



## Sources for Sick Child Care in Pakistan

The private sector is the dominant source of care in Pakistan. 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 2017–18 Pakistan Demographic and Health Survey to examine where treatment or advice is sought for sick children who experience 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

- 48% of children in Pakistan experienced fever, acute respiratory infection symptoms, or diarrhea in the past two weeks.
- 79% of Pakistani caregivers seek treatment or advice outside the home, across all three illnesses.
- Pakistan has the highest level of private sector care seeking (80%) in the Asia region (the regional average is 60%). This holds true across all income levels.
- 96% of public sector care seekers and 81% of private sector care seekers access a clinical facility.
- The substantial use of private clinical facilities and low reliance on the public sector are key factors that should be considered to improve child survival in Pakistan.

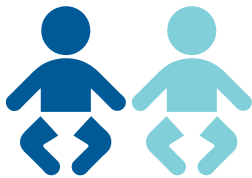
## Illness prevalence

According to mothers interviewed across the country for the Pakistan Demographic and Health Survey, 48 percent of Pakistani children under five experienced one or more of the following illnesses: fever (38 percent), symptoms of acute respiratory infection (ARI)—a proxy for pneumonia—(14 percent), and/or diarrhea (19 percent) in the two weeks prior to the survey.<sup>1</sup>

## Out-of-home care seeking

When children fall ill, most caregivers in Pakistan (79 percent) seek advice or treatment outside the home.<sup>2</sup> For children with diarrhea, the care-seeking level is slightly

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



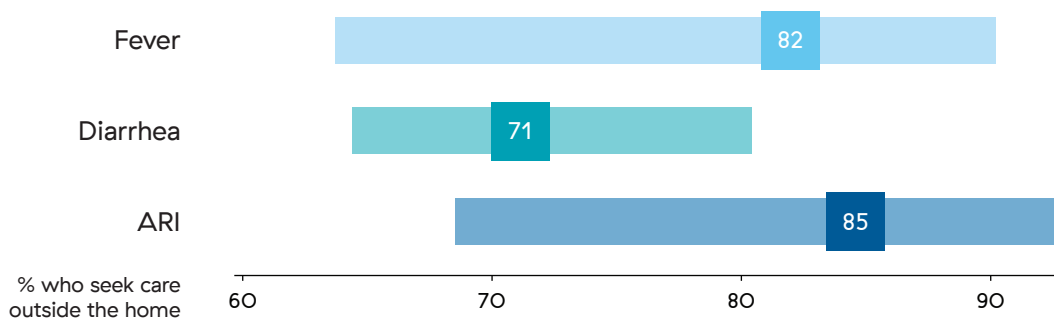
lower (71 percent), possibly because the illness can often be effectively managed at home. The overall level of care seeking in Pakistan is nearly equivalent to the average level (78 percent) across Asian maternal and child survival priority countries (“USAID priority countries”).<sup>3</sup>

## Sources of care

The private sector is the dominant source of sick child care in Pakistan. Among caregivers who seek treatment or advice outside of their homes, 80 percent use private sector sources and 17 percent go to public sector sources. Pakistan’s level of private sector care seeking is much higher than the regional average among Asian USAID priority countries (60 percent) and is higher than that of any other USAID priority country. Very few caregivers (1 percent) seek care from both the public and private sectors. The majority of both public sector (96 percent) and private sector (81 percent) care seekers access a clinical facility, rather than seeking care from a community health worker, pharmacy, 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. Levels of care seeking in Pakistan are mid-range compared to its neighbors

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

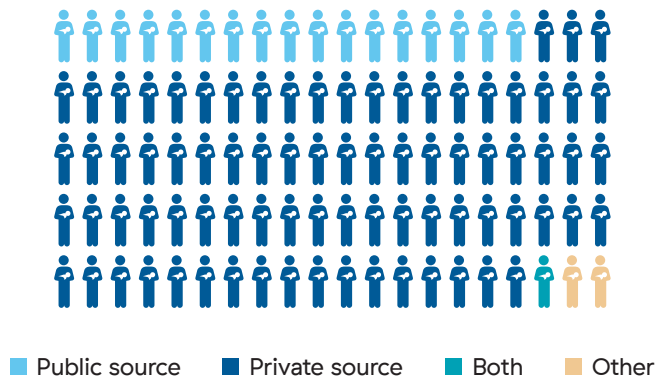


<sup>1</sup> All DHS data used in this analysis are reported by mothers who were asked if their children under age five experienced fever, ARI symptoms, or diarrhea in the two weeks before the interview. These data do not report whether children recently had pneumonia or malaria because both illnesses must be confirmed in a laboratory. Instead, the DHS 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.

