

Sources for sick child care in *Madagascar*

One in a series of analyses by SHOPS Plus

July 2018





Purpose of this analysis

- Understand whether and where Malagasy 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**

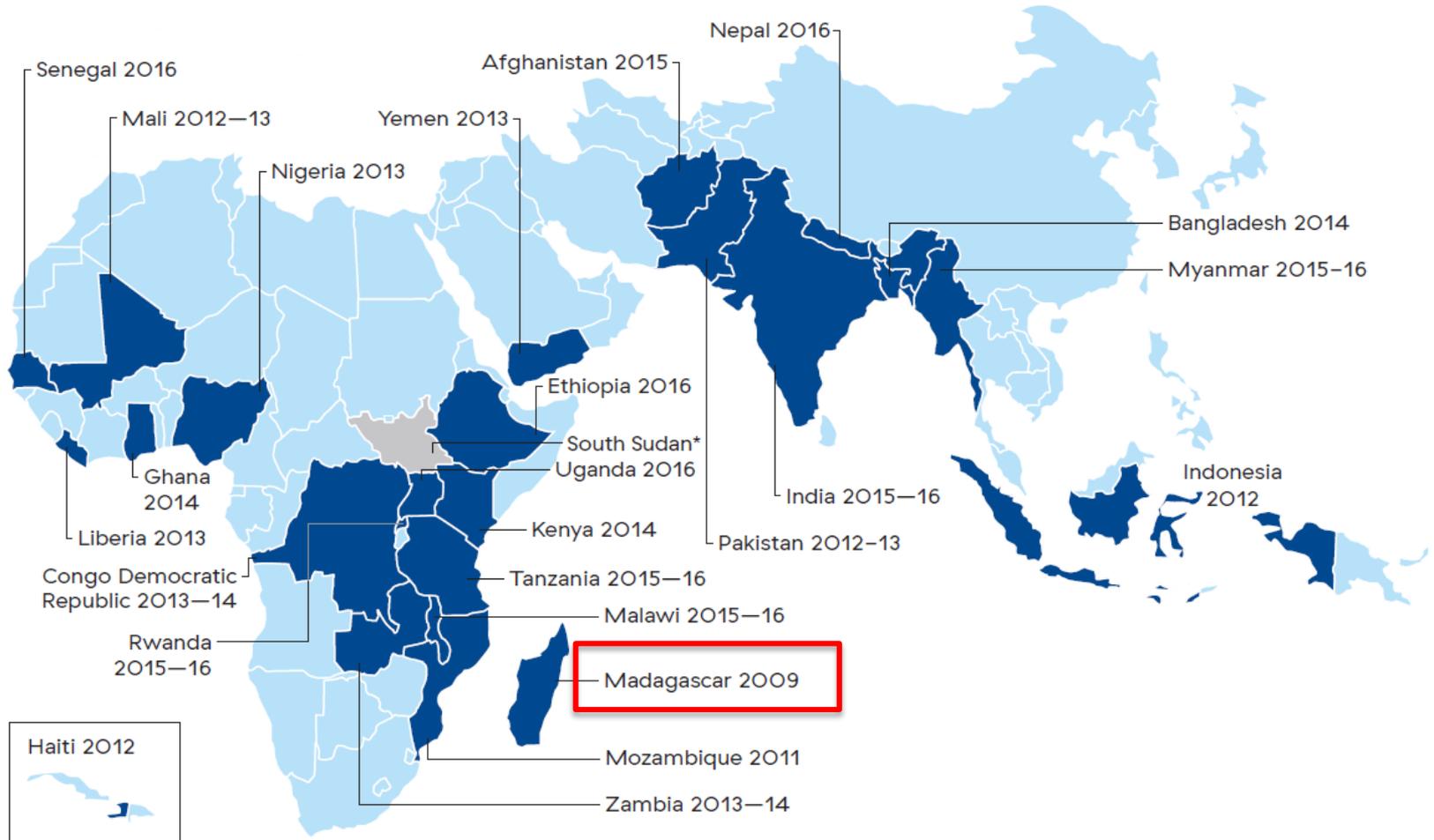


© 2010 Steve Evans



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

USAID priority countries analyzed using Demographic and Health Survey data





Madagascar 2009 DHS data: Interviews with mothers of young children



© 2010 Steve Evans

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 Madagascar 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 Malagasies



