

Sources for sick child care in Liberia

One in a series of analyses by SHOPS Plus

July 2018





Purpose of this analysis

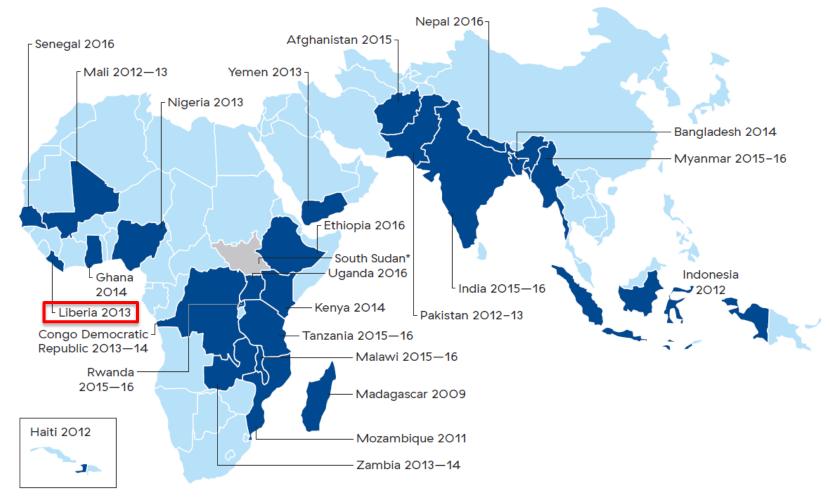
- Understand whether and where Liberian caregivers seek advice and treatment for their sick children
- Examine differences in care-seeking patterns by illness and socioeconomic levels, and within public and private sectors
- Share data in a usable format
- Inform policies and programs to prevent child 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





Liberia 2013 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:

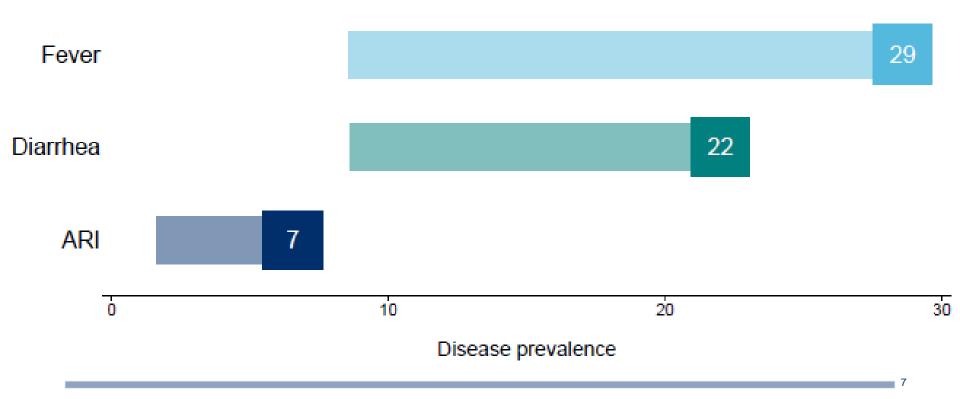
- 1. What percentage of children in Liberia experience fever, ARI symptoms, and/or diarrhea?
- 2. What percentage of caregivers seek advice or treatment outside the home for children with these illnesses?
- 3. Among those who seek out-of-home care, what are the sources?
 - a) Public, private, other
 - b) Clinical vs. non-clinical
- 4. How do patterns of care-seeking vary by:
 - a) Illness: fever, ARI, diarrhea
 - b) Countries within the West and Central Africa region
 - c) Wealth quintile: poorest and wealthiest Liberians

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

Liberia has the highest childhood disease prevalence compared to other countries in West and Central Africa

