



Sources for Sick Child Care in Kenya

The public sector is the dominant source of care in Kenya. 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 2014 Kenya Demographic and Health Survey to examine where treatment or advice is sought for sick children who experienced 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

- 72% of Kenyan caregivers seek treatment or advice outside the home for their sick children, across all three illnesses.
- Among caregivers who seek sick child care, 69% seek treatment from the public sector and 28% use the private sector.
- 99% of public sector care seekers and 57% of private sector care seekers access a clinical facility.
- The wealthiest and poorest caregivers seek care outside the home in equal proportions.
- 45% of the wealthiest versus 20% of the poorest families seek care from the private sector, while 53% of the wealthiest versus 76% of the poorest seek care from the public sector. These socioeconomic differences in care-seeking sources should be considered to inform programs that improve child survival in Kenya.

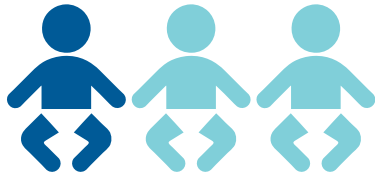
Illness prevalence

According to mothers interviewed across the country for the Kenya Demographic and Health Survey, 36 percent of Kenyan children under five experienced one or more of the following illnesses: fever (24 percent), symptoms of acute respiratory infection (ARI)—a proxy for pneumonia—(8 percent), and/or diarrhea (15 percent) in the two weeks prior to the survey.¹

Out-of-home care seeking

When children fall ill, the vast majority of caregivers in Kenya (72 percent) seek advice or treatment outside of the home.² While care-seeking levels for ARI and fever are similar to the overall level, the care-seeking level is

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



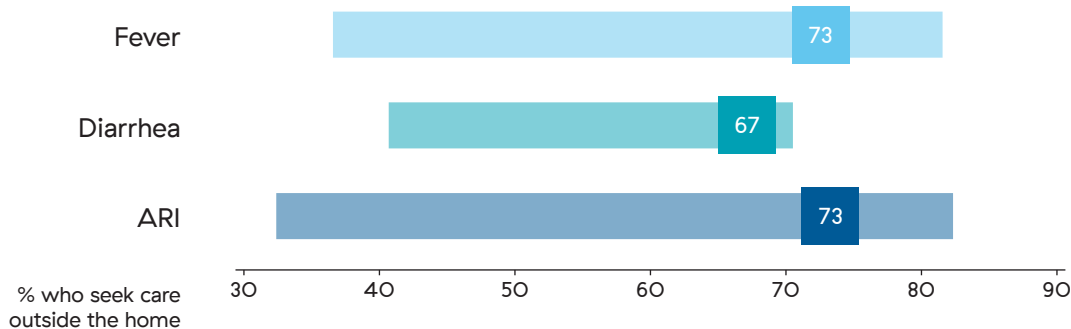
slightly lower for diarrhea (67 percent), possibly because the illness can often be effectively managed at home. The overall level of care seeking in Kenya is higher than the average level (64 percent) across East and Southern African maternal and child survival priority countries (“USAID priority countries”).³

Sources of care

The public sector is the dominant source of sick child care in Kenya. Among caregivers who seek treatment or advice outside of their homes, 69 percent use public sector sources and 28 percent go to private sector sources. Kenya’s levels of public and private care seeking are nearly identical to the averages among East and Southern African USAID priority countries (70 percent and 26 percent, respectively). Very few caregivers (1 percent) seek care from both the public and private sectors. Among public sector care seekers, almost all (99 percent) go to a clinical facility such as a hospital or a clinic, rather than seeking care from a community health worker. In contrast, 57 percent of private sector care seekers use clinical facilities, 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. Care-seeking levels in Kenya are high relative to many of its neighbors

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



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, health centers, mobile clinics, dispensaries, and community health workers), private sources (clinics, hospitals, and doctors; faith-based organizations; and pharmacies and shops), and other sources (traditional practitioners, friends, and relatives). 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 East and Southern Africa are Ethiopia, Kenya, Madagascar, Malawi, Mozambique, Rwanda, Tanzania, Uganda, and Zambia.

Among caregivers who seek sick child care outside the home, **69%** seek treatment or advice from public sector sources and **28%** from private sector sources.