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

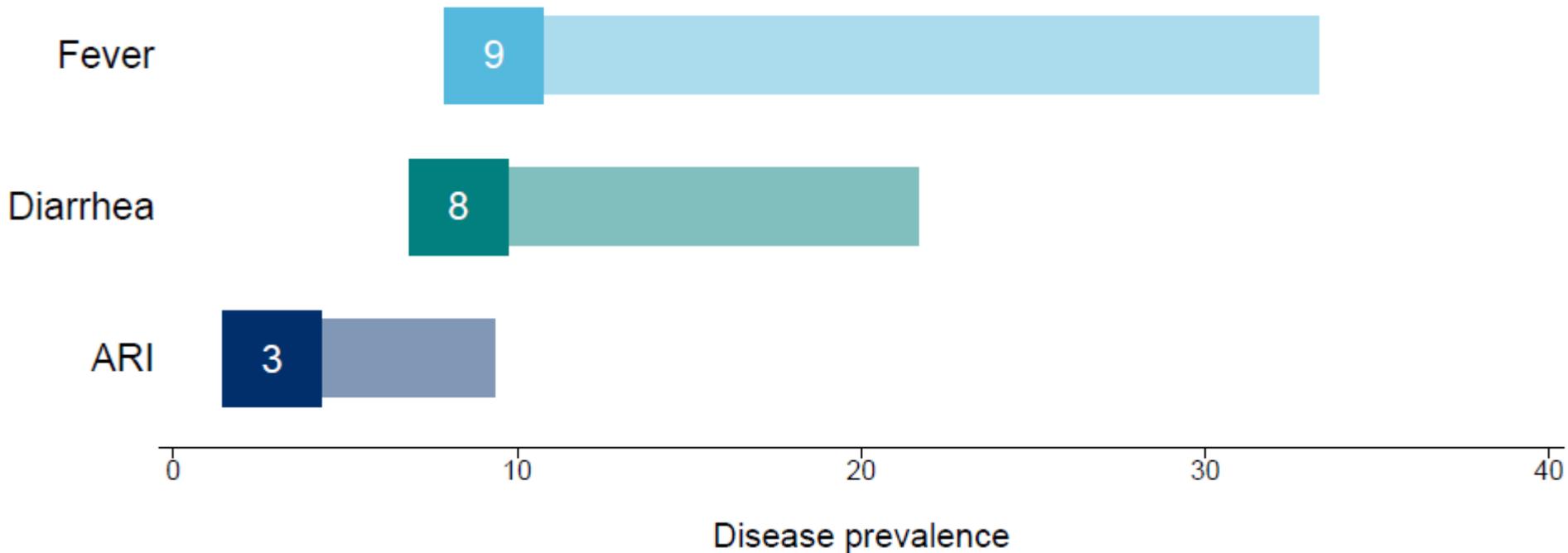




Madagascar's childhood disease prevalence is the **lowest** among countries in East and Southern Africa

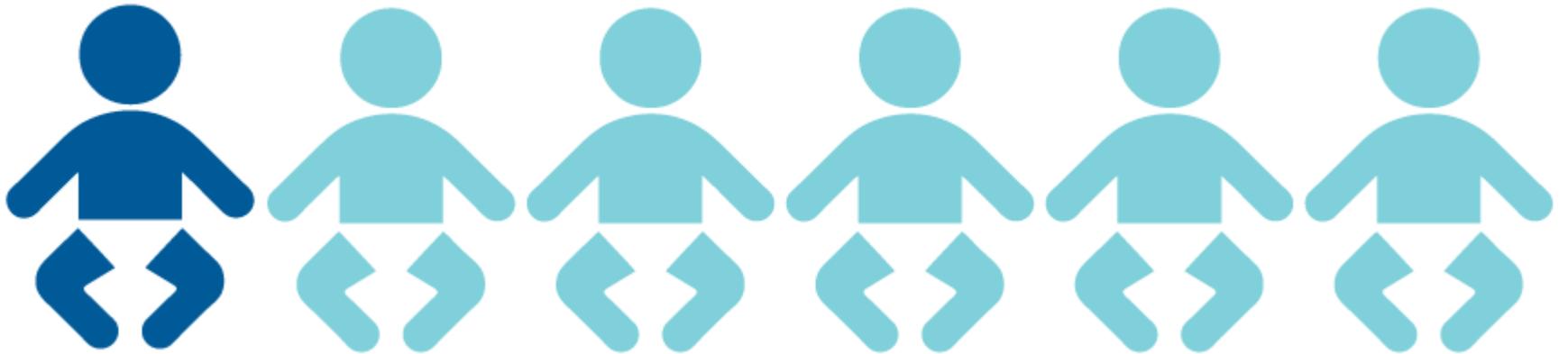
Bars show **range** across East and Southern African USAID priority countries; squares show **Madagascar**

Illness prevalence: Madagascar and East and Southern Africa





1 out of 6 children in Madagascar experienced fever, ARI symptoms, and/or diarrhea in the last 2 weeks.



