



Sources for
Sick Child Care
in Mozambique

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The public sector is the dominant source of care in Mozambique. 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 2011 Mozambique 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

- 63% of Mozambican caregivers seek treatment or advice outside the home for their sick children, across all three illnesses.
- 70% of the wealthiest caregivers, compared to 58% of the poorest caregivers, seek care outside the home.
- Among caregivers who seek sick child care, 92% use the public sector and just 2% use the private sector. This public sector care-seeking level is higher than that of any other USAID priority country and is consistent among both the wealthiest and poorest Mozambican care seekers.
- Understanding the high use of public clinical sources and extremely limited role of the private sector could inform improvements in childhood disease management and survival.

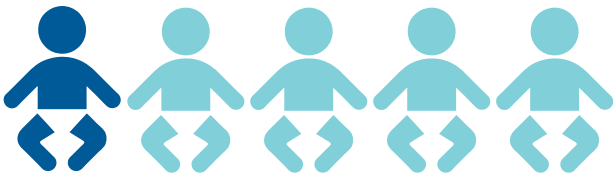
Illness prevalence

According to mothers interviewed across the country for the Mozambique Demographic and Health Survey, 21 percent of Mozambican children under five experienced one or more of the following illnesses: fever (13 percent), symptoms of acute respiratory infection (ARI)—a proxy for pneumonia—(2 percent), and/or diarrhea (11 percent) in the two weeks prior to the survey.¹

Out-of-home care seeking

When children fall ill, most caregivers in Mozambique (63 percent) seek advice or treatment outside the home.² While care-seeking levels for fever and diarrhea are similar to the overall level, the care-seeking level is lower for ARI

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



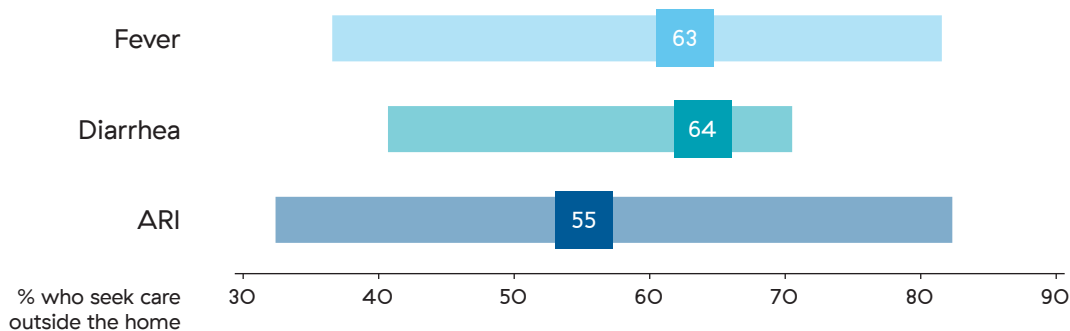
(55 percent), possibly because the ARI prevalence is quite low. The overall level of care seeking in Mozambique is nearly equal to the average level (64 percent) across East and Southern African maternal and child survival priority countries (“USAID priority countries”).³

Sources of care

The public sector is the dominant source of sick child care in Mozambique. Among caregivers who seek treatment or advice outside of their homes, 92 percent use public sector sources and just 2 percent go to private sector sources. Six percent of Mozambican caregivers seek advice or treatment from other sources of care, which primarily includes traditional healers. Less than 1 percent of caregivers seek care from both the public and private sectors. Mozambique’s level of public sector care seeking is higher than that of any other USAID priority country and is substantially higher than the East and Southern African regional average (70 percent). Among public sector care seekers, almost all (95 percent) use clinical facilities like a hospital or a clinic, rather than seeking care from a community health worker. 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 Mozambique are mid-range compared to its neighbors

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



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, mobile clinics, and community health workers), private sources (clinics, hospitals, and doctors; pharmacies), and other sources (traditional healers and informal street markets). 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, **92%** seek treatment or advice from public sector sources and **2%** from private sector sources.

