



COMMUNITY PARTICIPATION TO THE REDUCTION OF MATERNAL AND CHILD MORTALITY IN BURKINA FASO IPC/BF Experience

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INTRODUCTION

- □ The National Plan of Health Development (PNDS) 2005-2010 highlighted weaknesses in health indicators
 - Maternal mortality = 307.3 per 100 000 live births
 - Neonatal mortality = 41 per 1000 live births
 - one midwife per 13,138 inhabitants
 - 25% of home births
- Need for innovative approaches to meet the challenges.
- ☐ How to better use communities based organization to meet the population needs,







BACKGROUNG

- ☐ l'Initiative Privée et Communautaire contre le VIH et le SIDA au Burkina Faso (IPC/BF), is a Burkinabe based NGO created in 1994,
- ☐ IPC under the MOH contract is responsible for communities activites in the East Central Region:
 - 6 health districts (Bittou, Koupéla, Pouytenga, Tenkodogo, Garango and Ouargaye)
 - with 70 primary heath centre
 - A total population of 898 377







METHODS: SOCIAL MAP A CENTRAL TOOL FOR IPC IMPLEMENTATION

 IPC has collaborated with the central East Regional Health Centre to introduce the social map. It is a planning, implementation, monitoring and evaluation tool which enables the following: ensuring that all social groups are taken into account, getting real-time data on the population and following-up services provided to people.







METHODS: THE HOME AN ENTRY POINT FOR HEALTH SERVICES BUT LINKING TO HEALTH CENTRE

- A register is kept with details of each identified household including demographic and individual health data. Data are updated quarterly, taking into account any changes (new births/death, marriage, visitors, moving house etc).
- Health data collection targets children and women of childbearing age and captures information on consultations for healthy new-borns, immunizations, growth, vitamin A supplements, cases of disease (malaria, diarrhoea, acute respiratory infection etc.), contraception, pregnancy, cases of illness in pregnancy, childbirth, postnatal consultation, etc..
- A monthly meeting takes place between community workers and health workers at the health centre to review and plan activities.
- And genral assemble per village every year to share data and evolution







- Social map established for 512 villages
- Collecting data from the 'social map', a register to document each household information and updated quarterly; registration of births and deaths
- Validation of data by chiefs of village and heads of concession with the health agent
- Establishment of a card of childbirth preparation for women with at least 5 months pregnancy







- ❖ Guide on individual interview: pregnant women, postpartum woman, woman not pregnant nor post partum, mothers of children aged 0 to 5 months, mothers of children aged 6 to 24 months and mother of children aged 25 to 59 months
- nutritional status of children 6 to 59 months available in each hausehold
- reference sheet and counter reference,
- registers of data collection: common diseases, malnutrition
- Specifications of check marks: contraceptives, vitamin A, etc..





· etc.



Contraceptive methods

	2011 et T2 2012						OBSERVATIO NS
	T1 2011	T2 2011	T3 2011	T4 2011	T1 2012	T2 2012	
Male condoms	0	0	1795	5557	8540	7588	Rupture of contraceptive s at health facilities level
Female condoms	0	0	0	0	0	0	Not in the initial stock for ASC
Pills	0	0	0	1653	2067	2976	
Colliers du cycle	0	0	0	0	0	0	Not in the initial stock





FACTS AND RESULTS Evolution of number of clients refered by motif and per quarterly

INDICATEUR	NOMBRE DE CAS en 2011 et T2 2012					
	T1 2011	T2 2011	T3 2011	T4 2011	T1 2012	T2 2012
Nombre de clients référés aux FS pour PF	0	26	38	640	260	831
Nombre de clients référés aux FS pour CPN	0	170	292	968	289	621
Nombre de clients référés aux FS pour accouchement	0	181	342	984	271	497



Data Advocacy

	INDICATORS	Completed in 2011	NUMBER OF CONTACTS OR PEOPLE REACHED			
		2011	н	F	TOTAL	
	Group discussions on FP*	605	8 744	27 008	35 752	
	Group discussions on prenatal Consultation*	236	2 765	19 240	22 005	
	Group discussions on PMTCT*	169	2 641	18 866	21 507	
	Group discussions on assisted delivery*	483	7 199	24 572	31 771	
omir re la	personalized interviews**	115 257		115 257	115 257	





^{*} Number of contact

^{**} Number of people actually reached



CONCLUSION

- ☐ The approach "Reference Platform and counter-reference between the health system and community system" implemented by IPC / BF in the East Central Region as part of a contract with the Ministry of Health is working well:
 - ✓ all three mechanisms are in place and functional
 - ✓ obtaining reliable data for the health system: knowing the targets, problems identified based on evidence.
- However, efforts must be deployed on both sides :
 - ✓ At the Ministry of Health: adequate funding to the approach
 - ✓ at IPC / BF: strengthening strategies for engaging men and taking into account the whole family
 - ✓ actors in the health system: taking into account the needs
 of the people in the organization of services



