



# Sources for sick child care in Senegal

*One in a series of analyses by SHOPS Plus*

July 2018





## Purpose of this analysis

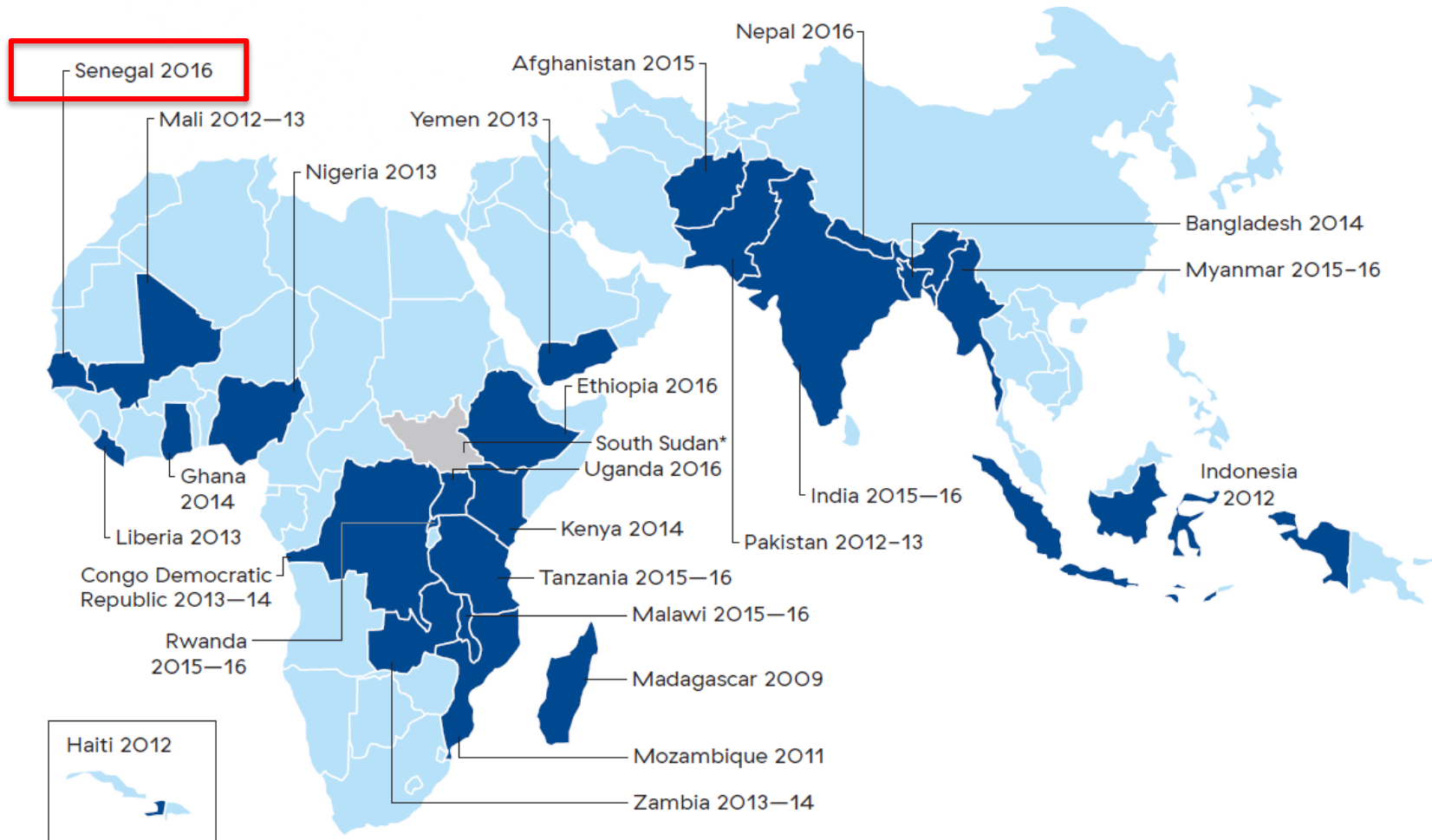
- Understand whether and where Senegalese caregivers seek advice and treatment for their sick children
- Examine differences in care-seeking patterns by illness and socioeconomic levels, and within public and private sectors
- Share data in a usable format
- **Inform policies and programs to prevent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





# 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.



## Senegal 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 Senegal 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 West and Central Africa region
  - c) Wealth quintile: poorest and wealthiest Senegalese



