



Sources for Sick Child Care in Zambia

The public sector is the dominant source of care in Zambia. 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 2018–19 Zambia 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

- 74% of Zambian caregivers seek treatment or advice outside the home for their sick children, across all three illnesses.
- Among caregivers who seek sick child care, 92% access the public sector and 7% use the private sector.
- The poorest and wealthiest caregivers in Zambia seek care in nearly equal proportions.
- 96% of public sector care seekers and 59% of private sector care seekers access a clinical facility.
- Given the high reliance on public clinical sources of care, the quality of care in such facilities has implications for childhood survival in Zambia.

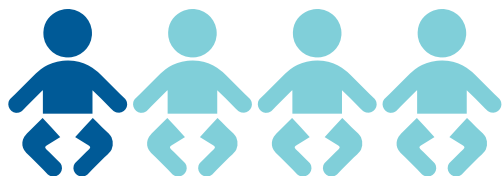
Illness prevalence

According to mothers interviewed across the country for the Zambia Demographic and Health Survey, 26 percent of Zambian children under five experienced one or more of the following illnesses: fever (16 percent), symptoms of acute respiratory infection (ARI)—a proxy for pneumonia—(2 percent), and/or diarrhea (15 percent) in the two weeks prior to the survey.¹

Out-of-home care seeking

When children fall ill, most caregivers in Zambia (74 percent) seek advice or treatment outside the home.² This care-seeking level remains fairly consistent for children with fever, ARI symptoms, or diarrhea

1 out of 4 children in Zambia experienced fever, ARI symptoms, or diarrhea in the last 2 weeks.



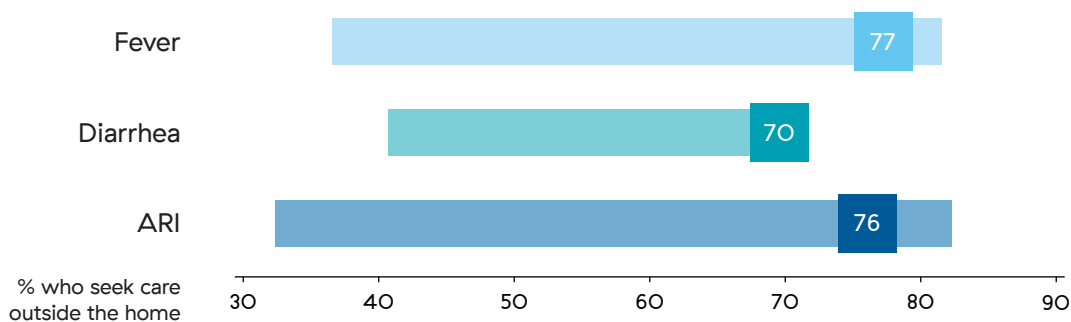
(77 percent, 76 percent, and 70 percent, respectively). The overall level of care seeking in Zambia is somewhat higher than the average level (65 percent) across East and Southern African maternal and child survival priority countries (“USAID priority countries”).³

Sources of care

The public sector is the dominant source of sick child care in Zambia. Among caregivers who seek treatment or advice outside their homes, 92 percent use public sector sources and 7 percent go to private sector sources. Compared to the regional average among USAID priority countries in East and Southern Africa (70 percent), Zambia has a much higher level of care seeking from the public sector. Less than one percent of caregivers seek care from both the public and private sectors. Among public sector care seekers, the majority (96 percent) go to a clinical facility like a hospital or a clinic, rather than seeking care from a community health worker. In contrast, 59 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. Zambia’s care-seeking levels are higher than most of its neighbors

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

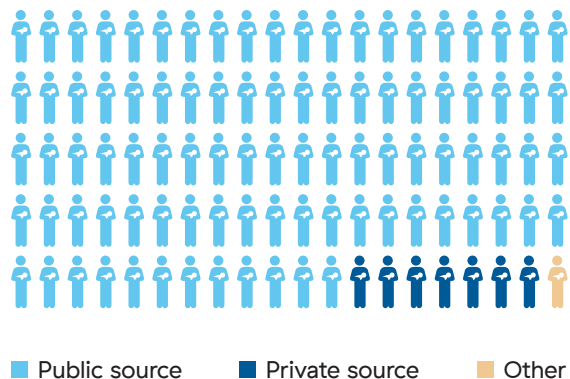


¹ All Demographic and Health Survey data used in this analysis are reported by mothers who were asked if their children under age five experienced fever, ARI symptoms, or diarrhea in the two weeks before the interview. These data do not report whether children recently had pneumonia or malaria because 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 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 **7%** from private sector sources.



