



Sources for Sick Child Care in Yemen

Rod Waddington

The private sector is the dominant source of care in Yemen. 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 2013 Yemen 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

- 47% of Yemeni children experienced fever, acute respiratory infection, or diarrhea in the past two weeks.
- 64% of Yemeni caregivers seek treatment or advice outside the home, across all three illnesses.
- Among caregivers who seek sick child care, 67% use the private sector and 28% access the public sector.
- 70% of private sector care seekers access a non-clinical source (a pharmacy, market, or shop).
- Yemen's high use of non-clinical sources of sick child care has implications for systems of referral to more intensive treatments, should children need them.

This is one in a series of briefs that examines care seeking in USAID maternal and child survival priority countries. Due to ongoing civil conflict in Yemen, sick child care practices may have changed since data was collected for the 2013 DHS.

Illness prevalence

According to mothers interviewed across the country for the Yemen Demographic and Health Survey, 47 percent of Yemeni children under five experienced one or more of the following illnesses: fever (32 percent), symptoms of acute respiratory infection (ARI)—a proxy for pneumonia—(12 percent), and/or diarrhea (31 percent) in the two weeks prior to the survey.¹

Out-of-home care seeking

When children fall ill, most caregivers in Yemen (64 percent) seek advice or treatment outside the home.² This care-seeking level remains consistent for children

with fever or ARI symptoms. Comparatively, the care-seeking level is slightly lower for diarrhea (58 percent), possibly because the illness can often be effectively managed at home. The overall level of care seeking in Yemen is similar to the average level (68 percent) across all maternal and child survival priority countries (“USAID priority countries”).³

Sources of care

The private sector is the dominant source of sick child care in Yemen. Among caregivers who seek treatment or advice outside of their homes, 67 percent use private sector sources and 28 percent go to public sector sources. Yemen has a higher level of private sector care seeking and lower level of public sector care seeking compared to the averages among USAID priority countries (43 percent and 50 percent, respectively). Very few caregivers (3 percent) seek care from both the public and private sectors. Among private sector care seekers, 34 percent go to a clinical facility, while the majority (70 percent) use 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.

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

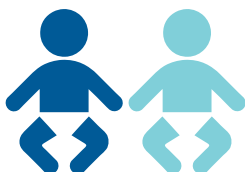
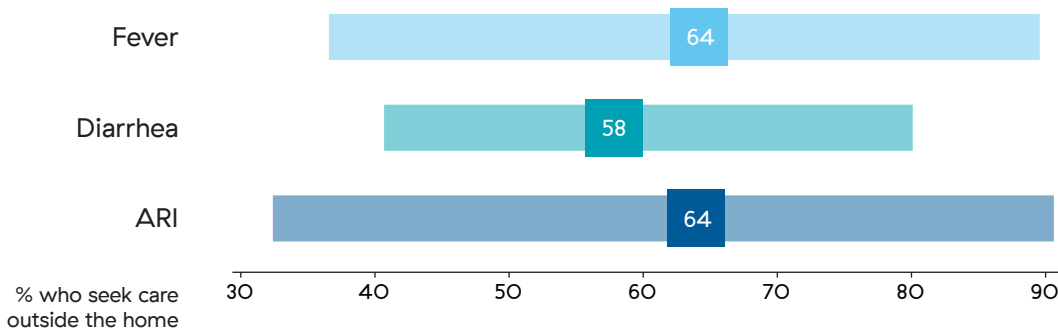


Figure 1. Yemen’s care-seeking levels are mid-range compared to other USAID priority countries

The bars indicate the care-seeking range among USAID priority countries. Squares show the care-seeking rates in Yemen.



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, primary health centers, family planning clinics, and mobile clinics), private sources (clinics, hospitals, and doctors; nongovernmental organizations; pharmacies, shops, and markets), and other sources (traditional healers, friends, and relatives). 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 are Afghanistan, Bangladesh, DRC, Ethiopia, Ghana, Haiti, India, Indonesia, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Myanmar, Nepal, Nigeria, Pakistan, Rwanda, Senegal, Tanzania, Uganda, Yemen, and Zambia.

Among caregivers who seek sick child care outside the home, **28%** seek treatment or advice from public sector sources and **67%** from private sector sources.

