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Parallel session 1: User fees - removal and exemptions

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Does the free delivery and caesarean policy in Senegal offset user fees constraints in reproductive health?

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Purpose: The purpose of the presentation is to share with other participants how user fees are barriers in accessing maternal health services in Senegal.

This article presents the results of an evaluation of the Free Delivery and Caesarean Policy (FDCP) in Senegal. The policy was introduced into five poor regions in 2005 and in 2006 was extended at regional hospital level to all regions apart from the capital (Dakar). The aim of the policy was to reduce financial barriers for maternal health services, and thus to increase supervised delivery rates and decrease maternal mortality. The evaluation was carried out in 2006-7. There were four research components: a financial analysis of expenditure on the policy and wider health financing in selected health facilities in five districts, as well as the five regions and nationally; 54 key informant interviews from national down to facility level; 10 focus group discussions and 8 in-depth interviews in five districts in FDCP regions; and analysis based on clinical record extraction of 761 major obstetric interventions.

The evaluation found that significant increases in utilisation were found in normal deliveries (from 40% to 44% of expected deliveries in FDCP areas over 2004-5) and in caesareans rates (rising from 4.2% to 5.6% in FDCP areas). Using the evaluation data, the cost per *additional* caesarean under the policy was \$382 and the cost per *additional* supervised normal delivery was \$55. In order to achieve its full potential, however, it requires improved systems for planning and allocating resources, and new channels to reimburse lower level facilities. Without these, facilities will be able to continue to act opportunistically to re-coup lost income. It is also important that all complicated deliveries (not just caesareans) are included in the package. In the case of Senegal, a complementary strategy of investment in facilities and staffing are also required to bring greater geographical access and upgrade services.

Keywords: Deliveries; caesareans; Senegal; exemptions; evaluation; cost effectiveness