



Sources for sick child care in *Mali*

One in a series of analyses by SHOPS Plus

June 2020





Purpose of this analysis

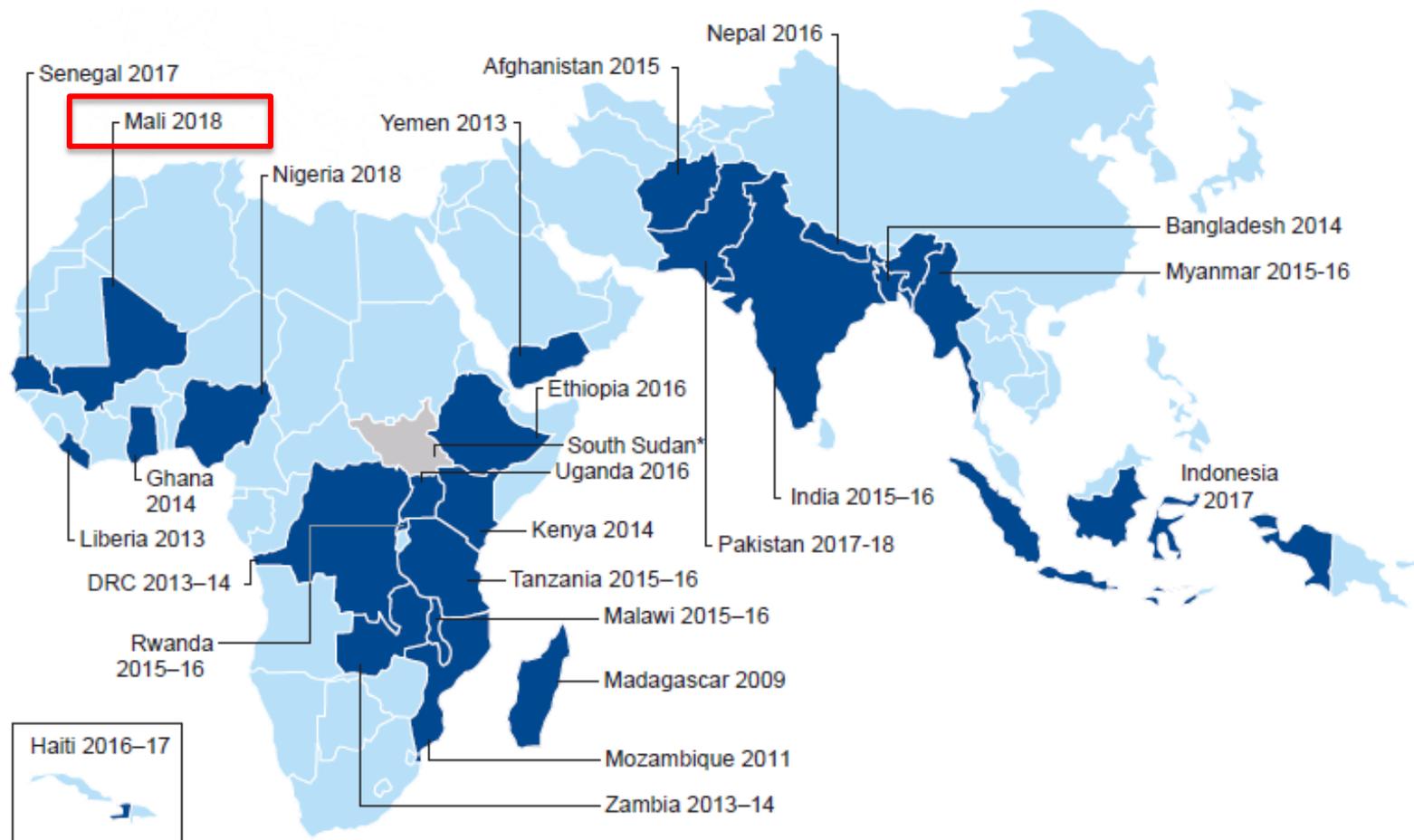
- Understand whether and where Malian caregivers seek advice and treatment for their sick children
- Examine differences in care-seeking patterns by illness and socioeconomic levels, and within public and private sectors
- Share data in a usable format
- **Inform policies and programs to prevent child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



IICD- International Institute for Communication and Development



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



*No DHS data are available for South Sudan.



