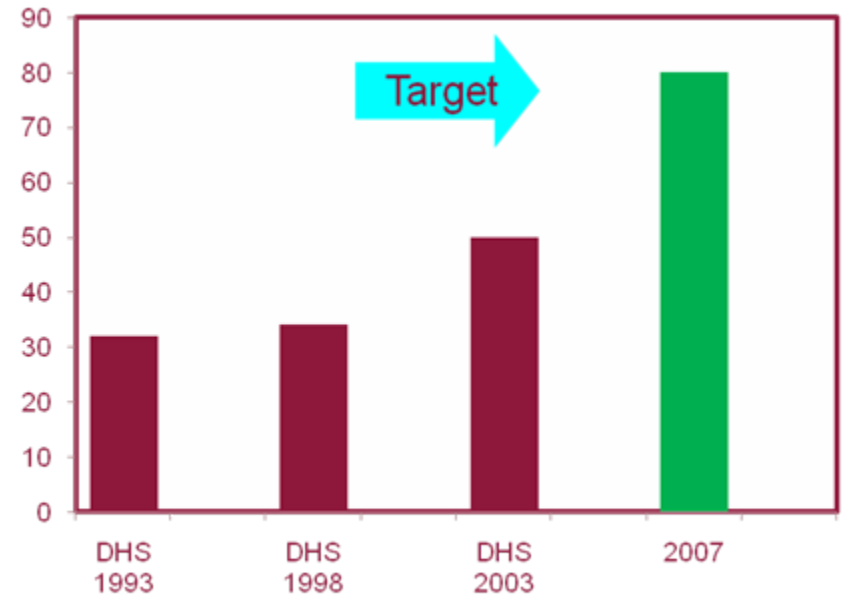




*Enhancing
skilled attendance
strategies*

BURKINA FASO

Hounton S, Meda N



1. **Target: 80% skilled deliveries by 2007**
2. **Skilled Care Initiative (FCI & the Ministry of Health)**