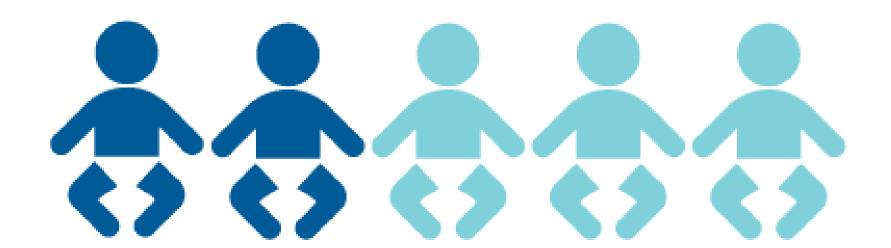
Bars show **range** across West and Central African USAID priority countries; squares show **Liberia**

Illness prevalence: Liberia and West and Central Africa





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

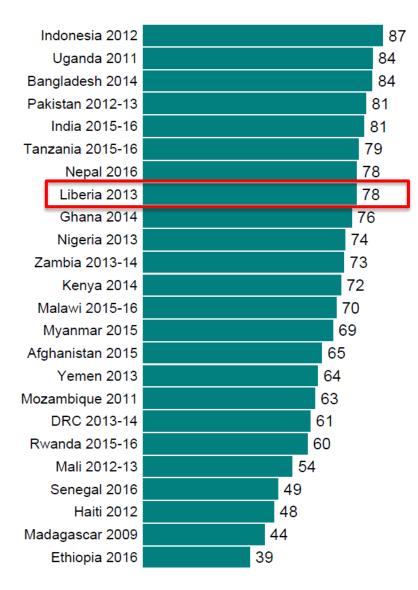


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How frequently is out-of-home care sought for Liberian children with these illnesses?



Liberia is a care-seeking leader among African countries

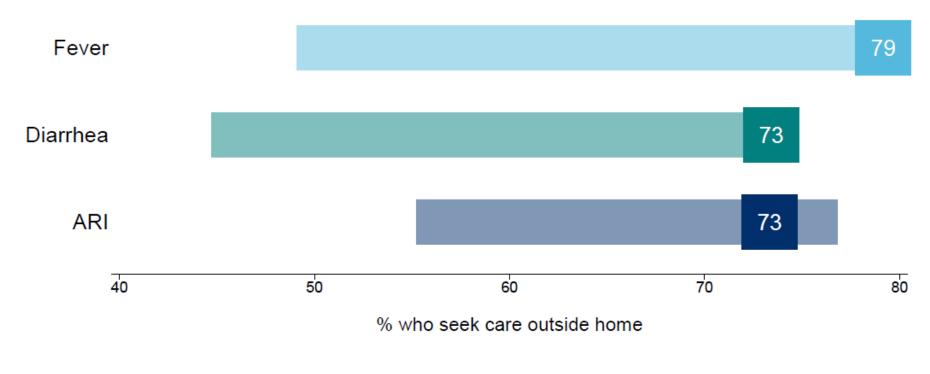


% of caregivers who seek treatment for children with any of the three illnesses in each of the 24 USAID priority countries analyzed

Liberia has **higher** levels of illness compared to most of its neighbors, across illnesses

Bars show **range** across West and Central African USAID priority countries; squares show **Liberia**.

Caregivers who seek care outside the home: Liberia and West and Central Africa



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

Public, private, other

Sources of care

Public sector	Private sector	Other
HospitalsClinicsHealth centersCommunity health volunteers	 Private clinics, hospitals, doctors, and mobile clinics Nongovernmental and faith-based organizations Pharmacies, shops, and drug peddlers 	· Traditional practitioners

