



Sources for Sick Child Care in Tanzania

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Both the public and private sectors are important sources of sick child care in Tanzania. 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 Tanzania 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

- 79% of Tanzanian caregivers seek treatment or advice outside the home for their sick children, across all three illnesses.
- Among Tanzanian caregivers who seek sick child care, 45% use the public sector and 51% use the private sector.
- All public sector care seekers report accessing a clinical facility; 85% of private sector care seekers access a non-clinical source (pharmacy, market, or shop).
- The wealthiest caregivers are more likely to seek care outside the home than the poorest caregivers (81% versus 72%, respectively).
- Use of the public and private sectors does not vary substantially by socioeconomic status. This stands in contrast to care-seeking patterns in other East and Southern African countries, which typically have larger socioeconomic differences in care seeking sources.

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

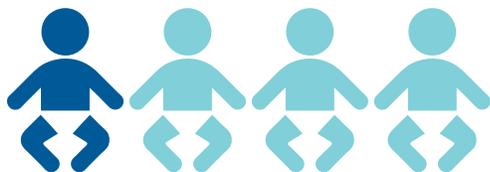
Illness prevalence

According to mothers interviewed across the country for the Tanzania Demographic and Health Survey, 26 percent of Tanzanian children under five experienced one or more of the following illnesses: fever (18 percent), symptoms of acute respiratory infection (ARI)—a proxy for pneumonia—(4 percent), and/or diarrhea (12 percent) in the two weeks prior to the survey.¹

Out-of-home care seeking

When children fall ill, most caregivers in Tanzania (79 percent) seek advice or treatment outside the home.² For children with ARI or fever, care-seeking levels are similar (82 and 81 percent, respectively). Comparatively, the level is lower for diarrhea (70 percent), possibly because the illness can often be effectively managed at home. The

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



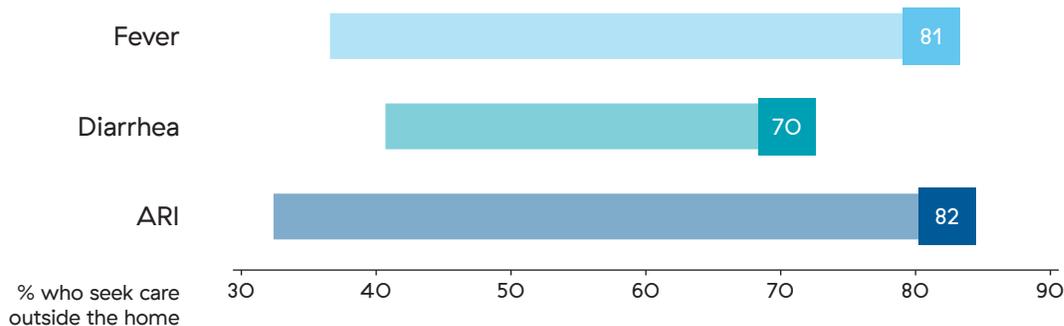
overall care-seeking level in Tanzania is higher than the average (64 percent) across East and Southern African maternal and child survival priority countries (“USAID priority countries”).³ Tanzania is a regional leader in this area and is well positioned to share best practices regarding interventions and policies to encourage care seeking for childhood diseases.

Sources of care

Caregivers in Tanzania use the public and private sectors in roughly equal proportions for sick child care. Among caregivers who seek treatment or advice outside of their homes, 51 percent use private sector sources and 45 percent go to public sector sources. Compared to all other USAID priority countries in East and Southern Africa, Tanzania has one of the highest levels of care seeking from the private sector. Very few caregivers (2 percent) seek care from both the public and private sectors. All public sector care seekers who were interviewed reported using a clinical facility such as a hospital or a clinic, rather than seeking care from a community health worker. In contrast, 15 percent of private sector care seekers use a clinical facility, while the remainder go to 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. Tanzania has high care-seeking levels relative to its neighbors

