

Sources for Sick Child Care in Senegal



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The public sector is the dominant source of care in Senegal. 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 Senegal Demographic and Health Survey to examine where treatment or advice is sought for sick children who experience 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

- 50% of Senegalese caregivers seek treatment or advice outside the home, across all three illnesses.
- Senegal has the lowest rate of private sector care seeking (18%) among USAID priority countries in West and Central Africa, which has an average rate of 40%.
- 94% of public sector care seekers access a clinical facility; 84% of private sector care seekers access a non-clinical source (pharmacy, market, or shop).
- The wealthiest and poorest caregivers seek care outside the home in similar proportions.
- Senegal’s low care-seeking rate and high public sector use, particularly among the poorest families, are important factors to consider when designing child survival programs.

Illness prevalence

According to mothers interviewed across the country for the Senegal Demographic and Health Survey, 22 percent of Senegalese children under five experienced one or more of the following illnesses: fever (13 percent), symptoms of acute respiratory infection (ARI)—a proxy for pneumonia, (3 percent), and/or diarrhea (15 percent) in the two weeks prior to the survey.¹

Out-of-home care seeking

When children fall ill, half of caregivers in Senegal (50 percent) seek advice or treatment outside the home.² This care-seeking rate remains fairly consistent for children with fever, ARI, or diarrhea. The overall care-seeking rate

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



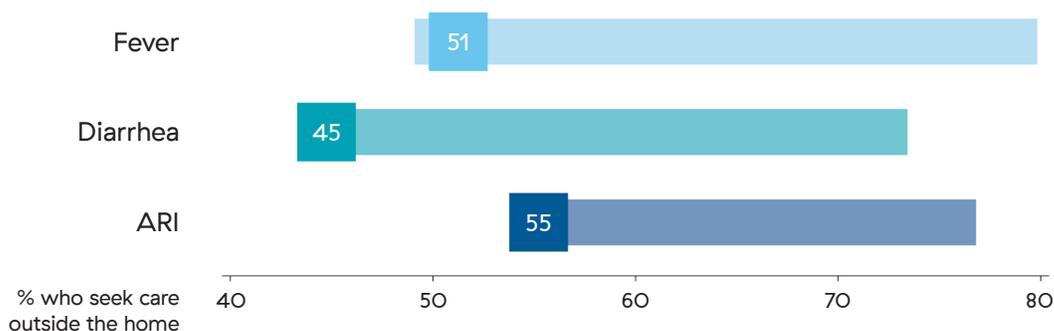
in Senegal is lower than the average rate (65 percent) across West and Central African maternal and child survival priority countries (“USAID priority countries”),³ despite a similar illness prevalence.

Sources of care

The public sector is the dominant source of sick child care in Senegal. Among caregivers who seek treatment or advice outside of their homes, 75 percent use public sector sources and 18 percent go to private sector sources. Compared to all other USAID priority countries in West and Central Africa, Senegal has the lowest rate of private sector care seeking and the highest rate of public sector care seeking. Very few caregivers (1 percent) seek care from both the public and private sectors. Six percent seek treatment from other sources of care, typically a traditional practitioner. Among public sector care seekers, almost all (94 percent) use a clinical facility like a hospital or clinic, rather than seeking care from a community health worker. In contrast, 22 percent of private sector care seekers use clinical facilities, while the remainder go to non-clinical sources (a 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.

Figure 1. Senegal has low care-seeking levels compared to other West and Central African countries

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



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 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 West and Central Africa are the Democratic Republic of Congo, Ghana, Liberia, Mali, Nigeria, and Senegal.

Among caregivers who seek sick child care outside the home, **75%** seek treatment or advice from public sector sources and **18%** from private sector sources.