Equity in illness prevalence and care seeking

In Zambia, the burden of fever, ARI symptoms, and/or diarrhea is higher among children from the poorest than the wealthiest households (30 percent versus 22 percent, respectively). Children in the poorest and wealthiest households who experience one of these illnesses are almost equally likely to receive treatment (75 percent and 73 percent, respectively). This equitable care-seeking pattern between the poorest and wealthiest quintiles in Zambia is similar to some USAID priority countries in East and Southern Africa, while others have vast disparities in care-seeking levels.

Figure 2. Zambia’s care-seeking levels are equitable across income levels

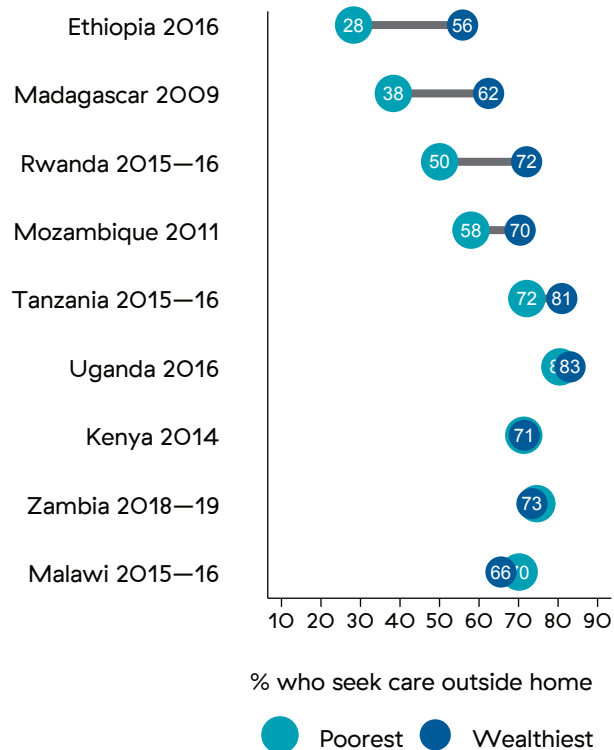
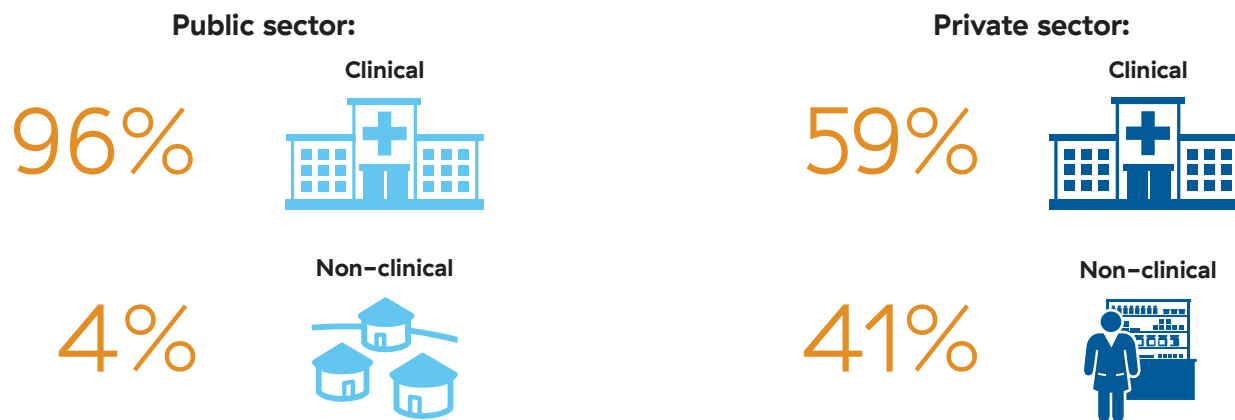


