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Sources for Sick Child Care in the Democratic Republic of the Congo

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The public and private sectors are important sources of sick child care in the Democratic Republic of the Congo. 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 2013—14 DRC 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

- 40% of Congolese children experienced fever, acute respiratory infection symptoms, or diarrhea in the past two weeks.
- 61% of Congolese caregivers seek treatment or advice outside the home, across all three illnesses.
- Among caregivers who seek sick child care, 48% use the public sector and 44% use the private sector.
- 81% of private sector care seekers access a non-clinical source (pharmacy, market, or shop); 94% of public sector care seekers access a clinical facility.
- The poorest and wealthiest caregivers seek care in nearly equal proportions (58% and 63%, respectively).
- 65% of the wealthiest caregivers and 39% of the poorest caregivers access care from the private sector.

This is one in a series of briefs that examines care seeking in USAID maternal and child survival priority countries.

Illness prevalence

According to mothers interviewed across the country for the Democratic Republic of the Congo (DRC) Demographic and Health Survey, 40 percent of Congolese children under five experienced one or more of the following illnesses: fever (29 percent), symptoms of acute respiratory infection (ARI)—a proxy for pneumonia—(7 percent), and/or diarrhea (17 percent) in the two weeks prior to the survey.[1]

Out-of-home care seeking

When children fall ill, most caregivers in DRC (61 percent) seek advice or treatment outside the home.[2] Care-seeking rates are nearly equal for children with ARI (59 percent), fever (59 percent), or diarrhea (58 percent). The overall rate of care seeking in DRC is slightly lower than the average rate (65 percent) across West and Central African maternal and child survival priority countries ("USAID priority countries").[3]

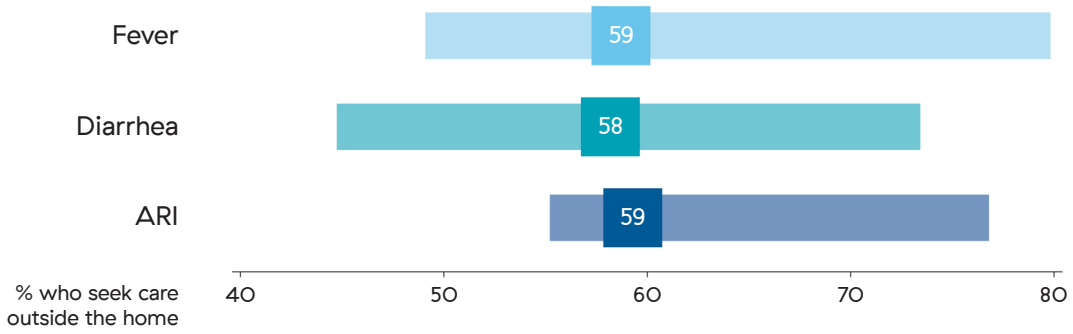
2 out of 5 children in DRC experienced fever, ARI symptoms, or diarrhea in the last 2 weeks.

Sources of care

Caregivers use the public and private sectors for sick child care at nearly equal rates (48 percent and 44 percent, respectively). DRC's care-seeking patterns are similar to the regional averages among West and Central African USAID priority countries (52 percent public and 40 percent private). Very few caregivers (2 percent) seek care from both the public and private sectors. Six percent seek treatment from other sources, typically a traditional practitioner. Among public sector care seekers, almost all (94 percent) go to a clinical facility like a hospital or a clinic, rather than seeking care from a community health worker. In contrast, 19 percent of private sector care seekers go to a clinical facility, while the remainder use non-clinical sources (pharmacies, markets, or shops). 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 rates in DRC are lower than many of its neighbors