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

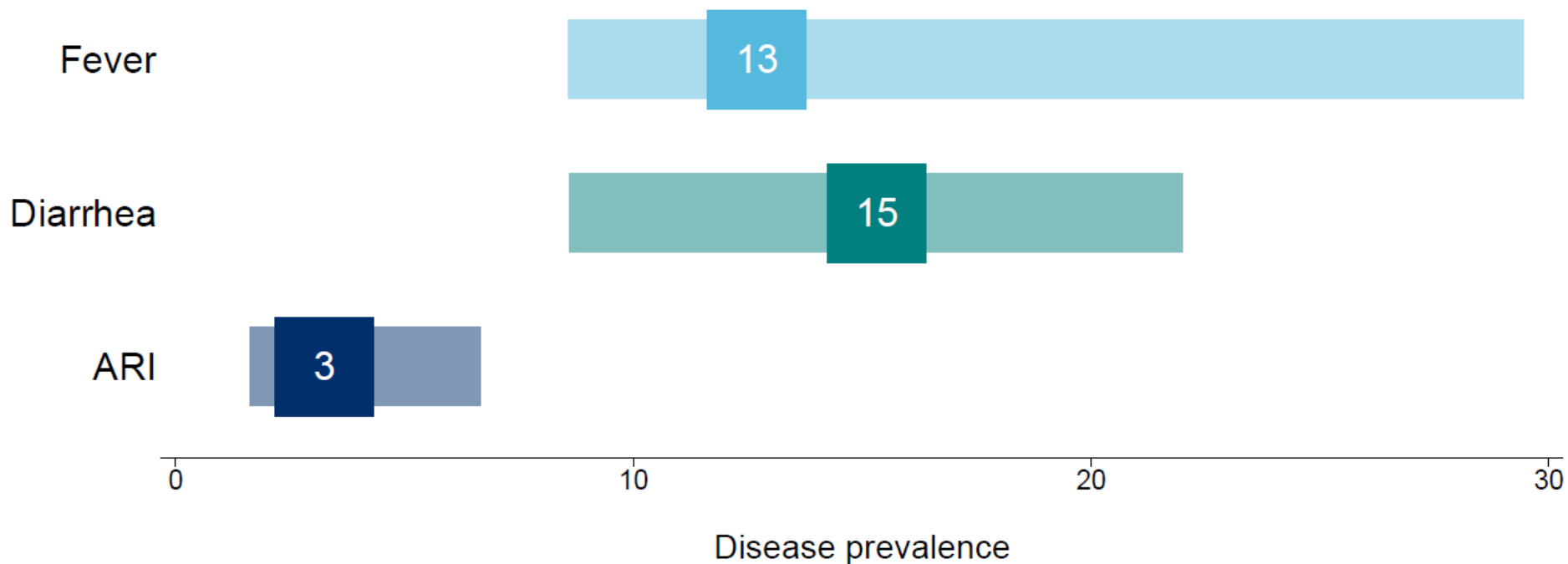




Senegal's childhood disease prevalence is low or mid-range compared to among other countries in the region

Bars show **range** across West and Central African USAID priority countries; squares show **Senegal**

