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Willingness to Join and Pay for Social Health Insurance and Associated factors Among Civil Servants in Merawi Town, North West Ethiopia

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COLLEGE OF MEDICINE AND HEALTH SCIENCES SCHOOL OF PUBLIC HEALTH

WILLINGNESS TO JOIN AND PAY FOR SOCIAL HEALTH INSURANCE AND ASSOCIATED FACTORS AMONG CIVIL SERVANTS IN MERAWI TOWN, NORTH WEST ETHIOPIA

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A THESIS PROPOSAL SUBMMITED TO DEPARTMENT OF HEALTH SYSTEM MANAGEMENT AND HEALTH ECONOMICS SCHOOL OF PUBLIC HEALTH, COLLEGE OF MEDICINE AND HEALTH SCIENCES, BAHIR DAR UNIVERSITY IN PARTIAL FULFILMENT OF THE REQUIRMENTS FOR THE DEGREE OF MASTER OF PUBLIC HEALTH.

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Approval Sheet

The undersigned examining committee certify that the thesis presented by Demelash Degu entitled: willingness to join and pay for social health insurance and associated factors among civil servants in merawi town, Northwest Ethiopia, 2021, submitted to Bahirdar University, College of medicine and health sciences, School of public health, Department of health system management and health economics, in partial fulfillment of the requirements for master degree in health system and project management compiles with the regulation of the University and meets the accepted standards with respect to the originality and quality.

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I, the undersigned, senior MPH student declare that this thesis is my original work in partial fulfilment of the requirement for the degree of Master of Public Health in health system and project management.

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Acronyms

BDU Bahir Dar University

CMHS College of Medicine and Health Science

MPH Masters of Public Health

SPSS Statistical Package Software Statistics

AOR Adjusted Odds Ratio

HI Health Insurance

SHI Social Health Insurance

CBHI Community Based Health Insurance

HIA Health Insurance Agency

SDGS Sustainable Development Goals

WHO World Health Organization

CHE Catastrophic Health Expenditure

OOP Out-Of-Pocket

OOPHE Out-Of-Pocket Health Expenditure

UHC Universal Health Coverage

HF Health Facility

HCS Health Care Service

ETB Ethiopian Birr

WTJ Willingness to Join

WTP Willingness to Pay

NHI National Health Insurance

NHIS National Health Insurance Scheme

SPRO Social Political and Religious Organization

FGD Focus Group Discussion

CSA Central Statistical Agency

IRB Institutional Review Board

Abstract

Back ground: Social health insurance is a program that pools the risk of several people in an effort to decrease the amount that will be paid by an individual at the time health care services are needed. In spite of higher burden of preventable disease in Ethiopia, a user-fee charge is one of the reasons for low utilization of healthcare services. The government of Ethiopian has developed health insurances strategy to increase the prepaid plan coverage, improve access to modern health care services and reduce out of pocket payments.

Objective: To assess the willingness to join and pay for SHI and identify associated factors among civil servants in Merawi town, West Gojjam zone, Amhara, Ethiopia, 2021.

Methods: Institutional based quantitative cross sectional study design was conducted on 597 selected civil servants using simple random sampling technique. Ten sectors were selected randomly to the study and data were collected using a structured self-administered questionnaire from December 15/2020 to January 15/2021. The collected data was entered and analyzed by SPSS version 26. Descriptive statistics results were computed and presented thorough tables, graphs and charts. Bi-variable and multivariable binary logistics regression analysis was computed with significance level of < 0.25 and < 0.05 at 95% of CI to determine the association between WTJ and WTP for SHI with independent variables respectively. The model was checked by using Hosmer-Lemshow model fitness test at p-value > 0.05.

Results: Majority of respondents, 75.4 % with (95% CI: (71.9%-78.9%) of civil servants were to had WTJ and 69.5% with (95% CI: 65.5%-73.2%) of civil servants were WTP for their enrollment at 1% of contribution rate from their gross monthly salary. Good awareness for SHI [AOR=2.574; 95% CI; 1.185-5.594], respondents had no trust on the government HIA [AOR=0.023; 95% CI; 0.012-0.044], good attitude for SHI [AOR=2.424; 95% CI; 1.4-4.197] and income status of respondents who were rich [AOR=0.422; 95% CI; 0.248-0.718] were significantly associated with the willingness to join and pay for SHI among civil servants.

Conclusion: Generally, majority of civil servant staffs were willingness to join and pay for SHI program before to the implementation. Hence, strengthening civil servants engagement and continuous discussions about the relevance of SHI package helps to create or build good awareness, attitude and trust as well it increases the willingness to join and pay for SHI by the civil servants.

1. Introduction

1.1 Back ground of the study

Health insurance helps the insured people to access costly health care services and protects people from financial burdens and poverty that are caused by health shocks. Social health insurance is a program that pools the risk of several people in an effort to decrease the amount that is paid by an individual at the time health care services are needed(1). In Ethiopia, in spite of high burden of preventable diseases user-fee charges are one of the reasons for low utilization of healthcare services (1). Studies conducted in different parts of Africa and Asia reported that different socio-demographic and economic factors were responsible for low level of willingness to join and pay for social health insurance (2).

The government of Ethiopian has developed health insurances strategy to increase the prepaid plan coverage and access to modern health care services. In our country, joining in SHI is mandatory for all in the formal sectors. Furthermore, SHI establishment has been advocated by the WHO as a key to achieving universal coverage of health care and to ensure access to health services, particularly for the disadvantaged in less developed country(3, 4).

SHI is a health care funding instrument that plays significant role in cross-subsidization and reducing the influence of high costs of health care. It is characterized by compulsory universal coverage and financed by employers and individual contributions(5). To protect the poor from the negative effects of out-of-pocket payments in Ethiopia a fee waiver system was introduced as a measure however, the coverage remains low in many regions(6). Out-of-pocket health payments are expenditures borne directly by a patient where insurance does not cover the full cost of the health good or service. In most low income countries where government expenditure on health is low, 85% of the cost for healthcare is covered by out of pocket payments(7).

In Ethiopia, promising improvement was seen in the domestic share of health expenditure, yet household OOP spending (33%) remains a major domestic source. More than 73% of the population pays for health care from their OOP and the total per capita OOP expenditure of households for health is 231 ETB per year. As per above, the average per capital OOP is higher in urban than rural(8).

For instance, according to National Health account of Ethiopia, the magnitude of out of pocket health expenditure reaches about 40% of the total health expenditure. This may lead to

impoverishment and further financial hardship. The requirement of Out-of-pocket health payments is particularly hard on the poor, whose illness will either remain untreated or force patients into deeper poverty(9, 10). Having a strong health care financing through establishment of risk pooling mechanisms makes that the healthy will pay the health care services used by the sick or patients and when we advancing this mechanism, the richer will pay for the service utilized by the poor. Health insurance reduces catastrophic health spending, improves access and use of health care which ultimately improves health outcomes(11).

Ethiopian health system which is characterized by under financing, absence of risk pooling and cost sharing mechanism and low protection mechanism for the poor(12). Active employees will have to pay a monthly premium of 3% while pensioners are required to pay 1 % of their monthly salary (12). Studies showed that, only 1.1 % of Ethiopians had any kind of insurance and the government spends 1% of its health expenditure on insurance activities. Social health insurance is in implementation phase and intended to cover 10.46% of the population who are engaged in formal sectors(13).

1.2. Statements of the problem

World health organization has called for all health systems to move towards achieving universal health care coverage to improve the accessibility for satisfactory and affordable health care services for all. Over for a century, many high and middle income countries have achieved universal coverage by introducing different financing mechanisms for health care such as social health insurance and tax-based financing schemes. On the other hand, low income and middle income countries have made little progress in this aspect to cover people in the formal and informal sector(14, 15). Over two billion people live in developing countries with health systems afflicted by inefficiency, inequitable access, inadequate funding and poor quality of health care services(15). What is more, in many developing countries millions of people so far had suffered direct medical expenditures and could not able to access affordable health care services. As a result paying for health care services in a hardship way would fall them in to-deep poverty(16).

Social health insurance is a central focus of the reforms currently being discussed in many countries in Latin America. The agreement seems to be that the poor must be supported and protected from the huge financial risk posed by high cost of illnesses. Public systems go part of the way toward protecting people from large financial risk, but do so with inequities, inefficiency, and inadequate quality(13). One goal of health reforms in the region is to provide access to adequate quality services without imposing high financial risk on the population(17). In our country, joining in social health insurance is mandatory for all the government formal sectors. This kind of health insurance scheme was expected to be fully implemented in the mid-of 2014 but still in the progress. The government of Ethiopia is currently undertaking different activities to familiarize SHI program with the overall objective of achieving universal health care coverage for the sake of addressing this problem and to create equitable funding/financing mechanism(18).

A study conducted by WHO in 2017 stated that globally every year 100 million people face poverty and another 800 million people suffer due to catastrophic out-of-pocket health expenditures. In Africa, population still rely mostly on out of pocket payments (accounting for 30%-85% of total health spending in the poorest countries including Ethiopia), which are associated with a higher probability of incurring very expensive health expenditure and impoverishment(15, 19). Even through, health insurances has emerged both as way of augmenting financial resources available for health care, means of provision of services

especially in developing countries and to resolve challenges related to access, quality and utilization of health services SHI scheme becomes one approach for the developing countries including Ethiopia(20). The low utilization rates are accompanied by a high reliance on out-of-pocket spending 37% to finance health care results poor health care service provisions in our country(20). In contrast to user fees, health insurance encompasses risk-sharing and is supposed to reduce unforeseeable or even unaffordable health care costs (in the case of illness) to calculable regularly paid payment that enhances equity and universal converge of health care services(21). For the fact that, access to modern health care and various other health indicators Ethiopia ranks low even as compared to other low- income countries. One of the reasons for low achievements on healthcare services is the user fee charges(22). In most of developing countries the out- of- pocket payment for health care service has been accounting for over 40% of their expenditure and this limits the poor from accessing the health care and leads to complicated health problems(23).

In general gap analysis such as analyzing civil servants willingness to join and pay for SHI provides the foundation to estimate the investments of time, money, knowledge, and human resources required to achieve a particular outcome and it is essential to assess its feasibility (i.e. its acceptance within the civil servants and its sustainability). Moreover, there are many unidentified gaps (problems) to achieve the SHI program in Merawi town civil servants particularly. Civil servants are highly exposed to the user fee charges and catastrophic health care expenditures to their families due to these different reasons civil servants are going to be impoverishment, financial hard ship and poverty.

Civil servants who are living and working in Merawi town, have no other income and economic options because the fact behind this, most of civil servant employees have only a one way of income option that is a wage or a salary based system only. And also civil servants and their families have challenges related to access, quality and utilization of the health care service. So that, to resolve this challenges and problems improving civil servants willingness to join and pay for SHI program, initiation and implementation of SHI package for the civil servants becomes one approach. The compulsory based SHI willingness to join and pay for the specified amount was not studied in Merawi town. Therefore, this research was try to assess the willingness to join and pay towards to SHI and associated factors among civil servants in Merawi town, Northwest, Ethiopia. Furthermore, a possible factor that may affect the WTJ and WTP towards social health insurance was also being studied.

1.3 Literature review

1.3.1 The status of willingness to join and pay for SHI

Health insurance can be paid directly from out-of-pocket while employers can also provide medical benefits to employees and their dependents with expenses being fully deductible through taxation and SHI program which are also financed by tax revenue. That is, it is an assigned fund set up by government with explicit benefits in return for payment. The premiums are determined by income (i.e. ability to pay) rather than related to health risk(24). "Solidarity" is the term that is used to describe people's willingness to participate in these kinds of redistributive schemes. While individual's health status is constantly subject to unexpected shocks since people cannot insure themselves against bad health. They can nevertheless purchase health insurance to reduce the risks of covering the full costs in the occasion of some unexpected health event(24).

In general terms whether an individual is willing to take insurance depends on the perceived difference between the level of expected utility with insurance and expected utility without insurance(25). In sub- Saharan Africa, the government expenditure on the health care services which has been severely described as being insufficient, unfair and unsustainable. The burden of paying for health care has been a performance indicator for assessment of national health systems according to the World health report. In Nigeria, SHI which is characterized by a lot of misunderstandings such as fears about the workability of the program, concerns on employees financial contribution to the package over time and honest or genuineness of government in financing employees in the formal sector among the others(26, 27).

