



initiative for maternal mortality programme assessment

policy brief
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implementation of free delivery policy in Ghana

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Executive summary

Shortfalls and unpredictability of funding are affecting confidence in the government's policy of abolishing user fees for women who deliver at approved facilities. Only two payments have been made to facilities since the policy was started in September 2003. By October this year, all the funds had run out in some facilities and, as a result, some managers at the local level have had to resume charging fees.

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Background

Complications in pregnancy and childbirth are amongst the leading causes of death for women of reproductive age in Africa and worldwide. The Fifth Millennium Development Goal aims to reduce maternal deaths by three quarters by 2015. One of the indicators used to mark progress towards achievement of this goal is the proportion of births attended by skilled health personnel.

In Ghana, some of the main causes of death are likely to be related to inaccessible or unaffordable health care. In 1985, as part of reforms in the financial sector of the economy, user fees were introduced in health facilities in Ghana. Commonly referred to as the "cash and carry system", this policy led to a reduction in utilisation of services especially among the poor.

In September 2003, the policy of exempting users from delivery fees was introduced in the four most deprived regions of the country. In April 2005, the policy was extended to the remaining six regions of Ghana. The aim

of the policy was to reduce the financial barriers in using the maternity services. It was expected that this would lead to a reduction in maternal and perinatal mortality. Under the policy, it was intended that the government would absorb the 80,000 cedis cost for each delivery in government institutions and pay the 120,000 cedis cost of delivery in private maternal homes.

The evaluation of fee exemption

As part of IMMPACT, the Noguchi Memorial Institute for Medical Research is evaluating the fee exemption policy in conjunction with the Ghana Health Service and the Ministry of Health.

One of the first stages of this evaluation was interviews with key personnel involved in implementing the policy in the Central and Volta Regions in early October 2005. Fifty-five key informants were interviewed; including representatives of regional and district health authorities, representatives of the District Assemblies through which the funds had been channelled, and a sample of facility heads.

These interviews aimed to establish how the exemption policy for deliveries is being implemented and to seek the views of some key stakeholders.

Key findings

The free delivery policy is seen as an effective approach to an important problem by the key informants as it is believed to have substantially increased utilisation of skilled care for delivery.

However, the key informants also noted cash flow problems as a result of shortfalls and unpredictability of funding.

For example, in the Central Region, the first funds were received from the District Assemblies in early 2004. Interviewees were not clear about how long the funds were supposed to last and when the next allocation would come.

In general, there seemed to be a lack of confidence amongst those staff interviewed about the policy. They expressed concern that the lack of financial stability may lead to mistrust by clients towards providers as some districts that had exhausted their funds had been forced to begin charging clients again. The inability to reimburse adequately and promptly could, therefore, have negative effects at all levels of the system. In addition, managers and staff referred to insufficient clarity about reimbursement rates, which some believed to be different across the two regions.

A new policy of health insurance is forthcoming, but will take some time to become fully operational. The key informants, however, were unsure about how the current policy of fee exemption will work alongside this upcoming scheme.

Recommendations for policy-makers

1. The urgent need for funding

If the free delivery policy is to survive, funds need to be released to facilities in order that they do not revert to charging. Health Service personnel appear confident that, with regular and adequate funding, the free delivery programme can deliver the expected benefits for Ghana's mothers and children.

2. The need for a framework for planning

Before implementation of other policies, it is suggested that a clearly costed budget is agreed for a minimum

period, and that there is commitment from the funding source that the budget will be met.

3. The need for communication

Health staff at regional, district and facility level need to be reassured about the flow of resources for the implementation of this policy, in order to make decisions and manage existing funds appropriately. Management needs to be informed about how this programme will dovetail with the new health insurance policy.

About IMMPACT

IMMPACT is a global research initiative whose ultimate goal is to improve maternal health and survival in developing countries. The organisation works closely with partners to provide rigorous evidence to decision-makers of the effectiveness and cost-effectiveness of safe motherhood intervention strategies. In Ghana, IMMPACT is working in partnership with local stakeholders to identify and evaluate strategies with the potential to significantly reduce maternal and perinatal mortality. The aim is to assess the effectiveness of the free delivery policy and, in particular, to investigate the extent to which it can be judged to have affected utilisation, quality of services and health outcomes. IMMPACT is currently doing similar work in Burkina Faso and Indonesia and is looking into expanding its work in other countries.

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