### Illness prevalence: Senegal and West and Central Africa





**1 out of 5 children in Senegal experienced fever, ARI symptoms, and/or diarrhea in the last 2 weeks.**





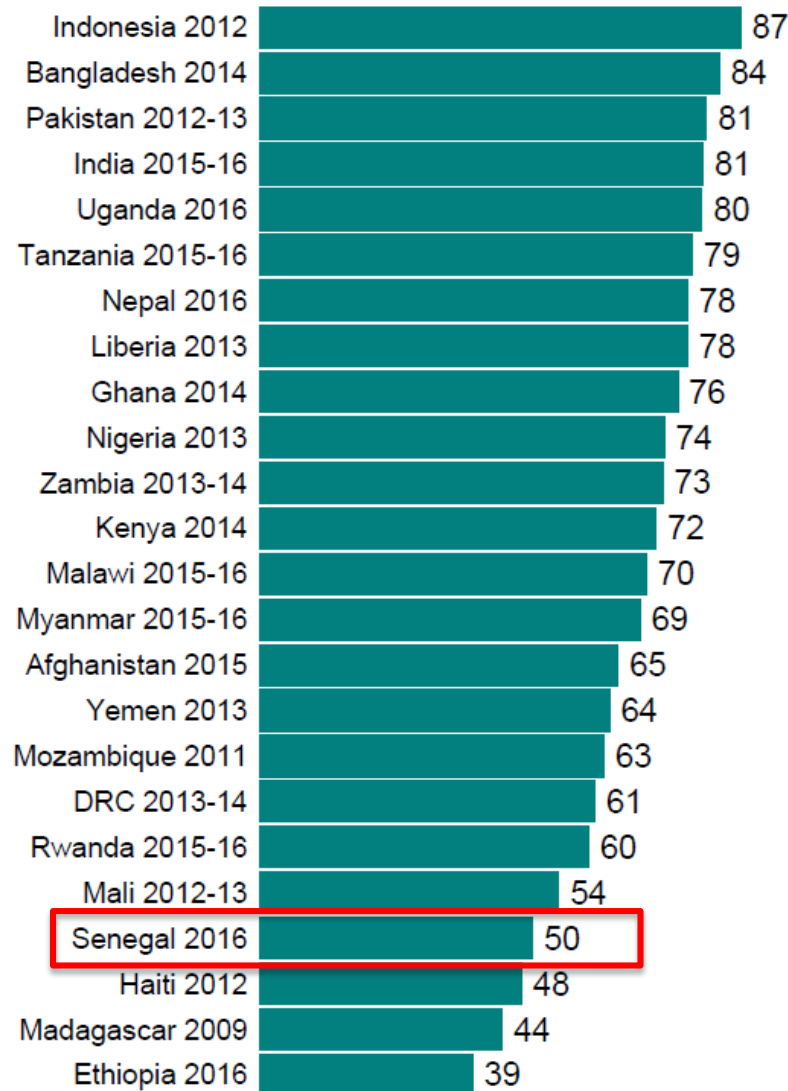


How frequently is out-of-home care sought for Senegalese children with these illnesses?





## The care-seeking level in Senegal is lower than that of most other USAID priority countries



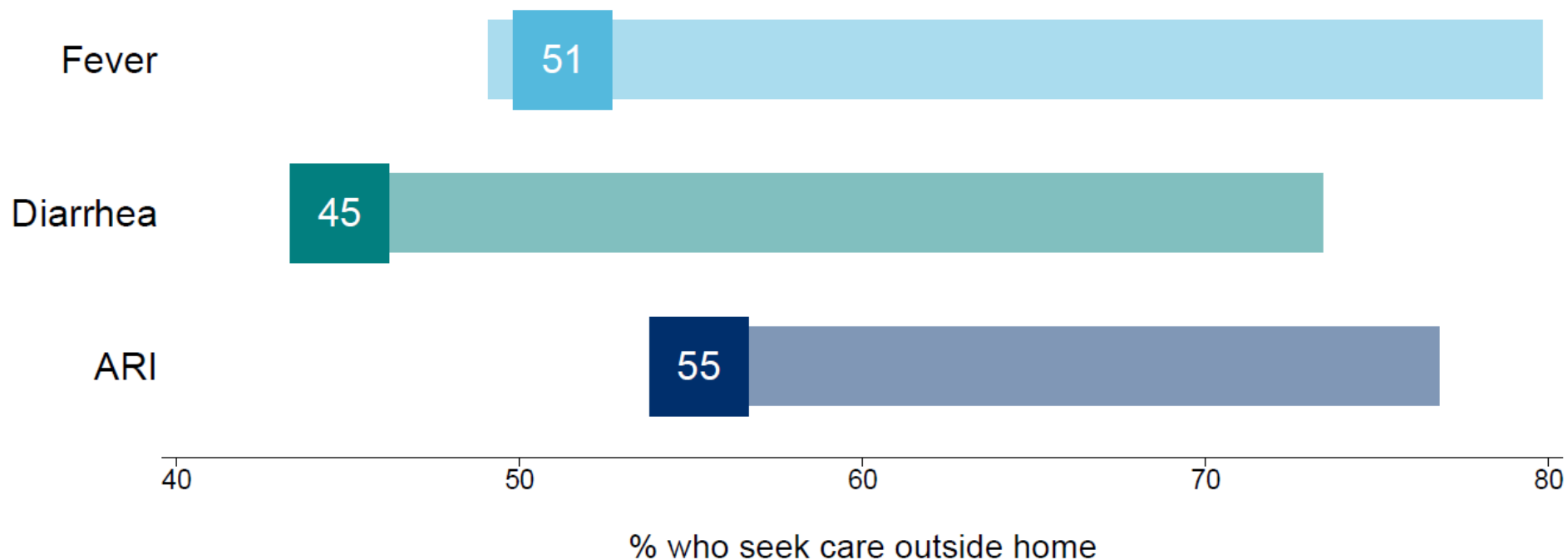
% of caregivers who seek treatment for children with any of the three illnesses in each of the 24 USAID priority countries analyzed



# Senegal's care-seeking levels are low compared to its neighbors'

Bars show **range** across West and Central African USAID priority countries; squares show **Senegal**.

