



# Sources for sick child care in *Ethiopia*

*One in a series of analyses by SHOPS Plus*

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## Purpose of this analysis

- Understand whether and where Ethiopian caregivers seek advice and treatment for their sick children
- Examine differences in care-seeking patterns by illness and socioeconomic levels, and within public and private sectors
- Share data in a usable format
- **Inform policies and programs to prevent child deaths**

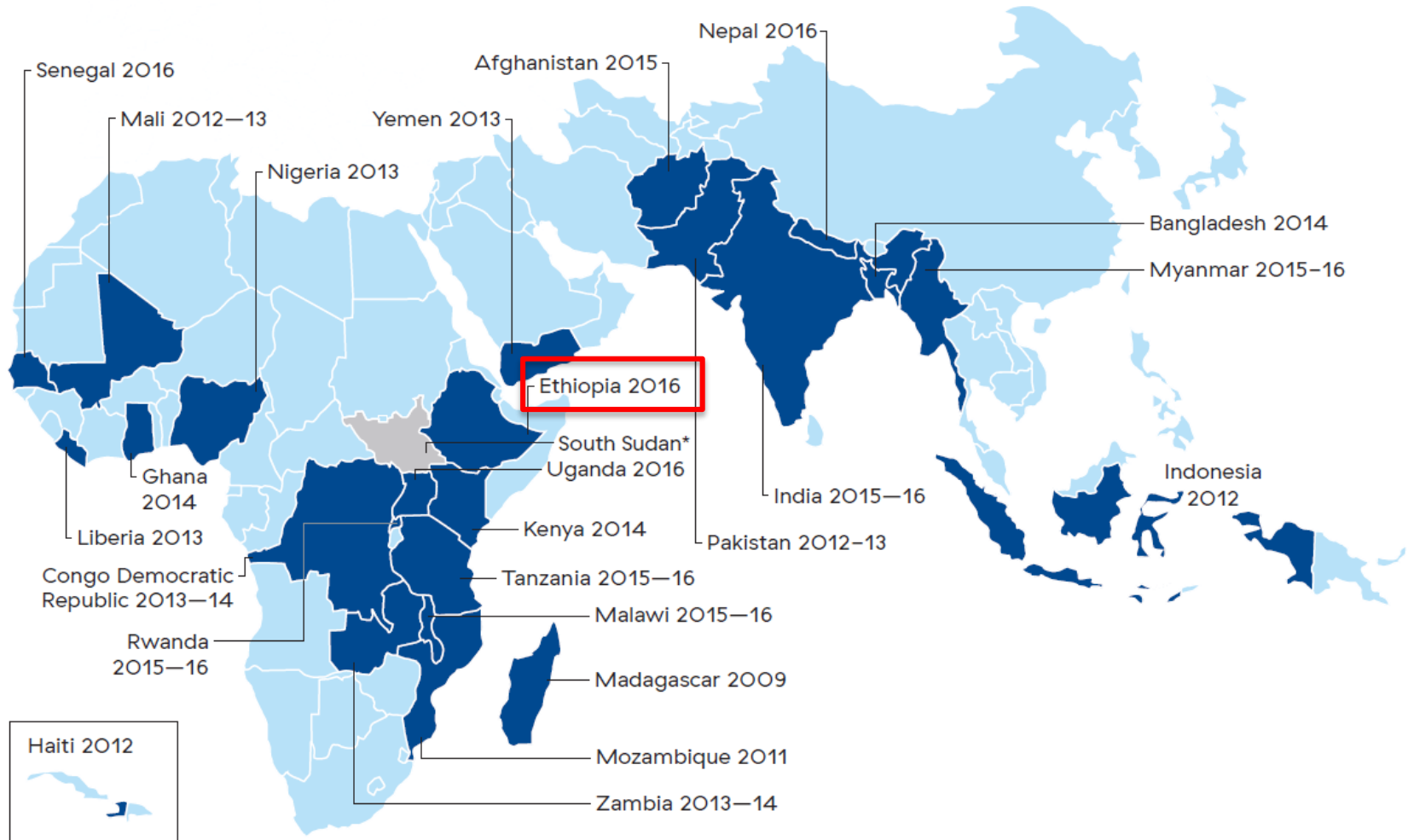


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# Demographic and Health Survey (DHS) data analyzed from 24 priority countries

USAID priority countries analyzed using Demographic and Health Survey data



\*No DHS data are available for South Sudan.



