



Sources for Sick Child Care in Malawi

The public sector is the dominant source of care in Malawi. 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 2015–16 Malawi 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

- 42% of Malawian children experienced fever, acute respiratory infection, or diarrhea in the past two weeks.
- 70% of Malawian caregivers seek treatment or advice outside the home, across all three illnesses.
- Among caregivers who seek sick child care, 78% access the public sector and 19% use the private sector.
- The wealthiest and poorest caregivers seek care in roughly equal proportions.
- 93% of public sector care seekers and 57% of private sector care seekers access a clinical facility.

Illness prevalence

According to mothers interviewed across the country for the Malawi Demographic and Health Survey, 42 percent of Malawian children under five experienced one or more of the following illnesses: fever (29 percent), symptoms of acute respiratory infection (ARI)—a proxy for pneumonia—(5 percent), and/or diarrhea (22 percent) in the two weeks prior to the survey.¹

Out-of-home care seeking

When children fall ill, most caregivers in Malawi (70 percent) seek advice or treatment outside the home.² For children with ARI, the care-seeking level is higher (78 percent). Comparatively, levels are lower for both fever and diarrhea (67 percent). The different levels of care seeking by illness stand out compared to most other

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



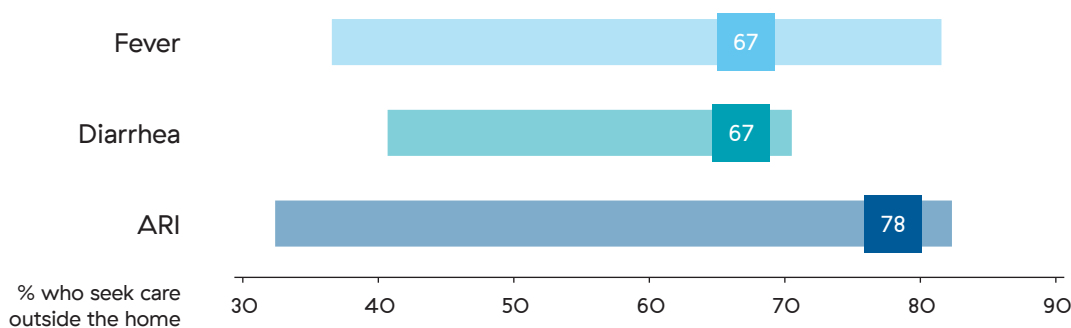
maternal and child survival priority countries (“USAID priority countries”), in which care-seeking levels are similar across illnesses. The overall level of care seeking in Malawi is slightly higher than the average level (64 percent) across East and Southern African USAID priority countries.³

Sources of care

The public sector is the dominant source of sick child care in Malawi. Among caregivers who seek treatment or advice outside of their homes, 78 percent use public sector sources and 19 percent go to private sector sources. Very few caregivers (2 percent) seek care from both the public and private sectors. Malawi’s level of public sector care seeking is higher than the average level among East and Southern African USAID priority countries (70 percent), while the private sector care-seeking level is slightly lower than the regional average (26 percent). Among public sector care seekers, the majority (93 percent) go to a clinical facility such as a hospital or a clinic, rather than seeking care from a community health worker. In comparison, 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. Unlike other countries, care-seeking levels in Malawi are higher for ARI than diarrhea or fever

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

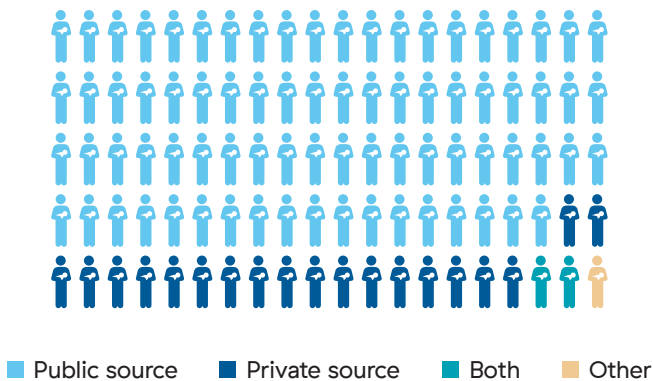


¹ All Demographic and Health Survey data used in this analysis are reported by mothers who were asked if their children under age five experienced fever, ARI symptoms, or diarrhea in the two weeks before the interview. These data do not report whether children recently had pneumonia or malaria because 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, health posts, mobile clinics, and health surveillance assistants), private sources (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), 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 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, **78%** seek treatment or advice from public sector sources and **19%** from private sector sources.