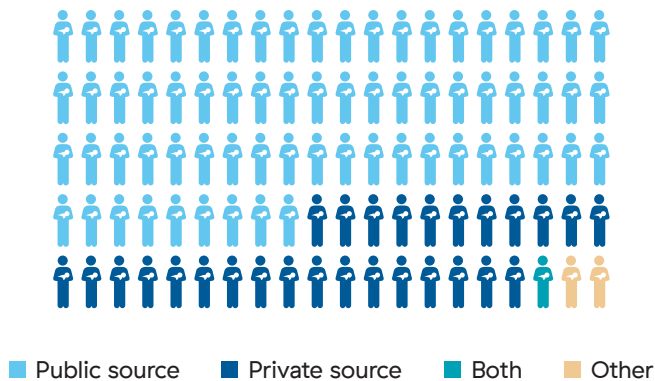
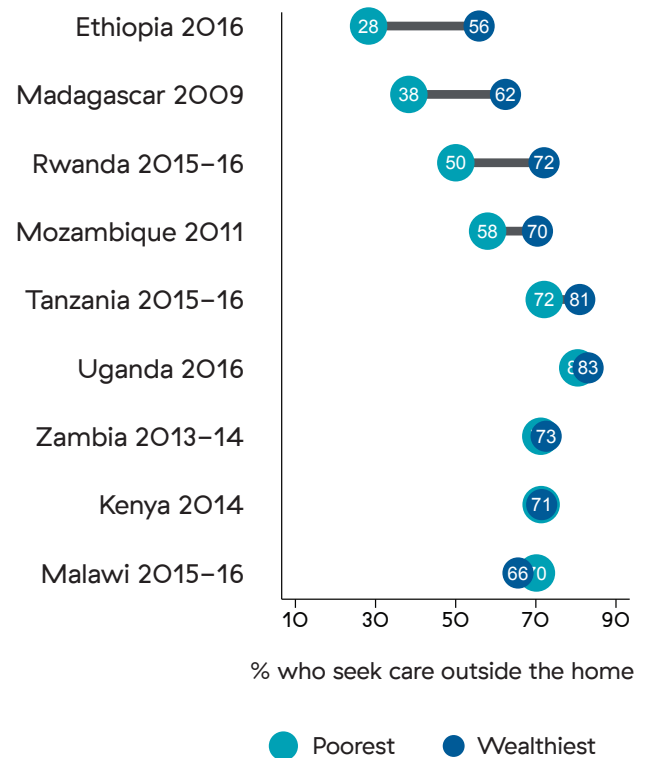


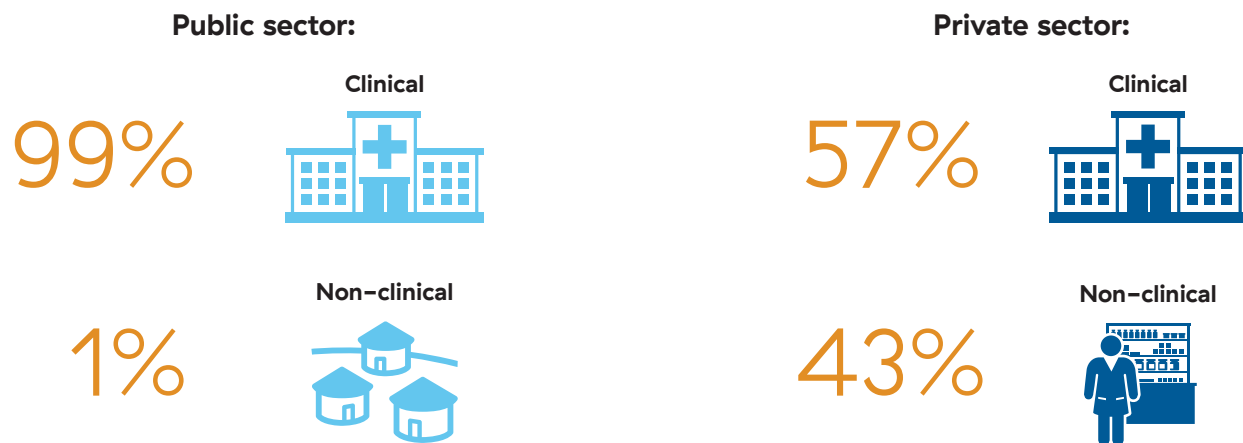
Figure 2. Regionally, Kenya is a leader in equitable levels of care seeking



Equity in illness prevalence and care seeking

In Kenya, the burden of fever, ARI symptoms, and/or diarrhea is lower in the wealthiest households than it is in the poorest households (27 percent versus 37 percent, respectively). However, care is sought outside the home at the same level regardless of socioeconomic status. This similarity stands in contrast to many other East and Southern African USAID priority countries. Kenya is a regional leader in equitable care-seeking levels and is well positioned to share lessons learned with its neighbors.