## Caregivers who seek care outside the home: Senegal and West and Central Africa





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

Public, private, other



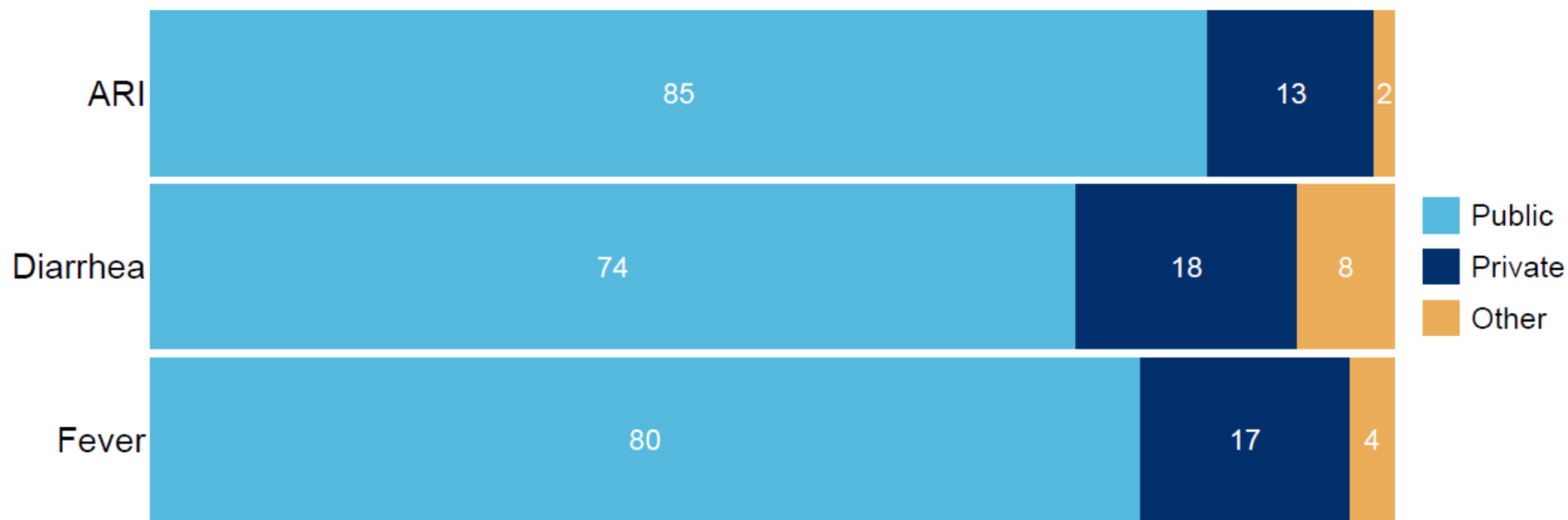


## Sources of care

Public sector	Private sector	Other
<ul style="list-style-type: none"><li>· Hospitals</li><li>· Health centers</li><li>· Health posts</li><li>· Community health centers</li><li>· Mobile clinics</li><li>· Mobile teams</li><li>· Community health workers</li></ul>	<ul style="list-style-type: none"><li>· Private clinics, hospitals, doctors, and mobile clinics</li><li>· Pharmacies, shops, and markets</li><li>· Private community health workers</li></ul>	<ul style="list-style-type: none"><li>· Traditional practitioners</li></ul>