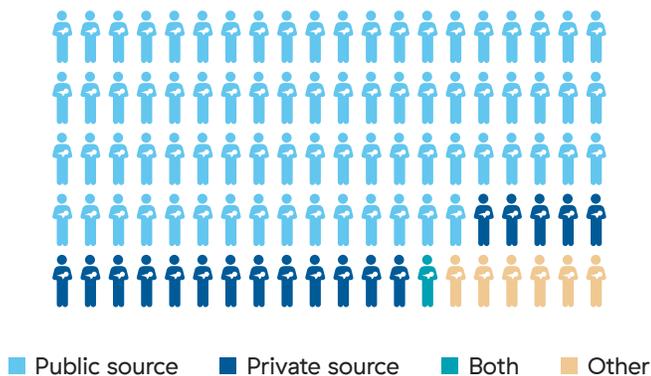
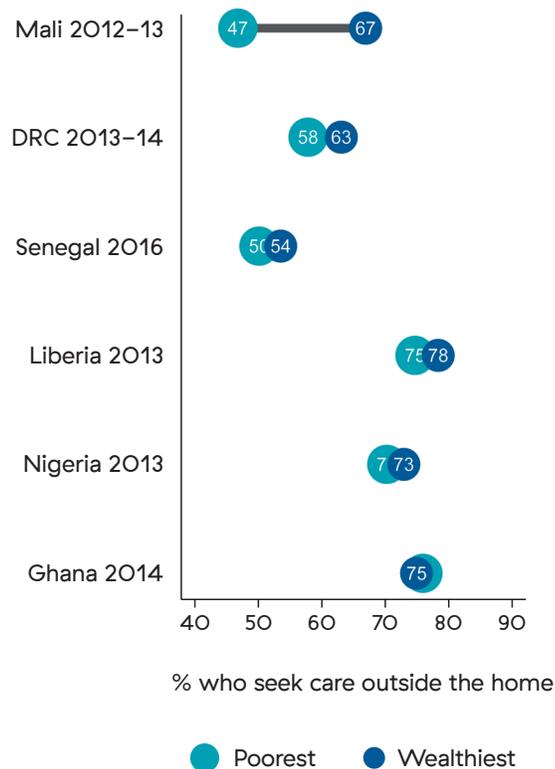


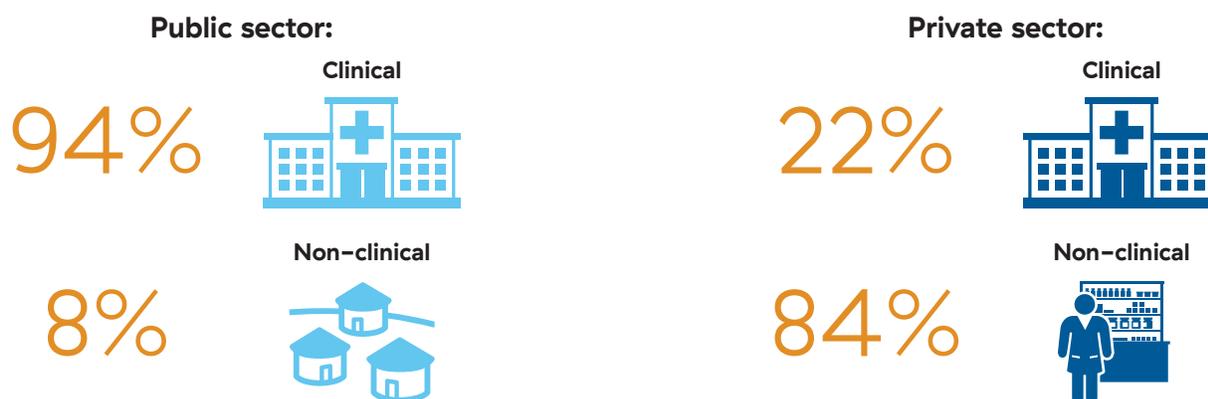
Figure 2. Regionally, Senegal has a modest wealth disparity in out-of-home care seeking



Equity in illness prevalence and care seeking

In Senegal, the burden of fever, ARI symptoms, and/or diarrhea in the poorest households is slightly greater than it is in the wealthiest households (24 percent versus 19 percent, respectively). The poorest and wealthiest children in Senegal are equally likely to receive treatment (50 percent and 54 percent, respectively). The magnitude of the disparity in care-seeking rates between the poorest and wealthiest quintiles in Senegal is similar to most of the other USAID priority countries in West and Central Africa.

Figure 3. Public sector clients use clinical sources while private sector clients use non-clinical sources



Note: Some care seekers use both clinical and non-clinical sources, so public and private sector use each total more than 100%.

