



BACKGROUND

Benin’s poverty index is 38.5%, with growing inequalities in access to basic social services. A social health insurance programme, called “*Assurance pour le renforcement du capital humain*” (ARCH) was introduced in 2019. The purpose of this study is to reconstruct and to critically analyse its programme theory.

METHODS

- Qualitative study design
- Data collection: documentary review, in-depth semi-structured interviews with ARCH programme designers and managers, interviews and focus groups with implementing actors

DISCUSSION

- The programme theory set out in the official ARCH documents is incomplete and does not explicitly describe the different stages and causal links between the intervention and its effects and impacts. We refined it through a literature review and interviews. The hypotheses thus formulated will be tested in the field.

RESULTS

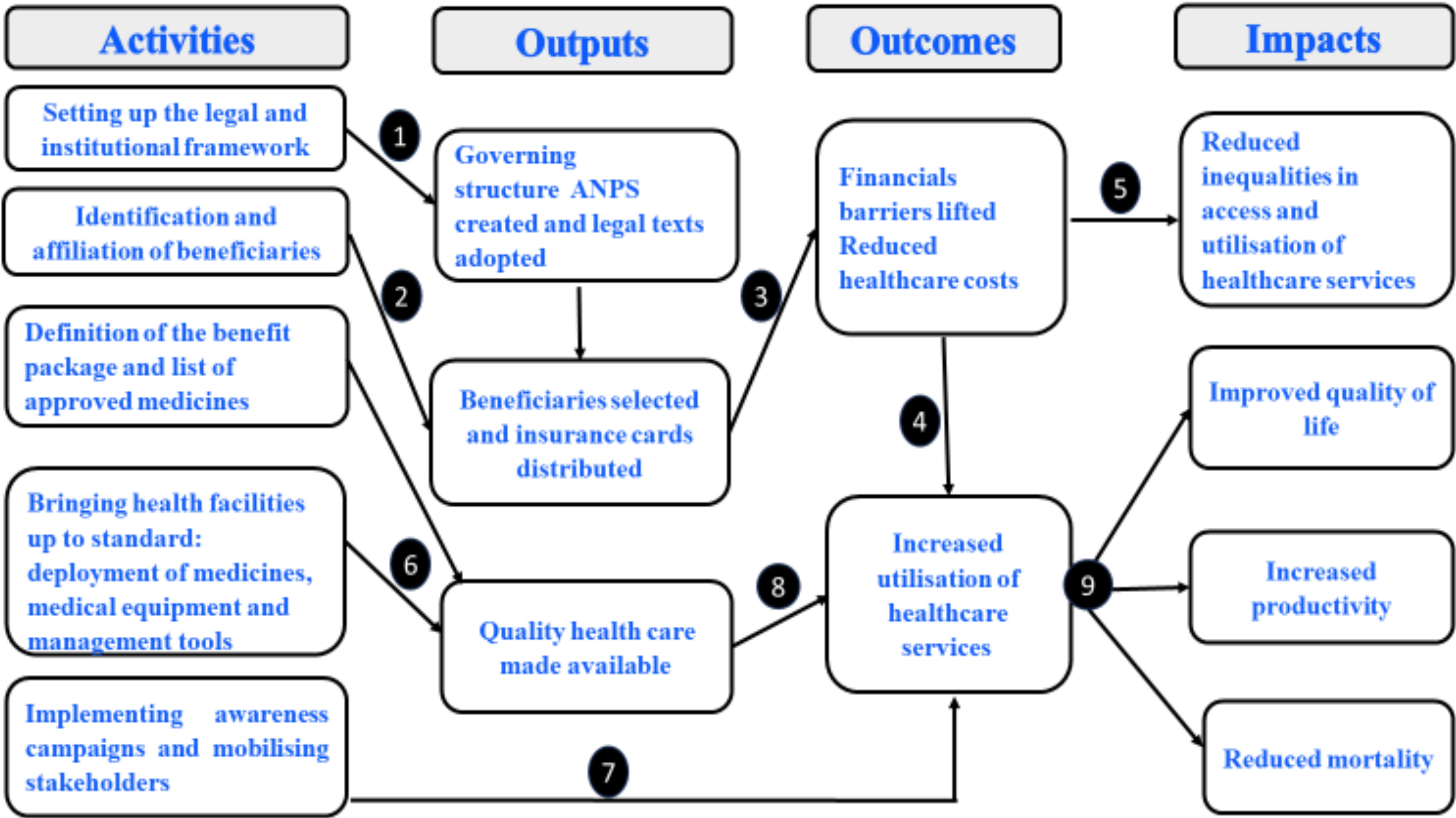


Figure 1: Reconstructed social health insurance programme theory

Explicit assumptions

- Causal chain 2-3-5: Target beneficiaries are correctly identified
- Causal chain 2-3-4-9: Free healthcare is associated with increased utilisation of health services according to needs
- Causal chain 6-7-8-9: All stakeholders and beneficiaries have understood their duties and rights

Implicit assumptions

- The benefit package is appropriate and there is no non-financial barrier
- There is no barrier to the quality of healthcare (e.g., HRH motivation, input shortages or delays in reimbursement)
- There is no over-utilisation of healthcare services

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