Mali 2018 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 Mali 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 Malians



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

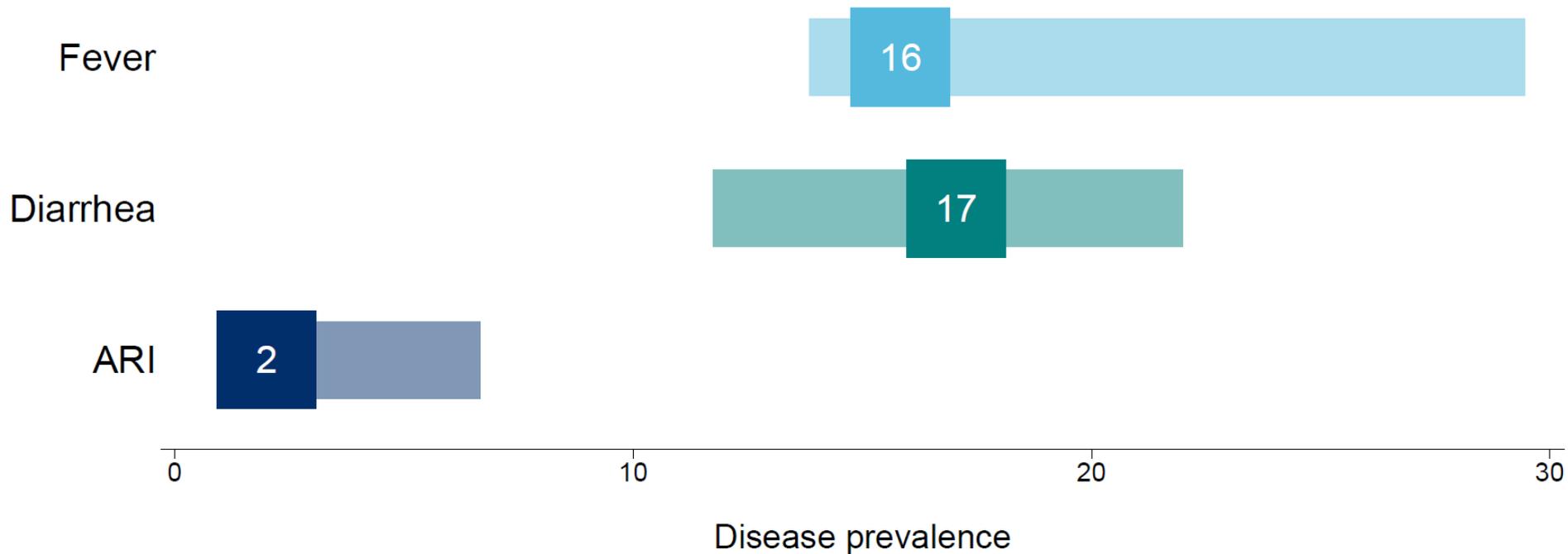




Mali's childhood disease prevalence is low compared to many other countries in West and Central Africa

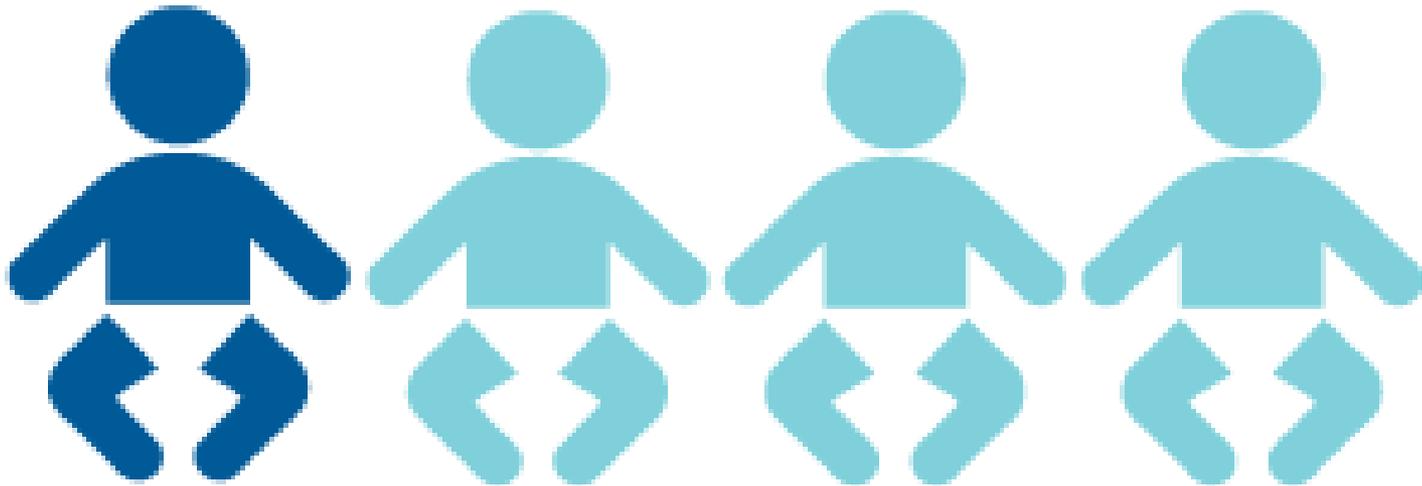
Bars show **range** across West and Central African USAID priority countries; squares show **Mali**