In Africa, many studies indicates that 30% of households in South Africa, 90% of households in Ghana, 52.5% of civil servants and 89% of households in Nigeria are willing to pay for health insurance schemes. Besides, 63.6% of households in Ghana and 43.8% of households in Nigeria are willing to pay a premium of $3.03 a month and 5% mandatory premium, respectively. Households in Ghana are also willing to pay 1.9%–2.5% of their income for health insurance (28, 29). Another institutional based cross-sectional study was conducted among health professionals in government hospitals at Mekelle city and this study revealed that 62.5% of the respondents were willing to participate in the SHI scheme in which 74.9% were willing to pay 3% or more of their monthly salary(30). Likewise, an institutional-based cross-sectional quantitative study was conducted among randomly selected 557 civil servants' in Bahir Dar city, Northwest Ethiopia indicates that 355 (72.7%) of respondents reported their need to be enrolled

in a SHI scheme and 325 (66.6%) of respondents were willing to pay for their enrollment. Overall, 302 (61.9%) of respondents were demanding for SHI. This study concludes that the demand for SHI among civil servants was higher(31).

Michel Grossman model has been influential in health economics and the demand for health care inputs is demand derived from demand for health itself as well as individuals will allocate resources in order to produce health capital. The model mainly emphasis on how individuals allocate their resources to produce a better health or the role of age, wage and education of the individuals for the health stock(32). The Grossman model is important not only in emphasizing the distinction between demand for health, demand for healthcare and demand for health insurance, but also in demonstrating that health is both an investment and a consumption commodity. In some ways, the shortcomings of the Grossman model illustrate quite well the complexity in understanding and especially modeling the three fundamental demands in health economics: demand for health, demand for healthcare, and demand for health insurance. In spite of its shortcomings, the Grossman model remains–even after 40 years – one of the few models in the realm of health economics, which attempts to conceptualize the complex demand for health, demand for healthcare and demand for health insurance both theoretically and empirically(33).

1.3.2 Factors associated to willingness to join and pay for SHI

From review of various scholarly studies and experiences of countries, the willingness to health insurance, risk aversion behavior, and the medical care system were influenced by different socio economic factors, health care related factors, prepayment & health insurance related factors, awareness and attitudinal conditions of individuals among other related factors. Therefore in this study literatures are organized based on the willingness factors association to socio economic factors, awareness, perception & attitude, health care related factors, prepayment & health insurance related factors with regard to health insurance**:**

Socio-economic & cultural factors:

In general as a methodological perspective, individual preference for health insurance coverage underlies the willingness relationship for taking up the insurance. In practical work, such feelings are also frequently represented by individual characteristics such as age, sex, race/ethnicity, and educational attainment, etc. Studies conducted in Americans showed that willingness for health insurance will be influenced by factors like; age, health status, sex, and family status among others are used as proxies for unobserved aversion to risk(34).

Different Findings shows that on willingness to pay for social health insurance among informal sectors workers in Wuhan, China and another study in china showed that respondents with higher education were more willingness to join and pay for the planned SHI. So that educational status of the respondent was one of the strong factor and predictor for willingness to join and ability to pay. Furthermore, a study done on analysis private health insurance purchasing decision with NHIS in Taiwan and a study done on extending social health in Kenya indicates that participants who got married were more likely to be willingness to pay for social health insurance (35-38).

Studies conducted in Sub Saharan Africa on determinants of viable health insurance schemes and theories of decision making also revealed that lack of credibility or trust on fund managers may also negatively affect willingness for health insurance. This indicates how people are sharing and supporting each other within their community. Hence SHI is like a group saving "EQUBE" and "EDIR or MEREDAJA" or other similar solidarity activities of a group in Ethiopia, which is based on voluntary reciprocity(39).

There are many studies, conducted in different settings, to evaluate the factors that determine enrollment into SHI or people's willingness to pay for SHI. Potential factors include age, income, education and distance to health facility and other factors that have been found to significantly influence WTP for SHI scheme include education, household size, house hold income, level of trust that households have in the management of the insurance program, sex, knowledge of the SHI program and place of residence urban versus rural(40). For the employed individual's income level, age, gender, religion, educational level, job sector and risk attitude was affected the decision to purchase while for the non-salaried individuals, the factors that affected the decision to purchase health insurance were race-religion, education level, marital status and out-of-pocket health expenditures(41).

A cross-sectional study was conducted among health care providers in Addis Ababa city, Ethiopia shows that, from the total of 460 respondents, only 132 (28.7%) were WTP for SHI. Higher educational status, higher monthly income showed significant association with WTP for SHI. The main reasons for not WTP were thinking the government should cover the cost, preferring out-pocket payment and the provided SHI program does not cover all the health care costs (42).

Another a cross-sectional concurrent mixed approach study was conducted among civil servants in Mekelle city; Northern Ethiopia, indicates that from the 384 participants 85.3% of

respondents' preferred social health insurance and was willing to pay for the scheme. The respondents' WTP was significantly positively associated with their level of income but their WTP decreased with increasing age and educational status. This study shows that the majority of the public servants were willing to be part of the social health insurance scheme, with a mean WTP of 3.6% of their monthly salary(30).

An institutional based cross sectional study was conducted among the selected civil servants in Debre Markos town indicates that among 421 selected civil servants 294 (69.8%) of participants were willing to pay 3% of the planned SHI package. And this study shows that marital status being single, no of households with age of 18 years was significantly associated with the outcome variable(1). Likewise, a cross sectional quantitative study was conducted in Debre Markos town civil servants. This study indicates that the median of out of pocket health care expenditure accounted 8.26% of their total household income and the majorities of age was between 25 and 44 years, the level of education among the study participants indicated that most 380 (81.4%) were graduates of higher education and majority were Orthodox Christian which accounted 446 (95.5%) followed by Muslims 13 (2.8%) (43).

Awareness, knowledge and attitudinal factors:

Since SHI package is based on social consensus on the value of equity, individual attitudes toward SHI will be a critical determinant of public satisfaction. The attitudes toward SHI are divided into the attitude towards personal benefit and that towards community values(44). According to Study conducted in USA, adults with weak or uncertain preferences for health insurance coverage were more likely to be uninsured than those reporting strong preferences(45). Likewise Young and low-wage workers are characterized by low insurance take up rates similar to those workers who failed to search jobs which offer insurance coverage and this is due to the contribution of weak preference for health insurance as studies and perspectives of scholars(46).

In the urban southern India studies proved that Socio-economic status had also a significant impact on the attitude and awareness of respondents towards health insurance. From this study the socio-economic status was found to be the only important correlate and had a statistically significant effect on willingness to take health insurance, which had a ($p<0.05$) on the attitude towards health insurance of the respondents and which was higher in the middle socio-economic group(47).

Ghanaian's pilot study on willingness to pay for NHI in developing economy revealed that the value attached to and the willingness for health insurance is influenced by knowledge of the full costs of health care and experience or knowledge of how and when health care costs become 'catastrophic'. In other words, health insurance would have preserve secondary utility for someone who underestimates the high costs of inpatient care and also the likelihood of high-risk events by comparison with someone who is fully aware of the high cost of inpatient care and whose willingness would therefore be higher(48).

A descriptive cross sectional study was conducted in Sokoto metropolis-Nigeria among civil servants who are currently accessing NHIS service shows that the overall acceptance of NHIS was good. However only 44.7% are satisfied with the scheme and this study suggested that there is a good acceptance for the scheme by the civil servants to meet their expectation but there is poor satisfaction. Because civil servants' satisfaction with national health insurance scheme can be influenced by various factors especially the poor knowledge of health insurance(49).

Another cross-sectional study was conducted among teachers in wolayita sodo town, revealed that about 55% of the teachers had never heard of any type of health insurance scheme. However, 71.3% of teachers are willing to pay for the proposed premium for SHI and about 47% of those who are willing to pay agreed to contribute greater than or equal to 4% of their monthly salaries. This study concludes that the majority of the teachers were willing to join social health insurance; however, adequate awareness creation and discussion should be made with all employees at various levels(2). Likewise, another study conducted in Arbaminch town shows that from the total respondents, 347(50.1 %) reported that they never heard about SHI. Regarding the knowledge of SHI, more than one third, 270 (39%) knew about the benefit package of the SHI program(8).

Health care related factors:

A study done in teachers in Wolayita sodo, Southern Ethiopia showed out of the total of 328 teachers, 129 (39.3%) had at least one episode of illness of those who experienced at least one episode of illness over the past two months before the survey, 113 (87.6%) used out of pocket money, 12 (9%) used borrowed money, and the remaining used government fee as a source of payment for medical expenses(2). Likewise, another cross-sectional study showed that in Arbaminch Public servants, 236(34.1%) respondents visited modern health facilities for a certain medical care within the past 12 months, of those 122(17.6%) visited public health facilities, and

165(23.8 %) visited modern health care facilities for less than two times in the recall period. This study conclude that distance to the nearest health facility has been found to have a positive effect on WTP in some cases, in the sense that short distance increased the likelihood of WTP, while in others it has had a negative effect(8).

Prepayment and health insurance related factors:

However, the potential benefit of health insurance is seen, there will be no utility in insurance unless availability of quality health care is ensured, or access to health facilities that are accredited for health insurance is maintained. Similarly, the non-availability of quality health care services (including lack of drugs and other quality deficits) negatively affects WTJ and WTP for health insurance(50). In Ethiopia, a cross sectional qualitative FGD studies was conducted among formal sector employees in Addis Ababa, city showed that participants of the study considered health insurance as only a prepayment mechanism without risk sharing among members of the scheme and regarding preference for health insurance, they have revealed quality of care as the most important factor. This study concludes that improvements on availability and quality of services need to precede the introduction of social health insurance(51).

1.4 Conceptual framework

Factors identified to influence the willingness to join and pay for SHI in the health prepayment package were presented below in this framework: Socio demographic variables such as (age, marital status, educational status, religion, sex, number of children, family size and number of dependents), Health care related variables such as (physical access to health care, current history of illness and monthly out of pocket medical expense), personal factors such as (attitudes towards SHI, knowledge, awareness and trust about SHI). There are factors that influence the amount households or civil servants have the willingness or need for SHI for the establishment of the social prepayment package and socio economic variables such as (family income, occupation, year of employment, spouse employment status, monthly salary and level of education) influence the health status of household members(32).

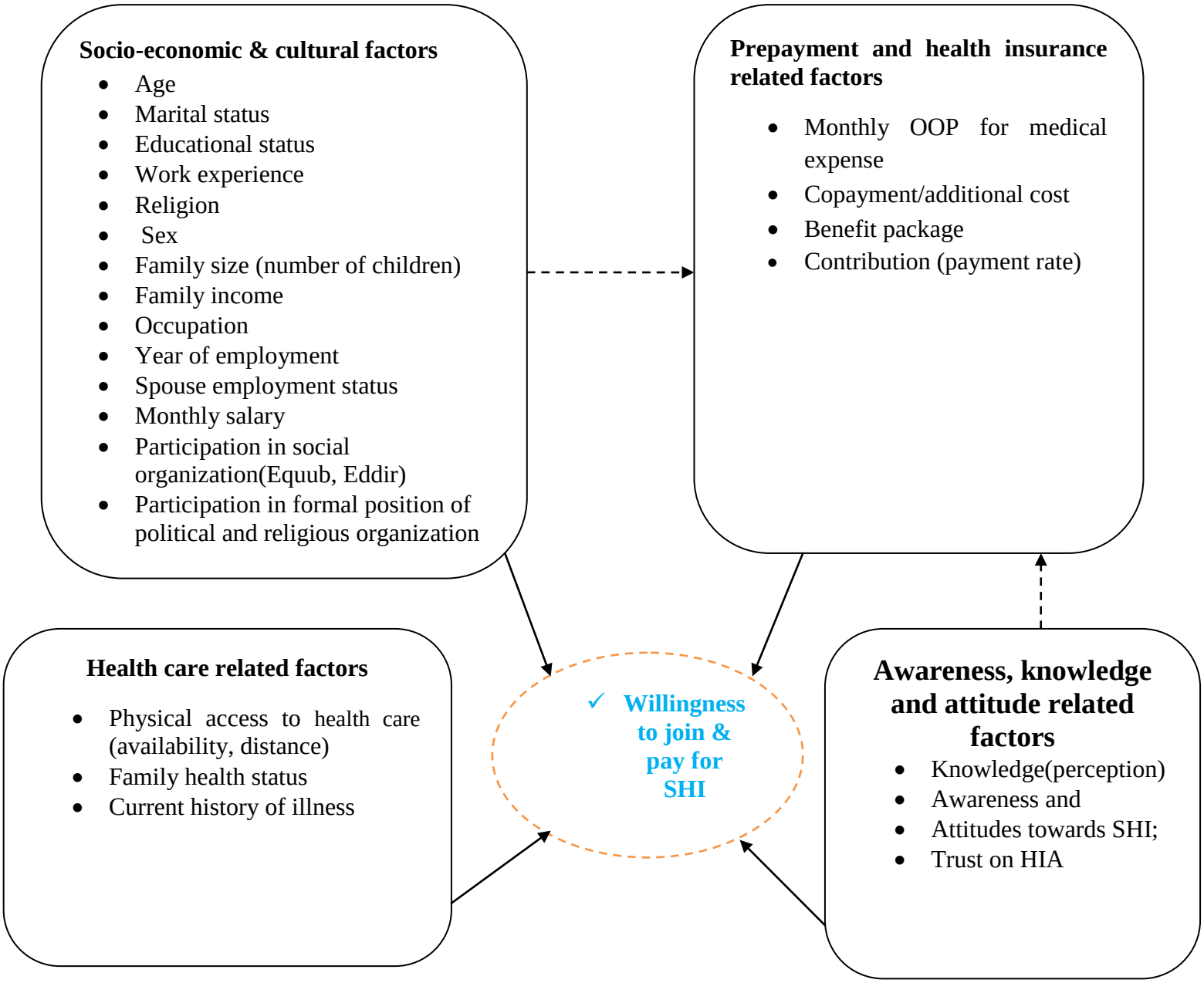

Figure: 1 Conceptual frame work of willingness to join and pay for SHI in Merawi town civil servants, 2021