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

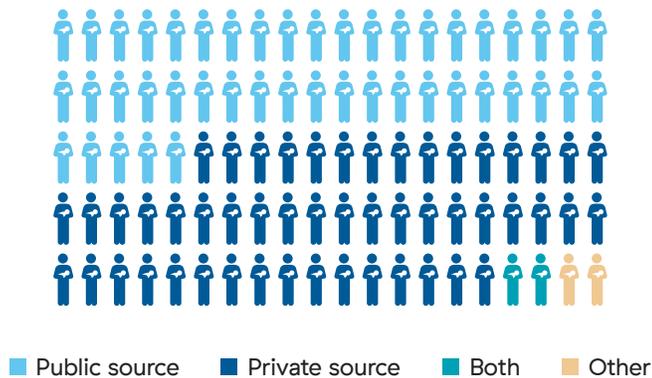


¹ All Demographic and Health Survey data used in this analysis are reported by mothers who were asked if their children under age five experienced fever, ARI symptoms, or diarrhea in the two weeks before the interview. These data do not report whether children recently had pneumonia or malaria because 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, clinics, dispensaries, and community health workers), private sources (clinics, hospitals, health centers, and doctors; nongovernmental and faith-based organizations; pharmacies, dispensaries, and accredited drug dispensing outlets), and other sources (not specified). 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, **45%** seek treatment or advice from public sector sources and **51%** from private sector sources.



Equity in illness prevalence and care seeking

In Tanzania, the burden of fever, ARI symptoms, and/or diarrhea in the poorest households is slightly lower than in the wealthiest households (22 percent versus 29 percent, respectively). Poorer children in Tanzania who experience one of these illnesses are somewhat less likely to receive treatment than their wealthier peers (72 percent versus 81 percent, respectively). The magnitude of the disparity in care seeking between the poorest and wealthiest quintiles in Tanzania is moderate compared to other East and Southern African USAID priority countries.

Figure 2. Tanzania's wealth disparity in care seeking is moderate compared to other countries in the region

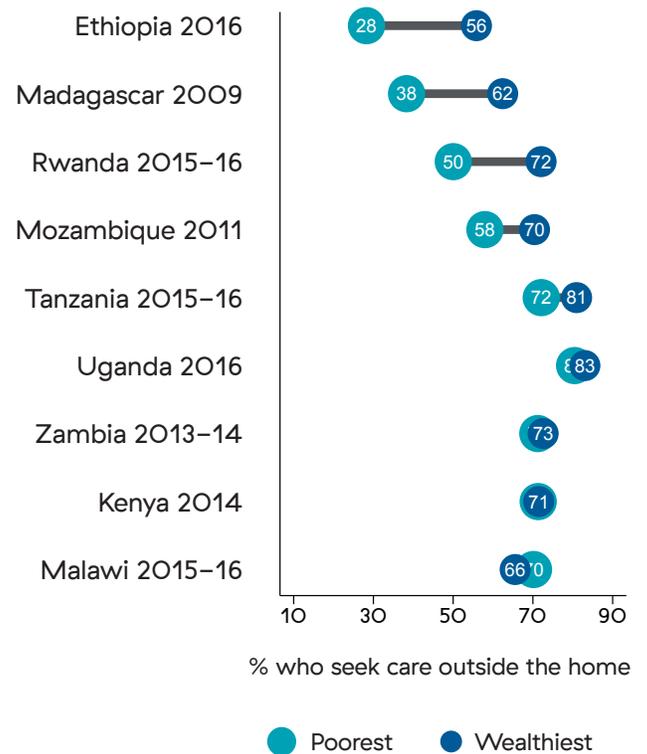
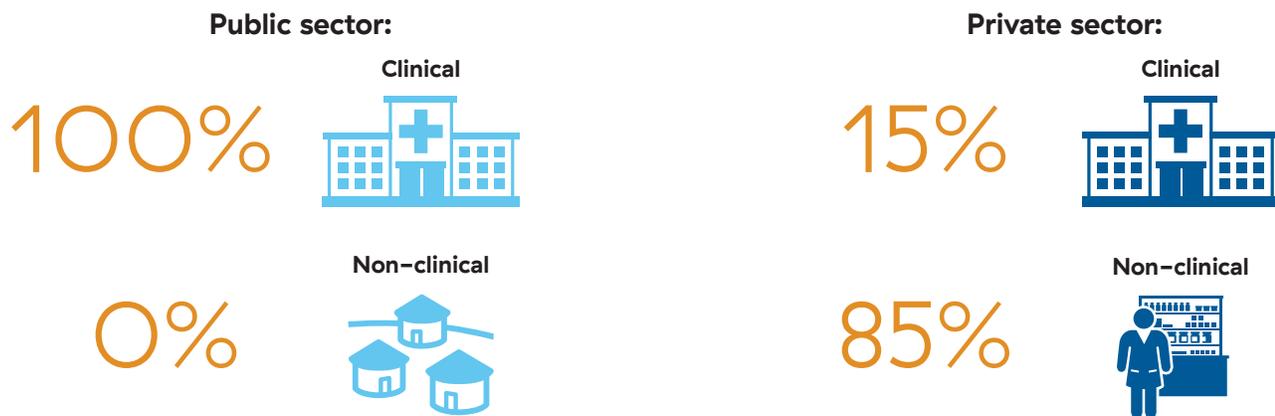