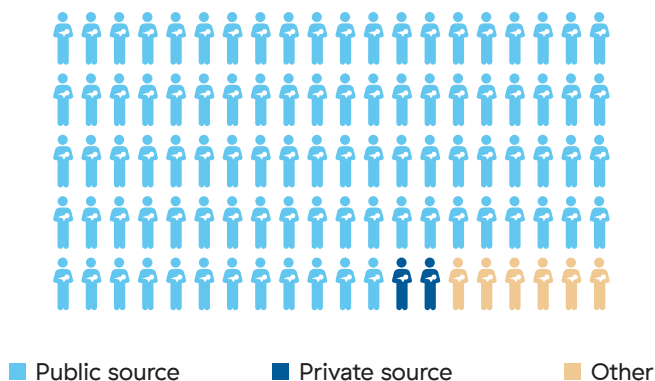
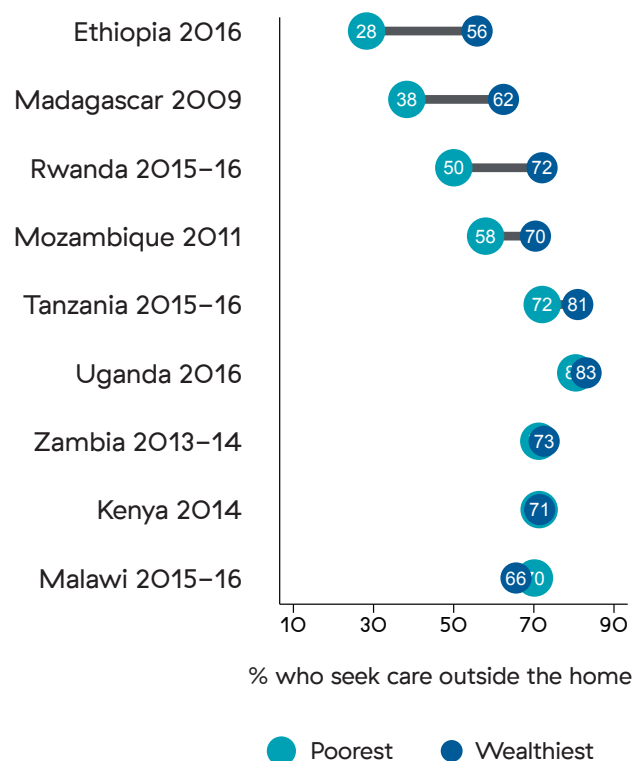


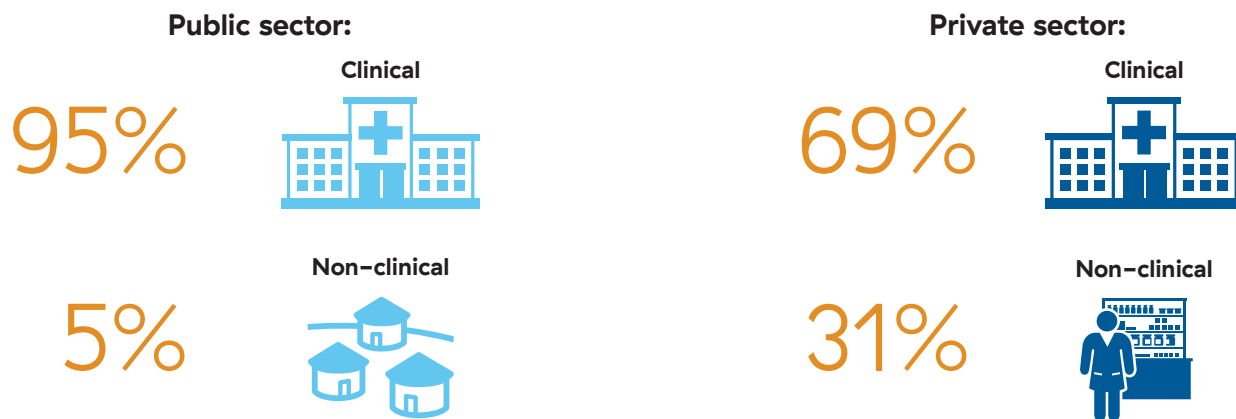
Figure 2. Mozambique has a large wealth disparity in care-seeking levels



Equity in illness prevalence and care seeking

In Mozambique, the burden of fever, ARI symptoms, and/or diarrhea is approximately equal in the wealthiest and poorest households (20 percent and 21 percent, respectively). However, the wealthiest caregivers have a higher level of care seeking outside the home compared to the poorest caregivers (70 percent compared to 58 percent, respectively). The magnitude of the disparity in care seeking between the poorest and wealthiest quintiles in Mozambique is larger than that of most other USAID priority countries in East and Southern Africa.