# Ethiopia 2016 DHS data: Interviews with mothers of young children

Mothers of children five years old or younger were asked:

- Whether their children had experienced fever, symptoms of acute respiratory infection (ARI), or diarrhea in the past two weeks
  - If yes, asked whether they had sought advice or treatment from any source
    - If yes, asked where they had sought advice or treatment





## This analysis will tell you:

1. What percentage of children in Ethiopia experience fever, ARI symptoms, and/or diarrhea?
2. What percentage of caregivers seek advice or treatment outside the home for children with these illnesses?
3. Among those who seek out-of-home care, what are the sources?
  - a) Public, private, other
  - b) Clinical vs. non-clinical
4. How do patterns of care-seeking vary by:
  - a) Illness: fever, ARI, diarrhea
  - b) Countries within the East and Southern Africa region
  - c) Wealth quintile: poorest and wealthiest Ethiopians



How frequently do children in Ethiopia experience fever, ARI symptoms, and/or diarrhea?

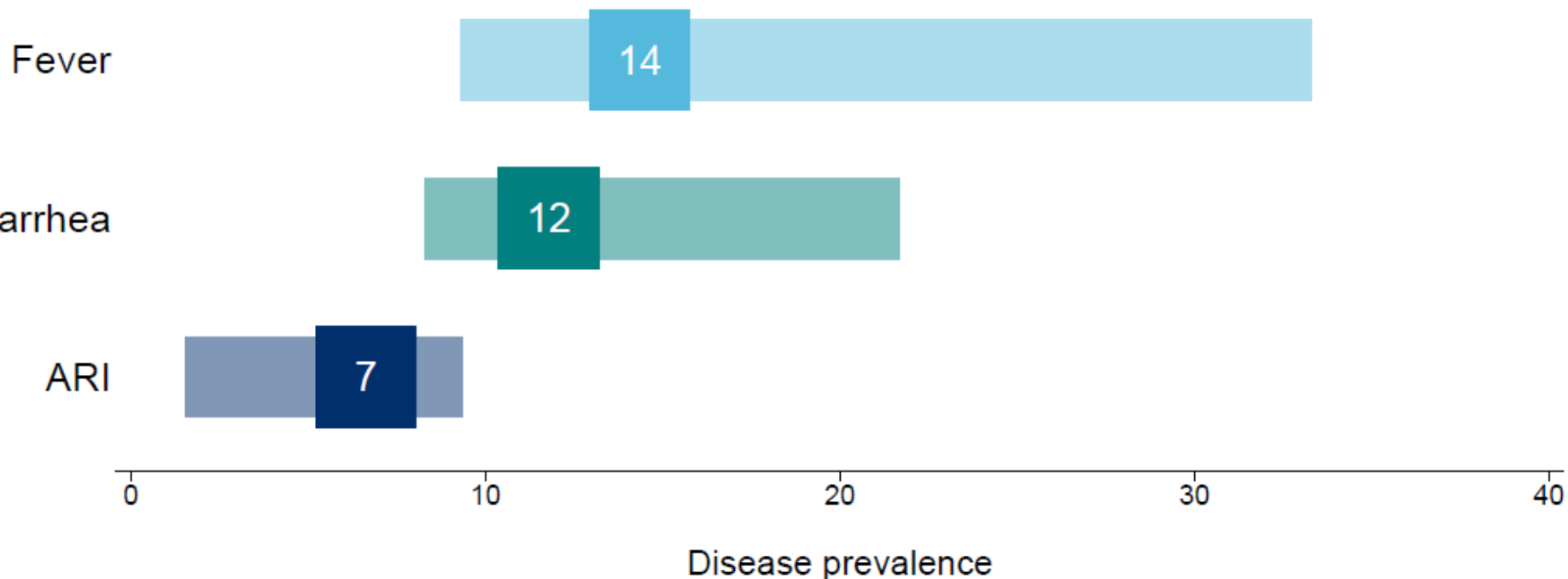




# Ethiopia's childhood disease prevalence is relatively low among countries in East and Southern Africa

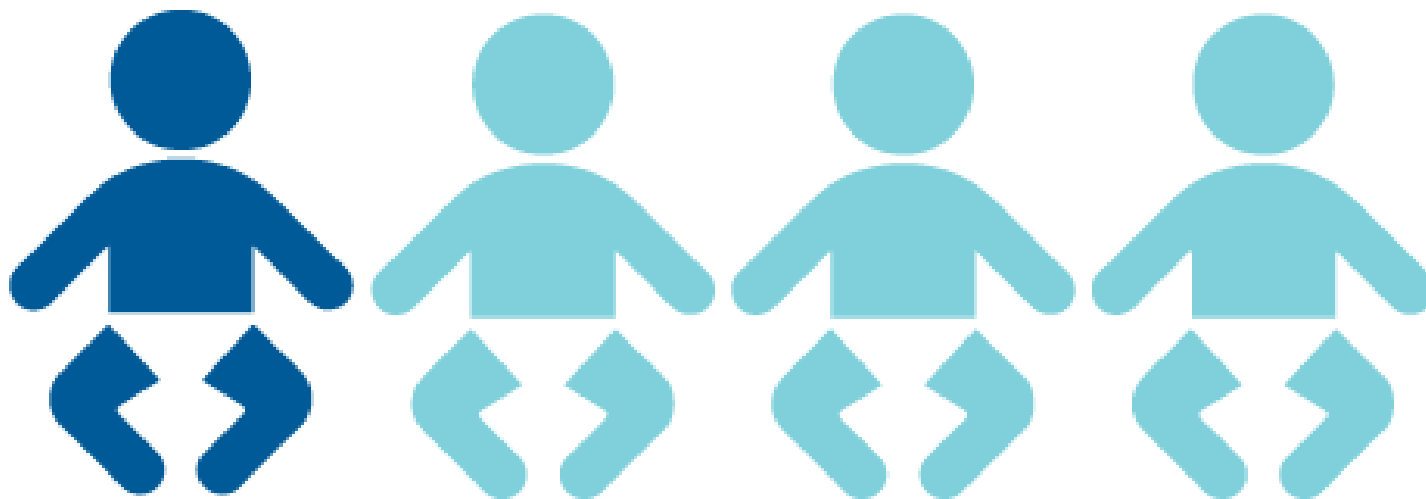
Bars show **range** across East and Southern African USAID priority countries; squares show **Ethiopia**

## Illness prevalence: Ethiopia and East and Southern Africa





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





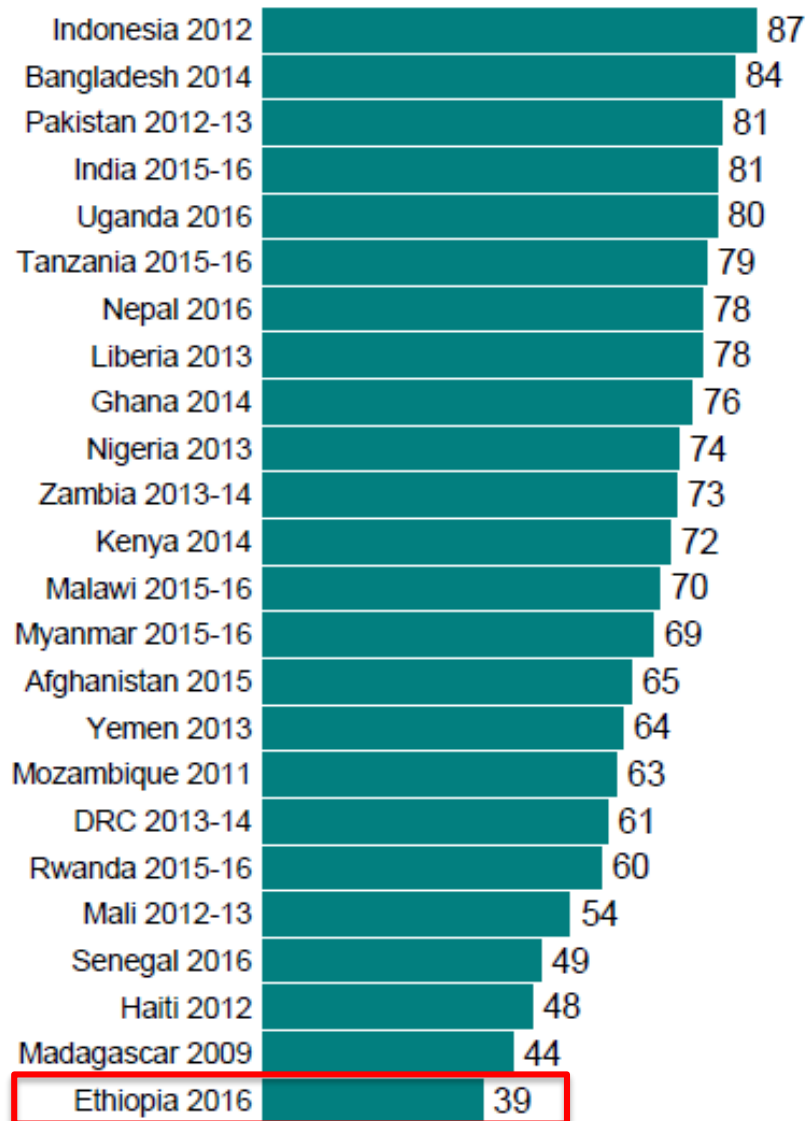


How frequently is out-of-home  
care sought for Ethiopian  
children with these illnesses?