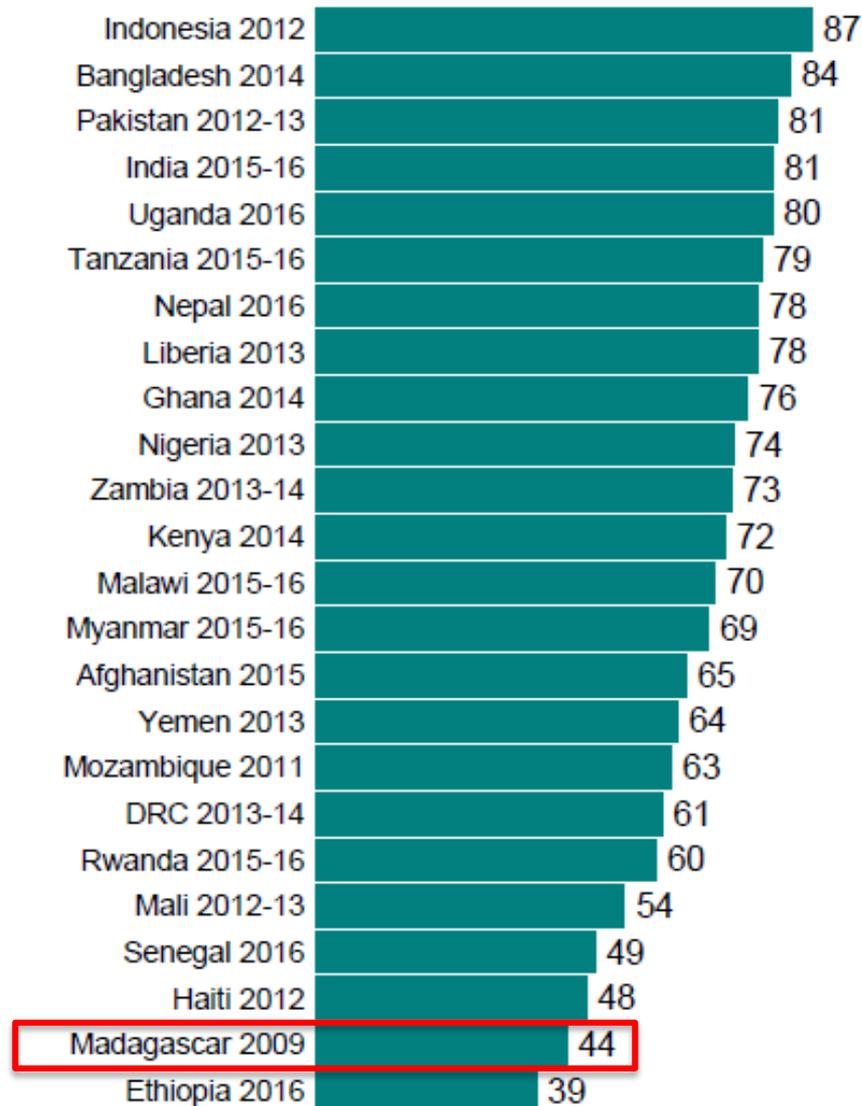


How frequently is out-of-home care sought for Malagasy children with these illnesses?





Madagascar's care-seeking level is very low compared to in other USAID priority countries