1.5 Significance of the study

Hence, before SHI Proclamation No.690/2010 comes in to force and is implemented, the study could give insight to policy makers and implementers how to support stakeholder participation and enable informed choice at the individual level. The study could also provide the parameters to underpin financial models needed to evaluate expansion plans and set equitable and sustainable tariffs. This study was used as a baseline data for other researchers and policy makers to look for the challenges and obstacles that were face for the willingness to join and pay for SHI by the civil servants. The study had shown the willingness to join and pay for SHI and its associated factors among civil servants in Merawi town. It helps Merawi town/woreda health office administration, civil service and health insurance office to be aware of the matters related to the existing problems, its consequences and to take the appropriate measures. The research also provides significant information for policy makers, decision makers, political leaders, researchers and executers to solve all possible obstacles that face during the program implementation phase. It is serving as a spring board for researchers to conduct related to this issue and it provides information for the government and other development actors on the WTJ and WTP for social health insurance program.

2. Objectives

2.1 General objective

- To assess the willingness to join and pay for SHI and associated factors among civil servants in Merawi town, Northwest Ethiopia 2021.

2.2 Specific objectives

- To determine the level of willingness to join and pay for SHI program among civil servants in Merawi town.
- To identify associated factors for willingness to join and pay for SHI among civil servants in Merawi town.

3. Methods and materials

3.1. Study area

Merawi is situated about 30 kilometers South of Bahir Dar and approximately 525 km from Addis Ababa, Ethiopia's capital. Specifically, the town is located 7 km near Koga Dam, lying on latitude and longitude coordinates of 11°24′31″N 37°9′39″ with an elevation of 1901 meters above sea level. The largest ethnic group reported in Merawi is Amhara (99.91%). Amharic is spoken as a first language by 99.96%. The majority of the inhabitants practiced Ethiopian orthodox Christianity, with 98.84% reporting that as their religion, while 1.09% was Muslim and administratively, the town is divided into 3 kebeles. Like any other urban area of the country, the town has shown a steady increase in its population in the last decade. Based on the latest projections made by the central statistical agency of Ethiopia (CSA), the town estimated to have a total population of 35, 541, of which 18,479 are male and 17,062 are female. The data obtained from Merawi town information and communication office indicates that the town has different public elementary, secondary, preparatory schools and one public technical and vocational college. The town has also one health center and one government hospital. In general, in Merawi town there are a total of 1,445 civil servants within the 20 formal sectors(52).

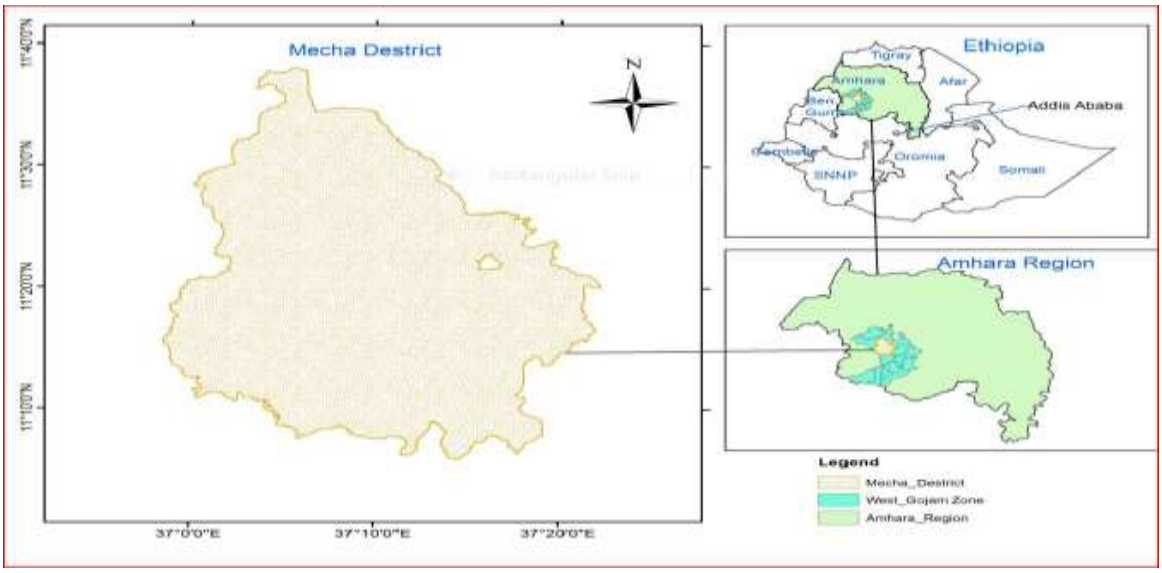

Figure: 2 Map of the study area, Merawi town, 2021

3.2. Study design and period

An institutional based cross-sectional study design was conducted from December 15/2020 to January 15/2021 in Merawi town.

3.3 Population

3.3.1 Source population

- All formal civil servant workers who were working in civil servant sectors in Merawi town.

3.3.2 Study population

- All fixed term civil servants who were working in the selected sectors Merawi town.

3.3.3 Study unit

- The selected employees from the selected sectors who live in Merawi town.

3.4 Sample size determination and sampling techniques

3.4.1 Sample size determination

- **For objective one (level of willingness to join and pay for SHI):** The required sample size was computed using single population proportion formula assuming previous study on demand for social health insurance among civil servants done in Bahir Dar city, Northwest, Ethiopia since 2014 was 61.9%(31), 95% confidence interval (1.96), and margin of error (5%).

$$n = \frac{z^2\, p\,(1-p)}{d^2},\quad n = \frac{(1.96)^2 x\,(0.619)x(1-0.619)}{(0.05)^2} = 362.39 \sim 362$$

By using the design effect 1.5 x 362 = 543 and by considering a 10% non-response rate, the total sample size is n = **597**

Where: n= sample size
z= 95% confidence interval (1.96)
p= (proportion 61.9%) =0.619,
1-p= (1-proportion of 61.9%) =0.381
d= margin of error (5%) =0.05

- **For objectives two (associated factors of WTJ and WTP for SHI):** The sample size for specific objective two or factors was determined a single population proportion formula by using Epi info version 7.2 from the data obtained at the previous study among factors that have significant association to the outcome variable. The largest sample size here is 314 from the factors however; it is less than from the first sample size calculation. i.e the final sample size determined for this study using the design effect was **597.**

Table: 1 Sample size determination for specific objectives or factors using Epi info.

No	Factors	Assumptions						
		Proportion of WTJ and WTP for SHI among exposed (yes)	Proportion of WTJ and WTP for SHI among unexposed (no)	Power	Ratio	OR	CI	Sample size with a 10% non-response rate
1	Awareness of SHI	40.2%	59.8%	80%	1:1	4.4	95%	222
2	Evaluation of current payment system	59.9%	40.1%	80%	1:1	0.598	95%	240
3	Family size ≥4	58.2%	41.8%	80%	1:1	3.2	95%	314

3.4.2 Sampling techniques

Simple random sampling technique was used to select the study subjects by using as a sample frame civil servants registration book of Merawi town civil service human resource office. A total of 20 government sectors found in the town, ten sectors (50%) were selected randomly to the study. The calculated sample size was proportionally allocated to the selected sectors.

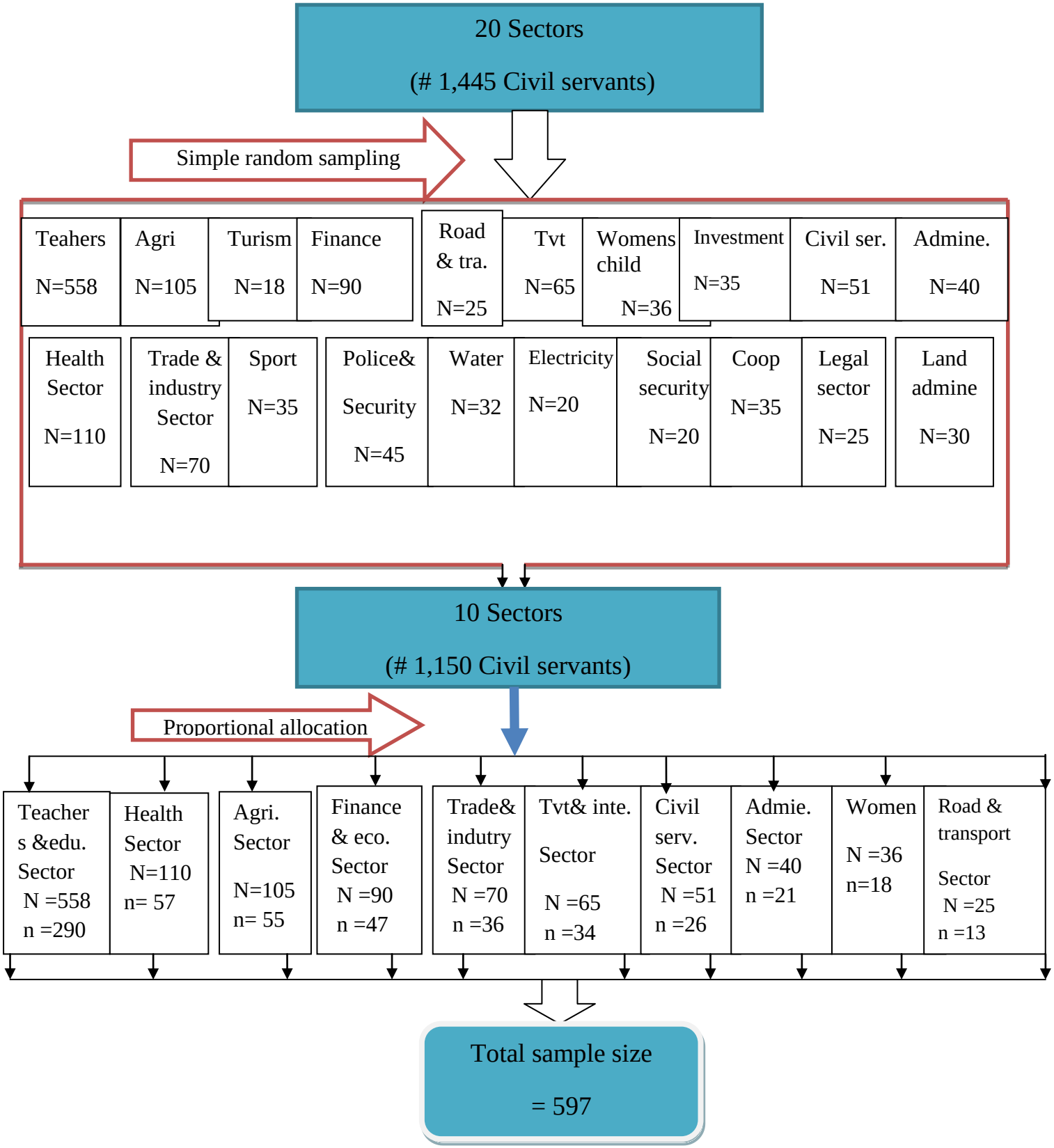

Figure: 3 Schematic presentation of sampling procedure among government sectors in Merawi town, 2021.

3.5 Eligibility criteria

3.5.1 Inclusion criteria

- All fixed term civil servants who were available at the time of data collection.