# Ethiopia's care-seeking level is the lowest among all USAID priority countries



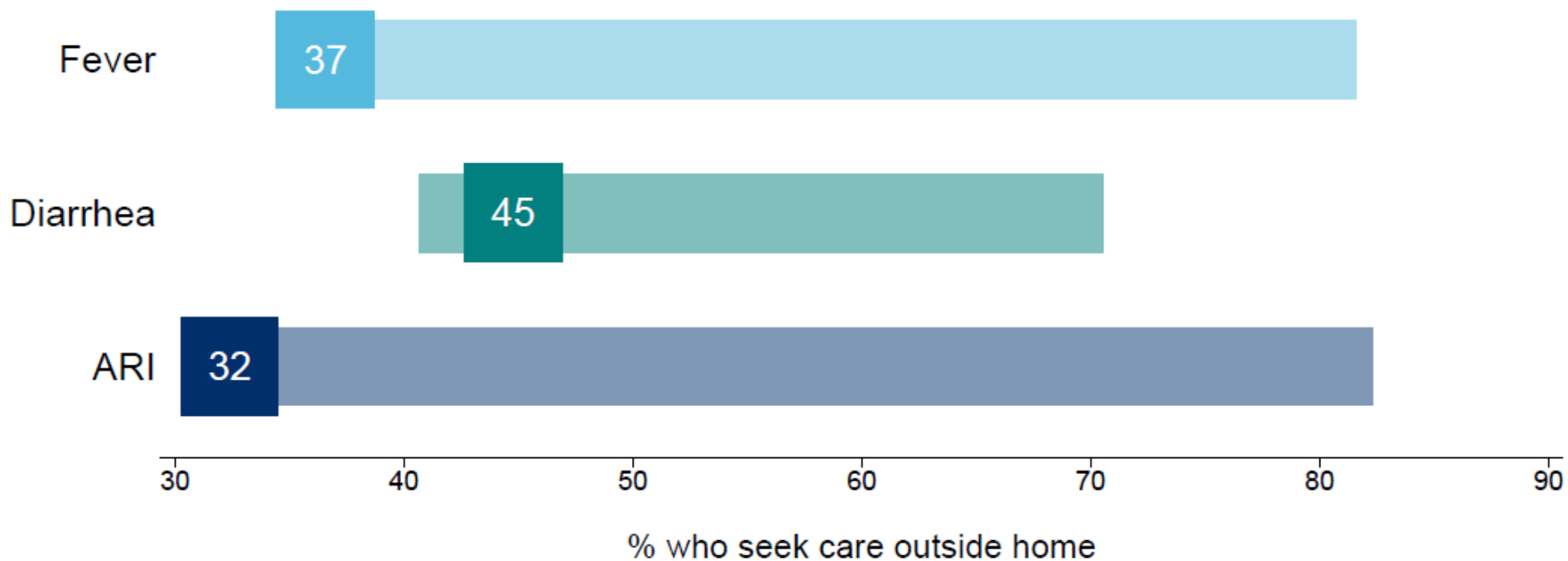
% of caregivers who seek treatment for children with any of the three illnesses in each of the 24 USAID priority countries analyzed



# Across illnesses, **Ethiopia** has some of the **lowest** care-seeking levels in the region

*Bars show **range** across East and Southern African USAID priority countries; squares show **Ethiopia**.*

## Caregivers who seek care outside the home: Ethiopia and East and Southern Africa





Among Ethiopians who seek  
out-of-home care, what are the  
sources?