Sources of care categories

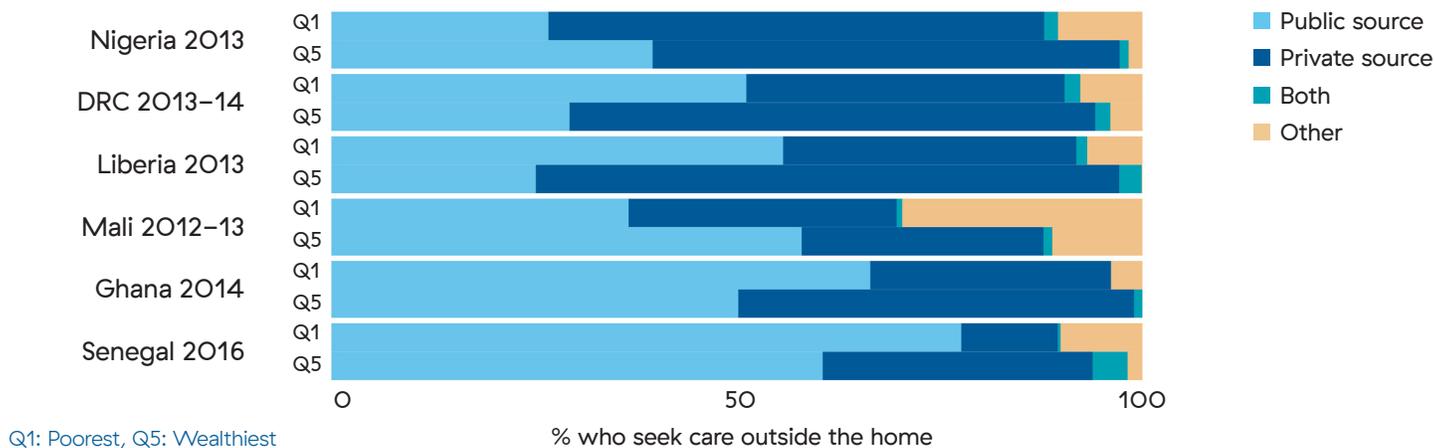
Public sector: Hospitals, health centers, health posts, community health centers, mobile clinics, mobile teams, and community health workers

Private sector: Private clinics, hospitals, doctors, and mobile clinics; pharmacies, shops, markets, and private community health workers

Other: Traditional practitioners

The majority of care outside the home for sick children is accessed from the public sector across socioeconomic statuses. However, the poorest Senegalese caregivers are more likely to seek care from a public sector source (78 percent) than the wealthiest caregivers (61 percent) and are more likely to seek care from other sources of care (10 percent versus 2 percent). The wealthiest caregivers in Senegal are more likely to seek care from the private sector than the poorest caregivers (33 percent versus 12 percent). Compared to other West and Central African USAID priority countries, the poorest caregivers in Senegal are much more likely to seek care in the public sector and much less likely to seek care in the private sector.

Figure 4. Compared to its neighbors, Senegal’s poorest rely heavily on the public sector



Conclusion

Fever, ARI, and diarrhea are common illnesses in Senegal, affecting more than one in five children. However, the level of out-of-home care seeking is low: half of caregivers seek treatment or advice outside the home for their sick children. The public sector is the primary source of out-of-home treatment or advice for the poorest and wealthiest sick children. Similar to most other USAID priority countries in the region, wealthier caregivers are more likely to seek private sector care than poorer caregivers. The majority of public sector care seekers use clinical sources of care while most private sector care seekers use non-clinical sources. Use of other sources of care, primarily traditional practitioners, is considerable among the poorest caregivers. Senegal’s low care-seeking rate and high use of the public sector, particularly among the poorest families, are important factors to consider when designing programs that meet the needs of sick children.



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Sustaining Health Outcomes through the Private Sector (SHOPS) Plus is a five-year cooperative agreement (AID-OAA-A-15-00067) funded by the United States Agency for International Development (USAID). The project strategically engages the private sector to improve health outcomes in family planning, HIV, maternal and child health, and other health areas. Abt Associates implements SHOPS Plus in collaboration with the American College of Nurse-Midwives, Avenir Health, Broad Branch Associates, Banyan Global, Insight Health Advisors, Iris Group, Population Services International, Praekelt.org, and the William Davidson Institute at the University of Michigan.



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