

Does Eliminating User Fees for Facility-based Delivery
Services Matter? A Difference-in-Difference Analysis of
Ghana's Free Maternal Delivery Policy

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ABSTRACT

Recognising that maternal and neonatal mortality rates remain too high, the Government of Ghana implemented the free maternal delivery initiative in late 2003, which removed user fees for facility-based delivery services. In this paper, I use the Ghana Demographic and Health Survey data (Waves 2003 and 2008) to identify the effect of the free delivery policy on facility-based deliveries, neonatal deaths and caesarean deliveries. Using a difference-in-difference (DD) model, I find that the policy was associated with an increase in neonatal mortality by about 3.2%, while there was no evidence of an increase in facility-based deliveries and caesarean deliveries. My findings suggest that, reducing the financial barrier to delivering at a health facility for pregnant women in itself does not have the intended impact of reducing newborn deaths or improving health facility deliveries and caesarean deliveries. There is the need for addressing challenges such as geographical proximity to health facility, transportation challenges, negative traditional beliefs and practices, and the provision of antenatal and postnatal care services to protect mothers and newborns during pregnancy, births and first weeks of life.