

# Child health services in Burkina Faso: quality of care and equity in utilization

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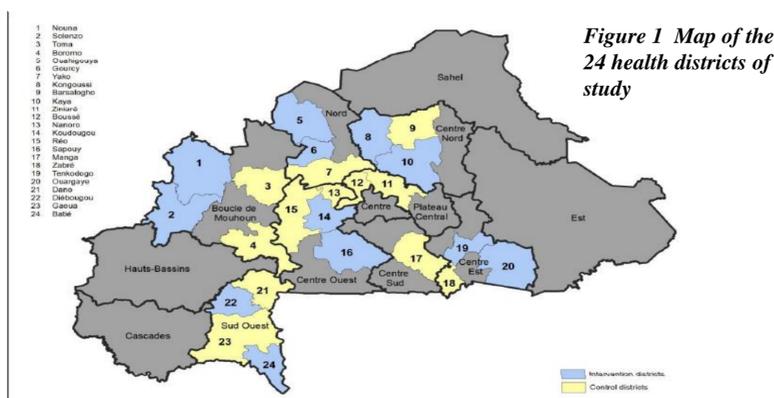
## Introduction and purpose

Mortality of children under 5 years old (U5YO) has decreased dramatically in the last twenty years<sup>1</sup>. However, even if sub-Saharan African countries have experienced this trend, Burkina Faso remains one of the countries with the highest infant and child mortality rates in the world (146 deaths/1,000 live births). Poor access to health services related to financial, geographical and cultural barriers and poor quality of care are important factors influencing the high rate of infant and child mortality<sup>2</sup>.

We aim in this study to assess the quality of child healthcare and the equity in utilization of child health services in Burkina Faso.

## Methods

We have collected data in the context of baseline survey of impact evaluation of Performance Based Financing (PBF) in 24 health districts in six regions of Burkina Faso from October 2013 to February 2014. All health facilities of these regions have been included as well as 15 households from each recruitment area.



It is a cross sectional study drawing from two main sources of data:

- Facility based survey: direct observation of consultations, facilities assessment, providers interviews.
- Household survey: socio-economic status, health status, health care seeking behavior.

To assess the quality of child health care we used three index adapted from the multicountry evaluation of integrated management of childhood illness<sup>3</sup>.

Each index has been classified in three categories: high (index score  $\geq 80\%$ ), intermediate ( $50\% \leq$  index score  $< 80\%$ ) and low (index score  $< 50\%$ ).

**Index 1: Integrated child assessment:** This index assesses quality and completeness of the assessment received by the sick child. Scores reflect how many of essential assessment tasks were performed by the health worker.

**Index 2: Availability of drugs and vaccines:** This index assesses the readiness of the health facility to deliver vaccines and essential drugs to children based on their availability.

**Index 3: Primary health care worker (PHCW) knowledge of correct case management for severe illness and young infants:** as measured by four case scenarios.

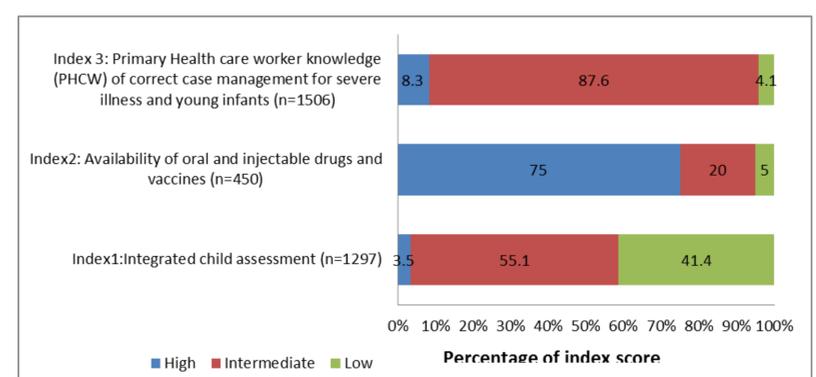
For equity analysis, socio-economic status based on households' assets has been computed by using the standard multiple components analysis (MCA) method. We constructed a concentration curve for utilization of child health services.

## Results

In total, 450 primary health facilities were assessed, 1,297 out-patients visits of children U5YO were observed and 1,506 providers were interviewed. We have also surveyed 8,205 households.

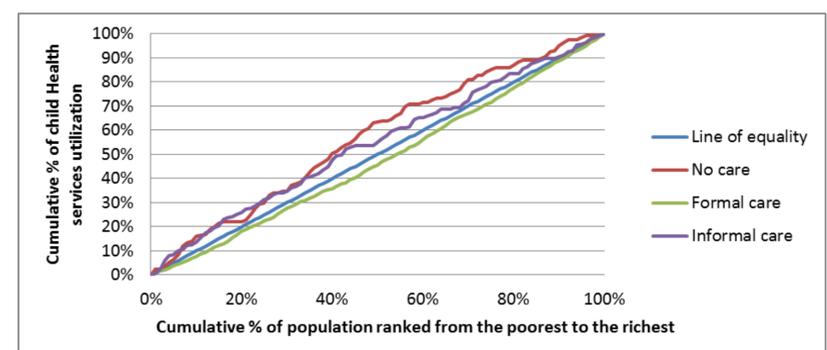
In most of the health facilities, vaccines and essential oral and injectable drugs (75%) were available. However, the integrated child assessment during child visits was mitigated. Indeed, 41% of healthcare workers had a low level and only 3.5% of them had a high level.

Healthcare workers knowledge of correct case management for severe illness and young infants was fairly good. Around 87% of PHCW had an intermediate level.



**Figure 2:** Quality of child health care in Burkina Faso

Moreover, there are inequalities in utilization of child health services. The utilization of formal care (concentration index: CI=0.117) was lower among the poor while the use of informal care (self-treatment, traditional healers, and community health workers) and no care were higher among the poor (CI=-0.029).



## Conclusion

Even if vaccines and essential drugs for child healthcare were available in primary healthcare facilities, clinical performance of health workers remained low. In addition, children from poor household have less access to formal care.

Substantial effort is still required to improve quality of child healthcare and to increase access to health services of children from poorest households.

## References

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