Illness prevalence: Mali and West and Central Africa





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



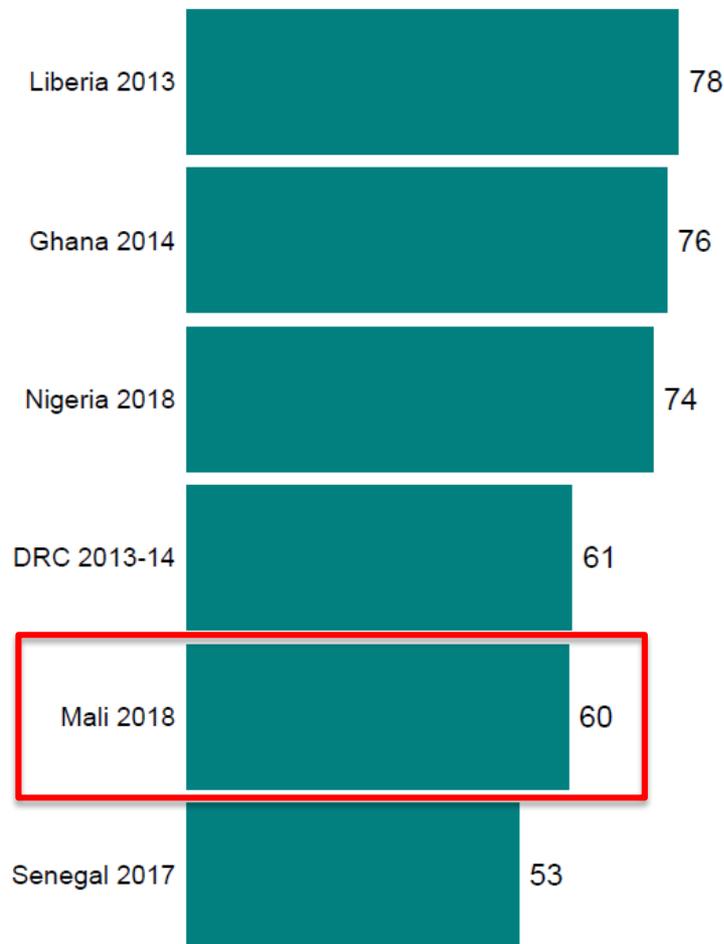


How frequently is out-of-home care sought for Malian children with these illnesses?





Mali has a low care-seeking level compared to some of its neighbors



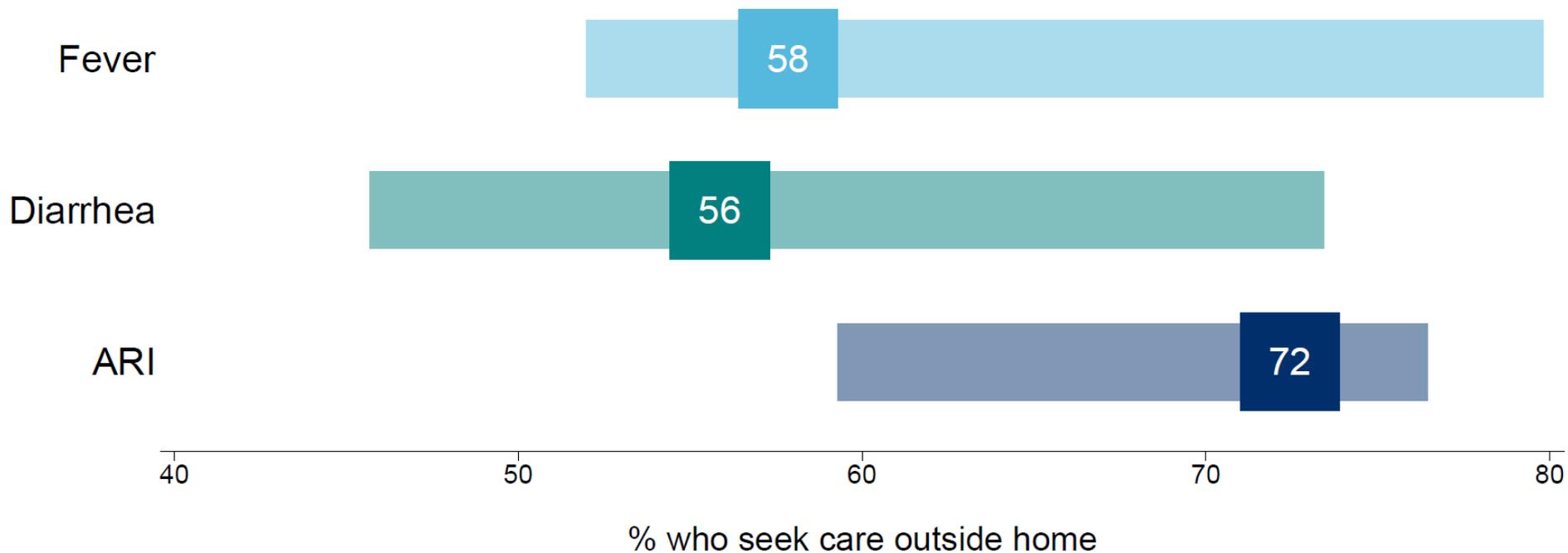
% of caregivers who seek treatment for children with any of the three illnesses in each of the West and Central USAID priority countries analyzed