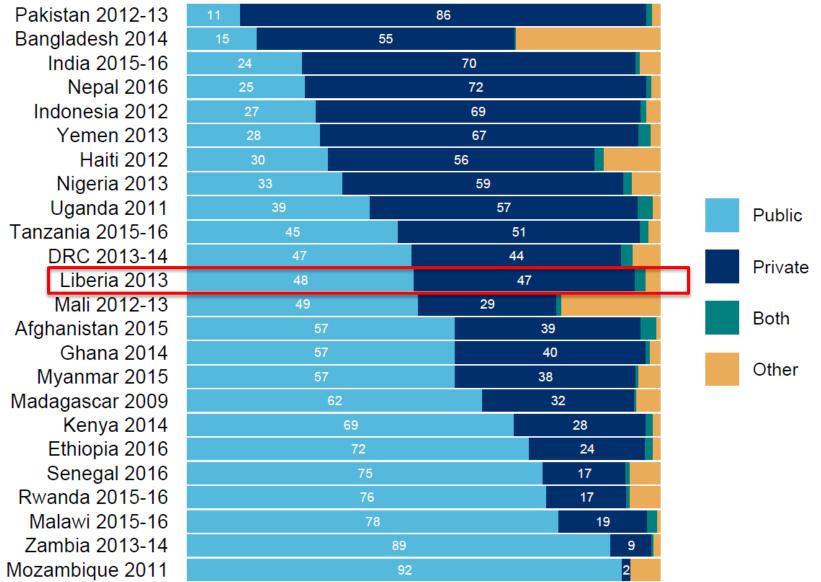
Across all three illnesses, the **private** and **public** sectors are used equally in Liberia



Source among Liberians who seek sick child care outside the home



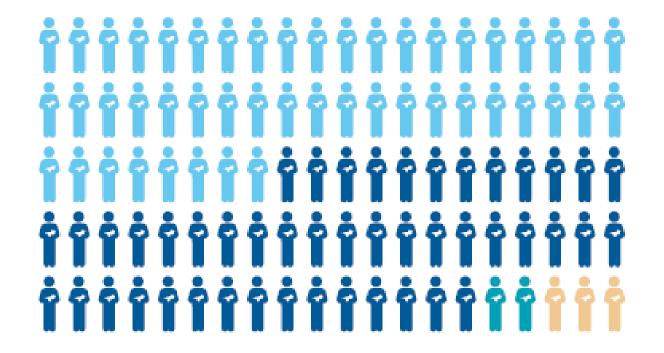
Care-seeking in Liberia is split evenly between the public and private sectors for sick child care



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Among caregivers who seek sick child care outside the home, 47% seek treatment or advice from private sector sources and 48% from public sector sources. An additional 3% use other sources.

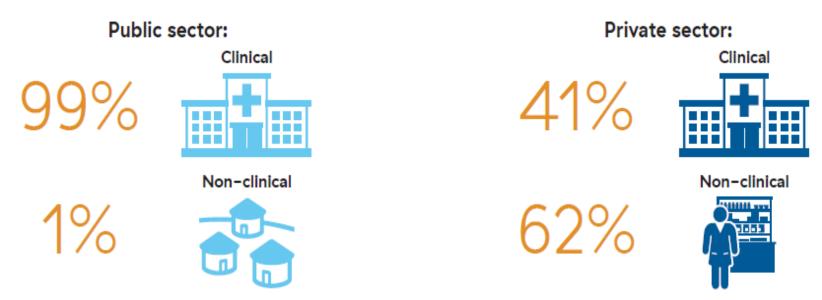


Sources of care: Clinical versus non-clinical

Sources of care: Clinical and non-clinical

	Public sector	Private sector
Clinical	HospitalsClinicsHealth centers	 Private clinics, hospitals, doctors, and mobile clinics Nongovernmental and faith-based organizations
Non-clinical	 Community health volunteers 	 Pharmacies, shops, and drug peddlers

Clinical care is dominant in the public sector; Non-clinical care is dominant in the private sector



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.