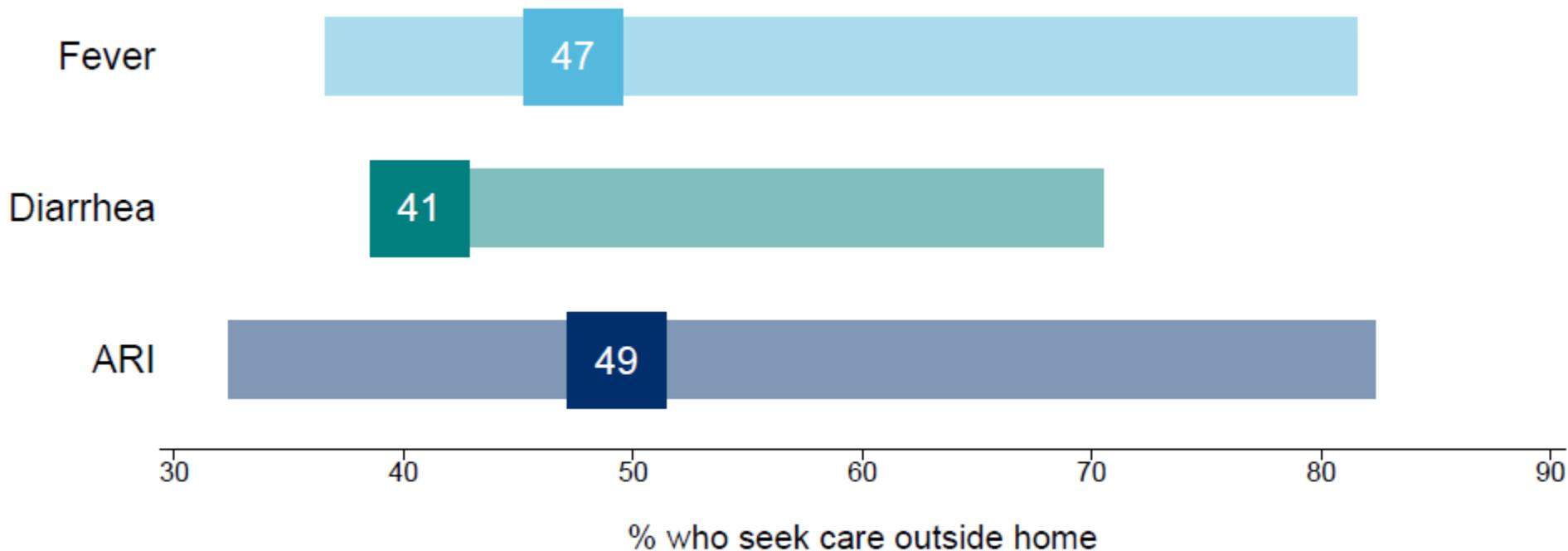
% of caregivers who seek treatment for children with any of the three illnesses in each of the 24 USAID priority countries analyzed



Madagascar's care-seeking levels are fairly low compared to its neighbors'

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

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





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

Public, private, other



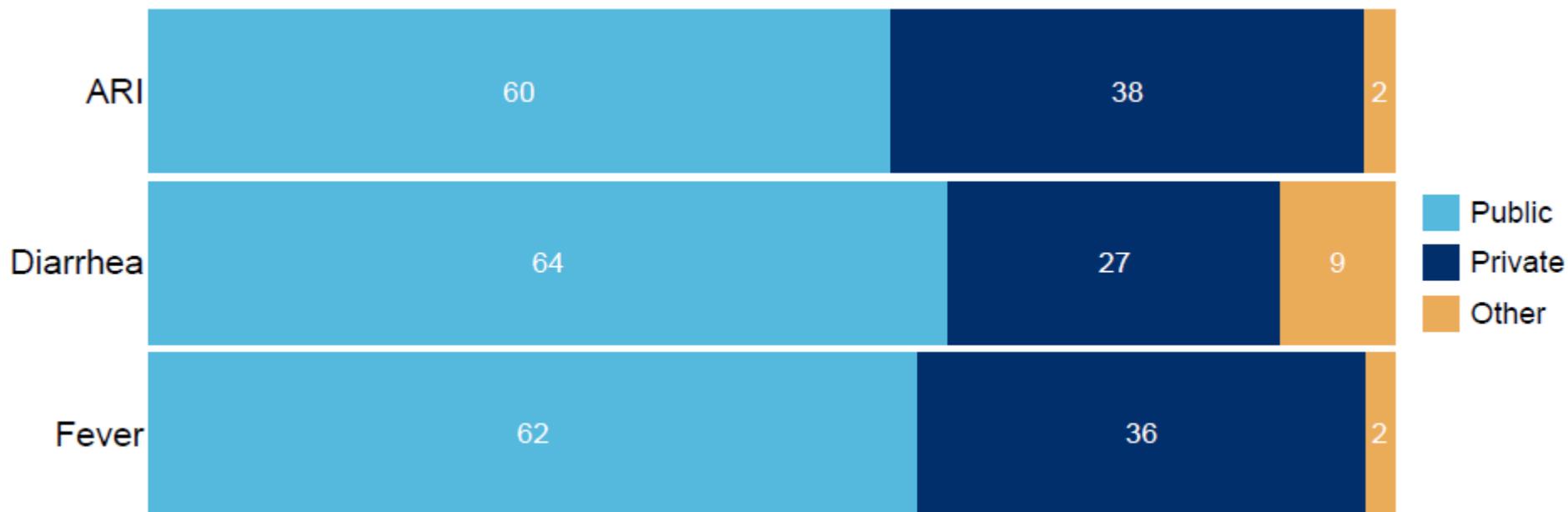


Sources of care

Public sector	Private sector	Other
<ul style="list-style-type: none">· Hospitals, health centers, health posts, and mobile clinics· Community health workers	<ul style="list-style-type: none">· Private clinics, hospitals, doctors, health centers, and mobile clinics· Nongovernmental organizations· Pharmacies, shops, and kiosks	<ul style="list-style-type: none">· Traditional practitioners