Mali's care-seeking level is higher for ARI than for fever or diarrhea

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

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





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

Public, private, other



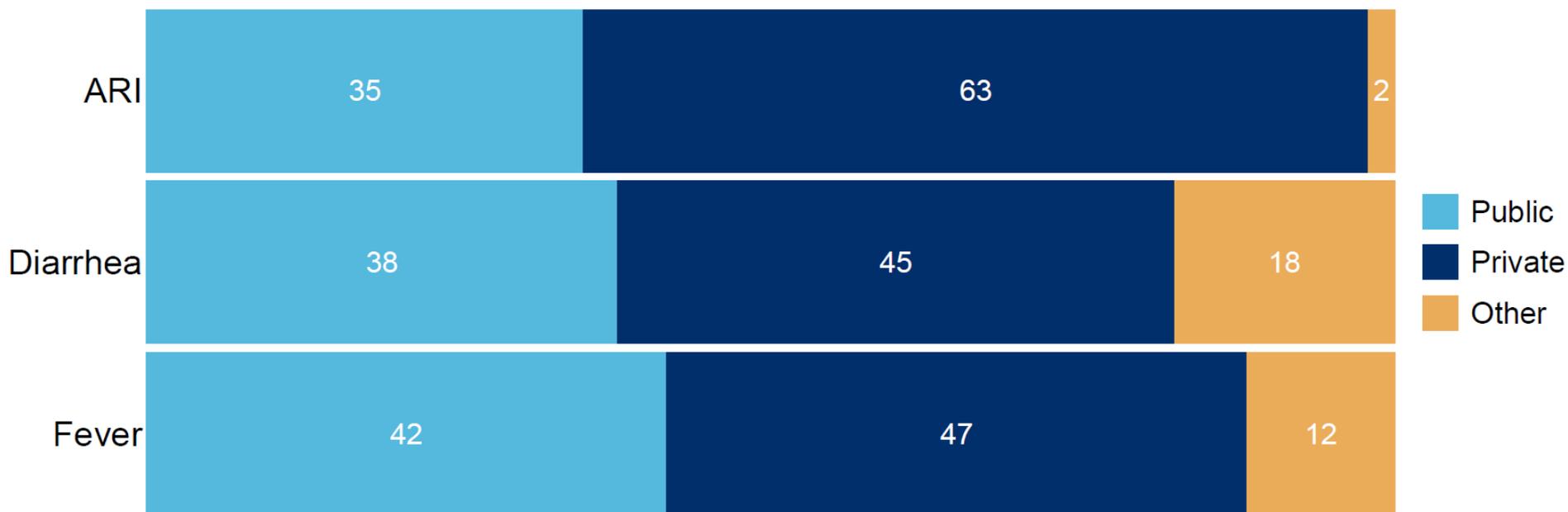


Sources of care

Public sector	Private sector	Other
<ul style="list-style-type: none">· Hospitals· Reference health centers· Community health centers· Dispensary/ maternity clinics· Other public sector sources	<ul style="list-style-type: none">· Private clinics, hospitals, doctors, and medical care offices· Pharmacies, shops, markets, and street drug vendors· Health cabinet/ community health workers	<ul style="list-style-type: none">· Traditional practitioners



