



Sources for Sick Child Care in Ethiopia

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The public sector is the primary source of sick child care in Ethiopia. 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 2016 Ethiopia 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

- Only 39% of Ethiopian caregivers seek treatment or advice outside the home for their sick children, across all three illnesses. This is substantially lower than the East and Southern Africa regional average.
- The wealthiest caregivers are much more likely to seek care outside the home (56%) than the poorest caregivers (28%).
- Among Ethiopian caregivers who seek sick child care, the majority use public sector sources (72%), while a quarter use private sector sources (24%).
- All public sector care seekers report accessing clinical facilities, while 85% of private sector care seekers access a clinical facility.
- Ethiopia's low care-seeking level, particularly among the poorest families, demonstrates a need for additional research to understand the determinants of low care seeking.

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

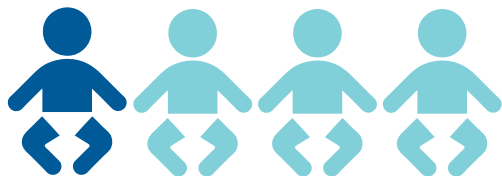
Illness prevalence

According to mothers interviewed across the country for the Ethiopia Demographic and Health Survey (DHS), 23 percent of Ethiopian children under five experienced one or more of the following illnesses: fever (14 percent), symptoms of acute respiratory infection (ARI)—a proxy for pneumonia—(7 percent), and/or diarrhea (12 percent) in the two weeks prior to the survey.¹

Out-of-home care seeking

When children fall ill, only 39 percent of caregivers in Ethiopia seek advice or treatment outside the home.² For children with ARI, the care-seeking level is somewhat lower (32 percent). Comparatively, the level is slightly higher for diarrhea (45 percent). This is contrary to

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



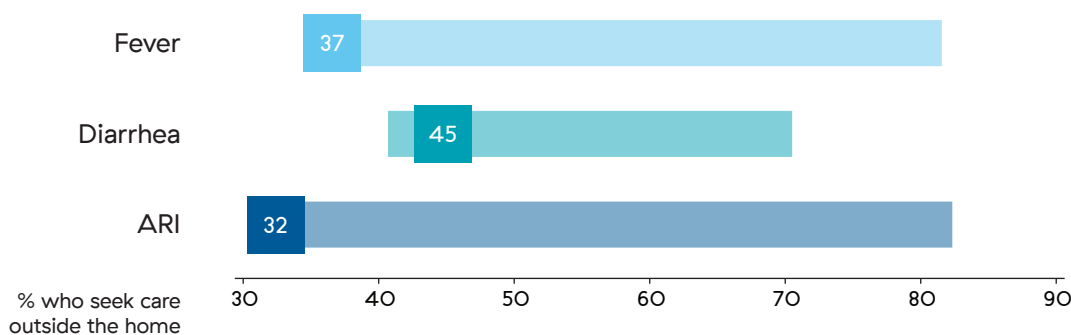
patterns seen in other maternal and child survival priority countries (“USAID priority countries”) in which the diarrhea care-seeking level is often the lowest, possibly because the illness can often be effectively managed at home. The overall care-seeking level in Ethiopia is substantially lower than the average across East and Southern African USAID priority countries³ (64 percent) and is the lowest among all USAID priority countries.

Sources of care

The public sector is the primary source of sick child care in Ethiopia. Among caregivers who seek treatment or advice outside of their homes, 72 percent use public sector sources and 24 percent go to private sector sources. These care-seeking levels are similar to the East and Southern African regional averages (70 percent and 26 percent, respectively). Very few caregivers (2 percent) seek care from both the public and private sectors. Among public sector care seekers, 100% report using a clinical facility like a hospital or a clinic. Public clinical facilities in Ethiopia also include health posts, which are staffed by health extension workers. The majority (85 percent) of private sector care seekers use clinical facilities. 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. Ethiopia’s care-seeking levels are low compared to its neighbors