Figure 3. Almost all public sector care seekers use clinical sources



Sources of care categories

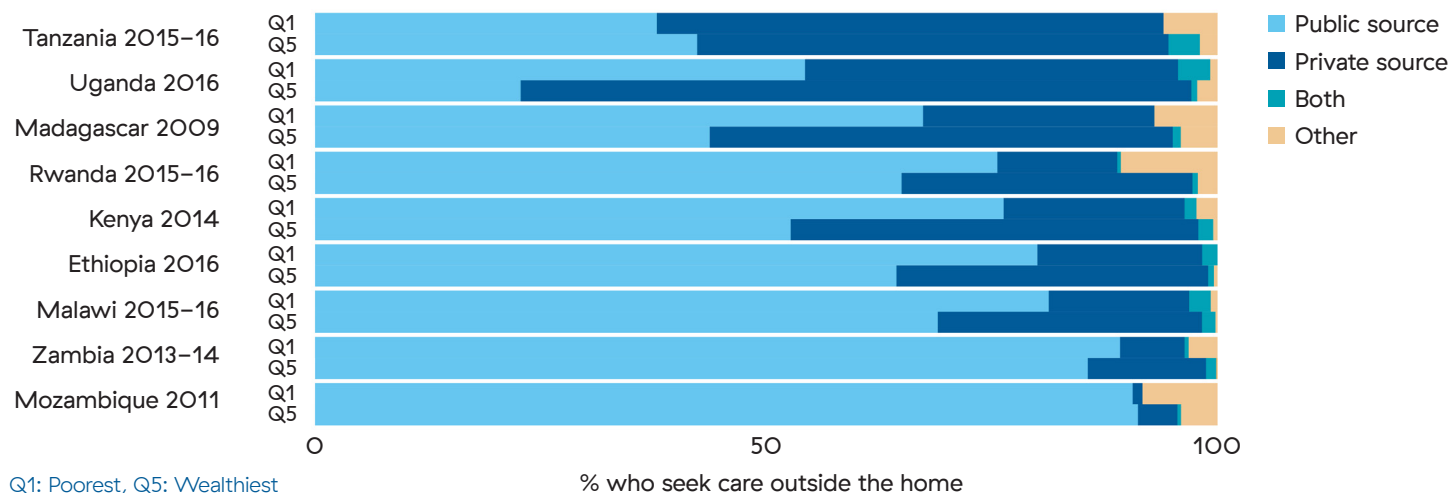
Public sector: Hospitals, mobile clinics, and community health workers

Private sector: Clinics, hospitals, and doctors; pharmacies

Other: Traditional healers and informal street markets

Nearly all care outside the home for sick children is accessed from the public sector, across socioeconomic statuses (92 percent). Very few of the wealthiest or the poorest caregivers seek care from a private sector source (4 percent and 1 percent, respectively). The wealthiest caregivers are less likely to seek care from other sources than the poorest caregivers (4 percent versus 8 percent, respectively). Both the poorest and wealthiest caregivers in Mozambique rely on the public sector more than in any other USAID priority country.

Figure 4. Mozambique’s public sector is dominant for the poorest and wealthiest caregivers



Conclusion

Fever, ARI, and diarrhea are common illnesses in Mozambique, affecting 21 percent of all children. Although prevalence of these illnesses is equal across income levels, care is sought at higher levels for wealthier children compared to poorer children. Almost all caregivers rely on the public sector for out-of-home treatment or advice for sick children. A small proportion of the poorest caregivers use other sources of care, typically traditional healers, while a small proportion of the wealthiest caregivers rely on the private sector. Nearly all caregivers who use the public sector seek treatment from clinical sources. The high public sector use and low reliance on the private sector are key factors that should be taken into account when designing programs to meet the needs of sick children in Mozambique.

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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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