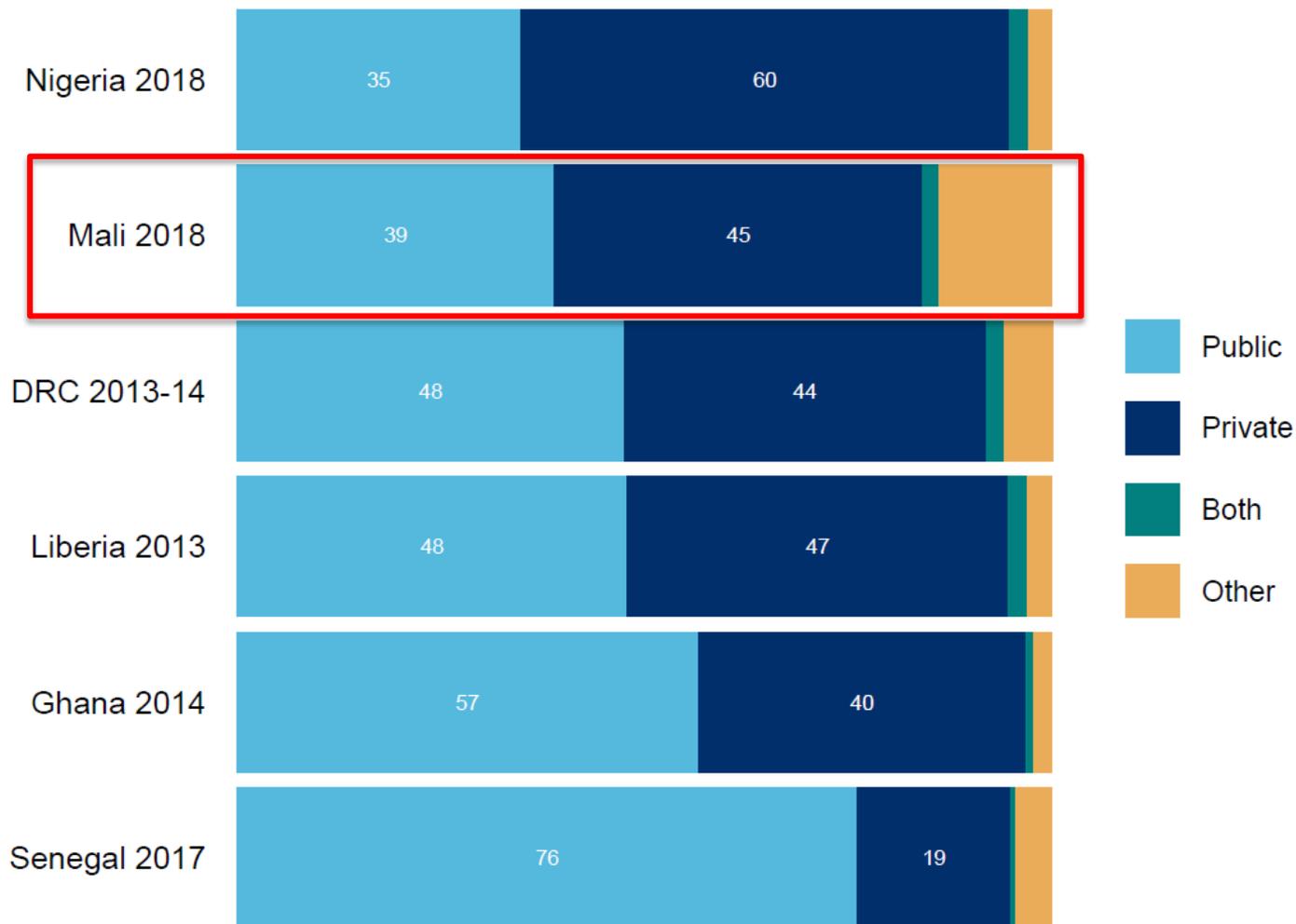
Across all three illnesses, **public, private, and other** sources of care are important in Mali