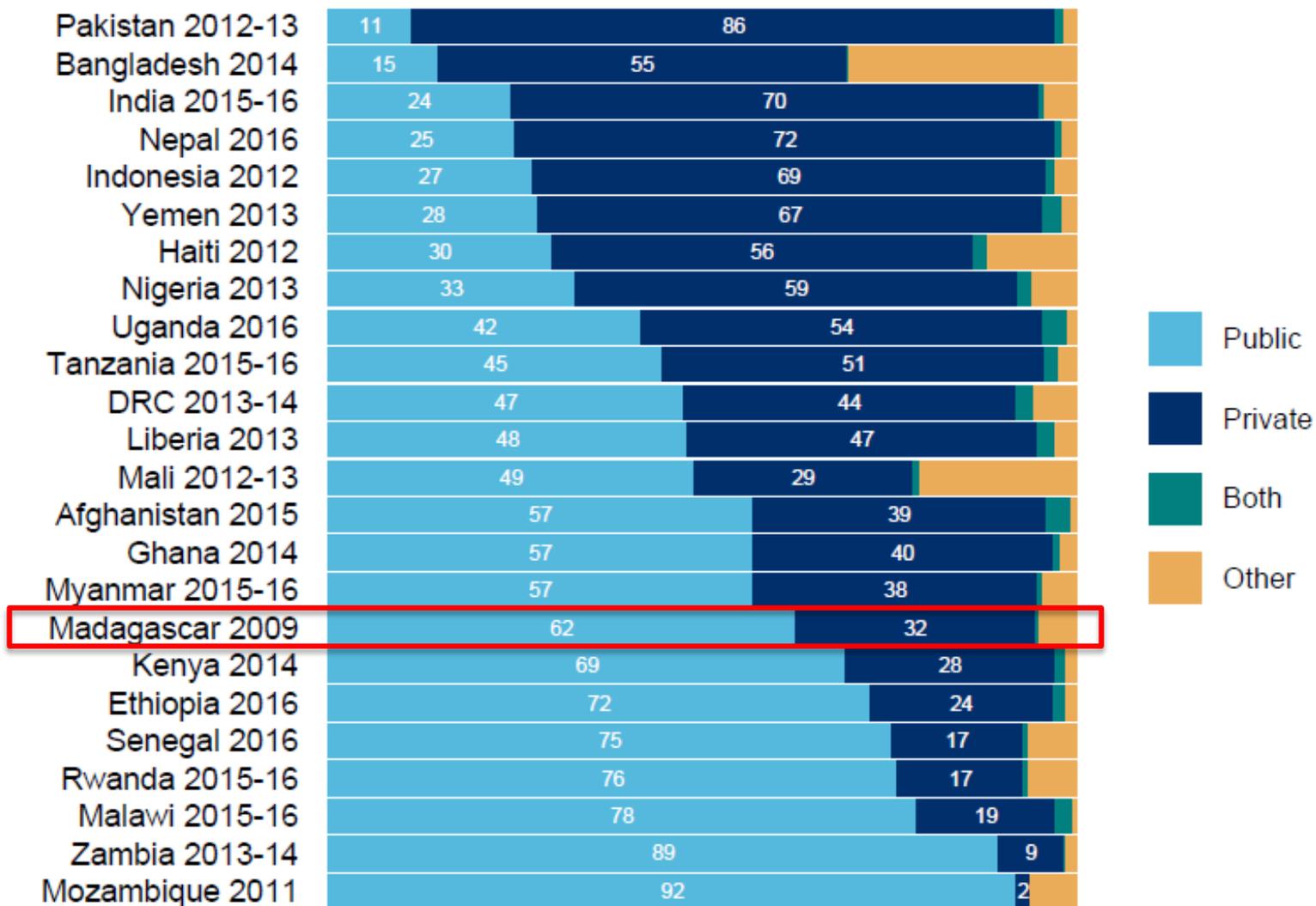
Across illnesses, the **public** sector is the **dominant** source of care in Madagascar