Public, private, other



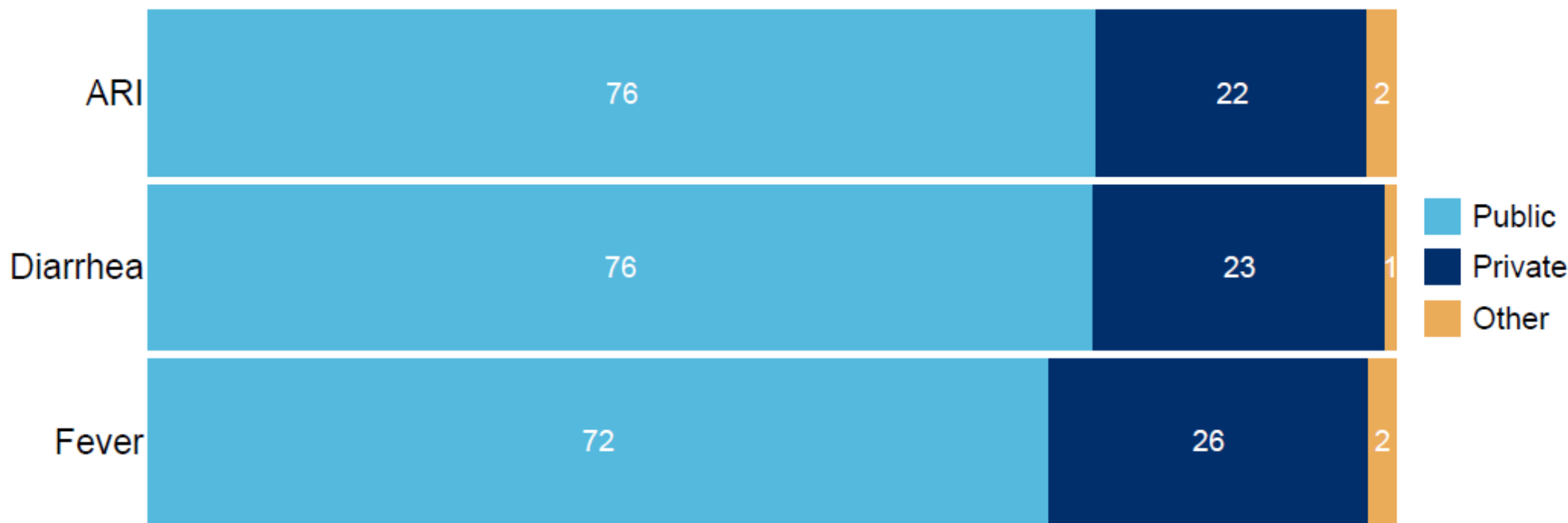


## Sources of care

<b>Public sector</b>	<b>Private sector</b>	<b>Other</b>
<ul style="list-style-type: none"><li>· Hospitals, health centers, and health posts (staffed by health extension workers)</li></ul>	<ul style="list-style-type: none"><li>· Private clinics, hospitals, and doctors</li><li>· Nongovernmental organizations</li><li>· Pharmacies, shops, markets, and drug vendors</li></ul>	<ul style="list-style-type: none"><li>· Traditional practitioners</li></ul>



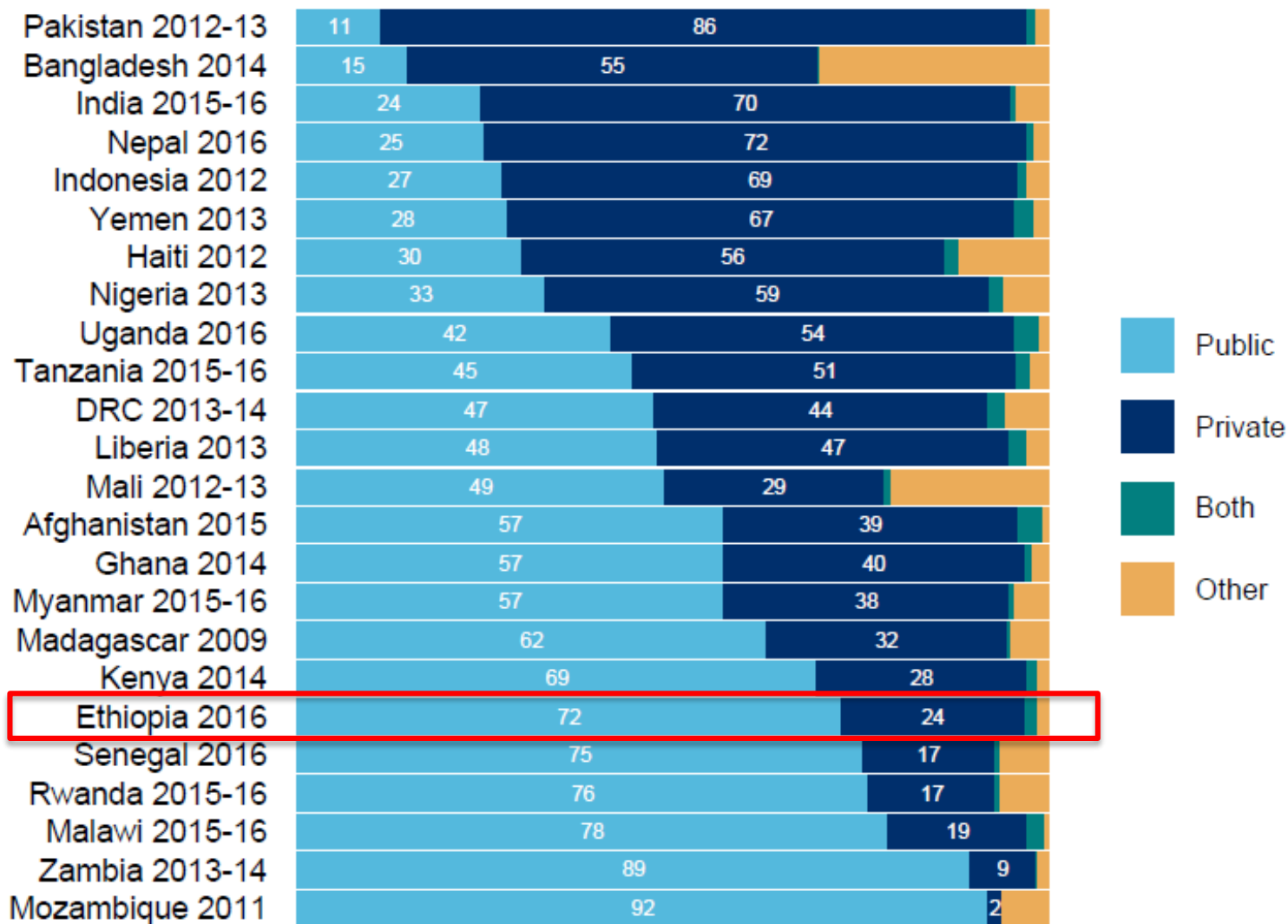
Across all three illnesses, the **public** sector is the **dominant** source of care in Ethiopia