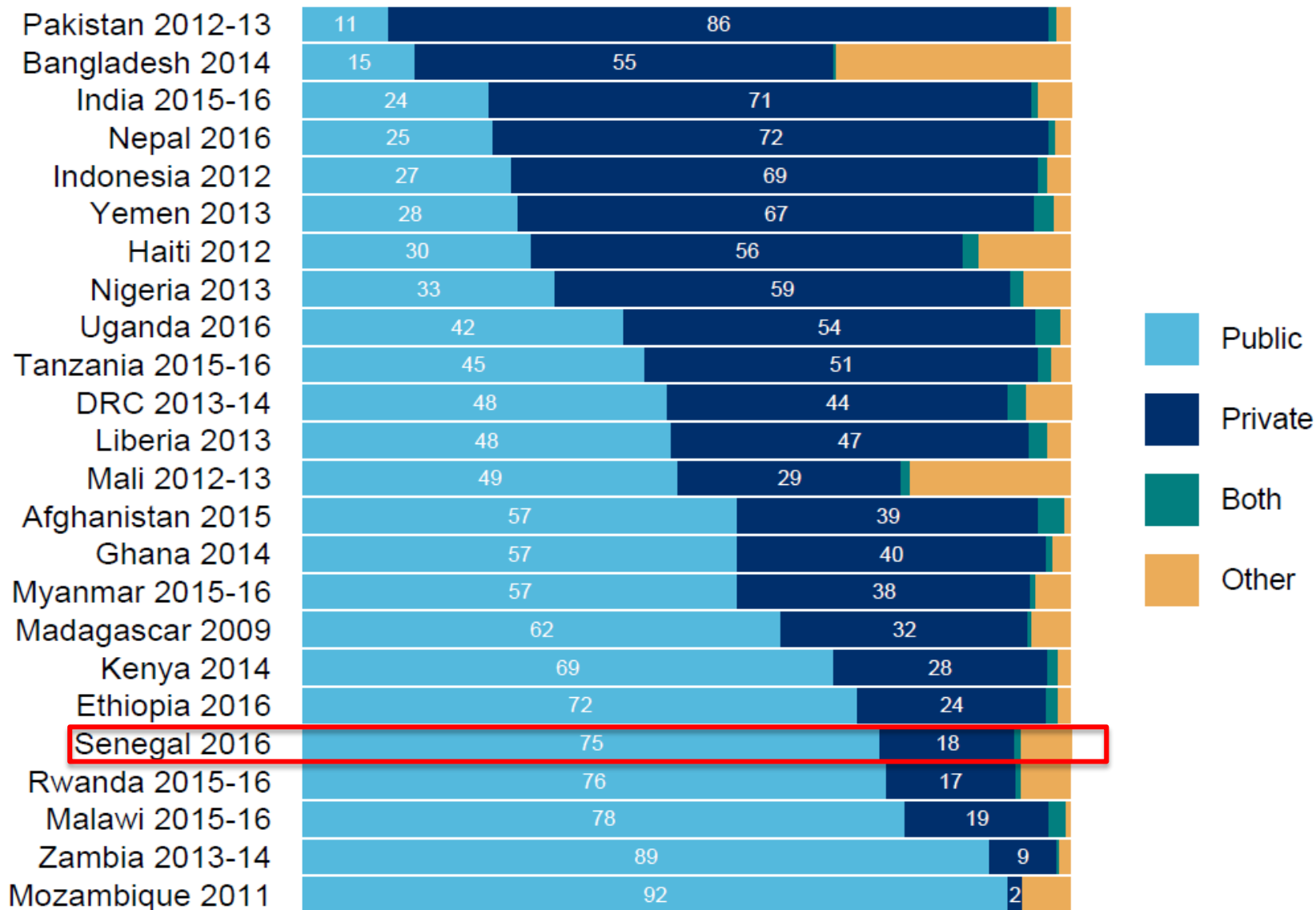
## Across all three illnesses, the **public** sector is the dominant source of care in Senegal



