

Evaluating Skilled Care in Burkina Faso

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Poor women are more likely to use affordable, easily-accessible, and well-functioning maternity facilities

Background

Increasing the proportion of mothers who deliver with skilled attendance to 50 percent by 2008 is the main objective of Burkina Faso's five-year National Safe Motherhood Strategy (2004-2008). Impact, a global research initiative, evaluated a programme by Family Care International (FCI), an international NGO, in the Ouargaye district of Burkina Faso. FCI's Skilled Care Initiative (SCI) was an ongoing, integrated safe motherhood programme that addressed the key components of skilled attendance at delivery:

- Skilled health professionals;
- Good communication and referral systems;
- An enabling health care environment;
- Community awareness and education; and
- Community-based approaches to reduce financial barriers to health care services.

Impact set out to see how effective and cost-effective the intervention had been. To do this, Impact surveyed over 500,000 people, comparing births taking place in health care facilities, quality of maternal care, maternal and perinatal mortality, and costs to women and families in the intervention area, the Ouargaye district. For comparison, Impact also conducted the survey in the nearby Diapaga district, where the SCI was not active. Impact compared these measures between 2001 and 2005, during and after the introduction of the new Burkina safe motherhood policy.



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Living far from a health facility is a significant barrier for pregnant women.

Findings

Women use maternal health services close to home.

In Burkina Faso, despite the government's increased efforts to provide emergency obstetric care, a geographic barrier remained. The farther a woman lived from a health centre the less likely she was to deliver in the facility. Three-quarters (77 percent) of births within 1 km of the health centre took place in a facility, compared to less than one-fifth (18 percent) for births more than 10 km from the health centre.

Women use only a well-functioning health care system.

A well-functioning health care system is one in which all the obstetric needs of a pregnant or delivering woman are met, including referral for emergency care. The World Health Organisation (WHO) defines a functioning system as one with available, skilled, supervised, and motivated health personnel working in facilities with appropriate equipment, drugs, communication, and transportation to offer round-the-clock services.

Impact data show that more women and families used maternal health services in the Ouargaye district as compared to Diapaga. Deliveries taking place in health facilities increased by nearly 50 percent in the Ouargaye area compared to a 25 percent increase in the comparison area.

The SCI tried to address health worker shortages, improve provider performance and the quality of the care, upgrade health facilities, and strengthen health management systems. SCI also put in place a radio-call system to facilitate referrals for complications. Even in areas where the SCI programme was active, too few women were referred to significantly reduce maternal mortality even though more delivered in facilities, and the overall referral rate remained very low in both districts.

Maternal death remained unchanged in both the intervention and comparison areas. This is likely due to low referral rates and low functionality of the Ouargaye district hospital to which complicated cases were referred.

Women are more likely to use health services when they are affordable.

In Burkina Faso, socioeconomic differences were great. Though less than 1 percent of women received secondary or higher education, the majority of these more educated women opted to deliver in health facilities (88 percent), compared to only 37 percent of uneducated women. Asset ownership showed a similar pattern, with institutional births at 25 percent in the poorest group, compared to 57 percent in the richest group.

Recommendations

Eliminate financial barriers to increase services for the poor.

Poor women are most likely to die as a result of pregnancy or childbirth and are the least likely to use fee-based maternal health services. In Burkina Faso, only 18 percent of mothers in the poorest group used skilled care at delivery, compared to 75 percent in the richest group.

Synergy between all levels of maternity services—from community to facility—is essential.

Despite improvement in the proportion of women who used maternity care services, mainly in the Ouargaye area, deliveries in facilities remained low. Since most deliveries still occur at home, and because of the lack of skilled personnel and poor functioning of health facilities, coordination is essential between all levels of maternity services. Strategies must be found to improve the quality of care at health facilities, improve access, and educate communities to more quickly recognize complications and seek treatment. Bringing affordable and functional services closer to women, ensuring continuity and availability of lifesaving services, and working closely with communities to overcome barriers to accessing care are important policy aims. Much more intense and sustained interventions are needed to help the country meet its five-year plan goals.