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

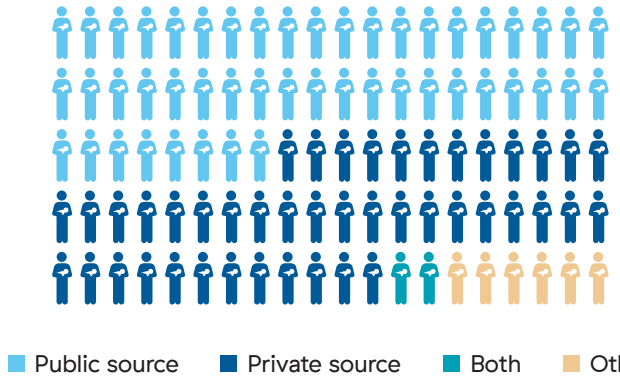


[1] All Demographic and Health Survey data used in this analysis are reported by mothers who were asked if their children under age five experienced fever, ARI symptoms, or diarrhea in the two weeks before the interview. These data do not report whether children recently had pneumonia or malaria because 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] 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 West and Central Africa are the Democratic Republic of the Congo, Ghana, Liberia, Mali, Nigeria, and Senegal.

Among caregivers who seek sick child care outside the home, 48% seek treatment or advice from public sector sources and 44% from private sector sources.



Equity in illness prevalence and care seeking

In DRC, the burden of fever, ARI symptoms, and/or diarrhea is similar in the poorest and wealthiest households (40 percent and 38 percent, respectively). Poorer children who experience one of these illnesses are slightly less likely to receive treatment than their wealthier peers (58 percent versus 63 percent, respectively). The magnitude of the disparity in care seeking between the poorest and wealthiest quintiles in DRC is relatively small and similar to most of the other USAID priority countries in West and Central Africa.

Figure 2. DRC's wealth disparity in care-seeking levels is relatively small

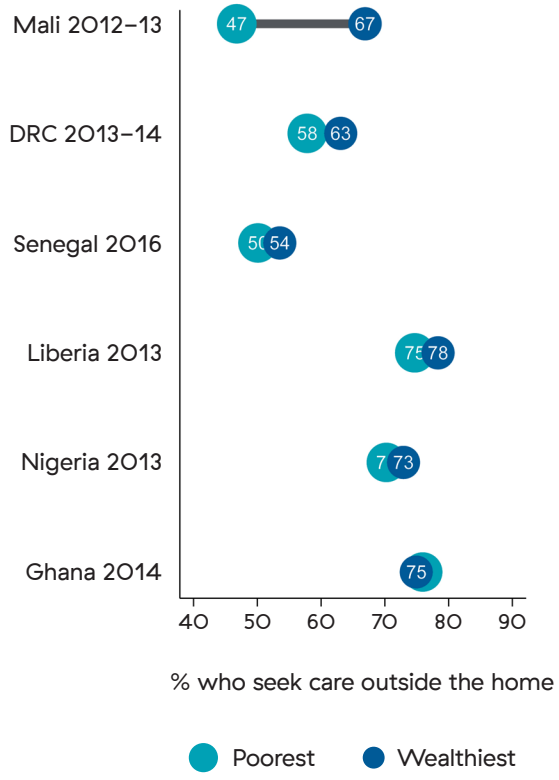
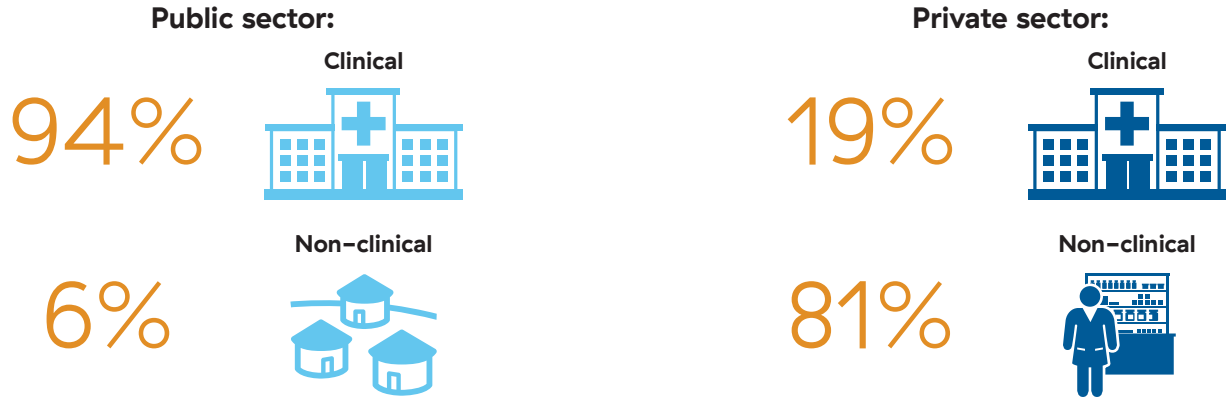