Figure 3. Almost all public sector clients go to clinical sources



Sources of care categories

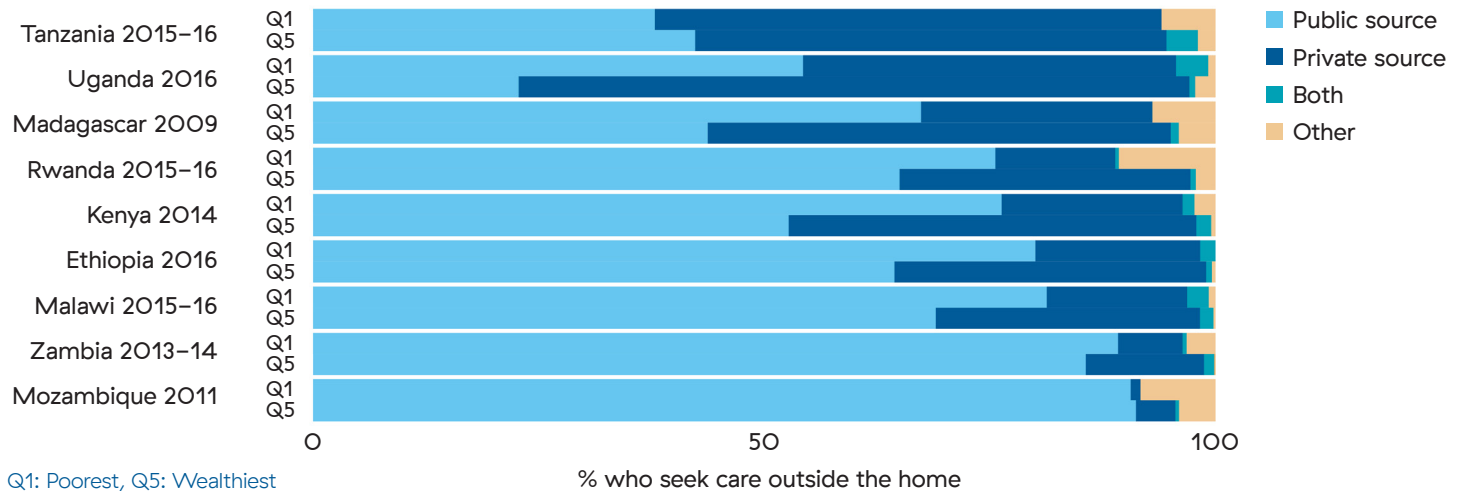
Public sector: Hospitals, health centers, mobile clinics, dispensaries, and community health workers

Private sector: Clinics, hospitals, and doctors; faith-based organizations; pharmacies and shops

Other: Traditional practitioners, friends, and relatives

The majority of care outside the home for sick children is accessed from the public sector. However, Kenya’s wealthiest caregivers are more likely to seek care from a private sector source (45 percent) than the poorest caregivers (20 percent) and are less likely to seek care from the public sector than the poorest caregivers (53 percent versus 76 percent, respectively). The variation in care-seeking sources by socioeconomic status in Kenya is similar to patterns throughout the East and Southern Africa region.

Figure 4. Kenya’s public sector is dominant among the poorest caregivers



Conclusion

Fever, ARI, and diarrhea are common illnesses in Kenya, affecting more than 1 out of every 3 children. Although prevalence of these illnesses is higher among the poorest children, care is sought at the same levels for the poorest and wealthiest children. The public sector is the primary source of out-of-home treatment or advice for sick children of all socioeconomic statuses. The poorest Kenyans use the public sector at a higher level than they use the private sector while the wealthiest Kenyans use the public and private sectors in similar proportions. Nearly all caregivers using the public sector seek treatment from clinical sources. In contrast, more than half of private sector users access a clinical facility. Kenya’s different care-seeking sources across socioeconomic statuses should be taken into account when designing programs to meet the needs of sick children.

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



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