Equity in illness prevalence and care seeking

In Malawi, the burden of fever, ARI symptoms, and/or diarrhea is higher among the poorest children compared to the wealthiest children (44 percent versus 37 percent, respectively). However, the poorest and wealthiest caregivers seek care outside the home in similar proportions (70 percent and 66 percent, respectively). These equitable levels of care seeking set Malawi apart from many USAID priority countries in East and Southern Africa.

Figure 2. Malawi leads the region in equitable care seeking

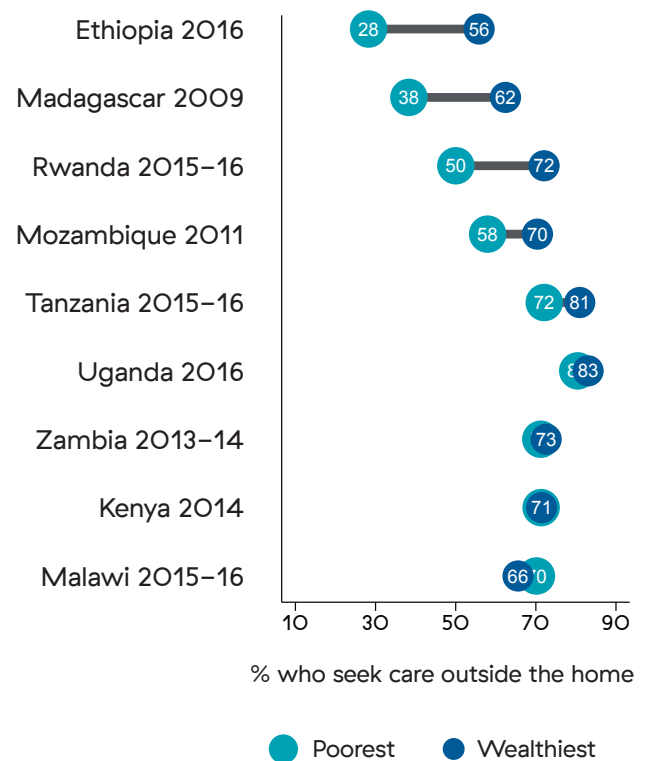
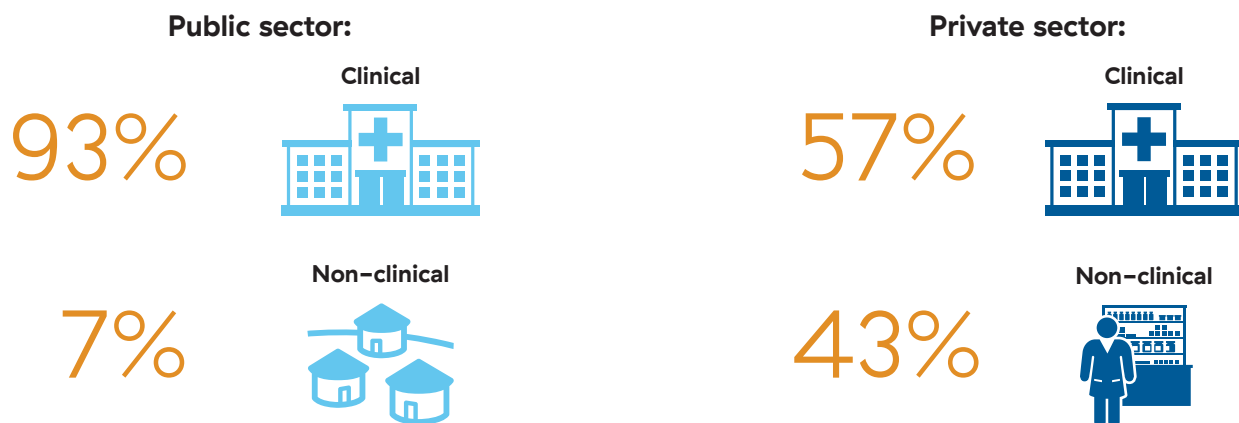