<sup>2</sup> 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.

<sup>3</sup> The USAID priority countries in Asia are Afghanistan, Bangladesh, India, Indonesia, Myanmar, Nepal, and Pakistan.

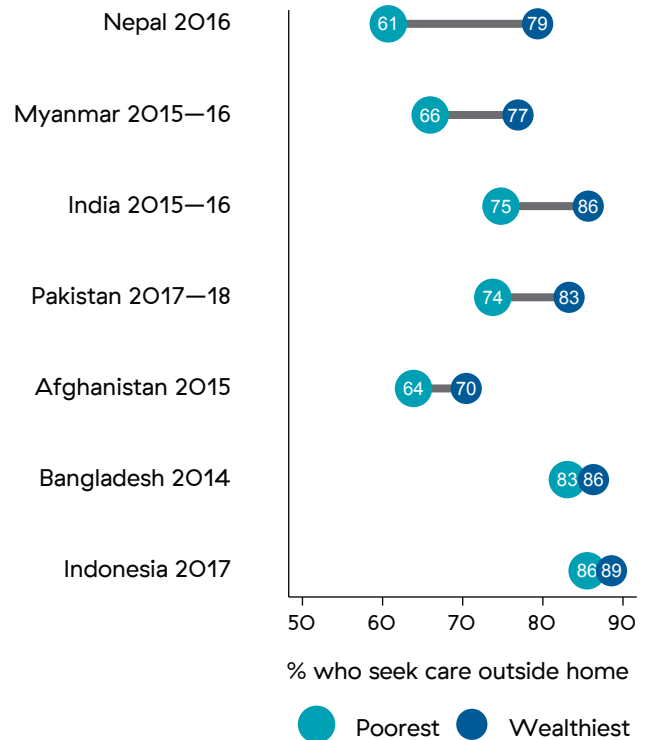
Among caregivers who seek sick child care outside the home, **17%** seek treatment or advice from public sector sources and **80%** from private sector sources.



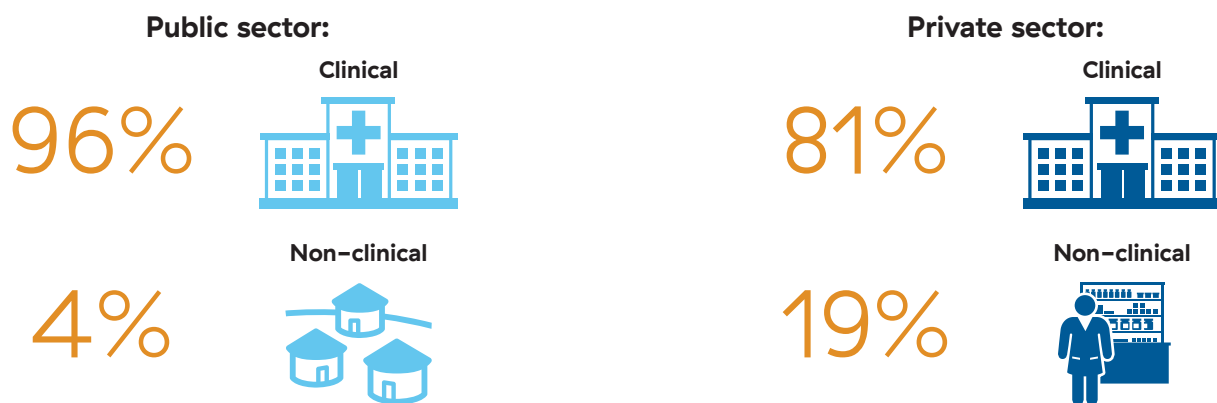
### Equity in illness prevalence and care seeking

Nearly half (47 percent) of children in the wealthiest quintile and 43 percent of children in the poorest quintile experienced one of the three childhood diseases in the previous two weeks. However, poorer children in Pakistan are less likely to receive treatment than their wealthier peers (74 percent versus 83 percent, respectively). The magnitude of the disparity in care seeking between the poorest and wealthiest quintiles in Pakistan is equal to the average disparity among Asian USAID priority countries (9 percentage points).