Figure 3. Most public sector clients go to clinical sources

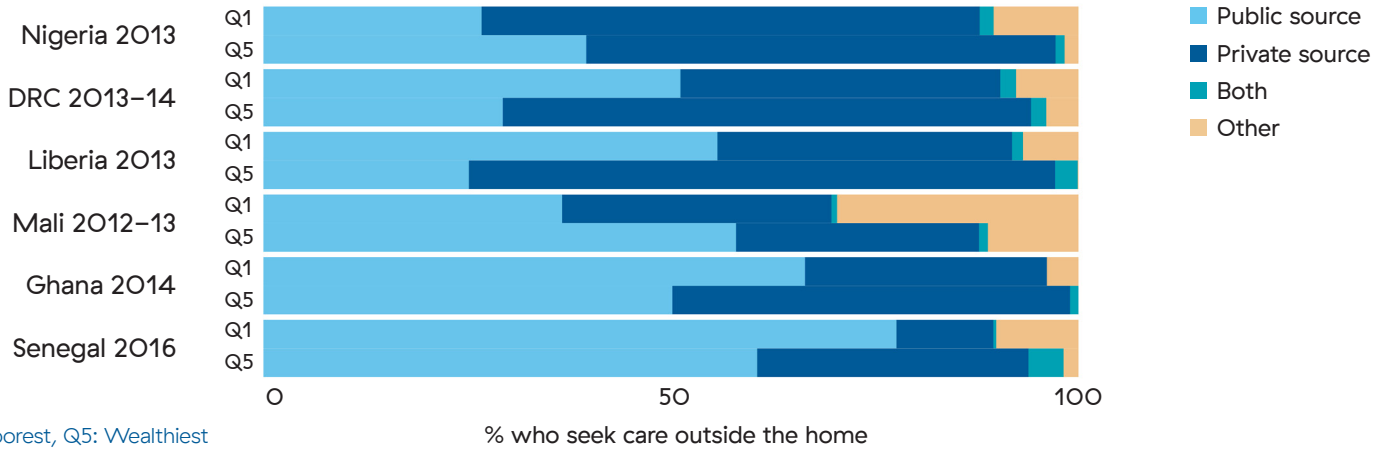


Sources of care categories

Public sector: Hospitals, health centers, health posts, maternity clinics, mobile clinics, community relay, health workers
Private sector: Private clinics, hospitals, and doctors; pharmacies, shops, markets, and mobile nurses
Other: Traditional practitioners

Caregivers seek treatment or advice from the public and private sectors in roughly equal proportions. However, care-seeking patterns vary by socioeconomic status. Caregivers from the poorest quintile are more likely to access public sector sources (51 percent) than those in the wealthiest quintile (29 percent). Nearly two-thirds of the wealthiest caregivers (65 percent) and more than one-third of the poorest caregivers (39 percent) access care from the private sector.

Figure 4. The poorest Congolese caregivers use the public sector, the wealthiest use the private sector



Q1: Poorest, Q5: Wealthiest

Conclusion

Fever, ARI symptoms, and diarrhea are common illnesses in DRC, affecting 40 percent of all children. Both the public and private sectors are important sources of care for these childhood illnesses. While the poorest and wealthiest families in DRC seek care at similar rates, there are socioeconomic differences in sources of care. The public sector is the primary source of treatment or advice for sick children in the poorest quintile, while the private sector is the primary source for children in the wealthiest quintile. The majority of public sector care seekers use clinical facilities. In contrast, the majority of private sector care seekers use non-clinical sources, such as pharmacies, markets, or shops. These care-seeking patterns should be taken into account when designing programs to meet the needs of sick children in DRC.

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

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