Figure 3. The majority of public sector clients go to clinical sources



Sources of care categories

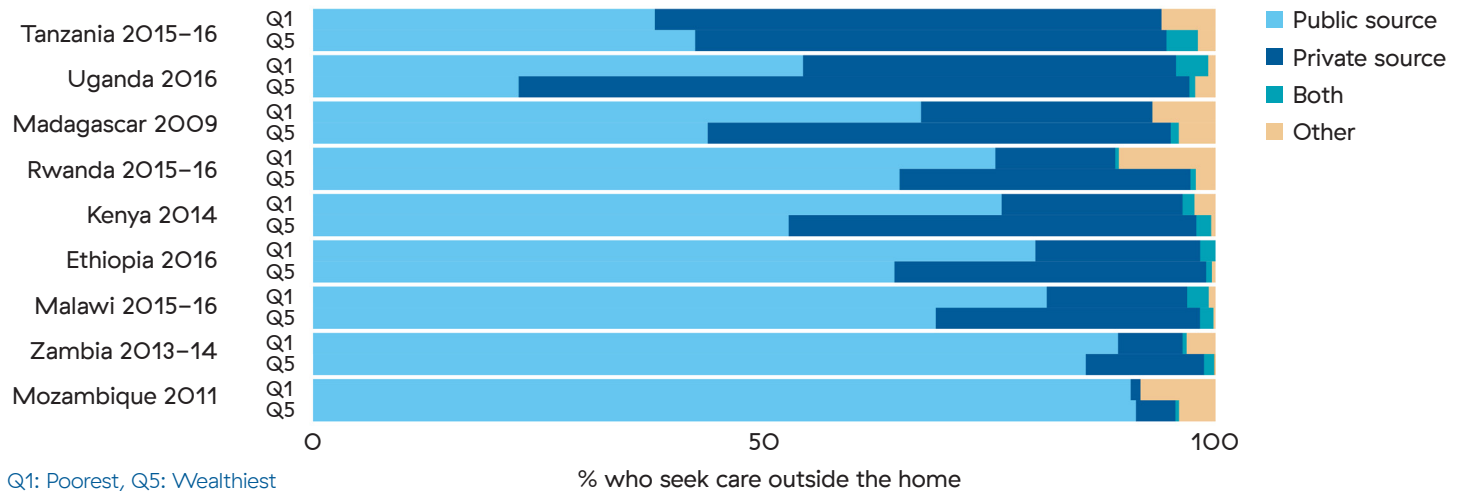
Public sector: Hospitals, health centers, health posts, mobile clinics, and health surveillance assistants

Private sector: 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

Other: Traditional practitioners

The majority of care outside the home for sick children is accessed from the public sector, across socioeconomic statuses. However, Malawi’s wealthiest caregivers are less likely to seek care from a public sector source (69 percent) than the poorest caregivers (81 percent) and are more likely to seek care from a private sector source (29 percent) than the poorest caregivers (16 percent). Despite Malawi’s equitable care-seeking levels, there are moderate differences in sources of care by socioeconomic status.

Figure 4. The poorest and wealthiest families in Malawi primarily use the public sector



Conclusion

Fever, ARI, and diarrhea are common illnesses in Malawi, affecting 42 percent of all children. Prevalence of these illnesses is slightly higher among the poorest children, but the poorest and wealthiest caregivers seek care outside the home in nearly equal proportions. The public sector is the dominant source of out-of-home treatment or advice for sick children of all socioeconomic statuses. However, use of the public sector is higher among the poorest caregivers than it is among the wealthiest, while use of the private sector is higher among wealthier caregivers than it is among their poorer counterparts. Nearly all caregivers using the public sector seek treatment from clinical sources. In contrast, private sector care seekers use both clinical and non-clinical sources. These factors should be taken into account when designing programs to meet the needs of sick children in Malawi.



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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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