3.5.2 Exclusion criteria

- Civil servants who leave their office for education purpose or field work for more than two weeks during the data collection period and those who were leave for maternal leave, training purpose and who were severely ill was excluded from the study.
- Civil servants who were employed in sectors which are under supervision of federal and regional level.

3.6 Study variables

3.6.1 Dependent variable

- Willingness to join and pay for SHI (yes/no)

3.6.2 Independent variables

- **Socio economic & cultural variables:** age, marital status, educational status, work experience, religion, sex, number of children, family size, number of dependents, family income, occupation, year of employment, spouse employment status, monthly salary, participation in social, political and religious organization
- **Health care related factors:** physical access of health care, family health status, family current history of illness.
- **Prepayment and health insurance related factors:** monthly OOP for medical expense, copayment/additional payment, benefit package, contribution rate.
- **Awareness, knowledge & attitude related factors:** awareness and knowledge of civil servants about components, methods and benefits of SHI, Attitude of the civil servant towards (SHI, risk, and health care system) and trust on HIA.

3.7 Operational definitions

- **Willingness to join:** voluntariness of study participants to join/enroll for the newly proposed social health insurance. Therefore, a respondent was considered as having "willing to join for SHI" when the response for the question was "yes" else "not willing to join for SHI".
- **Willingness to pay:** voluntariness of study participants to pay the determined payment for the newly proposed social health insurance. Therefore, a respondent was considered as having "willing to pay for SHI" when the response for the question was "yes" else "not willing to pay for SHI".
- **Good awareness for SHI:** was measured by the responses of 13 multiple choice questions among this, those civil servants who score median and above the median value to questions asked on awareness of SHI.
- **Poor awareness for SHI:** was measured by the responses of 13 multiple choice questions among this, those civil servants who score below the median value to questions asked on awareness of SHI.
- **Attitude:** measured by asking 4 Likert scale questions (1 = strongly agree, 2 =agree, 3=Uncertain, 4=Disagree, 5=strongly disagree). Because of the total attitude score was not normally distributed, median value was preferred instead of mean. Therefore, civil servants who were score above the median value to the questions asked about attitude of SHI were considered as having "good attitude" towards SHI, else having "poor attitude".
- **Positive attitude:** those who strongly or somewhat disagree to the specified statement were considered to have good attitude for SHI and respondents who strongly or somewhat agree to the specified statement were classified as having poor attitude for SHI. While those who respond that they are uncertain with regard to a stated statement were classified as having uncertain preferences but was merged with poor attitude for SHI.
- **Trust:** civil servants was considered as trust for the insurance provider agency (HIA) when the answer for trust is "yes" else has "no" trust.
- **Wealth index:** was assessed by asking the different components of assets and household wealth index were computed using principal component analysis in the SPSS. Principal component analysis is a technique to reduce the dimensionality of large data sets. The wealth index of study participants were classified into poor, medium and rich.

3.8 Data collection tools and procedures

The data collection process was conducted from December 15/2020 to January 15/2020 by using self- administer pre-tested questionnaires. The questionnaire was first prepared in English and translated to Amharic finally it was translated back to English by another qualified person for consistency. Two data collectors who had at least diploma in health graduated nurses from Merawi town were recruited and assigned for the data collection after a proper training and orientation was given. The principal investigator and the supervisor were supervising the data collection process on the daily base.

3.9 Data quality control

The quality of data was assured properly by designing and pre-testing of the questionnaire. The pre-test was done in Durbete town and based on the pretest finding necessary modification was made on the questions. Training was given for 1 supervisor and 2 data collectors by the principal investigator a day before and one day after pretest. The training were include discussion on the objectives of the study and the contents of the questionnaire one by one, procedures how to obtain consent and techniques to assist respondents, and other ethical issues of autonomy and confidentiality of the responses. The data collection process was supervised by the investigator. Data completeness and consistency was also verifying using cross-tabulation. Moreover, the collected data was cleaned, coded and entered in to SPSS verssion-26.

3.10 Data processing and analysis

The questionnaires which was completed by the data collectors was entered and analyzed directly to SPSS version 26. Descriptive statistics were computed and presented by frequency, mean, median and standard deviation. Bi-variable binary logistic regression was analyzed to select candidate variable for the final model at p-value < 0.25 with 95% CI. Multivariable binary logistic regression model were used to determine the statistical significance and strength of association between the dependent and explanatory variables at P-value < 0.05 with 95% CI. Hosmer-Lemshow model fitness test at p-value > 0.05 were used for goodness of fit test.

3.11 Ethical considerations

This proposal was reviewed and approved by the Institutional Review Board (IRB) of Bahir dar University and permission to conduct this study was also obtained from all government institutions in Merawi town. All participants were communicated about the purpose of the study in order to obtain their verbal consent before administering the questionnaires. Participants were also informed that they were have full right to discontinue or refuse to participate in the study. They were also informed that all data obtained from them would be kept confidential and personal identifier was not registered. Each respondent was informed about the main objectives of the study that how it was contributed and provides necessary information for policy makers and other concerned bodies.

4. Results

4.1 Socio-economic & cultural characteristics of civil servants

A total of 597 civil servants were included in the study (100% response rate). More than half, 61.8% of the respondents were males and 73.2% were married. The mean age (SD) of respondents was 34.53 ± 8.021. Majority of the respondents 99% was Amhara ethnicity, while 85.8% were Orthodox Christian and 65.2% were attained a higher educational level.

Table: 2 Socio-economic and cultural characteristics of civil servants in Merawi town, Ethiopia, January, 2021.

Variable	Frequency	Percent (%)
Sex		
Male	369	61.8
Female	228	38.2
Age category		
20-30	250	42
31-41	233	39
Marital status		
Single	140	23.5
Married	437	73.2
Divorced/widowed	20	3.3
Religion		
Orthodox	512	85.8
Muslim	46	7.7
Protestant	39	6.5
Ethnicity		
Amhara	591	99
Tigray/Oromo	6	1
Educational status		
Diploma/TVET	208	34.8
Degree and above	389	65.2
Family size		
1-3	192	32.2
>_4	405	67.8
Number of financially dependent children's		
No dependents	197	33
1-2	269	45.1
>_3	131	21.9
HH member whose age >_65 yrs		
Yes	43	7.2
No	554	92.8
No of family member >_65 yrs (n=43)		
1	34	5.7
>_2	9	1.5
HH member whose age <_5 yrs		
Yes	289	47.4
No	308	52.6

No of <_5 yrs old in family members (n=289)		
1	188	31.5
>_3	101	15.9
Employment category		
Professional	484	81.1
Administrative	98	16.4
Others	15	2.5
Current profession		
Teacher	251	42
Finance and admine	121	20.3
Agriculture	36	6
Health worker	34	5.8
Others	155	25.9
Work experience		
1-5yrs	132	22.1
6-10yrs	177	29.7
>11yrs	288	48.2
Spouse educational status (n=437)		
Primary education (1-8)	32	5.4
Secondary education (9-12)	69	11.6
Diploma/TVET	130	21.8
Degree and above	206	34.5
Spouse employment status (n=437)		
Regular employed	263	44.1
Self employed	100	16.8
Unemployed	74	12.4
Spouse employment category		
Government work	262	43.9
Private work	163	27.3
Others	12	2
HH gross monthly income(n=597)		
1001-2000ETB	9	1.5
2001-3000ETB	17	2.8
30001-4000ETB	33	5.5
40001-5000ETB	114	19.2
>_5001ETB	424	71
Participation in social org.		
Yes	461	77.2
No	136	22.8
Participation in formal position SPR org.		
Yes	198	33.2
No	399	66.8
Wealth index		
Poor	202	33.9
Medium	196	32.8
Rich	199	33.3

4.2 Health care related variables of the respondents

About 81.2% of the respondents were using the government health facility, 24.6% of the respondents were taking self-medication without prescription when they sick and 71.9% of the respondents were saying that there is no availability of ordered drugs and diagnostic modalities in the health facility.

Table: 3 Health and health care related characteristics of the respondents in Merawi town, January, 2021.

Variable	Frequency	Percent (%)
Type and choice of health facility		
Government facility	485	81.2
Private facility	112	18.8
Facility distance		
< 30 minutes	519	86.9
>_ 30 minutes	78	13.1
Chronic illness/disease in the family		
Yes	91	15.2
No	506	84.8
Medication taking for chronic disease (n=91)		
Yes	72	12.1
No	19	3.2
Taking self-medication without prescription		
Yes	147	24.6
No	450	75.4
Perceived health professionals treat SHI and non SHI members equally		
Yes	336	56.3
No	261	43.7
Perceived availability of ordered drugs and diagnostic modalities in health facility		
Yes	168	28.1
No	429	71.9
History of illness in the past 12 months in HHs		
Yes	147	24.6
No	450	75.4
No of family member who were ill (n=147)		
1-2	126	21.1
3-4	21	3.5

Duration of illness (n=147)		
<3days	28	4.7
1wks	43	7.2
>1wks	32	5.4
>_2wks	44	7.4
Approximate cost of treatment in the past 12 months in HHs (n=147)		
<500	65	10.9
501-1500	37	6.2
1501-3000	19	3.2
3001-5000	12	2
>_5001	14	2.3
History of hospital admission in past 12 months		
Yes	30	5
No	567	95
Duration of admission (n=30)		
<1wks	21	3.5
1-2 wks	9	1.5
Approximate cost of admission for medical purpose only (n=30)		
<500	10	1.7
501-1500	11	1.8
>_3000	9	1.5
Overall Quality of health care service		
Good	60	10.1
Medium	242	40.5
Poor	295	49.4

4.3 Prepayment and health insurance related variables of the respondents

Majority of respondents, 93% showed that the health care service utilization expense (medical cost) were covered by the individuals (patients from the OOP) and 69% were not satisfied with the quality of health care services provided by the health facilities. Vast majority of study participants, 85.4% and 87.1% had perceived that out of pocket payment (user fee charge) was not sufficient to cover the full cost of medical expenditure to their families and their dependents accordingly.

Table: 4 Prepayment and health insurance related variables of the respondents in Merawi town, January, 2021.

Variable	Frequency	Percent (%)
Who should pay your health care service utilization		
Individuals (Patients from OOP**)**	555	93
Government	44	7
Do you have additional payment(cost) for other insurance agency		
Yes	21	3.5
No	576	96.5
Is the current HC delivery service is sufficiently funded		
Yes	26	4.4
No	571	95.6
Is the OOP cover all aspects of you and your family medical expenditure		
Yes	87	14.6
No	510	85.4
Is the OOP cover all aspects of dependents medical expenditure		
Yes	77	12.9
No	520	87.1
Are you satisfied with current payment system(OOP)		
Yes	54	9
No	543	91

4.4 Awareness, knowledge and attitudes related variables of the respondents

About 77.2% of the respondents were know that the health care funds is manly come from the patients through OOP, 75.9% of respondents showed that they were know about the SHI program and 63.8% of respondents were heard about the government had planned to begin SHI program. Many of study participants, 62.8% were know that there was the presence of health care services which are not covered by the SHI package and most of the participants, 68.3% had trust on the ability of government's HIA to offer the intended benefit packages.

Table: 5 Awareness, knowledge and attitude related variables of the respondents in Merawi town, January, 2021.

Variable	Frequency	Percent (%)
Do you know what SHI mean		
Yes	453	75.9
No	144	24.1
Where health care funds come from		
Personal(OOP)	461	77.2
From government HIA	136	22.8
What types of health insurance do you know		
Governmental HI	375	62.8
Private profit and nonprofit HI	78	13.1
Where do you acquire the knowledge HI		
From media(Tv, radio, newspaper)	210	35.2
From awareness creation session(meetings)	243	40.7
Who are beneficiaries for SHI package		
Members only	330	55.3
Members and their family	267	44.7
SHI membership decision		
Should be voluntarily	327	54.8
Should be compulsory to all	54	9
What are the benefit package		
Outpatient & inpatient services	146	24.5
Drugs and laboratories	75	12.5
All	160	26.8
Objectives of health insurance		
Improve access to HC by reducing OOP	140	23.5
Reduce substantial financial burdens	134	22.4
All	107	17.9
Does SHI resolves the health service expense		
All	127	21.3
Most	329	55.1
Some	141	23.6
How collection of premium to SHI		
Based on the family size	340	57
Based on the salary/ income	257	43

Do you know presence of HCS not covered by SHI		
Yes	375	62.8
No	222	37.2
Types of HC services not covered by SHI		
Plastic surgery	260	43.6
Implantation of artificial denture	70	11.7
None fundamental services to stay alive	45	7.5
Overall awareness about SHI		
Good awareness	381	63.8
Poor awareness	216	36.2
Do you trust HIA		
Yes	408	68.3
No	189	31.7
Attitude towards SHI		
Good attitude	398	66.7
Poor attitude	199	33.3

4.5 The willingness to join and pay for SHI among civil servants

Overall, 75.4% of respondents had willingness to join in SHI program and 69.5% of the respondents were to have the willingness to pay for their enrollment at 1% of contribution rate from their gross monthly salary respectively. Whereas, 24.6% and 30.5% of respondents were not willing to join and pay for the proposed SHI program accordingly. The reason might be due incapability of covering the proposed contribution rate and poor quality of health care service provider in the health facilities.