Source among Senegalese who seek sick child care outside the home

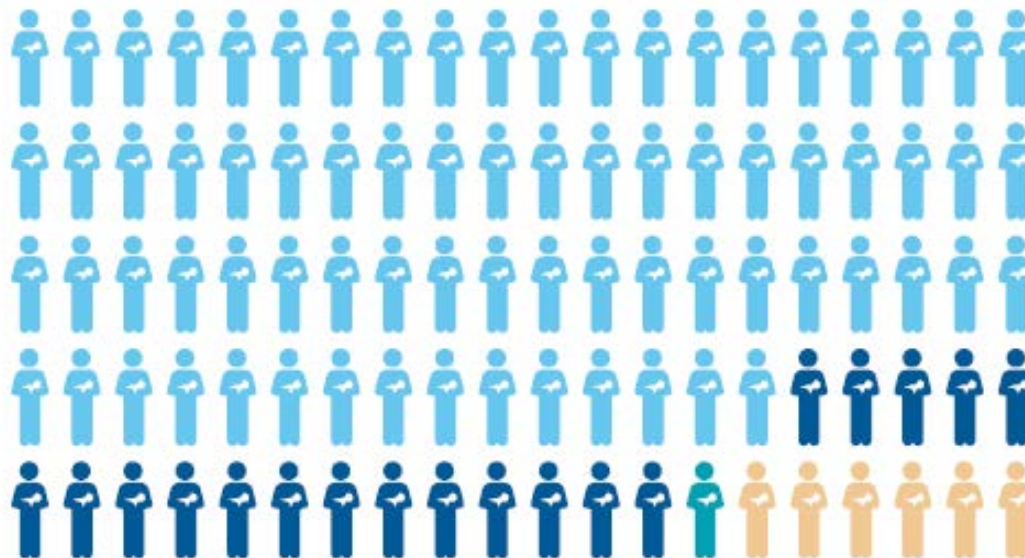


# Senegal's **public** sector is dominant compared to in West and Central African USAID priority countries





Among caregivers who seek sick child care outside the home, **18%** seek treatment or advice from private sector sources and **75%** from public sector sources. An additional **6%** use other 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</li><li>· Community health centers</li><li>· Mobile clinics</li><li>· Mobile teams</li></ul>	<ul style="list-style-type: none"><li>· Private clinics, hospitals, doctors, and mobile clinics</li></ul>
<b>Non-clinical</b>	<ul style="list-style-type: none"><li>· Community health workers (CHWs)</li></ul>	<ul style="list-style-type: none"><li>· Pharmacies, shops, and markets</li><li>· Private community health workers</li></ul>



**Clinical** care is dominant in the **public** sector;  
**Non-clinical** care is dominant in the **private** sector

Public sector:

94%

Clinical



Non-clinical

8%



Private sector:

22%

Clinical



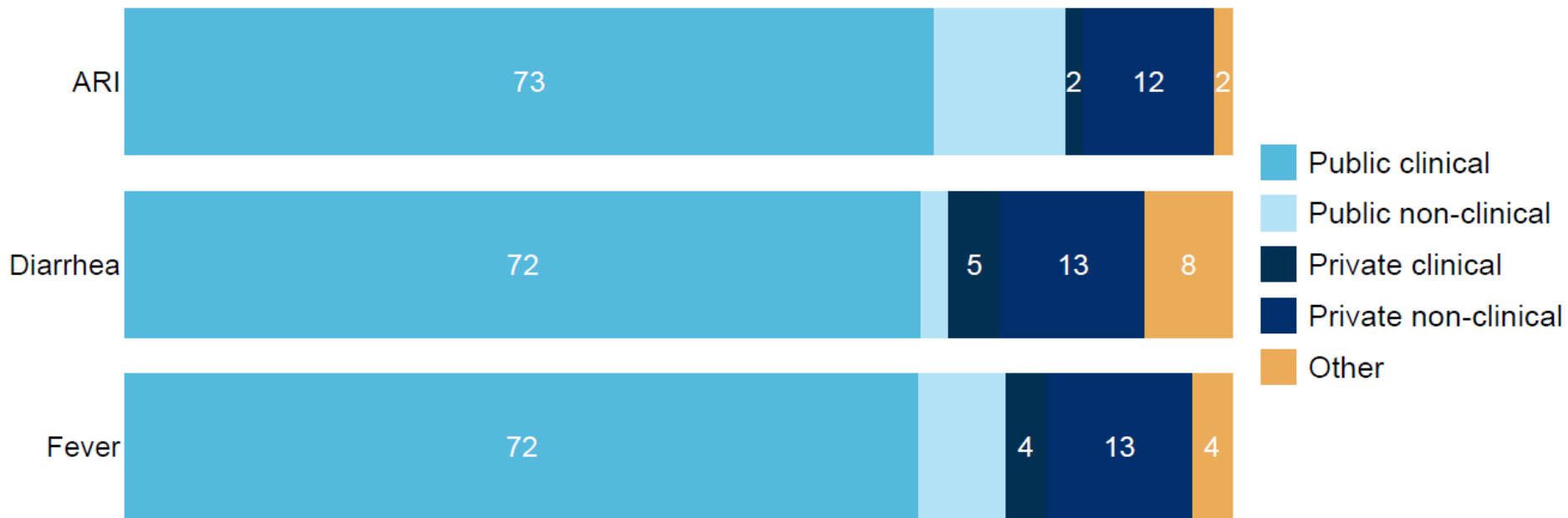
Non-clinical

84%





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



Source among Senegalese who seek sick child care outside the home



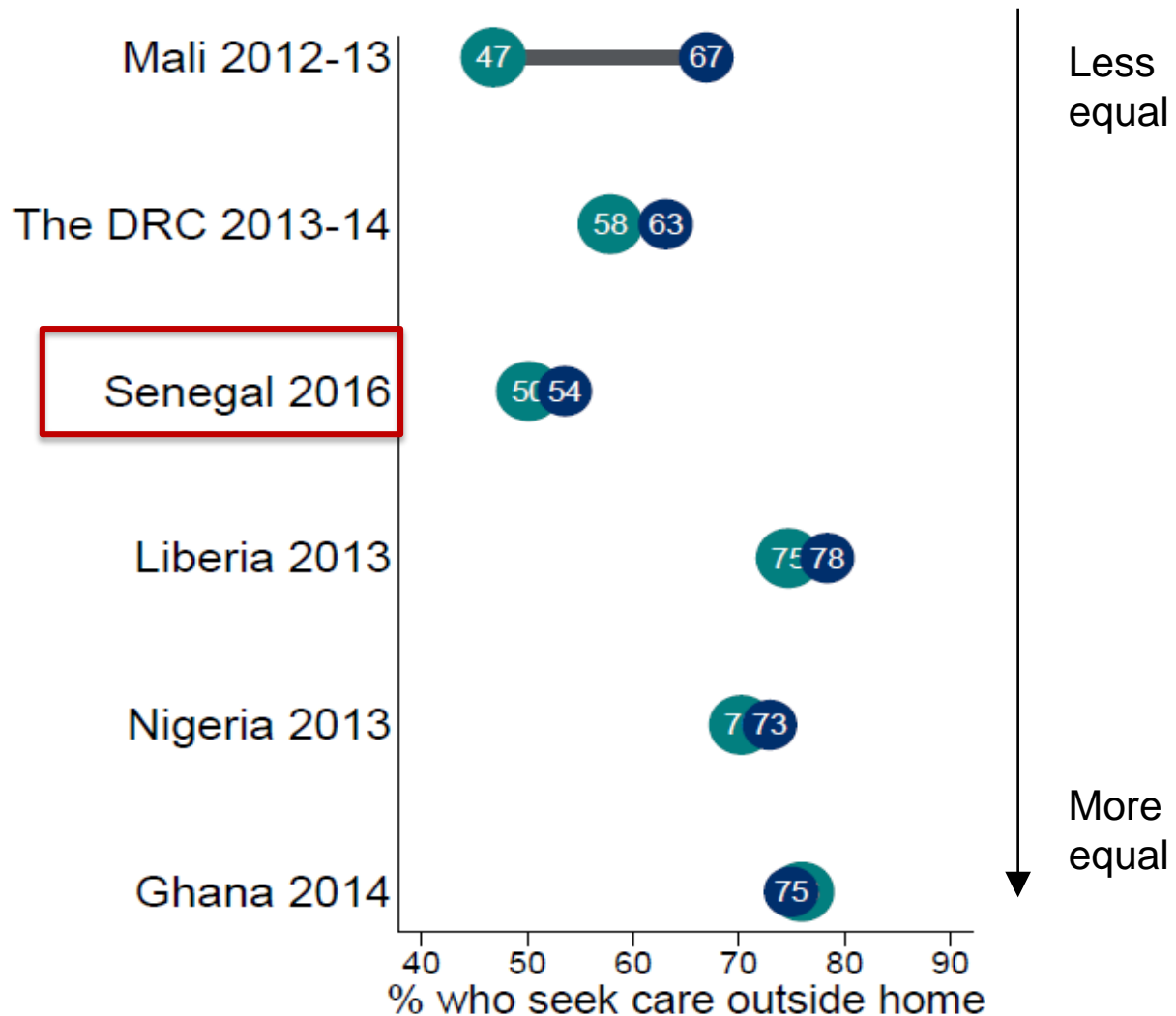
How do patterns of care-seeking vary between the poorest and wealthiest Congolese?