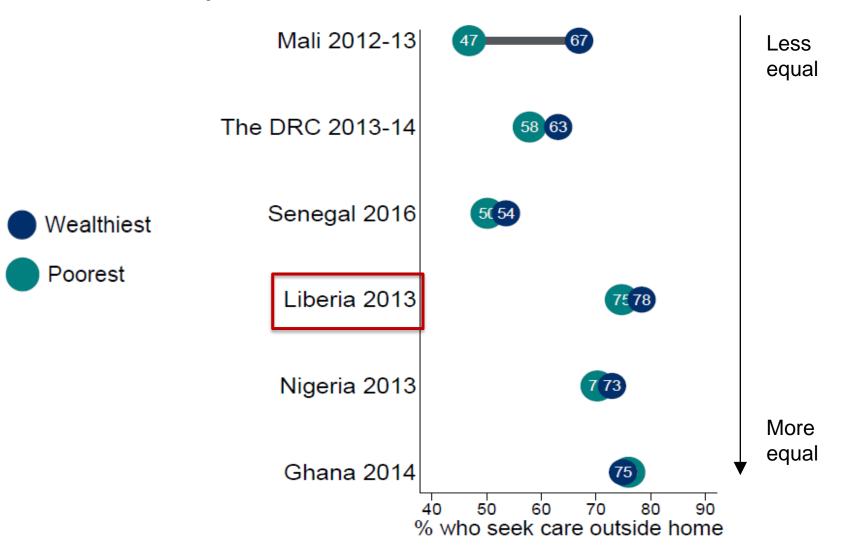
By illness: *Little variation* in clinical vs. non-clinical sources of care



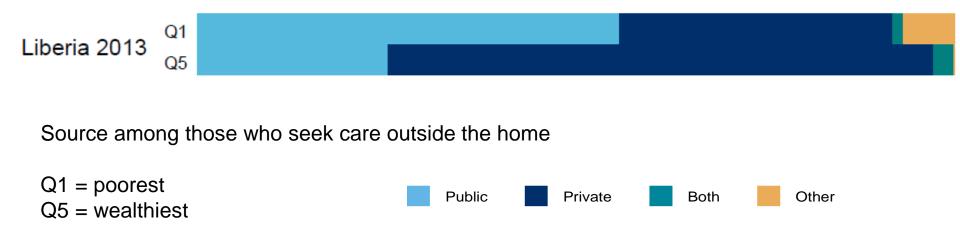
Source among Liberians who seek sick child care outside the home

How do patterns of careseeking vary between the poorest and wealthiest Liberians?

Care-seeking levels are fairly **equal** among the poorest and wealthiest Liberians



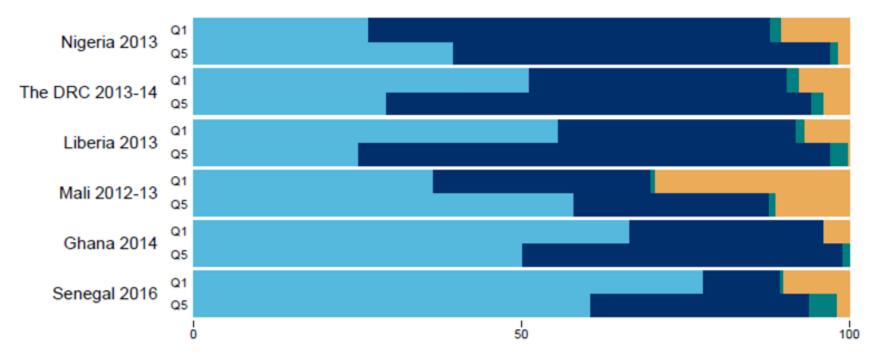
Private and public sectors are important sources of care for the **poorest** Liberians



In Liberia, the private sector is dominant among the wealthiest:

- 72% of the wealthiest and 36% of the poorest use the private sector
 Public sector use is the primary source among the poorest families:
- 56% of the poorest and 25% of the wealthiest use the public sector

As with many of its neighbors, private sector use increases with wealth in Liberia



Source among those who seek care outside the home





- 2 out of 5 children experienced a treatable illness in the past two weeks
- 78% of caregivers seek treatment outside the home
 - 47% use the private sector
 - 48% use the public sector
- Private and public sectors are used evenly

- Private sector use increases with income
 - 72% of wealthiest and 36% of poorest caregivers use the private sector
 - 56% of poorest and 25% of wealthiest use public sources
- Clinical vs. non-clinical sources
 - Private sector: 62% used nonclinical sources, 41% used clinical sources
 - Public sector: 99% used clinical sources, 1% used nonclinical 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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