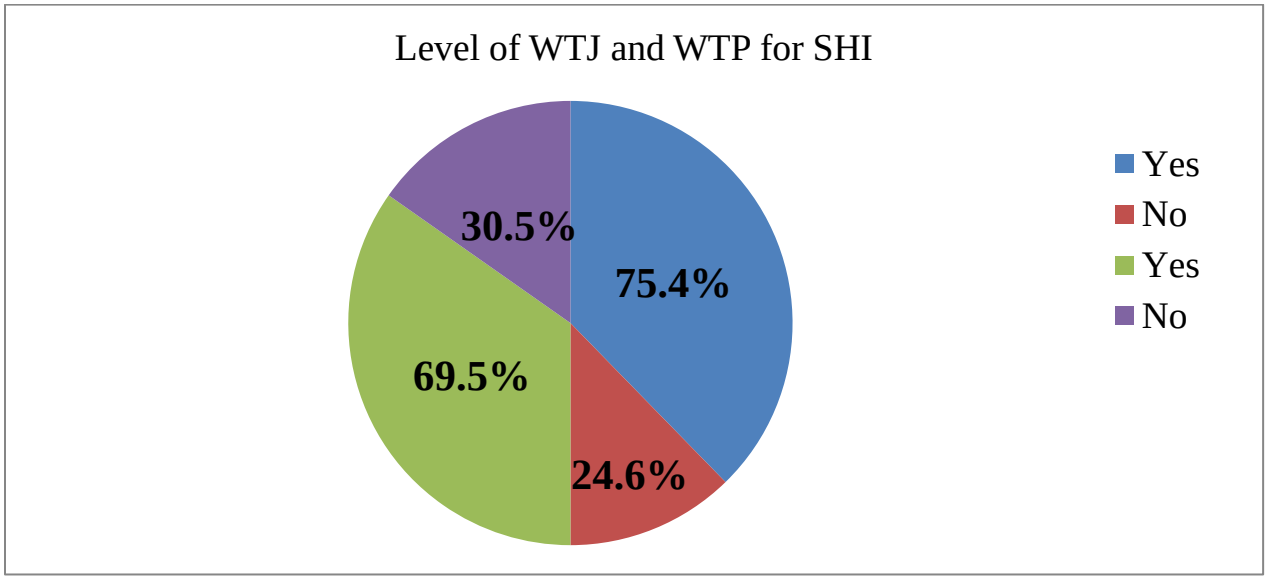

Figure: 4 Level of willingness to join and ability to pay for SHI among civil servants in Merawi town, 2021.

4.6 Factors associated with civil servants willingness to join and pay for SHI

In the bi-variable binary logistic regression analysis marital status, educational status, family size, work experience of the respondents, gross monthly salary, participation in social organization (like Equb and Eddirr), participation in the formal position of social, political and religious organization, perceived availability of ordered drugs and diagnostic modalities in the health facility, satisfied with user fee charges(OOP), knowledge about SHI were found to be associated with the willingness to join and pay for social health insurance program at a p-value <0.25. However, only four variables were statistically significant at a p-value <0.05 in the multi-variable logistic regression model: awareness towards SHI, trust on the government HIA, attitude towards to SHI and income status were significantly associated with the willingness to join and pay for social health insurance program.

Study participants who had awareness towards SHI were 2.57 times more likely to have willingness to join for SHI as compared to those who were not had awareness about SHI [AOR=2.574; 95% CI; 1.185-5.594].

Study participants who were not had trust on the government health insurance agency (HIA) were 97.7% less likely to the willingness to join for SHI as compared to those who were had trust by the government HIA[AOR=0.023; 95% CI; 0.012-0.044].

Study participants who had a good attitude towards SHI were 2.42 times more likely to have willingness to join for SHI as compared to those who were not had a good attitude towards SHI program[AOR=2.424; 95% CI; 1.4-4.197].

Finally, study participants whose income status was rich or wealthier were 57.8% less likely to the willingness to pay for SHI as compared to those who were had a poor income status[AOR=0.422; 95% CI; 0.248-0.718].

Table: 6 Multi variable adjustment of binary logistic regression to assess factors associated with WTJ for SHI among civil servants in Merawi town, Northwest, Ethiopia (n =597), 2021.

Variables	Willingness to join for SHI		Crude OR (95% CI)	Adjusted OR (95% CI)	P-value
	Yes	No			
Marital status					
Single	113(70.6%)	47(29.4%)	1	1	
Married	337(77.1%)	100(22.9%)	1.402(0.933-2.105)	1.268(0.578-2.782	0.554
Educational status					
Diploma/TVET	148(71.2%)	60(28.8%)	1	1	
Degree and above	302(77.6%)	87(22.4%)	1.407(0.959-2.064)	1.31(0.741-2.316)	0.353
Family size					
1-3	135(70.3%)	57(29.7%)	1	1	
>_4	315(77.8%)	90(22.2%)	1.478(1.002-2.179)	2.064(0.925-4.609)	0.077
Respondents work experience					
<_ 5yrs	98(74.2%)	34(25.8%)	1	1	
6-10yrs	145(81.9%)	32(18.1%)	1.572(0.91-2.715)	1.604(0.681-3.774)	0.280
>_11yrs	207(71.9%)	81(28.1%)	0.887(0.556-1.414)	0.577(0.243-1.368)	0.212
Gross monthly salary					
1001-2000ETB	6(66.7%)	3(33.3%)	1	1	
2001-3000ETB	16(94.1%)	1(5.9%)	8(0.69-92.703)	1.290(.071-23.286)	0.863
3001-4000ETB	21(63.6%)	12(36.4%)	0.875(0.184-4.151)	0.321(0.04-2.578)	0.285
4001-5000ETB	90(78.9%)	24(21.1%)	1.875(0.437-8.051)	0.253(0.034-1.872)	0.178
>_5001ETB	317(74.8%)	107(25.2%)	1.481(0.364-6.026)	0.362(0.050-2.636)	0.316
Do you participate in social organization (like Equb and Eddirr)					
Yes	353(76.6%)	108(23.4%)	1	1	
No	97(71.3%)	39(28.7%)	0.761(0.495-1.169)	1.158(0.599-2.241)	0.663
Perceived availability of ordered drugs and diagnostic modalities in the health facility					
Yes	136(81%)	32(19%)	1	1	
No	314(73.2%)	115(26.8%)	0.642(0.414-0.998)	0.562(0.294-1.074)	0.081
Are you satisfied with current payment system (OOP/user fee charge)					
Yes	45(83.3%)	9(16.7%)	1.704(0.812-3.575)	1.515(0.534-4.296)	0.434
No	405(74.6%)	138(25.4%)	1	1	
Knowledge about SHI					
Yes	352(77.7%)	101(22.3%)	1.636(1.081-2.476)	1.514(0.692-3.315)	0.299
No	98(68.1%)	46(31.9%)	1	1	
Awareness towards SHI					
Good awareness	302(79.3%)	79(20.7%)	0.569(0.39-0.832)	2.574(1.185-5.594)	**0.017*** **
Poor awareness	148(68.5%)	68(31.5%)	1	1	
Do you have trust on HIA					
Yes	387(94.9%)	21(5.1%)	1	1	
No	63(33.3%)	126(66.7%)	0.027(0.016-0.046)	0.023(0.012-0.044)	**0.000*** **
Attitude towards SHI					
Good attitude	338(84.9%)	60(15.1%)	4.376(2.956-6.478)	2.424(1.4-4.197	**0.002*** **
Poor attitude	112(56.3%)	87(43.7%)	1	1	

Table: 7 Multi variable adjustment of binary logistic regression to assess factors associated with WTP for SHI among civil servants in Merawi town, Northwest, Ethiopia (n = 597), 2021.

Variables	Willingness to pay for SHI		Crude OR (95% CI)	Adjusted OR (95% CI)	P-value
	Yes	No			
Marital status					
Single	104(65%)	56(35%)	1	1	
Married	311(71.2%)	126(28.8%)	1.329(0.904-1.954)	0.953(0.582-1.559)	0.847
Respondents work experience					
<_ 5yrs	81(61.4%)	51(38.6%)	1.479(0.96-2.277)	1.322(0.836-2.091)	0.233
6-10yrs	132(74.6%)	45(25.4%)	1.847(1.135-3.006)	0.913(0.527-1.581)	0.745
>_11yrs	202(70.1%)	86(29.9%)	1	1	
Gross monthly salary					
1001-2000ETB	5(55.6%)	4(44.4%)	1	1	
2001-3000ETB	8(47.1%)	9(52.9%)	0.711(0.14-3.606)	0.825(0.159-4.287)	0.819
3001-4000ETB	20(60.6%)	13(39.4%)	1.231(0.278-5.454)	0.962(0.213-4.349)	0.960
4001-5000ETB	88(77.2%)	26(22.8%)	2.708(0.677-10.824)	1.727(0.416-7.164)	0.452
>_5001ETB	294(69.3%)	130(30.7%)	1.809(0.478-6.847)	0.919(0.222-3.799)	0.907
Do you participate in the formal position of social, political and religious organization					
Yes	127(72.8%)	71(27.2%)	1	1	
No	288(72.2%)	111(27.8%)	0.689(0.479-0.992)	1.456(0.993-2.135)	0.055
Wealth index (income status)					
Poor	147(81%)	55(19%)	1	1	
Medium	152(77.6%)	44(22.4%)	1.293(0.819-2.041)	1.112(0.691-1.789)	0.663
Rich	116(58.3%)	83(41.7%)	0.523(0.344-0.795)	0.422(0.248-0.718)	**0.001*** **

4.7 Discussion

This study examines civil servants willingness to join and pay and associated factors for the proposed SHI program in Merawi, town and variables such as awareness about SHI, trust on the government HIA, attitude towards SHI and income status were statistically significant associated with willingness to join and pay for SHI at a p-value <0.05.

According to the result of this study, the overall level of willingness to join for SHI among civil servants in Merawi town, were 75.4% at 95% of CI relays on (71.9%-78.9%) and 69.5% at 95% of CI relays on (65.5%-73.2%) of the respondents were to have the willingness to pay for their enrollment respectively. This finding was supported with studies conducted in Wolaita sodo town, among teachers and Debre Markos town; among civil servants their willingness to join and pay for the proposed SHI was 74.4% and 69.8% respectively(1, 2). However, it is lower than studies conducted in Mekelle city, among public servants and in the community of Jimma town, their willingness to join and pay for the proposed SHI was 85.3% and 84% respectively(30, 53). This disparity could be due the difference in the burden of medical bills when they seeking health care services, poor quality of health care services provided and incapability of covering the proposed contribution rate from their gross monthly salary. In addition, the gap linked directly or indirectly as a result of socio economic and cultural difference between civil servants as well the difference in respondent's professional background.

On the other hand this study shows that, civil servants willingness to join and pay for SHI program was higher than a study conducted in Arba Minch, town among public servants and in Addis Ababa, city among health care providers their willingness to join and pay for SHI package was 36.7% and 28.7% respectively(8, 42). This difference possibly due to the variation in socio demography, study area and study time and the ever increasing economic inflation together with the rising costs of healthcare service as well it could be due to the difference in measurement variation.

The current study indicates that, study participants who had awareness about SHI were 2.57 times more likely to have willingness to join for SHI as compared to those who were not had awareness about SHI program. This finding is complemented by a studies conducted on teachers willingness to join and pay in Wolaita Sodo, town, on civil servants demand for SHI in Bahir Dar, city and on health care providers willingness to pay in Addis Ababa, city(2, 31, 42). The

possible justification might be due to whenever there is better information and understanding about the relevance of SHI package; people will be motivated to choose joining SHI program and it could be civil servants who ever heard about SHI are aware of the benefits of having health insurance.

In this study, study participants who were not had trust on the government health insurance agency (HIA) were 97.7% less likely to the willingness to join for SHI as compared to those who were had trust by the government HIA. This finding is complemented with and relatively higher than a study done in Bahirdar, city among civil servants(31). This might be due to the measurement variation of trust, the difference in study time, the difference in awareness about SHI program in terms of time between the staffs and civil servants could be gradually improve their trust about SHI program through different awareness creation sessions takes placed in their office.