**Figure 2. Compared to its neighbors, Pakistan's wealth disparity in care-seeking levels is moderate**



**Figure 3. Most public and private sector clients go to clinical sources**



#### Sources of care categories

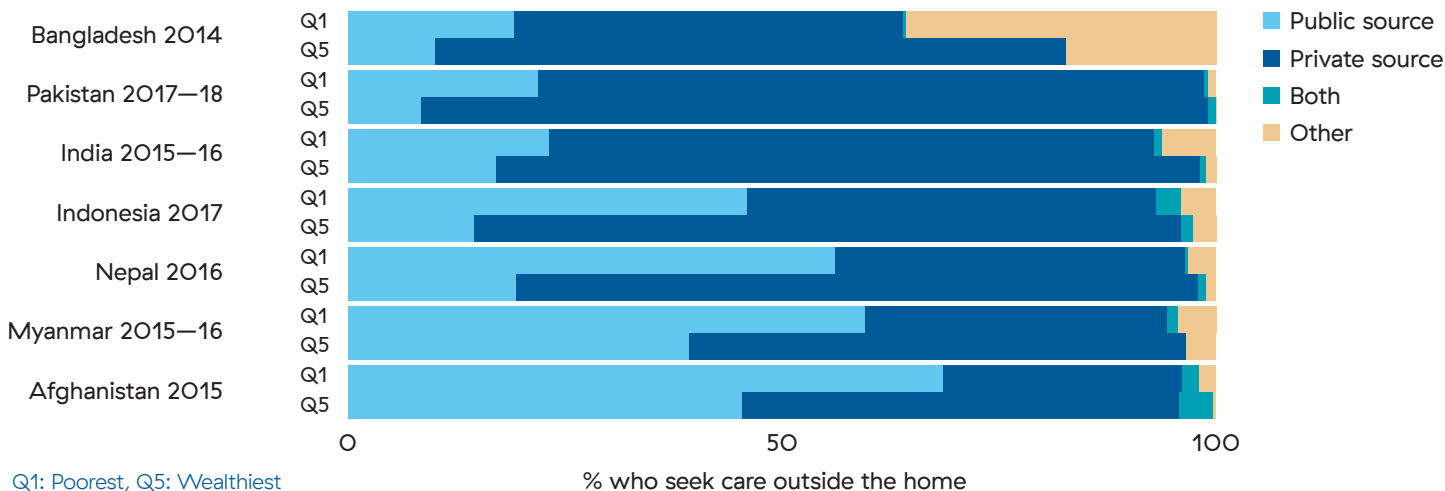
**Public sector:** Hospitals, rural health centers, mother–child health centers, basic health units, lady health workers, and community midwives

**Private sector:** Clinics, hospitals, and doctors; pharmacies, medical stores, shops, dispensaries, and compounders

**Other:** Traditional healers (*hakim*), homeopaths, and traditional birth attendants (*dais*)

In Pakistan, the majority of care is accessed from the private sector, across socioeconomic statuses. The level of private sector use is higher for caregivers in the wealthiest than the poorest quintile (91 versus 77 percent, respectively). The high level of private sector care seeking among the poorest caregivers in Pakistan is an unusual pattern. Compared to other Asian USAID priority countries, the poorest caregivers in Pakistan are much more likely to seek care in the private sector. The poorest caregivers use the public sector at a higher level (22 percent) than the wealthiest caregivers (8 percent).

**Figure 4. Pakistan’s poorest and wealthiest have the highest private sector use in the Asia region**



## Conclusion

Fever, ARI symptoms, and diarrhea are extremely common childhood illnesses in Pakistan, affecting nearly half of all children. Caregivers frequently seek advice or treatment outside the home, although the poorest caregivers are slightly less likely to seek sick child care than their wealthier counterparts. Regardless of socioeconomic status, the private sector is the dominant source of care for sick children. The poorest care seekers in Pakistan use the private sector at a much higher level than the poorest care seekers in any other USAID priority country. The majority of caregivers who use the private sector seek treatment from clinical sources. The substantial use of private clinical facilities and low reliance on the public sector are key factors that should be taken into account when designing programs to improve child survival in Pakistan.

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Sustaining Health Outcomes through the Private Sector (SHOPS) Plus is a five-year cooperative agreement (AID0AA-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. This brief is made possible by the support of the American people through USAID. The contents are the sole responsibility of Abt Associates and do not necessarily reflect the views of USAID or the United States government.



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