Assessment of three years of implementation of the free caesarean section policy in five health zones of Benin

MAIN RESEARCH QUESTIONS

1. How has the free caesarean section (free c-section) policy been implemented?
2. Has the free c-section policy increased access to obstetric care? To what extent?
3. Who benefits the most from the free c-section policy?
4. Is the free c-section policy effective in reducing financial expenses?
5. What were its effects on the quality of obstetric care?
6. Does the policy strengthen or weaken the local health system?

INTRODUCTION

As part of the achievement of the Millennium Development Goals (MDGs, Goals 4 and 5) one of the policies identified by Benin is free caesarean section. This was a government decision, to be implemented by the National Free Caesarean Section Management Agency (ANGC). But little is known about the operational effectiveness of this policy and its impact on maternal and neonatal health.

OBJECTIVES OF THE FEMHEALTH PROJECT

- Contribute to the development of tools for assessing the effects of the free caesarean section policy on the local health system, maternal and neonatal health outcomes and on the quality of care;
- Generate new knowledge on the impact of the free caesarean section policy on maternal and neonatal health;
- Ensure interactions between policymakers at the national and regional level through the activities of the Community of Practice;
- Disseminate the results obtained at national and international level in order to improve the implementation of current and future free care policies.

KEY RESULTS

1 How has the free C-section policy been implemented

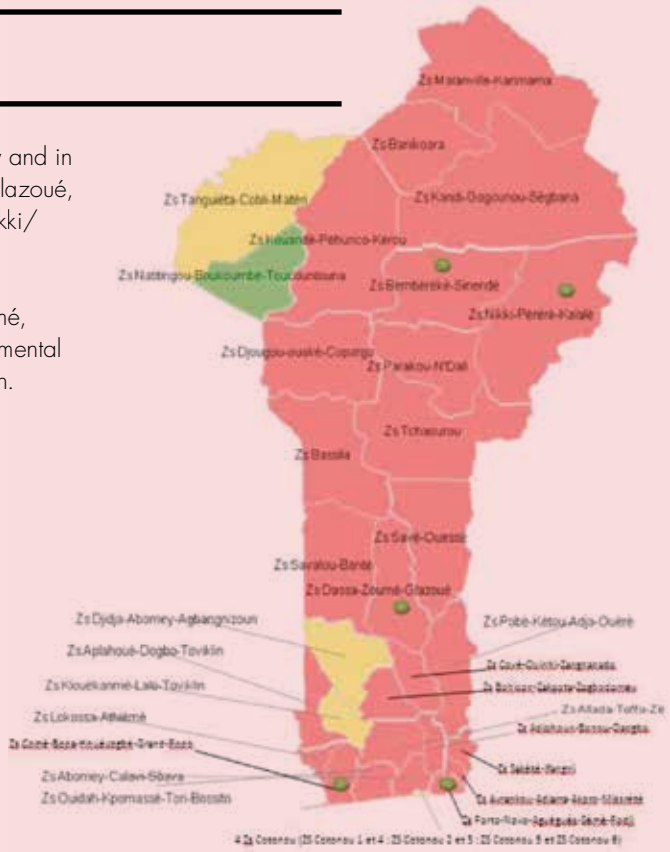
- The official launch took place on 1st April 2009. Some (denominational) hospitals started two months after the other sites against a background of mistrust;
- Each semester, the availability, continuity and the use of caesarean delivery are monitored. Each year a review of the initiative is carried out;
- The time period for the repayment of the lump sum of 100,000 francs per caesarean by the ANGC varied between 1 and 4 months; the services provided free of charge under the policy vary from one site to another, as shown in the following table.

To cite the policy brief: FEMHealth, Assessment of three years of implementation of the free caesarean section policy in five health zones of Benin, 2014.

INVESTIGATION SITES

Investigations took place at the national level for the financial flow and in five districts - Comè/Grand-Popo/Houéyogbé, Dassa-Zoumè/Glazoué, Porto-Novo/Sèmè-Podji/Aguégué, Bembèrèkè/Sinendé, and Nikki/Kalalé/Pèrèrè for the other aspects investigated.

7 hospitals were included in the study: Hôpital de Zone (HZ) Comé, HZ Dassa, HZ Nikki, HZ Bembereke, Centre Hospitalier Départemental Ouémé/Plateau, Polyclinique Bon Samaritain and Hôpital El-Fateh.



Benin's FEMHealth project sites: Green spots

Comments: Non-free procedures include mainly, referral, blood transfusion, consultation, medicines, consumables and the other newborn care.

It should be noted that ANGC has not yet provided the structures with the policy implementation tools to enable providers to apply the policy in accordance with the prescribed standards.

2 Has the free c-section policy increased access to obstetric care? To what extent?

- The caesarean section (c-section) rate before the start of the free caesarean policy in 2009 was 3.7, and it rose to 6.4% in 2012. An upward trend in the caesarean section rate had in fact started in 2004 and has continued since.

3 Who benefits from the free c-section policy?

- The free caesarean section policy has contributed to the improvement of the financial situation of provider hospitals;
- The free c-section policy, has contributed to a selective improvement of caesarean section documentation due to the fact that refunds are subject to the collection and keeping of information about each caesarean section;

Cost Elements	Hospitals with free item/total
Transfer	±2/7
blood transfusion	0/7
Consultation	2/7
Caesarean section	6/7
Medicines	1/7
Consumables	2/7
Hospitalization	5/7

Cost Elements	Hospitals with free item/total
Post-operative control	6/7
Pre-anaesthetic consultation	5/7
Paraclinical examinations	4/7
Blood transfusion	0/7
Anaesthetic procedure	6/7
Vitamin K1	7/7
Other newborn care	1/7

- The average cost of caesarean section at hospital level is significantly lower than the 100,000 FCFA lump sum (varying between 40,000 and 80,000 FCFA before the implementation of the free caesarean policy).
- People of average and high socioeconomic status have benefited more than the poor from free c-section;
- The healthcare fee exemption policy would contribute more to the reduction of maternal mortality if the free care package included at least all obstetric emergencies.