Source among Malians who seek sick child care outside the home

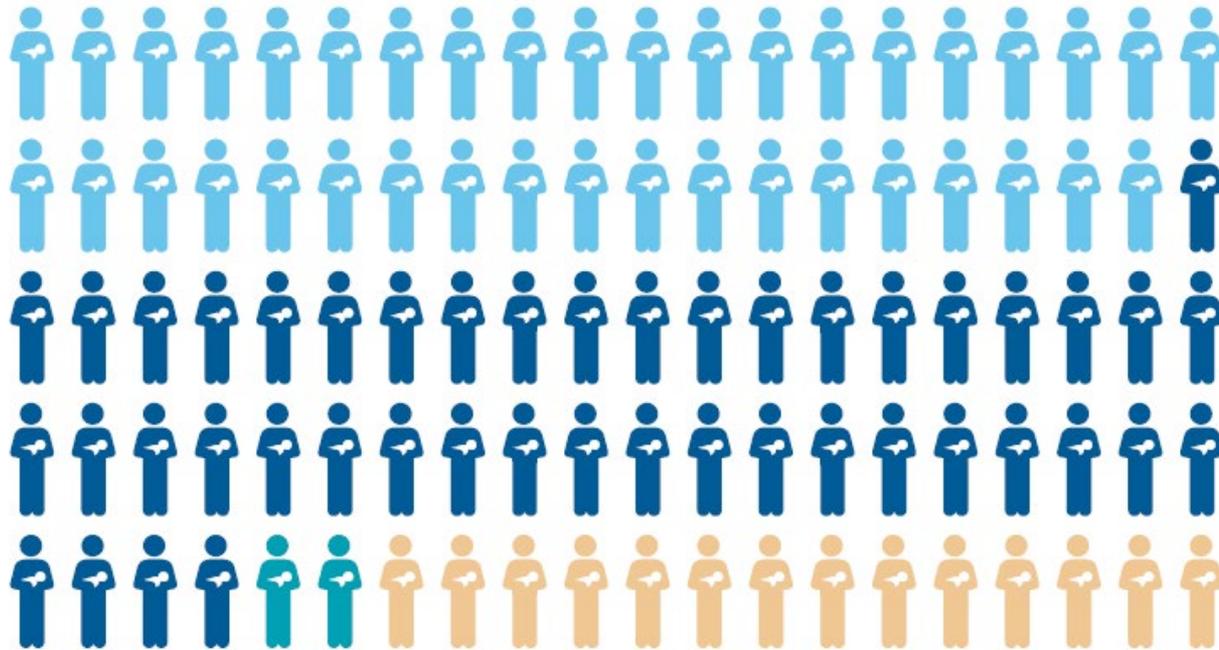


Use of **traditional practitioners** is substantial in Mali compared to other countries in the region





Among caregivers who seek sick child care outside the home, **45%** seek treatment or advice from private sector sources and **39%** from public sector sources. An additional **14%** use traditional practitioners.



■ Public source ■ Private source ■ Both ■ Traditional providers



Sources of care: Clinical versus non-clinical





Sources of care: Clinical and non-clinical

	Public sector	Private sector
Clinical	<ul style="list-style-type: none">· Hospitals· Reference health centers· Community health centers· Dispensary/ maternity clinics	<ul style="list-style-type: none">· Private clinics, hospitals, doctors, and medical care offices
Non-clinical	<ul style="list-style-type: none">· Other public sector sources	<ul style="list-style-type: none">· Pharmacies, shops, markets, and street drug vendors· Health cabinet/community health workers



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

Public sector:



Non-clinical



Private sector:

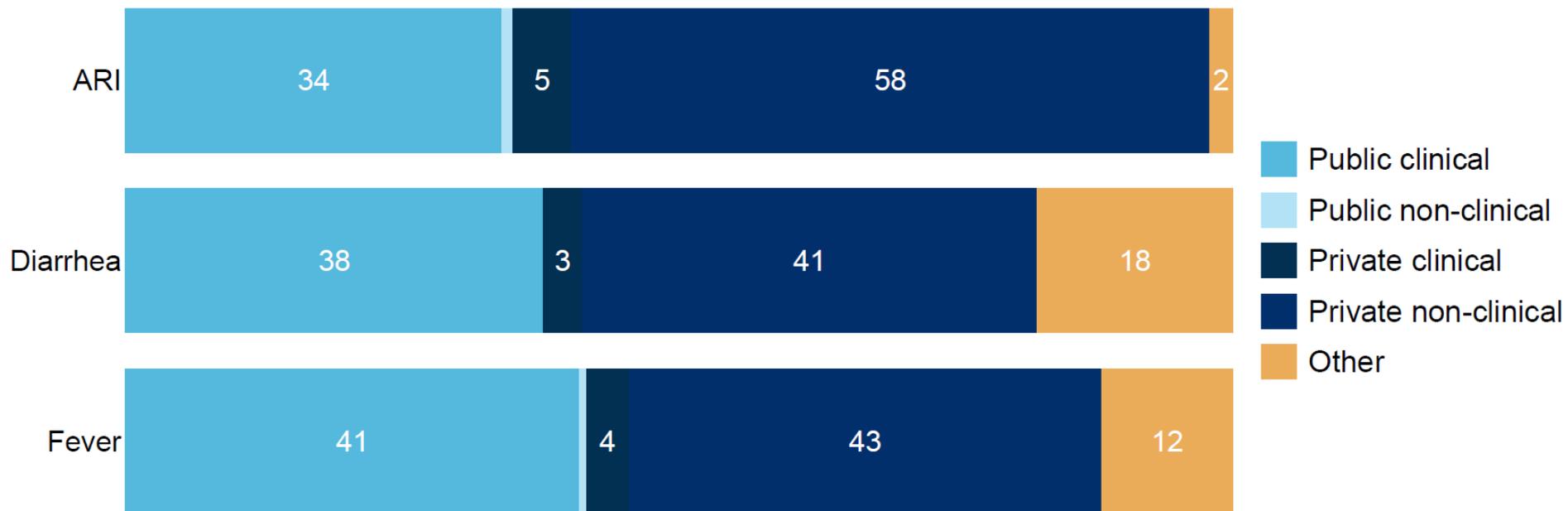


Non-clinical





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



Source among Malians who seek sick child care outside the home

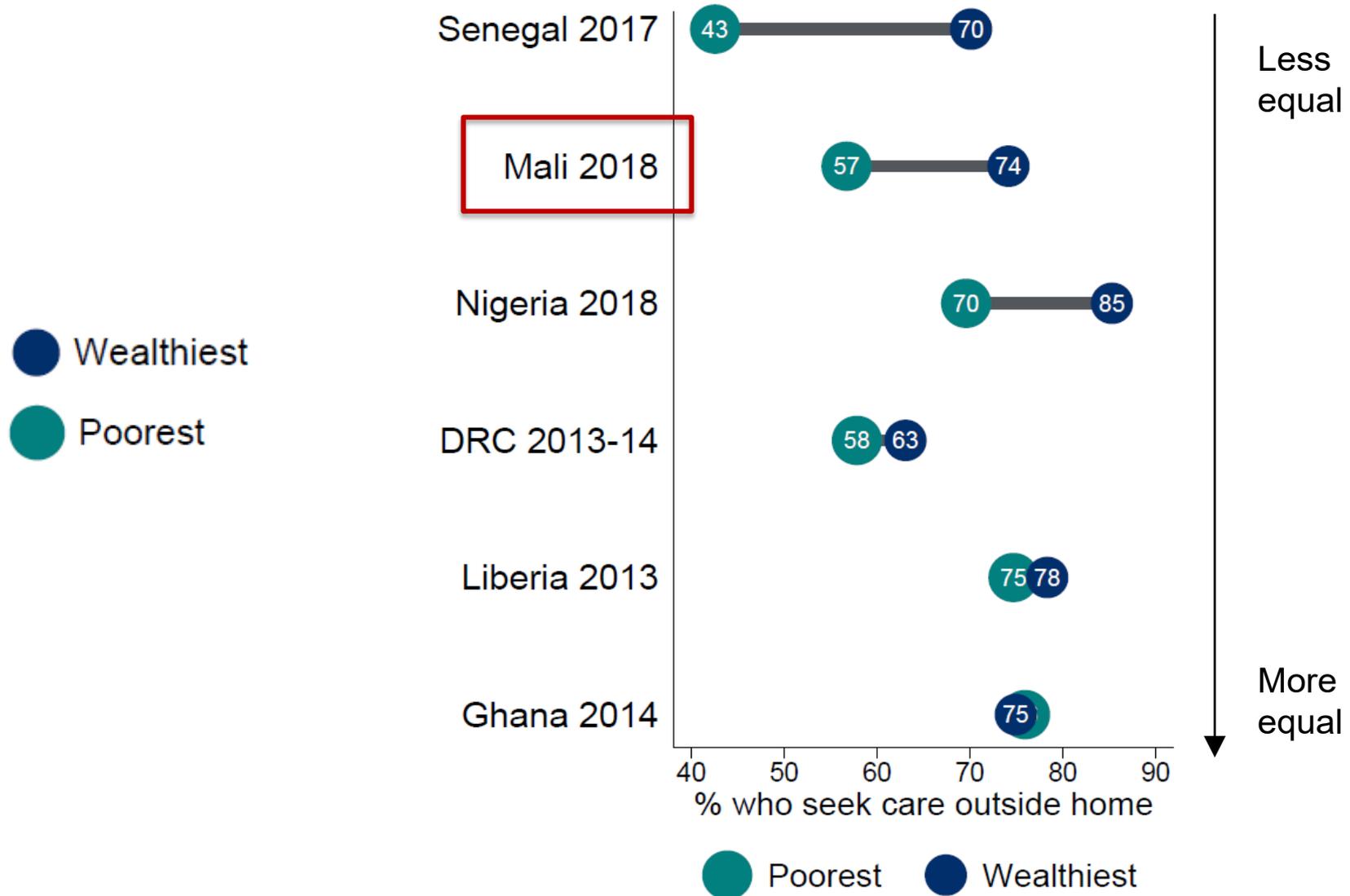


How do patterns of care-seeking vary between the poorest and wealthiest Malians?





