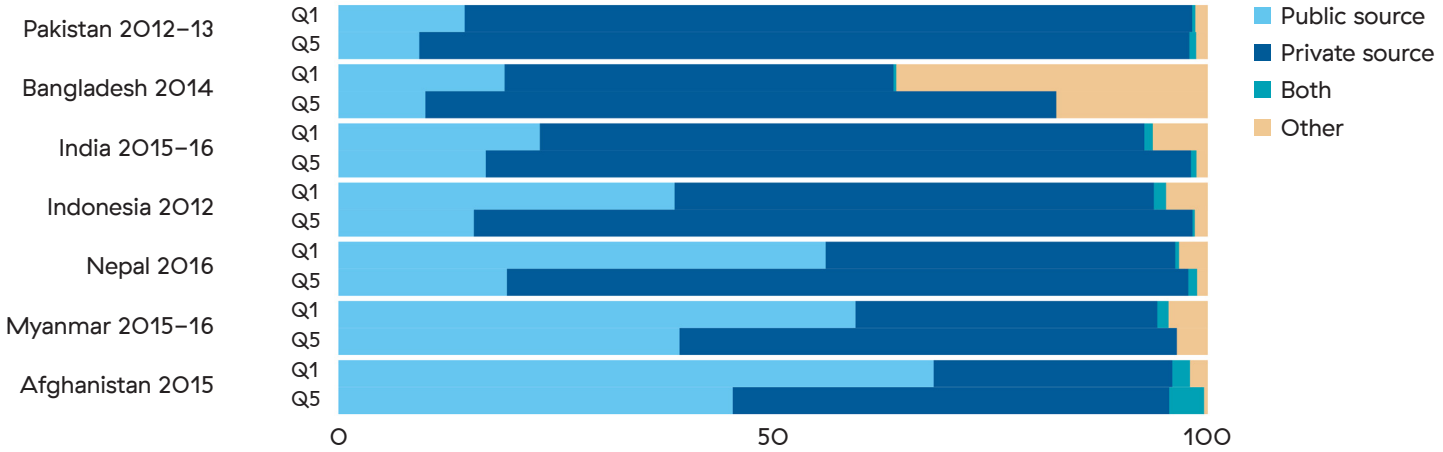
Note: Use of private clinical sources and private non-clinical sources sums to 104%, as some private sector care seekers use both types of sources.

Sources of care categories

Public sector: Hospitals, comprehensive health centers, polyclinics, basic health centers, health sub-centers, health posts, mobile clinics, community health workers
Private sector: Private clinics, hospitals, and doctors; nongovernmental organizations, foundations, and charities; refugee camps; pharmacies, shops, and markets
Other: Traditional practitioners

The majority of care outside the home for sick children is accessed from the public sector. However, care-seeking patterns vary by socioeconomic status. Caregivers from the poorest quintile are more likely to use the public sector compared to caregivers from the wealthiest quintile (68 percent versus 45 percent, respectively). Half of the wealthiest and more than one-fourth (27 percent) of the poorest caregivers access the private sector. Compared to many other Asian USAID priority countries, the poorest caregivers in Afghanistan are much less likely to seek care in the private sector and much more likely to seek care in the public sector.

Figure 4. Afghanistan has high levels of public sector use among the poorest and wealthiest



Q1: Poorest, Q5: Wealthiest

Conclusion

Fever, ARI symptoms, and diarrhea are extremely common illnesses in Afghanistan, affecting 44 percent of all children. However, less than two-thirds of caregivers seek advice or treatment outside the home, which is lower than the average among Asian USAID priority countries. The public sector is the primary source of care in Afghanistan, in contrast to regional patterns. However, public sector use increases with poverty, and caregivers in the wealthiest quintile are slightly more likely to use the private sector than the public sector. Nearly all public sector and most private sector care seekers use clinical sources. Given the high use of public clinical facilities in Afghanistan, particularly among the poorest families, the quality of care in such facilities has implications for the success of child survival strategies. These factors should be taken into account when designing programs to meet the needs of sick children in Afghanistan.

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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/AIDS, 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.

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