The current study shows that, study participants who had a good attitude towards SHI were 2.42 times more likely to have willingness to join for SHI as compared to those who were not had a good attitude towards SHI program. This finding is similar and supported with a study conducted in Bahirdar city, among civil servants and Mekelle city, among the government health professionals(5, 31). This might be due to good attitude increase the probability of willingness to join and pay for SHI program and could be due to the increased availability and accessibility to get information about SHI program from different media and awareness creation sessions from their office.

Finally, this study indicates that study participants who were had rich income status were 57.8% less likely to the willingness to pay for SHI as compared to those who were had a poor income status. This finding was contrary to a study conducted in Mekelle city among public servants and in Addis Ababa, city among health care provider(30, 42). The gap might be due to poor quality of health care service provided in the health facilities, the richest may prefer private health care facilities to get a better health care services and the wealthier may not internalize or convince SHI as cross-subsidization (risk pooling) system.

4.8 Limitation of the study

- ✓ This study was limited to address civil servant workers who were under supervision of federal and regional levels were not included as well eligible private sector employees.
- ✓ Since the study was cross-sectional, it shows a temporal relationship b/n the dependent and independent variables and due to the nature of data recall biases was one of the problem so that, this study may not be representative.

5. Conclusion and recommendations

5.1 Conclusion

- ✓ Generally, the study revealed high level of civil servant staffs were willingness to join and pay for their enrollment at 1% of contribution rate from their gross monthly salary before to the implementation. So that, the application of planned SHI program is promising.
- ✓ Awareness of SHI, trust on the government HIA, attitude towards to SHI and income status of the respondents was found to be significantly associated with the willingness to join and pay for SHI program.

5.2 Recommendations

- ✓ Health policy makers including Woreda health office should engage key stakeholders such as civil servants in awareness creation and rising activities and should promote the program so that every employee will be familiar in it for successful implementation.
- ✓ Hence, strengthening civil servants engagement and continuous discussions about the relevance of SHI package helps to build good awareness, attitude and trust as well it increases the willingness to join and pay for SHI by the civil servants.
- ✓ Adequate awareness creation and discussions should be made by the stakeholders to all staffs especially to the rich employees at various levels until they internalize and convince that SHI program is a cross-subsidization/risk pooling system.
- ✓ The government HIA will attract a large number of civil servants or employees for the proposed SHI program if the contribution rate is lowered as far as the rate does not affect the financial sustainability of the SHI program.

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BAHIR DAR UNIVERSITY

COLLEGE OF MEDICINE AND HEALTH SCIENCES

SCHOOL OF PUBLIC HEALTH

7. Annexes

7.1 Consent form

Greeting

Good Morning/afternoon/evening,

I am _____ Recruited as a data collector for the research that will be conducted by Demelash Degu Salilew, student from Bahirdar University on the willingness to join and pay for social health insurance by civil servants who are working in Merawi town. As you are randomly selected, I kindly request you to participate in this study. In this study you will kindly requested to fill the answer for some questions regarding what you know about social health insurance. Your name will not be included in the information. I promise to keep all what you replied to me confidentiality. It will take about 30 minutes.

General direction:

- Don't write your name;
- Encircle the number that contains your choice for items with alternative;
- For multiple choice items, you can use more than one answer, if you believe two or more alternatives are important.

7.2 Information sheet

Title of the Research Project: Willingness to join and pay for SHI and associated factors among civil servants in merawi town, North West Ethiopia.

Name of principal investigator: Demelash Degu Salilew

Name of the organization: Bahir dar University College of Medicine and Health Sciences, School of public Health.

Introduction: This information sheet and consent form is prepared to explain the purpose of this research in order to get your willingness to participate in the study. The main aim of this study is to assess the willingness to join and pay for SHI and associated factors among civil servants in Merawi town, Northwest Ethiopia. The research team includes principal investigator, two data collectors, one supervisor and two advisors from Bahir dar University College of Medicine and Health Sciences, School of public Health.

Purpose of this research project: This study is being conducted by the principal investigator as partial fulfillment for Bahir dar University of Master of Public health Program and of its activities to improve access to and quality of health services. We would like to identify social health insurance needs by the civil servants who live in Merawi town. The results of the survey will help policy makers to find out the best way to assist the civil servants, so that they can offer better health service for more people in their communities.

Procedure: For this study a structured and pretested questionnaire will be used to interview civil servants. The study involves civil servants who live and work in Merawi town; since you fulfill the criteria, the team has selected you to be one of the study participants. If you are willing to participate, you are kindly requested to give your genuine response to the data collectors during interview.

Risk and /or discomfort: By participating in this research project you may feel that it has some risk or discomfort but there is no major risk or discomfort. The questionnaire will take not more than 30 minutes.

Benefits: There is no direct benefit to you in participating in this research but it helps us in assessing the factors that affect our demand towards SHI and to let policy makers reconsider major issues or improve SHI implementation strategies so as to benefit the community.

Incentives/payments for participating: You will not be provided any incentives or payment to take part in this project.

Confidentiality: The information collected from you will be kept confidential. It will be stored in a file using codes, without your personal identifier. And it will not be revealed to anyone except the principal investigator. In addition it will be used only for this particular research but not for other purposes.

Right to refusal or withdraw: You have the full right to refuse from participating in this research. You can choose not to answer any or all the questions and this will not affect you and your family from getting any kind of service. You have also the full right to withdraw from this study at any time you wish, without losing any of your right.

Person to contact: This research project will be reviewed and approved by the institutional review board of school of public health, Bahir Dar University. If you want to know more about, you can contact the following individuals and you may ask at any time you want.

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7.3 English questionnaire

- A questionnaire prepared to assess the willingness to join and pay for SHI and associated factors among civil servants in Merawi town, Northwest Ethiopia, 2021

Section: I Questions on socio-economic and socio-cultural variables			
No.	**Questions**	**Responses**	**Remark**
100	Address	Kebele----------	
101	Who is the Household leader?	1. My self 2. Your spouse 3. Other --------	
102	What is your age?	----------years	
103	What is your sex?	1. Male 2. Female	
104	What is your religion?	1. Orthodox 2. Muslim 3. Protestant 4. Catholic 5. Others (specify)----------	
105	To which Ethnic group do you belong?	1. Amhara 2. Oromo 3. Tigray 4. Others (specify)----------	
106	What is your marital status?	1. Single 2. Married 3. Divorced 4. Widowed	
107	What is your educational level	1. Uneducated 2. Primary education (1-8) 3. Secondary education (9-12) 4. Diploma / TVET 5. Degree and above	
108	What is the size of your household (family)?	Write number……	

109	For how many of other dependents (apart from your children) you are financially responsible?	Write number……	
110	Is there household member whose age is ≥ 65yrs?	1. Yes 2. No	
111	If yes for Q. # 110, number of ≥ 65yrs old family members?	Write number……..	
112	Is there household member whose age is ≤5 yrs.	1. Yes 2. No	
113	If yes for Q. # 112, number of ≤5 years children?	Write number……..	
114	How many of your children depend on you for living?	Write number……..	
115	Specify in which category of employment are you working now?	1. Administrative 2. Technical 3. professional 4. Other specify……	
116	What is your current profession?	1. Teacher 2. Agriculture 3. Health worker 4. Finance and admin 5. Police and security 6. Electrician 7. Gardener 8. Cleaner 9. Other specify……	
117	Your work experience?	Write number……	
118	What is the educational status of your partner (spouse)?	1. Uneducated 2. Primary education (1-8) 3. Secondary education (9-12) 4. Diploma / TVET	

		5. Degree and above	
119	Is your spouse employed?	1. Employed in a regular job 2. Self employed 3. Casually employed 4. Unemployed 5. Retired	If no skip to Q, 120
120	If your spouse is self-employed or private-employed, specify in which category?	1. Construction 2. Manufacturing 3. Financial 4. Farming 6. Mining/Quarrying 7. Fishing 8. Livestock 9. Trading 10. Office/administration 11. Other specify……	
121	Estimate your total gross monthly household income	1. 500 to 1000 2. 1001 to 1500] 3. 1501 to 2000 4. 2001 to 2500 5. 2501 to 3000 6. 3001-3500 7. More than 3500 8. Don't know	
122	Do you or other members are participate in social organizations? (eg. eqqub, edirr etc…),	1. Yes 2. No	
123	Do you or other members have hold	1. Yes	

	formal position in social, political or religious organization?	2. No	
124. Wealth Status of HH?			
No.	**Questions**	**Responses**	**Remark**
124.1	Does your household have the following? (Circle if available)	a) Functioning radio/tape b) Television c) Refrigerator d) Modern Bed e) Cotton/sponge/spring mattress? f) Water pump g) Mobile h) Table i) Chair j) Electric mitad k) Bajaj l) Plots land m) Bicycle n) car	
124.2	What kind of latrine does your family have?	1. none 2. Traditional pit latrine 3. Ventilated improved pit latrine	
124.3	What is the type of roof of the house?	1. Corrugated sheet 2. Thatch roof 3. Other (specify)_____	
124.4	How many rooms are used by this household for sleeping only?	Number of rooms_____	
124.5	Do you have a separate kitchen?	1. Yes 2. No	

124.6	What is the main type of material for the floor in your house?	1. Mud/crow dung 2. Cement	
124.7	What is your main source of lighting?	1. Electricity 2. Kerosene/Gas 3. Firewood 4. Solar 5. Other (specify)……	
124.8	What is the Main source of drinking and cooking water for HH?	1. Piped water 2. Dug well 3. Water from spring 4. Other (specify)_____	

Section: II Questions on health care related variables			
No.	**Questions**	**Response**	**Remark**
200	Do you have access to a health delivery facility in this town?	1. Yes 2. No	
201	What types of health facilities are available to you and your choice of health facility to get health care?	1. Public hospital/health center 2. Private clinic 3. Traditional healer 4. Others (specify)……	More than one answers will be possible
202	Is the health facility distance far from your residence area?	1. Yes 2. No	
203	Is there your family member who has chronic disease? (eg. DM, HTN, epilepsy, psychosocial disorders, heart failure, hepatitis, asthma)?	1. Yes 2. No	
204	Did you take any medication for the above?	1. Yes 2. No	
205	Did you and the HH members use self-medication when they are sick?	1. Yes 2. No	
206	If "yes" for question # 205, From where you get your self-medication?	*1. From traditional healers* *2. From pharmacy without prescriptions.* *3. From Local Shop* *4. Other (specify) ……..*	

207	Do you think that health professionals treat SHI and non-SHI members equally?	1. Yes 2. No	
208	Do all ordered like drugs, diagnostic modalities (laboratories) are available at a time of visiting the health institutions?	1. Yes 2. No	
209	How do you rate overall quality of health care linked to SHI?	1. Good 2. Medium 3. Poor	
210	During the past 12 months did you or any member of your family encounter any history of illness/injury?	1. Yes 2. No	
211	If yes Q……210 or if there were illness or injury in the past 12 months how many of the family members?	Write number……..	
212	If yes for Q ---210 what is the length of your illness?	1. Less than 3 days 2. Up to 7 days 3. More than 7 days 4. Two weeks and more	
213	If yes for Q ----210 what type of medical facility was used?	1. Public hospital/health center 2. Private clinic 3. Traditional healer 4. Others (specify)……	More than one answers will be possible
214	If yes for Q ----210 what was the approximate cost of the treatment	1. Nothing 2. Less than 500 ETB 3. 500 - 1500 ETB 4. 1501 - 3000 ETB 5. 3001 - 5000 ETB 6. More than 5000 ETB 7. Don't know	
215	Have you been on hospital admission during the past twelve months?	1. Yes 2. No	
216	If yes, for Q ----215 for how long were you admitted?	1. Less than 1 week 2. Between 1 & 2 weeks 3. More than 2 weeks	

217	If yes, for Q ----215 How much, roughly, did you pay for your stay in hospital?	1. Nothing 2. Less than 500 ETB 3. 500 - 1500 ETB 4. 1501 - 3000 ETB 5. 3001 - 5000 ETB 6. More than 5000 ETB 7. Don't know	
Section: III questions on Prepayment and health insurance related variables			
No.	**Questions**	**Responses**	**Remark**
300	Who will pay your current medical costs?	1. Personal 2. Government 3. Both 4. Others specify if……..	
301	Who should pay for health care services	1. Individuals alone 2. Government alone 3. Both individuals & government 4. Others……..	
302	Have you copayment for the other insurance agency for other purpose?	1. Yes 2. No	
303	Current health care delivery is properly/sufficiently funded?	1. Yes 2. No	
304	Does your funding system cover all aspects of you and your family medical expenses?	1. Yes 2. No	
305	Does current funding system cover all aspects of your dependent's medical expenses?	1. Yes 2. No	
306	Are you satisfied with your current payment systems?	1. Yes 2. No	

307	Are you satisfied with the quality of health care service you obtained at the medical facility used?	1. Not at all satisfied 2. Not satisfied 3. Satisfied 4. Very satisfied	
Section: IV Awareness, knowledge (perception) assessment questions			
No.	**Questions**	**Responses**	**Remark**
400	Where do you think health care funds come from?	1. Personal (out of pocket) 2. Government HIA 3. Private health insurance 4. Employers 5. Others specify if……..	
401	Do you know what health insurance is?	1. Yes 2. No	If no skip Q, 404
402	If yes for Q, 401 Please mention types/methods of health insurance	1. Private for profit health insurance 2. Private for non-profit health insurance 3. Community based health insurance 4. Social health insurance	
403	If yes, Where did you acquire the knowledge?	1. Tele vision 2. Radio 3. News letters 4. Awareness creation sessions 5. Others if, specify……..	
404	Have you heard that the government planned to begin social health insurance scheme for civil servants in the near future?	1. Yes 2. No	
405	If yes, for Q, 404 how social health insurance membership decision should be?	1. Should be voluntarily 2. It should be compulsory to all 3. Others specify……..	