Figure 3. Almost all public sector clients use clinical sources



Sources of care categories

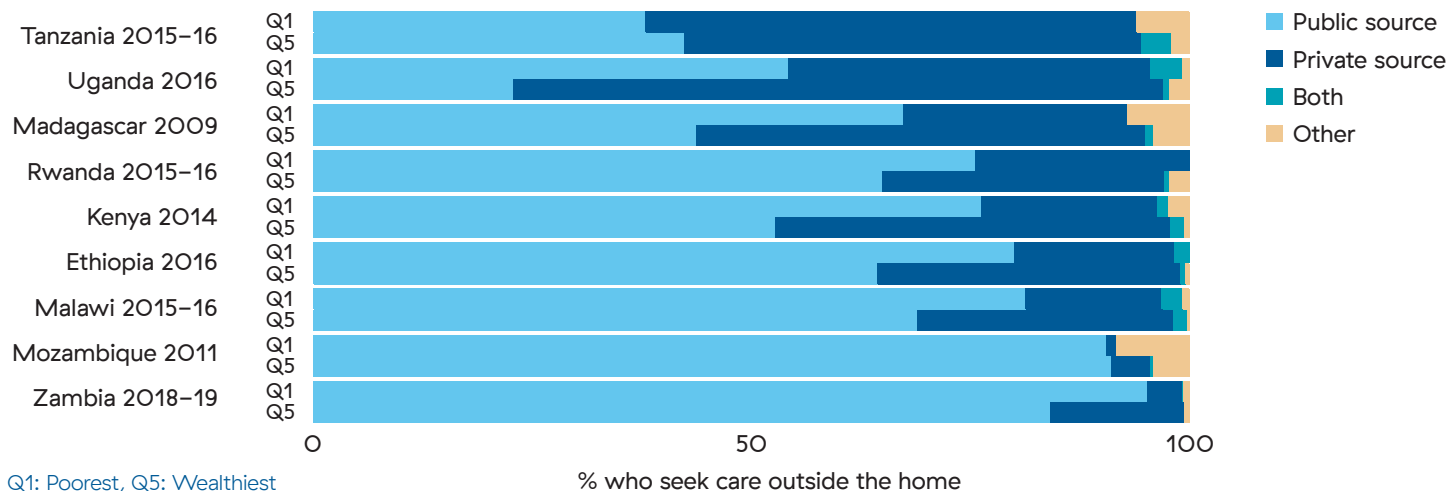
Public sector: Hospitals, health centers, health posts, mobile clinics, community-based agents, and fieldworkers

Private sector: Clinics, hospitals, mobile clinics, and doctors; faith-based organizations; community-based agents and fieldworkers; 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. The poorest are somewhat more likely to use the public sector than the wealthiest caregivers (95 versus 84 percent, respectively). The wealthiest caregivers are more likely to seek care from a private sector source (15 percent) than the poorest caregivers (4 percent). Care seekers of all socioeconomic statuses in Zambia use the public sector at a higher level than in most other East and Southern African USAID priority countries.

Figure 4. Similar to regional patterns, Zambia’s public sector is dominant across income levels



Conclusion

Fever, ARI, and diarrhea are common illnesses in Zambia, affecting more than one in four children. Illness prevalence is somewhat higher among children from the poorest than the wealthiest households, but levels of care seeking are equitable across wealth quintiles. The public sector is the primary source of out-of-home treatment or advice for sick children across socioeconomic statuses. Levels of private sector care-seeking are somewhat higher among the wealthiest Zambian care seekers compared to the poorest. The majority of caregivers who use the public sector seek treatment from clinical sources, while those who use the private sector use both clinical and non-clinical sources. Given the high reliance on public clinical sources, the quality of care in such facilities has implications for childhood survival in Zambia.

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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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