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

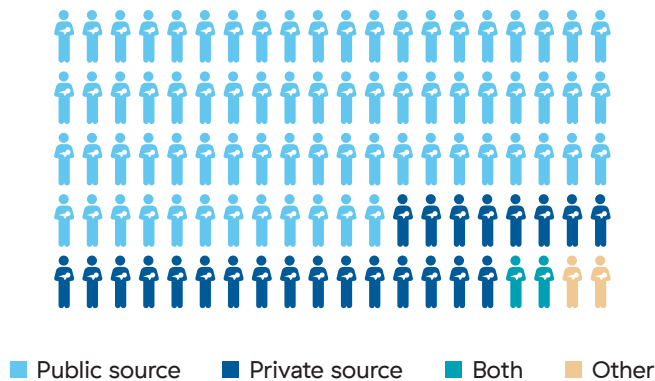


¹ All DHS data used in this analysis are reported by mothers who were asked if their children under age five experienced fever, ARI symptoms, or diarrhea in the two weeks before the interview. These data do not report whether children recently had pneumonia or malaria because both illnesses must be confirmed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

² In this analysis, out-of-home sources of care comprise public sources (hospitals, health centers, and health posts [staffed by health extension workers]), private sources (clinics, hospitals, and doctors; nongovernmental organizations; pharmacies, shops, markets, and drug vendors), and other sources (traditional practitioners). 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, **72%** seek treatment or advice from public sector sources and **24%** from private sector sources.



Equity in illness prevalence and care seeking

In Ethiopia, the burden of fever, ARI symptoms, and/or diarrhea is fairly equal in the poorest and wealthiest households (20 percent and 24 percent, respectively). The poorest children in Ethiopia who experience one of these illnesses are much less likely to receive treatment than their wealthier peers (28 percent versus 56 percent, respectively). The magnitude of the disparity in care seeking between the poorest and wealthiest quintiles in Ethiopia is larger than that of any other USAID priority country.

Figure 2. Regionally, Ethiopia has the largest wealth disparity in care-seeking levels

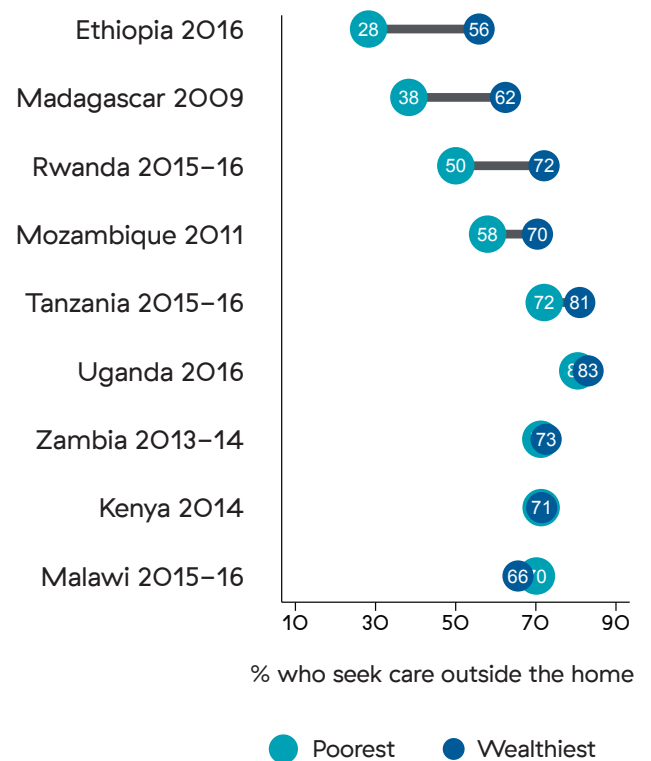
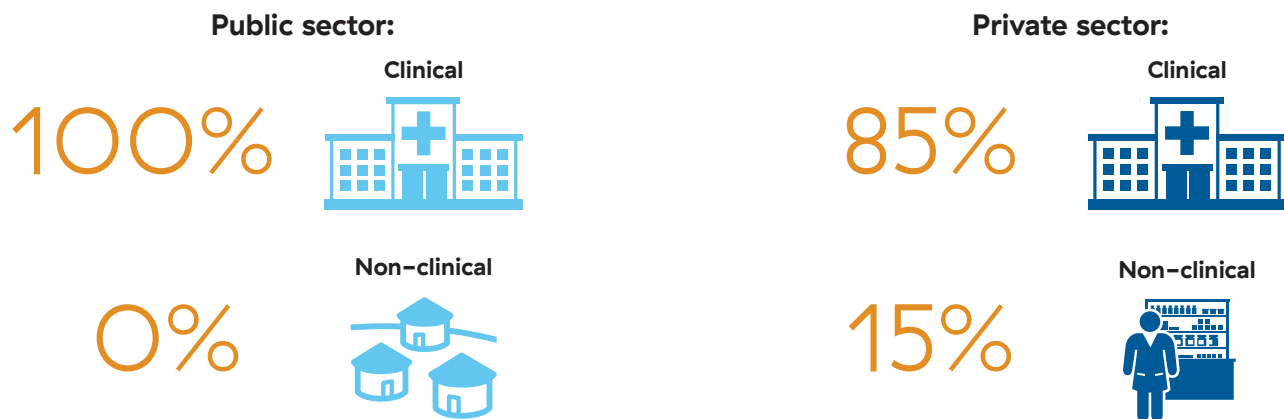