Source among Ethiopians who seek sick child care outside the home



## Like many countries in the region, **Ethiopia** has high **public** sector use





Among caregivers who seek sick child care outside the home, **24%** seek treatment or advice from private sector sources and **72%** from public sector sources.



■ Public source    ■ Private source    ■ Both    ■ Other





# Sources of care: Clinical versus non-clinical





## Sources of care: Clinical and non-clinical

	<b>Public sector</b>	<b>Private sector</b>
<b>Clinical</b>	<ul style="list-style-type: none"><li>· Hospitals</li><li>· Health centers</li><li>· Health posts (staffed by health extension workers)</li></ul>	<ul style="list-style-type: none"><li>· Private clinics, hospitals, and doctors</li><li>· Nongovernmental organizations</li></ul>
<b>Non-clinical</b>	<ul style="list-style-type: none"><li>· Not included in EDHS 2016 survey</li></ul>	<ul style="list-style-type: none"><li>· Pharmacies, shops, markets, and drug vendors</li></ul>



# All public sector and most private sector care-seekers report using **clinical** care

Public sector:

Clinical

100%



Non-clinical

0%



Private sector:

Clinical

85%



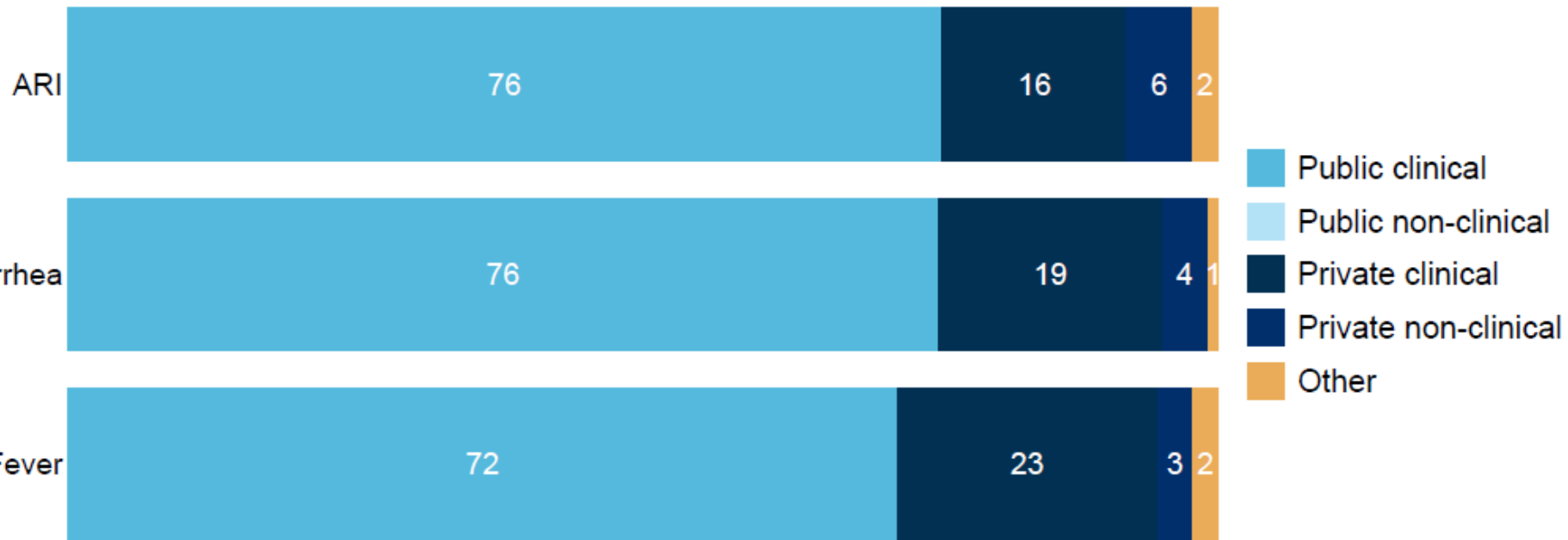
Non-clinical

15%





## By illness: *Little variation* in clinical vs. non-clinical sources of care



Source among Ethiopians who seek sick child care outside the home



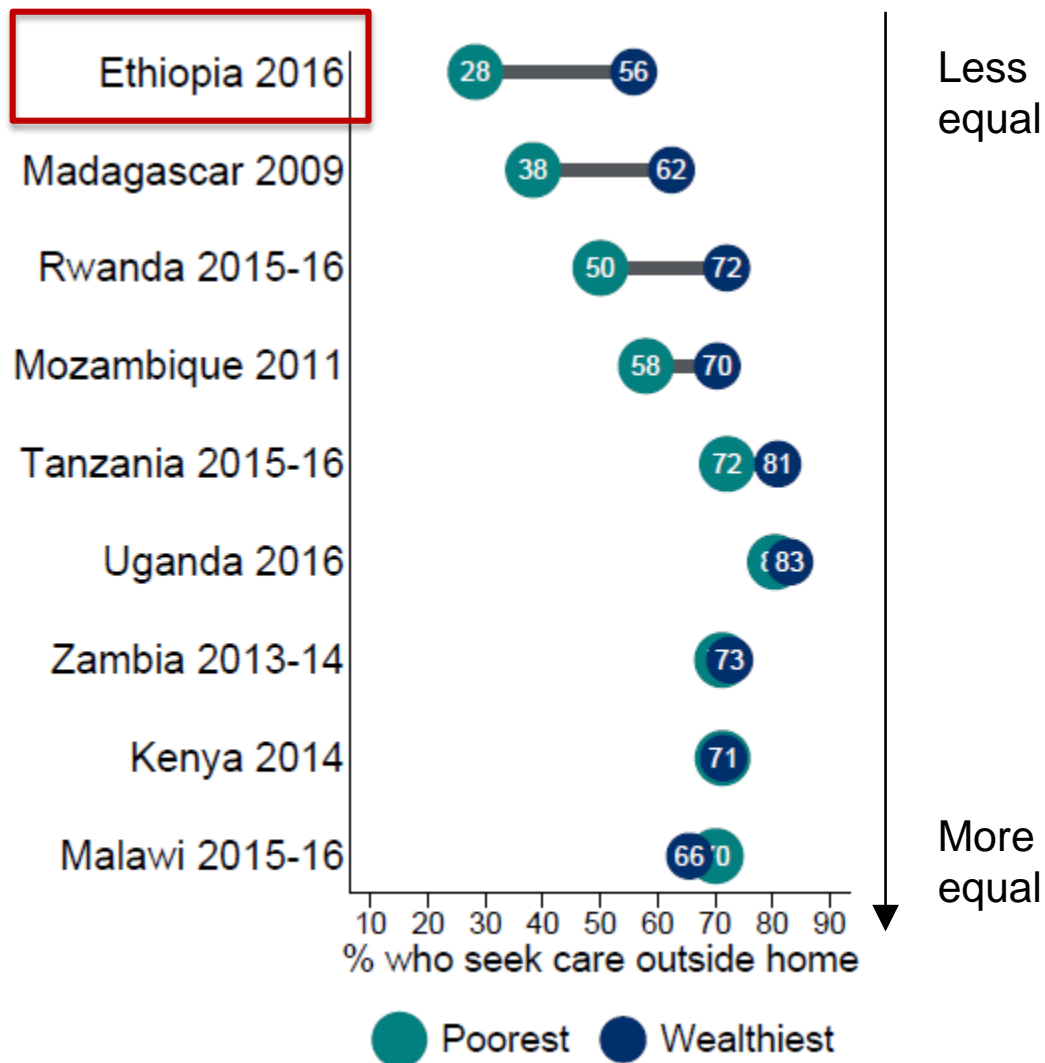
How do patterns of care-seeking vary between the poorest and wealthiest Ethiopians?