Source among Malagasies who seek sick child care outside the home

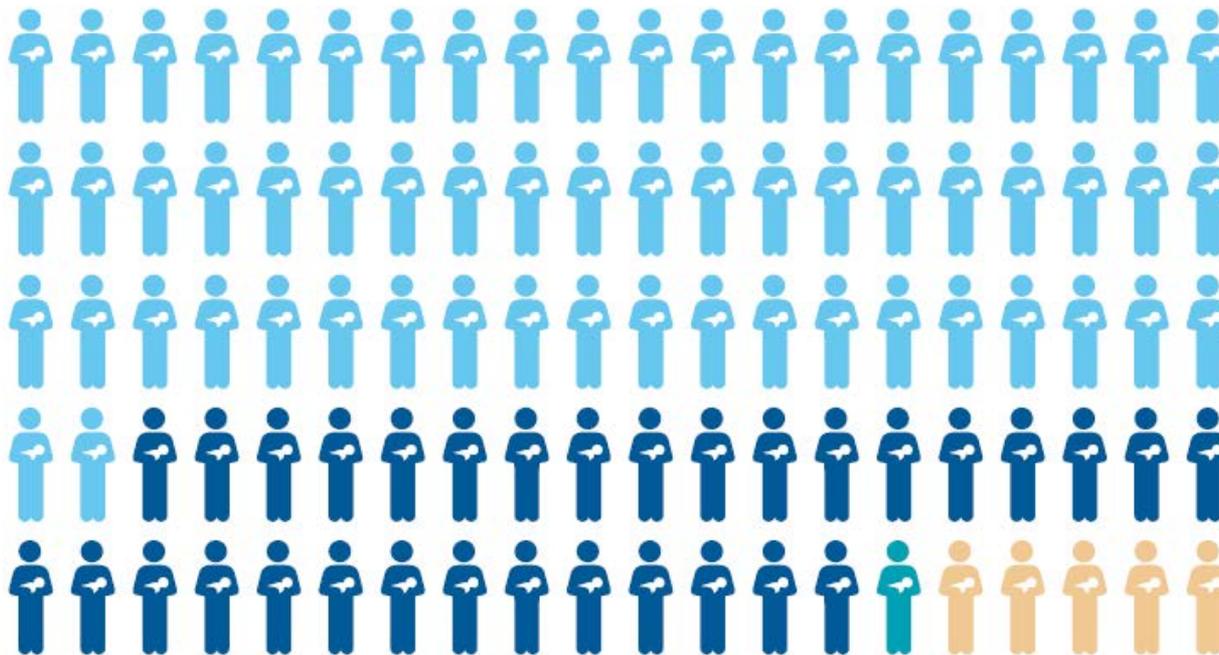


Madagascar has fairly high **public sector** use compared to other USAID priority countries





Among caregivers who seek sick child care outside the home, **32%** seek treatment or advice from private sector sources and **62%** from public sector sources. An additional **5%** use other 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, health centers, and mobile clinics· Nongovernmental organizations
Non-clinical	<ul style="list-style-type: none">· Community health workers	<ul style="list-style-type: none">· Pharmacies, shops, and kiosks



Most public and private sector care-seekers use clinical care

Public sector:

99%



1%



Private sector:

76%

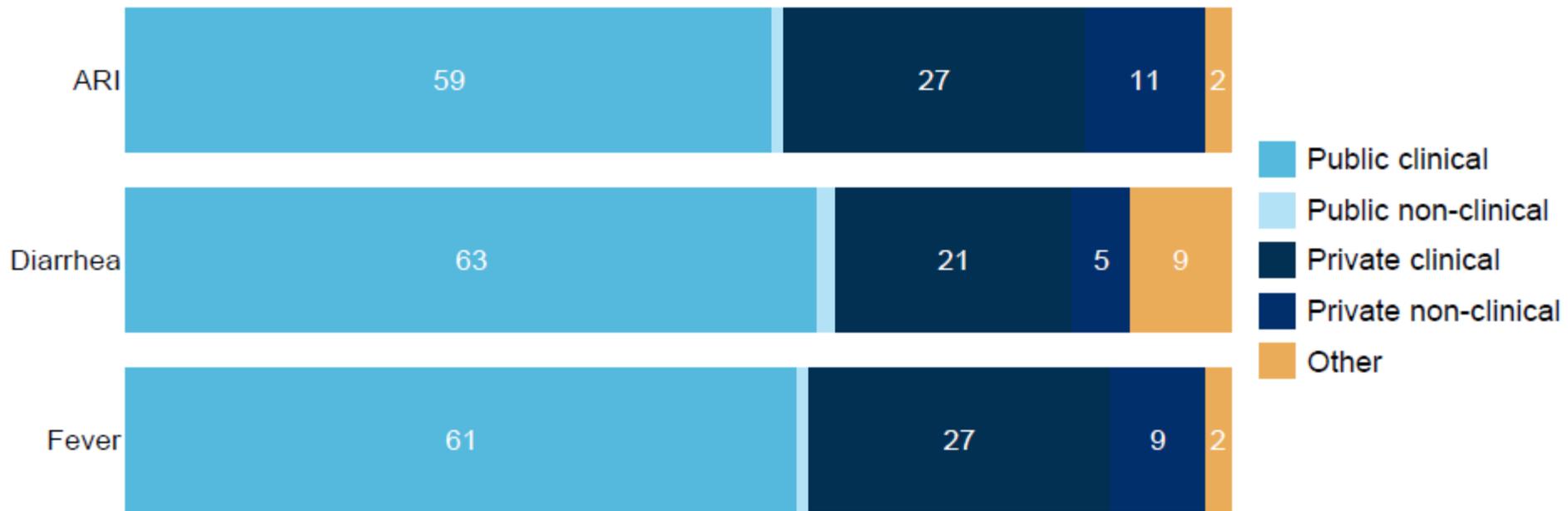


24%





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



Source among Malagasies who seek sick child care outside the home



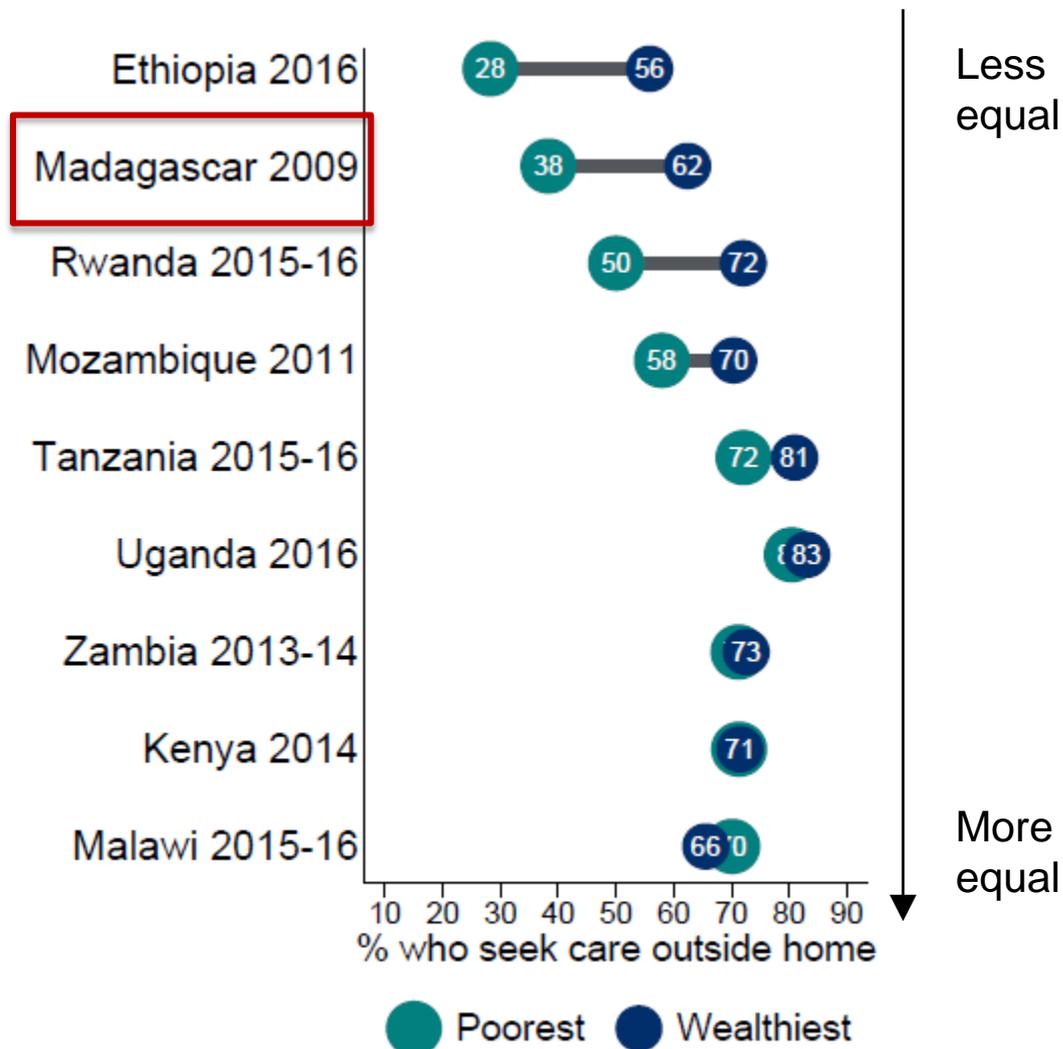
How do patterns of care-seeking vary between the poorest and wealthiest Malagasies?