Figure 3: All public sector care seekers report using clinical sources of care



Sources of care categories

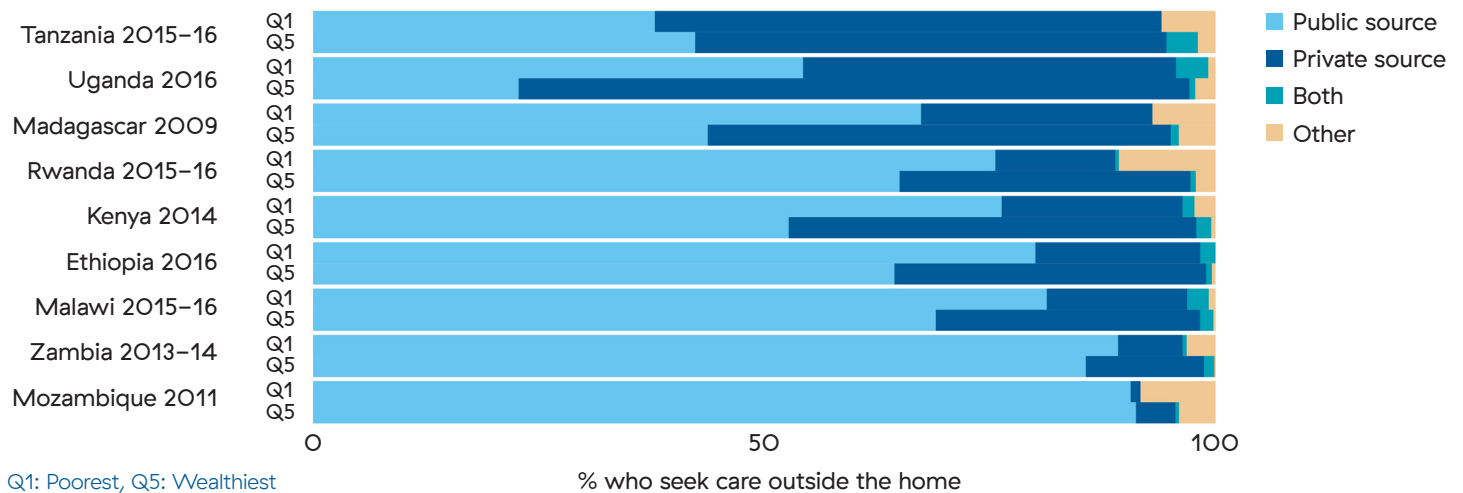
Public sector: Hospitals, health centers, and health posts (staffed by health extension workers)

Private sector: Clinics, hospitals, and doctors; nongovernmental organizations; pharmacies, shops, markets, and drug vendors

Other: Traditional practitioners

The majority of care outside the home for sick children is accessed from the public sector across socioeconomic statuses. However, caregivers from the wealthiest quintile of the Ethiopian population are less likely to seek care from a public sector source (64 percent) than caregivers from the poorest quintile (80 percent). Accordingly, the wealthiest caregivers are more likely to seek care from a private sector source (35 percent) than the poorest caregivers (18 percent).

Figure 4. In Ethiopia, the public sector is dominant—particularly among the poorest



Conclusion

Fever, ARI, and diarrhea are common illnesses in Ethiopia, affecting nearly one in every four children. However, Ethiopia has the lowest care-seeking level among all USAID priority countries. Further, there is a vast disparity in care-seeking levels between the poorest and wealthiest children. The public sector is the primary source of care for sick children of all socioeconomic statuses, yet private sector use increases with wealth quintile. The majority of public and private sector care seekers use clinical facilities. The low reliance on private sector sources and on public non-clinical sources could signify that such sources are unavailable or inaccessible, potentially contributing to Ethiopia’s low care-seeking level. This extremely low level, particularly among the poorest caregivers, is a critical finding that should be taken into account when designing programs to meet the needs of sick children in Ethiopia.



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