Figure 3. Public sector care seekers report using clinical sources of care



Sources of care categories

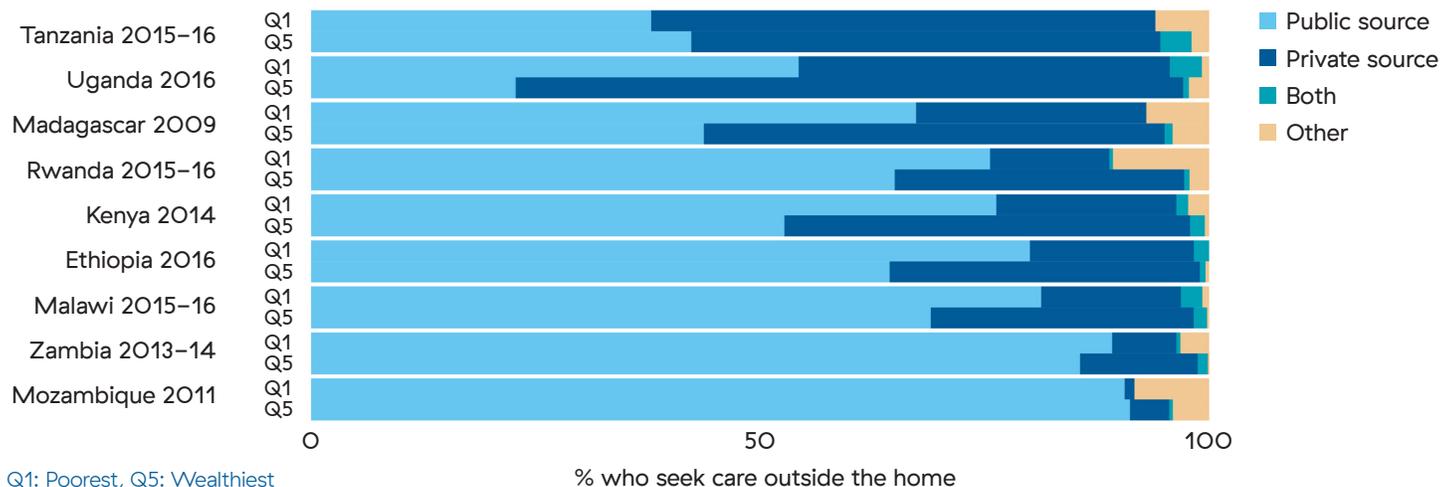
Public sector: Hospitals, health centers, clinics, dispensaries, and community health workers

Private sector: Clinics, hospitals, health centers, and doctors; nongovernmental and faith-based organizations; pharmacies, dispensaries, and accredited drug dispensing outlets

Other: Not specified

The poorest and wealthiest caregivers use the public sector in similar proportions (38 percent and 42 percent, respectively). Private sector use is somewhat higher among both poorer and wealthier caregivers (56 percent and 52 percent, respectively). This equity in sources of care is unlike other USAID priority countries in the region, which typically have larger socioeconomic differences in care seeking sources. Compared to other East and Southern African USAID priority countries, the poorest caregivers in Tanzania have the highest level of private sector care seeking (56 percent).

Figure 4. Private sector use is high among Tanzania’s poorest caregivers relative to regional patterns



Conclusion

Fever, ARI, and diarrhea are common illnesses in Tanzania, affecting more than one of every four children. Prevalence of these illnesses is slightly lower among children from the poorest households, and caregivers from the poorest households are less likely to seek care outside the home compared to those from the wealthiest households. Both the public and private sectors are important sources of out-of-home treatment or advice for sick children of all socioeconomic statuses in Tanzania. All public sector users report accessing care from clinical sources. In contrast, the majority of caregivers who use the private sector seek treatment from non-clinical sources, such as pharmacies, markets, and shops. The high use of non-clinical care in the private sector has implications for systems of referral to more intensive treatments. These factors should be taken into account when designing programs to meet the needs of sick children in Tanzania.



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