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Impact of a community based health insurance scheme on household costs for institutional delivery in Nouna district, Burkina Faso

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Objectives: The aim of this paper was to assess the effects of a community based health insurance (CBHI) scheme on household costs of institutional delivery rates in Nouna district, Burkina Faso.

Methods: A cross sectional study was conducted in April-May 2007 at the Nouna demographic surveillance site in Burkina Faso. Eligible participants were women with experience of delivery during the last 12 months prior to the survey. Out-of-pocket expenses from women and families for antenatal care, kits, laboratory exams, transport, and lodging fees for delivery were recorded using a structured questionnaire. In addition, data were collected on household membership to the Nouna CBHI, age and educational level of mothers, child survivorship, and delivery within institution, average distance from village to health facility, assets ownership, and household revenues. Descriptive statistics of household costs estimates and differentials by socio-demographic characteristics, membership to the Nouna CBHI and household revenue were calculated.

Results: 251 women were interviewed among whom 43 (17%) were enrolled in the Nouna CBHI scheme. Institutional delivery among women enrolled and not enrolled in the CBHI were 53.5% and 45.2% respectively but this difference is not statistically significant. The average cost borne by women and their families for an institutional delivery was 8.7 (0 – 157.5) \$US. Variation in household delivery costs are also analysed by age, educational level, income and location. There are estimates of the extent to which delivery costs represent catastrophic expenditures for women and their families.

Conclusion: While there is no firm evidence as yet that the Nouna CBHI scheme has led to an increase in institutional delivery rates, this analysis of the costs borne by households for institutional delivery will help improve the ability of the scheme to reduce financial barriers to the utilisation of health services and thus contribute to safer delivery care in rural Burkina Faso.

Keywords: Household cost, institutional delivery, impact, community based health insurance, rural Burkina Faso