4 Is the free c-section policy effective in reducing financial expenses?

- Despite the announcement of free caesarean section by the Beninese government, certain expenses (varying from one site to another) remain payable by patients;
- For patients who had caesarean deliveries, free c-section has reduced one of the financial barriers to the utilization of care services in hospitals for many women who gave birth at home;
- Free caesarean section has improved access to healthcare for pregnant women.

Classification of beneficiaries in poor district

Poor	Number	27
	%	**16.6%**
Average	Number	62
	%	**38.0%**
Wealthy	Number	74
	%	**45.4%**
Total	Number	163
	%	**100.0%**

This table shows that poor households represent 16.6%, average households 38% and wealthy households 45.4% respectively.

5 What were the effects on the quality of obstetric care?

- For half of the patients who have given birth vaginally, all procedures deemed necessary were carried out in most hospitals. In two hospitals where cases of omission (the number of clinical procedures that have not been performed) were recorded it is use of the partograph which is the most omitted;
- For caesarean section the average omission score is 0.9 for all the hospitals; measurement of foetal heart rate just before the intervention was the procedure most frequently not carried out;
- Although the kits are available, the delay between the decision to intervene and the intervention is high in some hospitals - up to 28 hours compared with a target of 60 minutes;
- For the Near - Miss at the CHDOP the delay was 114 minutes before the free caesarean policy and 121 minutes after it;
- For the majority of patients who had caesarean deliveries, even if they are discharged from hospital in good health with their baby, the experience during their hospital stay is marked by disappointment and sorrow because of the poor treatment which they had to put up with;
- The care given to mothers is better (less than one omission) than that given to newborns (2.4 omissions). This situation is obvious at the CHD/OP where the average score for omissions is 3.3

6 Does the policy strengthen or weaken the local health system?

- The free c-section policy is applied to all private and public structures approved by the ANGC;
- The lump sums are regularly reimbursed to all structures involved in the implementation of free c-section;
- There was little involvement of the health workers at the base of the health pyramid and the representatives of the community in the design and management of the free c-section policy.

KEY STRENGTHS OF THE POLICY

- The free caesarean policy is applied both in public and private hospitals.
- The policy is offered to all Beninese or non-Beninese women who have caesarean deliveries in the approved structures.
- The 100,000 lump sum per caesarean section is regularly paid to the hospitals.

SOME POINTS FOR DISCUSSION

- The budget of the free c-section policy is part of the MoH's budget and for the moment this guarantees its implementation. It can be sustainable only if the current and future governments fully support it.
- The free c-section policy has strengthened the ability of hospital directors to invest (in technical equipment, medicines and medical consumables and personnel).
- Centres implementing free caesarean section have experienced an increase in attendance.

However:

Centralized management of free c-section weakens the decision-making and control power of intermediate level managers and coordination at district level.

MAIN WEAKNESSES OF THE POLICY

- In the teaching hospitals and some denominational hospitals the principle of free caesarean provision is not observed. Patients must supplement the package paid by the government with an amount that varies from 15,000F to 50,000 FCFA.
- The free c-section policy focuses only on caesarean sections.
- The free c-section policy does not provide a mechanism for monitoring the quality of care or a mechanism for monitoring the implementation.
- The managing agency, the ANGC, has not yet provided the structures with tools for implementing the policy.
- Populations of average socioeconomic status benefit more from provision of free caesarean section than the poor. Geographical and communication barriers are still significant for them.

RECOMMENDATIONS

In the light of all the foregoing, it is recommended that policymakers should:

- Establish mechanisms to offer c-section to the poorest: which assumes decreased communication barriers and better use of funds for the destitute.
- Establish a mechanism for monitoring the implementation of the policy;
- Involve intermediate level managers as well as the zonal coordinators in the management of the free c-section policy.

CONCLUSIONS

- The 100,000 FCFA lump sum per caesarean delivery paid by the ANGC covers the caesarean section cost regardless of the hospital; however women still pay fees up to 206,640 FCFA, the average being 39,304 FCFA. A few weaknesses in the implementation of the policy at all levels are thought to explain the persistence of these costs;

- The free caesarean section has probably contributed to improved access to obstetric care, raising the rate of caesarean section from 3.7% before the free c-section policy in 2009 to 6.4% in 2012; an upward trend in the caesarean section rate had in fact started in 2004 and has continued since;

- The free c-section policy improves the financial situation of hospitals; The main beneficiaries are households of middle and high socioeconomic status;

- Although the kits are available, the time between the decision and the intervention is high in some hospitals, with a median of 130 minutes (when it should be no more than 60 minutes as a local norm); this is thought to be due to problems in the health system as a whole;

- The quality of care provided to newborns is lower than that given to the mother; indeed it is only in 2.4% of newborns that there was no omission in their care at birth;

- The health fee exemption policy would contribute more to the reduction of maternal mortality if the free care package included at least all obstetric emergencies;

- The relationship between carer and patient still needs to be improved: a discussion of possible strategies is required;

- We still need to do more to provide effective protection to the poor under the free care policy.

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To cite the policy brief: FEMHealth, Assessment of three years of implementation of the free caesarean section policy in five health zones of Benin, 2014.