THE SKILLED CARE INITIATIVE

**1. Strengthening
district hospital**

**2. Strengthening
first level facilities**

**3. Promoting service
utilisation**

Quasi experimental
Comparative before-after

Reference period : 2002-05

Geo-referenced census

**Effects on access
and uptake on
skilled care**

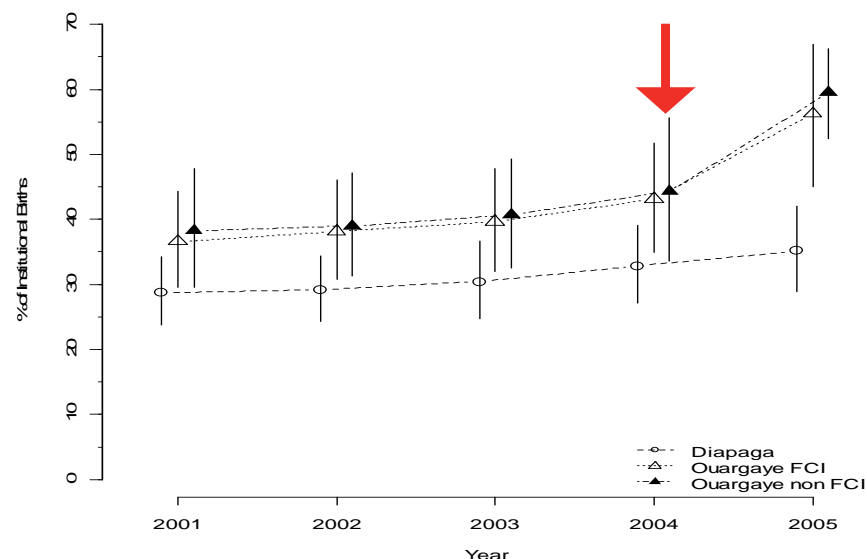
ACCESS AND UPTAKE OF SKILLED CARE

≥ 30% in institutional deliveries

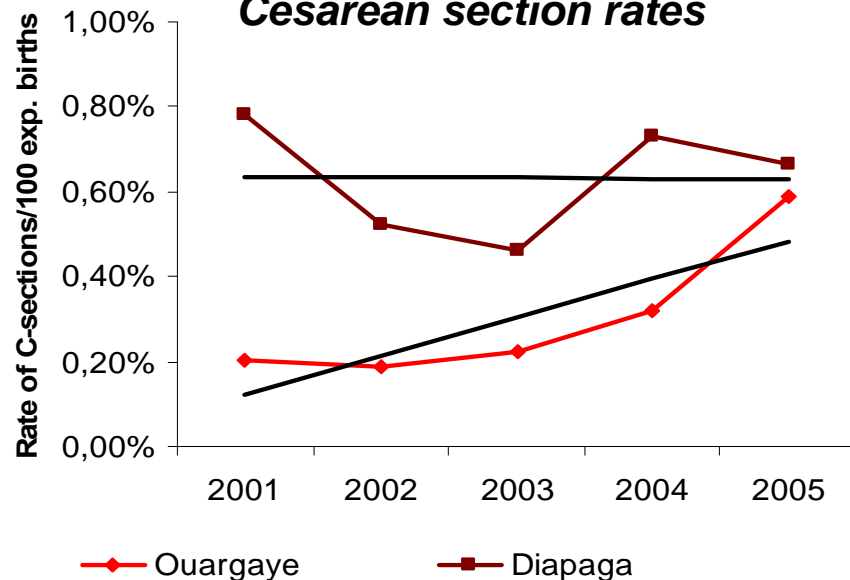
Shortcomings of effect on maternal mortality

- Discontinuous supply of EmOC
- Poor quality of care

Percent institutional deliveries



Cesarean section rates

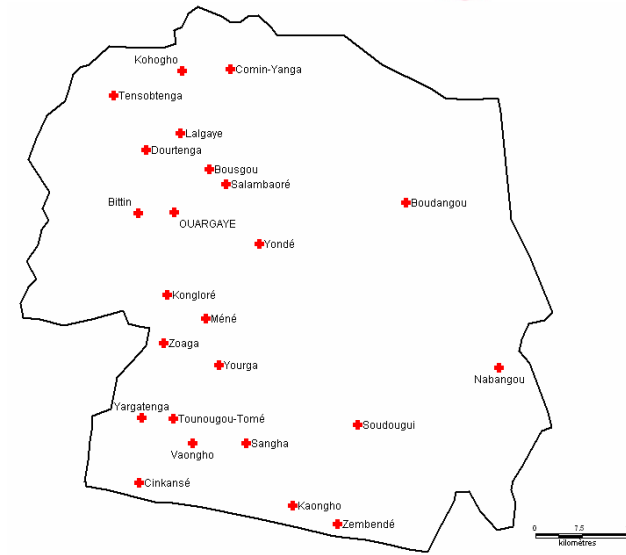


Determinants of skilled care

Distance to facilities

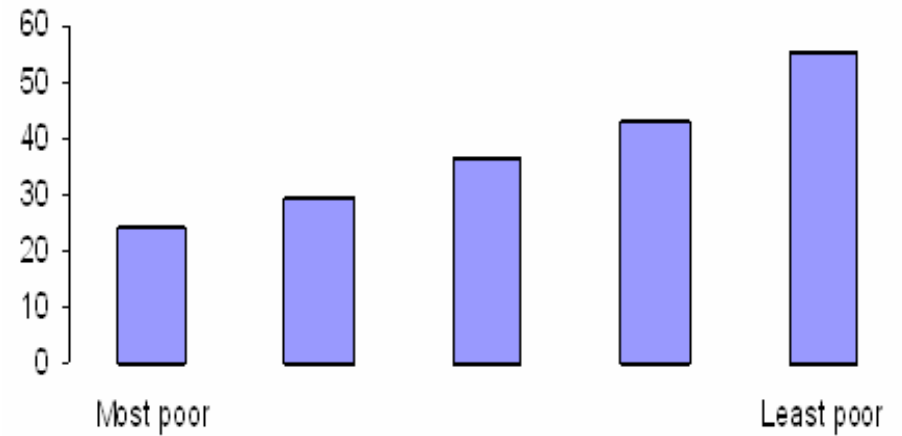
Functional facilities

Education





Financial barriers



Catastrophic payment for delivery

WHAT NEED TO BE DONE DIFFERENTLY ?

Policy level

- **Universal Access to skilled care**

Specific groups

- **Target the poorest**

Advocacy

- **Reach out to non health sectors (education, finance)**

Actions

- **Multisectoral approach**

WHO CAN MAKE IT HAPPEN ?

Burkina Faso

Institutional analysis
of safe motherhood
decision making
process

1960 – 2006

Impact, 2006

- **WHO**
- **UNFPA**
- **THE WORLD BANK**
- **The International Monetary Fund**
- **National governments,etc.**

KEY MESSAGES

Progress is possible

- 1. Community mobilisation**
- 2. Life saving interventions**
- 3. Quality of care**
- 4. Financial barriers**

**Need for “Global Funds” for
Maternal, Neonatal & Child Health**





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