Madagascar has a substantial disparity in care-seeking levels

● Wealthiest
● Poorest





Care-seeking sources in Madagascar vary by income level



Source among those who seek care outside the home

Q1 = poorest

Q5 = wealthiest



Public



Private



Both



Other

In Madagascar, the public sector is dominant only for the poorest:

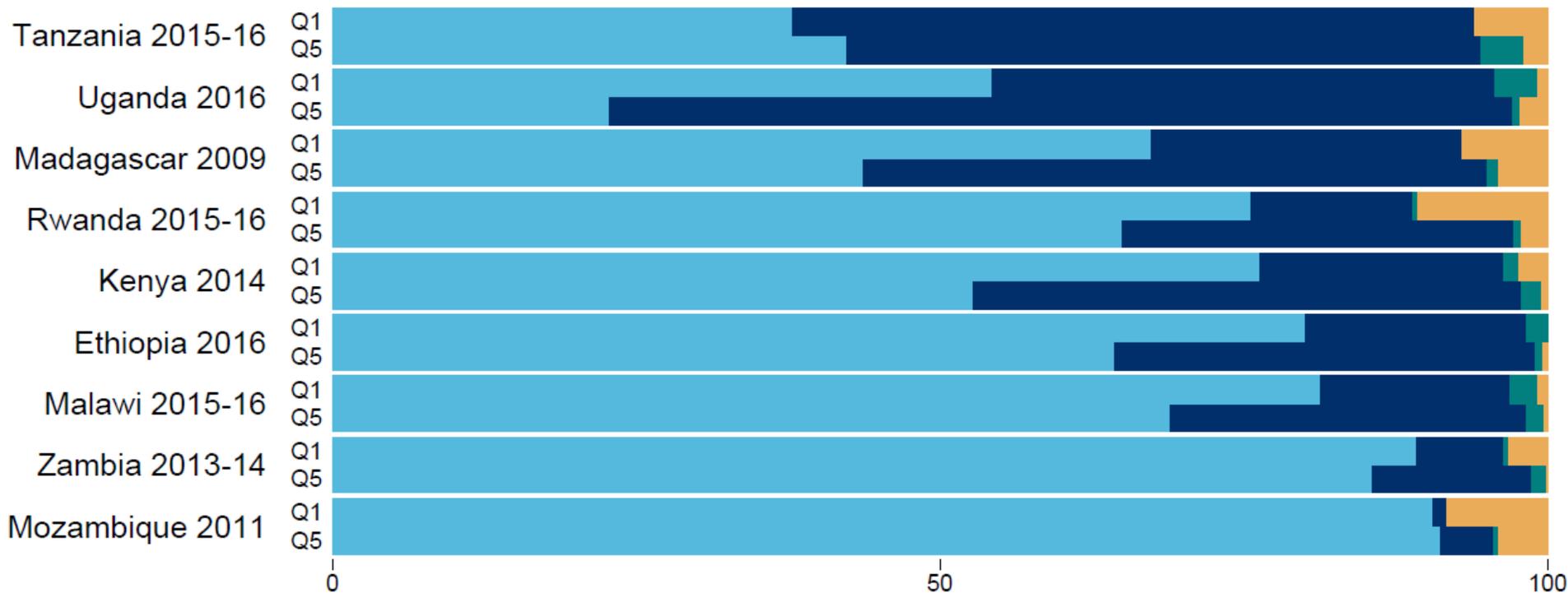
- 67% of poorest and 44% of wealthiest caregivers use the public sector

Private sector is the primary source for the wealthiest families:

- 51% of wealthiest and 26% of poorest caregivers use the private sector



Madagascar has **high private sector** use across income levels compared to many of its neighbors



Source among those who seek care outside the home

Q1 = poorest
Q5 = wealthiest

Public Private Both Other



Summary

- **1 out of 6** children experienced a treatable illness in the past two weeks
- **44%** of caregivers seek treatment outside the home
 - 38% of the poorest seek care
 - 62% of the wealthiest seek care
- **Public sector** is primary sources of care
 - **62%** use the public sector
 - **32%** use the private sector
- Sources of care vary by income level
 - **67%** of the poorest and **44%** of the wealthiest use the public sector
 - **26%** of poorest and **51%** of wealthiest use private sources
- Clinical vs. non-clinical sources
 - Public sector: **99%** use clinical sources; **1%** use non-clinical sources
 - Private sector: **76%** use clinical sources, **24%** 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)

Please use these slides for your own purposes, with credit to SHOPS Plus



About SHOPS Plus

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.



USAID
FROM THE AMERICAN PEOPLE

For more information, visit
SHOPSPlusProject.org