# Ethiopia has the **largest socioeconomic disparity** in care-seeking levels in the region

- Wealthiest
- Poorest





# Public sector is dominant for **both poorer and wealthier** Ethiopians



Source among those who seek care outside the home

Q1 = poorest

Q5 = wealthiest



Public



Private



Both



Other

In Ethiopia, the public sector is dominant:

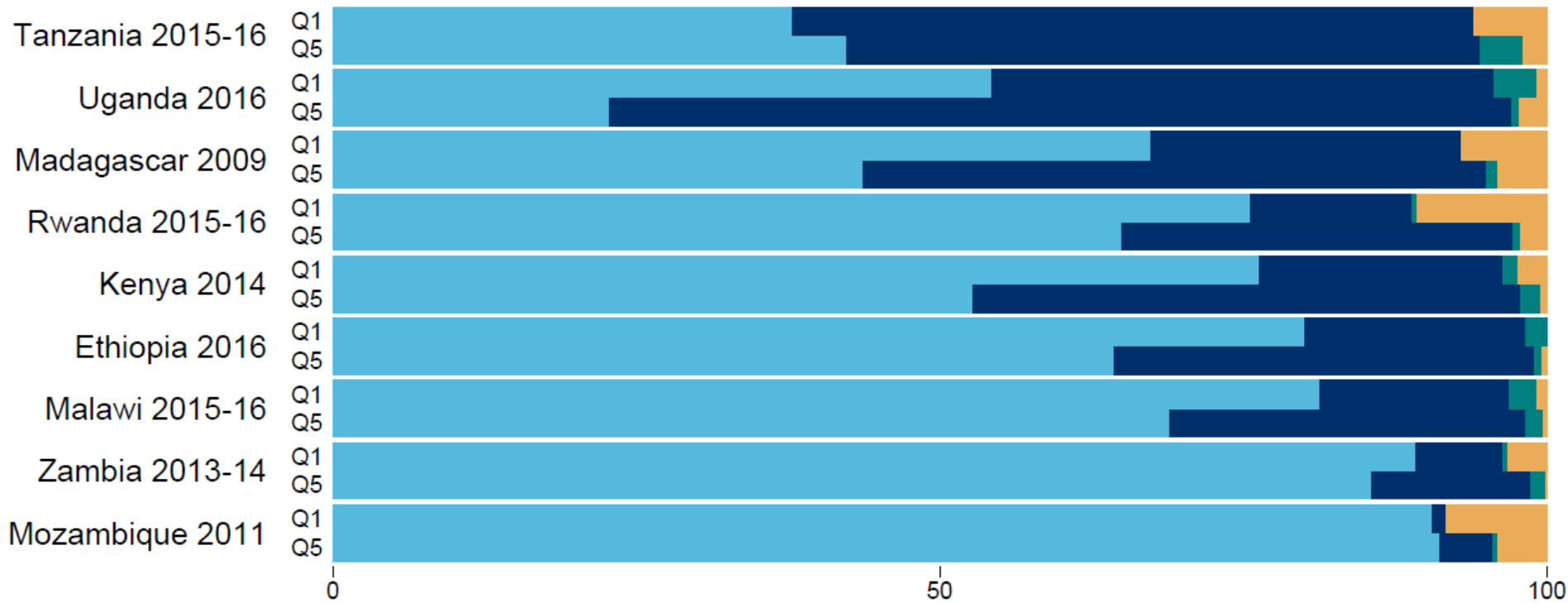
- 80% of poorest and 64% of wealthiest caregivers use the public sector

Private sector use is higher among the wealthiest

- 18% of poorest and 35% of wealthiest caregivers use the private sector



# Ethiopia's care-seeking sources align with regional patterns: **public sector dominant**, particularly among **poorest**



Source among those who seek care outside the home

Q1 = poorest  
Q5 = wealthiest

Public Private Both Other





# Summary

- **1 out of 4** children experienced a treatable illness in the past two weeks
- Only **39%** of caregivers seek treatment outside the home
  - **28%** of the poorest seek care
  - **56%** of the wealthiest seek care
- **Public sector** is dominant
  - **72%** use the public sector
  - **24%** use the private sector
- Public sector remains dominant across income levels
  - **64%** of wealthiest and **80%** of poorest caregivers use the public sector
  - **18%** of poorest and **35%** of wealthiest use private sources
- Clinical vs. non-clinical sources
  - Private sector: **85%** use clinical sources; **15%** use non-clinical sources
  - Public sector: **100%** report using clinical sources



## Acknowledgements

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## About SHOPS Plus

Sustaining Health Outcomes through the Private Sector (SHOPS) Plus is USAID's flagship initiative in private sector health. The project seeks to harness the full potential of the private sector and catalyze public-private engagement to improve health outcomes in family planning, HIV, child health, and other health areas. SHOPS Plus supports the achievement of U.S. government priorities, including preventing child and maternal deaths, an AIDS-free generation, and Family Planning 2020.



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