# Senegal's wealth disparity in care-seeking levels is **relatively small**

- Wealthiest
- Poorest





# The **public** sector is dominant across income levels in Senegal



Source among those who seek care outside the home

Q1 = poorest

Q5 = wealthiest



Public



Private



Both



Other

In Senegal, the public sector is substantial across income levels:

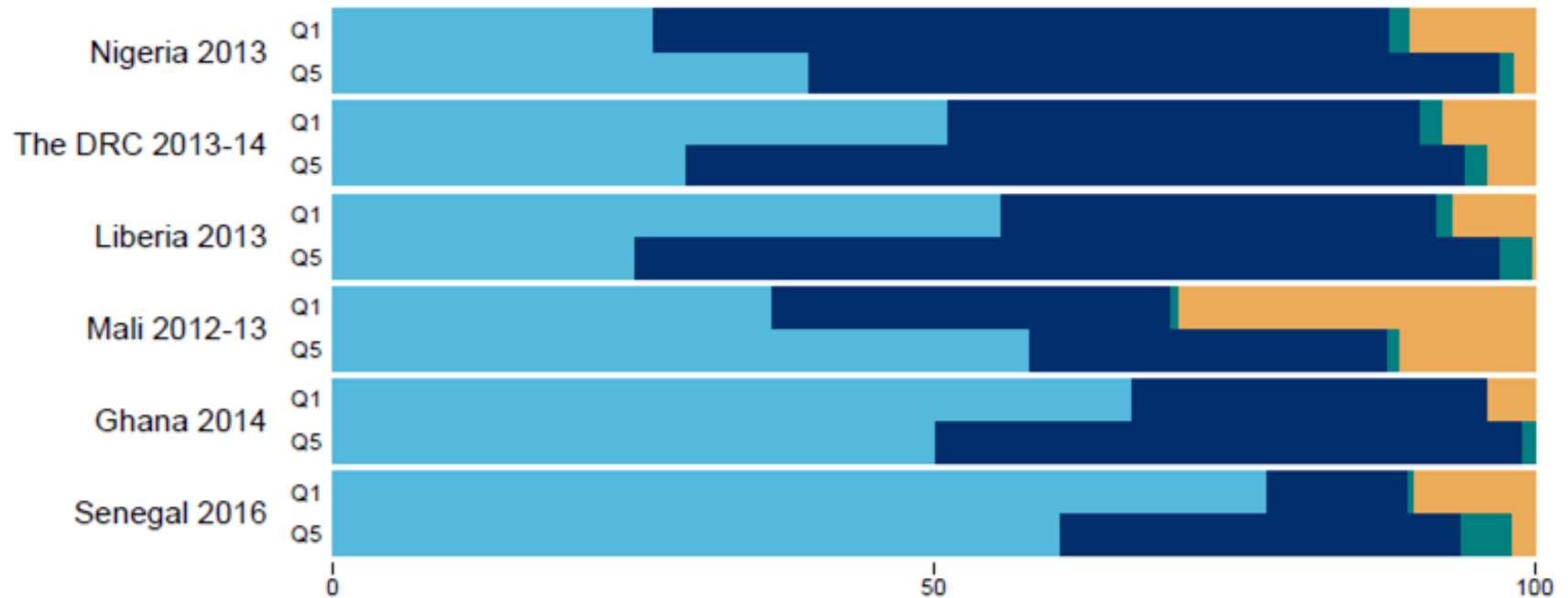
- 78% of poorest and 61% of wealthiest caregivers use the public sector

Private sector use is less common, particularly among the poorest:

- 12% of poorest and 33% of wealthiest caregivers use the private sector



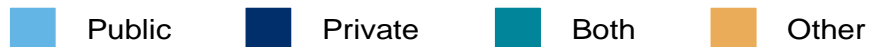
## The **public** sector is dominant among the poorest and wealthiest Senegalese families



Source among those who seek care outside the home

Q1 = poorest

Q5 = wealthiest







## Summary

- **1 out of 5** children experienced a treatable illness in the past two weeks
- **50%** of caregivers seek treatment outside the home
  - **75%** use the public sector
  - **18%** use the private sector
- **Public sector is dominant**
  - Use of the public sector is highest in Senegal compared to in all other USAID priority countries in West and Central Africa
- Public sector remains dominant across income levels
  - **78%** of the poorest and **61%** of the wealthiest care-seekers use the public sector
  - **12%** of the poorest and **33%** of the wealthiest use private sources
- Clinical vs. non-clinical sources
  - Private sector: **84%** use non-clinical sources, **22%** use clinical sources
  - Public sector: **94%** use clinical sources; **8%** use non-clinical



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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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