406	If yes, for Q, 404 what are the services/ benefit packages for members?	1. Outpatient service 2. Inpatient services 3. Diagnostic services 4. Plastic surgery 5. Implantation of artificial denture for beauty purpose 6. Pharmaceuticals/drug supply 7. Other services which are not fundamental to stay alive.	
407	If yes for Q 404, what are the objectives of health insurance?	1. Improve access to health care by reducing OOP spending 2. Remove/reduce substantial financial burdens of households during illness 3. Improve quality of care by increasing resources for health care facilities 4. Enhancing accountability 5. Mobilizing additional resources for health sectors through collection of contributions/premium.	
408	Do SHI solve the problems of health service expense?	1. [All] 2. [Most] 3. [Some] 4. [None] 5. [Don't know]	
409	How collection of premium for SHI is allocated/decided	1. Based on the health status of the member 2. Based on the family size of the member 3. Based on the member's health service preference 4. Based on the salary/income of a member 5. I don't know	
410	Do you know the presence of health services which are not covered by SHI/ services not in the SHI benefit package?	1. Yes 2. No	
411	If yes for Q, 410 please select those health care services which are not covered by SHI benefit package.	1. Outpatient service 2. Inpatient services 3. Diagnostic services	

		4. Plastic surgery 5. Implantation of artificial denture for beauty purpose 6. Pharmaceuticals/drug supply 7. Other services which are not fundamental to stay alive.	
412	Who are beneficiaries of SHI?	1. Members 2. Spouse 3. All the children of members 4. Children below age of 18 5. Don't know	
413	Do you trust the HIA (the insurance provider agency)?	1. Yes 2. No	

Willingness related questions

No.	Questions	Responses	Remark
500	Do you want to enroll in SHI scheme?	1. Yes 2. No	If no, skip Q, 504
501	If yes are you willing to pay for SHI agency?	1. Yes 2. No	
502	If yes for Q. 500,501 How much do you want to pay for your membership of the SHI (the premium amount)?	1. I don't want to pay 2. 1% 3. 2% 4. 3% 5. 4% 6. Other specify……. (%)	
503	If you don't want to enroll, willing and able to pay for SHI what is your reason?	Would you mention it please? ……	

Attitudinal questions

No.	Questions	Responses	Remark

	What is your perception about these four questions? choose one response for each		
601	I. I'm healthy enough that I really don't need health insurance.	1. Strongly agree 2. Agree somewhat 3. Uncertain 4. Disagree 5. Strongly disagree	
602	II. Health insurance is not worth the money it costs.	1. Strongly agree 2. Agree somewhat 3. Uncertain 4. Disagree 5. Strongly disagree	
603	III. I'm more likely to take risks than the average person.	1. Strongly agree 2. Agree somewhat 3. Uncertain 4. Disagree 5. Strongly disagree	
604	IV. I can overcome illness without help from a medically trained person.	1. Strongly agree 2. Agree somewhat 3. Uncertain 4. Disagree 5. Strongly disagree	

--------- Thank you for your co-operation--------

Date of data collection----------

Name of data collector---------- signature----------

Name of supervisor ---------- signature----------

7.4 ለመርዓዊ ከተማ ለመደበኛ ቋሚ የመንግስት ሰራተኞች ወይም ሲቭል ሰርቫንቶች ስለ ማህበራዊ ጤና መድን (ዋስትናን) በተመለከተ የአማርኛ መጠይቅ ህዳር 2013 ዓ.ም፡-

ክፍል 1. የማህበራዊ ፣ ኢኮኖሚያዊና ባህላዊ ሁኔታ መጠይቆች ፡-			
ተ.ቁ	**ጥያቄዎች**	**አማራጭ መልሶች**	**ምርመራ**
100.	አድራሻ	ቀበሌ----------	
101	የቤተሰብዎ መሪ/አስተዳዳሪ በዋናነት ማን ነዉ?	1. እርስዎ 2. ባለቤትዎ 3. ሌላ ካለ ይገለፅ ----------	
102.	የእርስዎ ዕድሜ ስንት ነዉ?	----------ዓመት	
103.	የእርስዎ ፆታ ምንድን ነዉ?	1. ወንድ 2. ሴት	
104.	የእርስዎ ሐይማኖት ምንድን ነዉ?	1. ኦርቶዶክስ 2. እስላም 3. ፕሮቴስታንት 4. ካቶሊክ 5. ሌላ ካለ ይገለፅ ----------	
105.	የእርስዎ ብሔር ምንድን ነዉ?	1. አማራ 2. ኦሮሞ 3. ትግራይ 4. ሌላ (ይገለፅ)----------	
106.	የጋብቻ ሁኔታዎ ምንድን ነዉ?	1. ያላገባ/ች 2. ያገባ/ች 3. የፈታ/ች 4. በሞት የተለያዩ	
107.	የትምህርት ደረጃዎ ምንድን ነዉ?	1. ማንበብና መፃፍ የማይችሉ 2. አንደኛ ደረጃ ያጠናቀቁ (1-8) 3. ሁለተኛ ደረጃ ያጠናቀቁ (9-12) 4. ዲፕሎማ ወይም ቴክኒክና ሙያ 5. ዲግሪ እና ከዚያ በላይ	
108.	የቤተሰብዎ ብዛት ስንት ነዉ?	በቁጥር ቢገልፁልን ----------	
109.	እራሳቸዉን ያልቻሉ እና የዕርስዎን ድጋፍ የሚጠብቁ ምን ያህል ልጆች አለዎት ?	በቁጥር ቢገልፁልን ----------	
110.	በቤተሰብዎ ዉስጥ ከ ≥ 65 ዓመት በላይ አዛዉንት ይኖራሉ?	1. አዎ 2. የለም	
111.	አዎ ከሆነ Q. #110 ብዛታቸዉ ስንት ነዉ?	በቁጥር ቢገልፁልን _____	
112.	በቤተሰብዎ ዉስጥ ከ ≤ 5 ዓመትና ከዚያ በታች ህፃናት ይኖራሉ?	1. አዎ 2. የለም	
113.	አዎ ከሆነ Q. #112, ብዛታቸዉ ስንት ነዉ?	በቁጥር ቢገልፁልን _____	
114.	ሌሎች በዕርስዎ ድጋፍ የሚተዳደሩ ሰዎች ካሉ ብዛታቸዉ ስንት ነዉ?	በቁጥር ቢገልፁልን ----------	
115.	በመስሪያ ቤትዎ ዉስጥ የሥራ መደብዎ የቱ ነዉ?	1. የአስተዳደር ሰራተኛ 2. የቴክኒካል ሠራተኛ 3. መደበኛ ሙያተኛ 4. ሌላ ካለ ቢገልፁልን ----------	
116.	በአሁኑ ሰዓት የምን ባለሙያ ነዎት ወይም ሙያዎ ምንድን ነዉ?	1. መምህር 2. ግብርና 3. ጤና ባለሙያ 4. አስትዳደርና ፋይናንስ 5. ፖሊስ ወይም የፀጥታ ባለሙያ	

		6. ኤሌክትርሽያን 7. ዘበኛ/አትክልተኛ 8. ፅዳት/ፖስተኛ 9. ሌላ ካለ ቢገልፁልን ----------	
117.	እርስዎ ስንት አመት የስራ ልምድ አለዎት?	በቁጥር ቢገልፁልን ----------	
118.	የባለቤትዎ የትምህርት ደረጃ?	1. ያልተማረ 2. 1ኛ ደረጃ (1-8) 3. 2ኛ ደረጃ (9-12) 4. ዲፕሎማ / ቴክኒክና ሙያ 5. ዲግሪና ከዚያ በላይ	
119.	የባለቤትዎ የስራ/ የቅጥር ሁኔታ ?	1. መደበኛ ተቀጣሪ 2. በግል ስራ 3. ጊዜአዊ 4. ተቀጣሪ አይደለም / ስራ የላቸዉም/ 5. የቤት እመቤት 6. ጥሮታ	ባለቤትዎ ተቀጣሪ ካልሆኑ ወደ ጥያቄ ቁጥር 120 ይለፉ
120.	ባለቤትዎ ሰራተኛ ከሆኑ የስራ ሁኔታቸዉ ምን ይመስለል ?	1. የመንግስት/ የህዝብ አገልግሎት ሰጭ/ 2. የግንባታ ስራ 3. ፋብሪካ 4. ንግድ 5. እርሻ 6. የግል ሙያተኛ 7. ማዕድን ፍለጋ 8. ከብት ዕርባታ 9. አሳ ማስገር 10. ሌላ……	
121.	አጠቃላይ የቤተሰብዎ የገቢ መጠን በግምት በወር ስንት ብር ነዉ?	1. < 1000 ብር 2. 1001 – 2000 ብር 3. 2001 – 3000 ብር 4. 3001 – 4000 ብር 5. 4001 – 5000 ብር 6. ከ 5000 ብር በላይ	
122.	እርስዎ ወይም የቤተሰብዎ አባል በማህበራዊ ተቋም ዉስጥ ይሳተፋሉ (ምሳሌ፡ ዕቁብ፣ ዕድር ….) ?	1. አዎ 2. የለም	
123.	እርስዎ ወይም የቤተሰብዎ አባል በማህበራዊ፤ፖለቲካዊና ሀይማኖታዊ ተቋማት ዉስጥ መደበኛ ሀላፊነት አለዎት?	1. አዎ 2. የለም	

124. የቤተሰብ የሀብት ደረጃ (ሁኔታ) መለኪያ፡-

ተ.ቁ	ጥያቄዎች	አማራጭ መልሶች	ምርመራ
124.1	በቤትዎ ዉስጥ የሚከተሉት ዕቃዎች (የቤት ቁሳቁስ) አለዎት? ካለዎት ያለዎትን ዕቃ ብቻ ያክብቡ?	1. ሬድዮ/ቴፕ 2. ቴሌቪዥን 3. ፍሪጅ 4. ዘመናዊ አልጋ 5. የጥጥ/ስፖንጅ/ስፕሪንግ ፍራሽ 6. ሮቶ ዉሃ ማጠራቀሚያ 7. ሞባይል 8. ጠረቤዛ 9. ሶፋ 10. ኤሌክትሪክ ምጣድ 11. ባጃጅ 12. መሬት/ቦታ 13. ብስክሌት 14 መኪና	
124.2	ምን አይነት መፀዳጃ ቤት አለዎ?	1. የለኝም 2. ባህላዊ መፀዳጃ ቤት 3. ዘመናዊ ቬንትሌትድ የሆነ መፀዳጃ ቤት	
124.3	የቤትዎ ጣሪያ ምን ዓይነት ነዉ?	1. የቆርቆሮ ክዳን 2. የሳር ክዳን 3. ሌላ ካለ ይገለፅ _____	
124.4	የመኖሪያ ቤትዎ ስንት መኝታ ክፍል አሉት?	በቁጥር ይገለፅ _____	
124.5	የምግብ ማበሳሰያ ክፍልዎ ከመኖሪያ ቤትዎ የተነጣጠለ ነዉ?	1. አዎ 2. አይደለም	
124.6	የመኖሪያ ቤትዎ ወለል ወይም ግድግዳ ከምን የተሰራ ነዉ?	1. ከጭቃ	