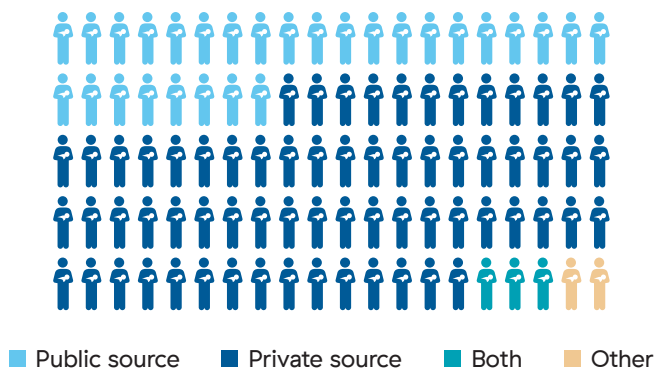
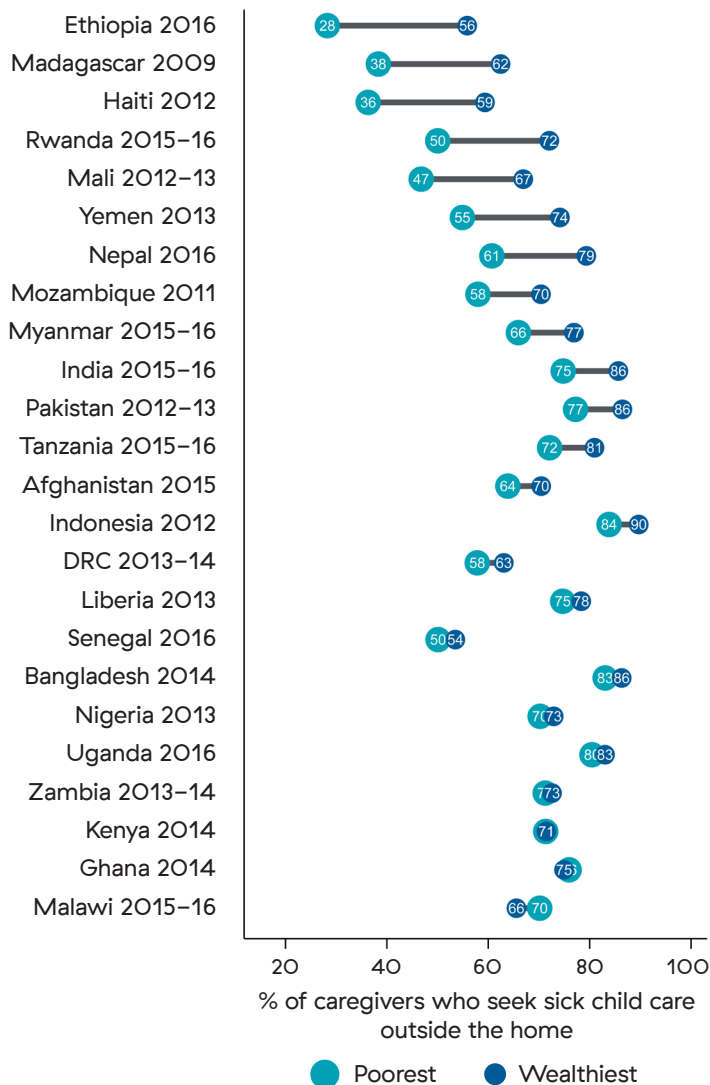


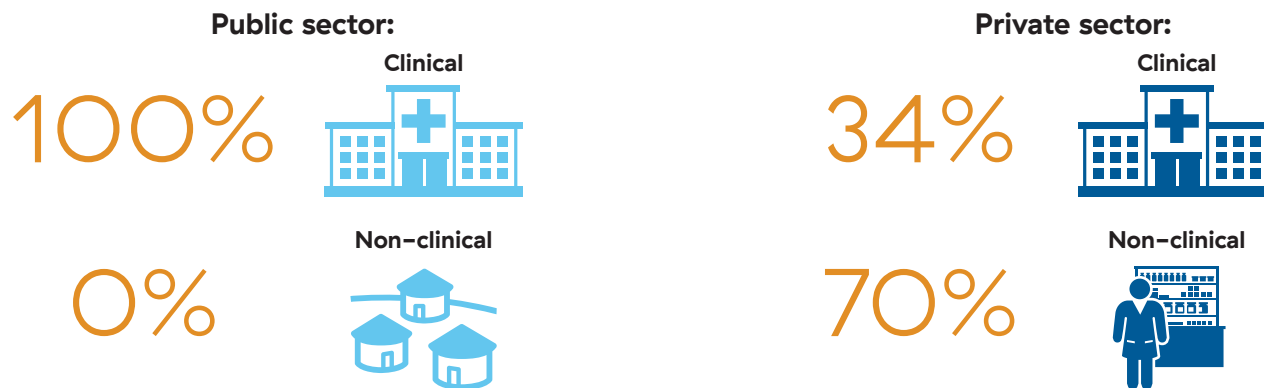
Figure 2. Yemen has a large wealth disparity in care-seeking levels



Equity in illness prevalence and care seeking

In Yemen, the burden of fever, ARI symptoms, and/or diarrhea in the poorest households is slightly greater than in the wealthiest households (48 percent versus 43 percent, respectively). However, poorer children who experience one of these illnesses are much less likely to receive treatment than their wealthier peers (55 percent versus 74 percent, respectively). The magnitude of the disparity in care seeking between the poorest and wealthiest quintiles in Yemen is larger than that of most other USAID priority countries.

Figure 3. Most private sector clients go to a non-clinical source



Note: Use of private clinical sources and private non-clinical sources sums to 104%, as some private sector care seekers use both types of sources.

Sources of care categories

Public sector: Hospitals, health centers, primary health centers, family planning clinics, and mobile clinics

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

Other: Traditional healers, friends, and relatives

The majority of care outside the home for sick children is accessed from the private sector, across socioeconomic statuses. Yemen’s wealthiest caregivers are more likely to seek care from a private sector source (75 percent) than the poorest caregivers (63 percent) and are less likely to seek care from a public sector source (20 percent versus 33 percent, respectively). Compared to other USAID priority countries, the poorest caregivers in Yemen are much less likely to seek care in the public sector and much more likely to seek care in the private sector.

Figure 4. Yemen’s private sector is dominant among the poorest and wealthiest



Q1: Poorest, Q5: Wealthiest

% who seek care outside the home

Conclusion

Fever, ARI, and diarrhea are common illnesses in Yemen, affecting nearly one in every two children. Prevalence of these illnesses is somewhat higher among the poorest children, yet the poorest children are much less likely to receive treatment compared to the wealthiest children. The private sector is the primary source of out-of-home treatment or advice for sick children of all socioeconomic statuses. The level of care seeking from the private sector among the wealthiest Yemenis is higher than the level of private sector care seeking among the poorest. The majority of caregivers who use the private sector seek treatment from non-clinical sources such as pharmacies and markets. This high use of non-clinical care 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 Yemen.



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Abt Associates Inc.
6130 Executive Boulevard
Rockville, MD 20852 USA
Tel: +1.301.347.5000