Mali has a **large disparity** in care-seeking levels between the poorest and wealthiest





The **private** sector is dominant for both the poorest and wealthiest families in Mali



Source among those who seek care outside the home

Q1 = poorest

Q5 = wealthiest



Public



Private



Both



Other

In Mali, the poorest are more likely to use the **public** sector:

- 27% of the wealthiest and 37% of the poorest use the public sector

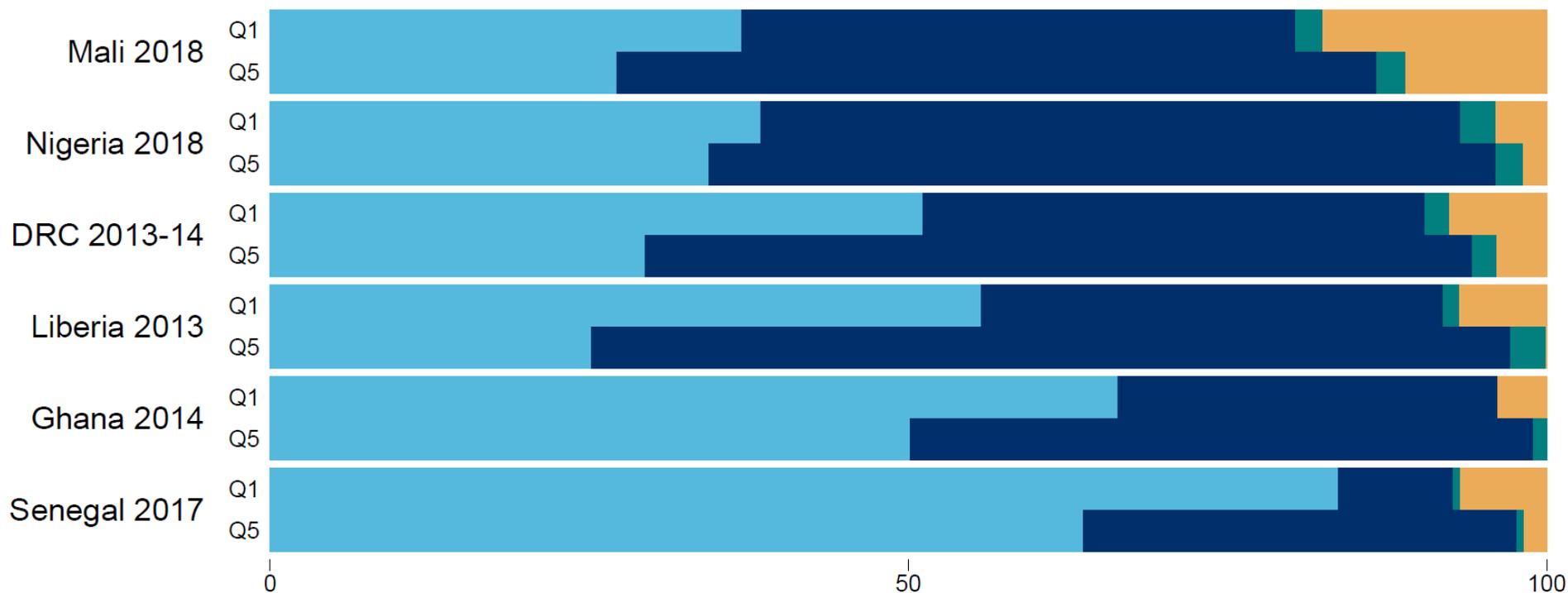
The wealthiest are more likely to use the **private** sector:

- 60% of the wealthiest and 43% of the poorest use the private sector

The poorest in Mali are more likely to use **traditional practitioners**.



Compared to most of its neighbors, Mali has low public sector use across socioeconomic statuses



Source among those who seek care outside the home

Q1 = poorest

Q5 = wealthiest



Public



Private



Both



Other



Summary

- More than **1 out of 4** children experienced a treatable illness in the past two weeks
- **60%** of caregivers seek treatment outside the home
 - **45%** use the private sector
 - **39%** use the public sector
 - **14%** use traditional practitioners
- **Private sector** is dominant
 - The private sector is the most common source of sick child care. However, Mali has the highest reliance on other, informal sources in the region.
- Private sector remains dominant by socioeconomic status
 - **60%** of wealthiest and **43%** of poorest caregivers use the private sector
 - **37%** of poorest and **27%** of wealthiest use public sources
- Clinical vs. non-clinical sources
 - Private sector: **91%** used non-clinical sources; **9%** used clinical
 - Public sector: **99%** report using clinical sources



Acknowledgements

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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/AIDS, maternal and child health, and other health areas. SHOPS Plus supports the achievement of US government health priorities and improves the equity and quality of the total health system.



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