		2. ከብሎኬት/ ሲሜንቶ	
124.7	በዋነኝነት የሚጠቀሙት የሀይል አማራጭ ምንድን ነዉ?	1. ኤልክትሪክ 2. ጋዝ/ኬሮሲን 3. እንጨት/ከሰል 4. ሶላር/ፀሃይ 5. ሌላ ካለ ይገለፅ _____	
124.8	በቤትዎ ዉስጥ በዋነኝነት የሚጠቀሙት የመጠጥና የማበሳሰያ ዉሃ ምን ዓይነት ነዉ?	1. የቧንቧ ዉሃ 2. የጉድጉዋድ ዉሃ 3. የምንጭ ዉሃ 4. ሌላ ካለ ይገለፅ _____	

ክፍል 2. ጤናን የሚመለከቱ ጥያቄዎች:-

ተ.ቁ	**ጥያቄዎች**	**አማራጭ መልሶች**	**ምርመራ**
200.	በአቅራቢያዎ የጤና ተቋም አለ ?	1. አዎ 2. የለም	
201.	የጤና አገልግሎት ለማግኘት የት ይሄዳሉ(ምርጫዎ የት ነዉ)?	1. የህዝብ ተቋም ሆስፒታል፣ጤና ጣቢያ ላይ 2. የግል ክሊኒክ፣ ፋርማሲ ተቋም ላይ 3. ባህላዊ የህክምና ተቋም ላይ 4. ሌላ ካለ ይገለፅ _____	ከ አንድ በላይ መልስ መስጠት ይችላሉ::
202.	የጤና ተቋማት/ድርጅቶች ከመኖሪያ ቤትዎ በጣም ሩቅ ነዉ?	1. አዎ 2. አይደለም	
203.	በቤተሰብዎ ዉስጥ ቋሚና ስር የሰደደ በሽታ ያለበት ሰዉ አለ? (ለምሳሌ ስኳር፣ ግፊት፣ የሚጥል በሽታ፣ የአዕምሮ በሽታ፣ የልብ ህመም፣ጉበት፣ አስም ወ.ዘ.ተ)	1.አዎ 2. የለም	
204.	አዎ ካሉ ለጥያቄ 208 መድሃኒት ይወስዳሉ/ይጠቀማሉ?	1.አዎ 2. የለም	
205.	እርስዎ/ቤተሰብዎ ሲታመሙ ያለሀኪም ትዕዛዝ በራስዎ ፈቃድ መድሃኒት ይወስዳሉ?	1.አዎ 2. የለም	
206.	አዎ ካሉ ለጥያቄ 205 የሚወስዱትን መድሃኒቱን የት ያገኙታል ?	1. ባህላዊ መዳኒት ቤት 2. ዘመናዊ መድኒት ቤት ያለ ሀኪም ትዕዛዝ 3. ሱቅ ላይ 4. ሌላ ካለ ይገለፅ ----------	
207	የጤና ባለሙያዎች ማህበራዊ ጤና መድን አባል በሚሆኑትና በማይሆኑት ላይ እኩል የህክምና አገልግሎት ይሰጣሉ ብለዉ ያስባሉ ?	1.አዎ 2. የለም	
208	ለህክምና አገልግሎት ጤና ተቋም በሄዱበት ጊዜ ሁሉም የታዘዙ መድሀኒቶች እና ልዩ ልዩ የላብራቶሪ ምርመራዎች በተቋሙ አሉ/ነበሩ?	1.አዎ 2. የለም	
209	በአጠቃላይ የጤና አገልግሎት አሰጣጡን እንዴት ያዩታል?	1. ጥሩ ነዉ 2. መካከለኛ ነዉ 4. ዝቅተኛ ነዉ	
210.	ባለፉት 12 ወራት እርስዎ ወይም የቤተሰብዎ አባል ታሞብዎት/ አደጋ ደርሶበዎት ያዉቃል ?	1. አዎ 2. የለም	
211.	አዎ ካሉ ለጥያቄ 210 ምን ያህል የቤተሰብ ብዛት ታሞ/ተጎድቶ ነበር?	በቁጥር ይገለፅ _____	
212.	አዎ ካሉለ ጥያቄ 210 ህመሙ ለምን ያህል ጊዜ ቆየ?	1. 3 ቀን በታች 2. አንድ ሳምንት 3. ከአንድ ሳምንት በላይ 4. ከሁለት ሳምንትና ከዚያ በላይ	
213.	አዎ ካሉ ለጥያቄ 210 የት ታከሙ/አሳከሙ/?	1. የመንግስት ሆስፒታል፣ጤና ጣቢያ ላይ 2. የግል ክሊኒክ፣ ፋርማሲ ተቋም ላይ 3. ባህላዊ የህክምና ተቋም ላይ	ከ አንድ በላይ መልስ መስጠት ይችላሉ::

		4. ሌላ ካለ ይገለፅ _____	
214.	አዎ ካሉ ለጥያቄ 210 ለመታከሚያ/ማሳከሚያ ምን ያህል አወጡ ?	1. አልከፈልኩም 2. ከ 500.00 ብር በታች 3. 500-1500.00 ብር 4. 1501-3000.00 ብር 5. 3001 – 5000.00 ብር 6. ከ 5000 ብር በላይ 7. አላዉቅም	
215.	በዚህ 12 ወር ዉስጥ ለህክምና ሆስፒታል ተኝተዉ ነበር?	1. አዎ 2. የለም	
216.	ለተራ ቁጥር 215 አዎ ካሉ በሆስፒታሉ ምን ያህል ጊዜ ቆዩ/ተኙ?	1. ከ1 ሳምንት ላነሰ ጊዜ 2. ከአንድ እስከ ሁለት ሳምንት 3. ከሁለት ሳምንት በላይ	
217.	አዎ ካሉ ለጥያቄ 210 ለሆስፒታል ቆይታዎ ምን ያህል ከፈሉ? (አወጡ)	1. ነፃ ነበር 2. ከ500.00 ብር በታች 3. 500- 1500.00 ብር 4. 1501- 3000.00 ብር 5. 3001- 5000.00 ብር 6. ከ 5000 ብር በላይ 7. አላዉቅም	
ክፍል 3. የቅድመ ክፍያ እና የጤና ዋስትና ጥያቄወች፡			
ተ.ቁ	**ጥያቄዎች**	**አማራጭ መልሶች**	**ምርመራ**
300.	ወቅታዊ የህክምና ወጭዎን ማን ይከፍልልዎታል ?	1. እኔ 2. መንግስት 3. በከፊል እኔ በከፊል መንግስት 4. ሌላ ካለ ይግለፁ ---------	
301.	የህክምና ወጭ በማን መሸፈን አለበት?	1. በታካሚዎች/ ግለሰቦች/ 2. በመንግስት 3. ግለሰቦች እና መንግስት በጋራ 4. ቀጣሪዎች/ አሰሪዎች 5. አላዉቅም	
302	ለሌላ ወይም ተጨማሪ የኢንሹራንስ ክፍያ አለብዎ?	1. አዎ 2. የለም	
303.	አሁን ያለዉ የጤና አገልግሎት በበቂ በጀት እየተደገፈ ነዉ ?	1. አዎ 2. አይደገፍም	
304.	አሁን እየተጠቀሙበት ያለዉ አከፋፈል የህክምና ወጭዎን በሙሉ መሸፈን ያስችልዎታል?	1. አዎ 2. አይሸፍንም	
305.	አሁን እየተጠቀሙበት ያለዉ የአከፋፈል ዘዴ የርስወንና የቤተሰብዎን ወጭ ያለስጋት ለመሸፈን ያስችልዎታል ?	1. አዎ 2. አይሸፍንም	
306	አሁን እየተጠቀሙበት ያለው የህክምና ወጭ አከፋፈል አርከቶዎታል?	1.አዎ 2. የለም	
307	ከጤና ተቋማቱ በሚያገኙት የህክምና አሰጣጥ ጥራት ተደስተዋል/ ረክተዋል ?	1. አላስደሰተኝም /አላረካኝም 2. ተደስቻለሁ/ ረክቻለሁ	
ክፍል 4. የማንዛቢ መመዘኛ ጥያቄዎች፡-			
ተ.ቁ	**ጥያቄ**	**አማራጭ መልሶች**	**ምርመራ**
400.	ለጤና አገልግሎት የሚዉለዉ በጀት በዋነኝነት ከየት ይገኛል?	1. ከታካሚዎት/ ግለሰቦች 2. ከመንግስት የጤና መድን አገልግሎት ሰጭ ተቋማት 3. ከግል የጤና መድን አገልግሎት ሰጭ ተቋማት 4. ከቀጣሪ ድርጅቶች/ አሰሪዎች/ 5. አላዉቅም	
401.	የጤና መድን/ ዋስትና ምን እንደሆነ ያዉቃሉ ?	1. አዎ 2.አላዉቅም	አላዉቅም ካሉ ወደ ጥያቄ 404 ይቀጥሉ

402.	አዎ ካሉ ለጥያቄ 401 የጤና መድህን /ዋስትና/ አይነቶችን/ ዘዴዎችን ይዝርዝሩ?	1.ለትርፍና ለበጎ አድራጎት የሚሰራ የግል የጤና መድን 2.የማህበረሰብ እና ማህበራዊ የመንግስት የጤና መድን 3.ሁሉም	
403.	አዎ ካሉ ለጥያቄ 401 መረጃዉን ከየት አገኙ?	1. ከሚዲያ (ከቴሌቪዥን ሬዲዮ ጋዜጣ ወዘተ…) 2. የግንዛቤ መፍጠሪያ ዉይይት ተሳትፌ 3. ሁሉም	
404.	መንግስት የማህበራዊ የጤና መድን በቅርቡ ለሲቪል ሰርቫንቱ ሊጀምር እንደሆነ ያዉቃሉ?	1. አዎ 2. አላዉቅም	
405.	አዎ ካሉ ለጥያቄ 404 የጤና መድን/ ዋስትና አባልነት በምን መልኩ መሆን አለበት?	1. በፍላጎት 2. በህግ ለሁሉም ሰዉ ሊደነገግ/ ግዴታ/ መሆን አለበት 3. ሌላ ካለ ይገለፅ ----------	
406.	አዎ ካሉ ለጥያቄ 404 በጤና መድህን የሚሸፈኑ የጤና አገልግሎቶችን ይጥቀሱልን ?	1. የተመላላሽ ህክምና አገልግሎት፤በጤና ተቋማት ውስጥ ተኝተው የሚታከሙ የጤና አገልግሎት፣የላቦራቶሪ/ ምርመራ አገልግሎት፣ለመድሃኒት አቅርቦት፡፡ 2. የፕላስቲክ ቀዶ ህክምና፣ለውበት ሲባል ሰው ሰራሽ ጥርስ ማስተከል/ ማስቀየር፣ሌሎች በህይወት ለመኖር ወሳኝ ያልሆኑ የህክምና አገልግሎቶች፡፡	
407.	አዎ ካሉ ለጥያቄ 404 የማህበራዊ የጤና ዋስትና/መድህን/አላማዎችን ይዘርዝሩ?	1. በህመም ጊዜ (በአገልግሎት ወቅት) በህመምተኛው የሚከፈልን የቀጥታ ወጭ በማስቀረት /በመቀነስ/ አገልግሎት ማስፋት 2. ያልተጠበቀ የህክምና ወጭን ጫናን በማስቀረት /መቀነስ 3. የጤና ተቋማቱን በጀት በማሳደግ የአገልግሎት ጥራቱን ማሻሻል 4. በተቋማቱ አገልግሎት አሰጣጥ ላይ ተጠያቂነትን ማስፈን 5. ከአባላት በሚሰበሰብ መዋጮ ለጤና ተቋማቱ ተጨማሪ ግብዓቶችን ማሟላት 6. ሁሉም	
408.	የማህበራዊ የጤና መድህን/ዋስትና ከህክምና ጋር የተያያዙ ከፍተኛ ወጭዎችን ያስወግዳል ?	1. አዎ ሙሉ በሙሉ 2. በአመዛኙ 3. በትቂቱ 4. አይቀንስም 5. አላዉቅም	
409.	የማህበራዊ የጤና መድህን ክፍያ እንዴት ይከፈላል?	1. እንደ አባሉ የጤና ሁኔታ 2. እንደ አባሉ የቤተሰብ ብዛት 3. አባሉአንደሚፈልገዉ የጤና አገልግሎት 4. በአባሉ የገቢ መጠን 5. አላዉቅም	
410.	በማህበራዊ የጤና መድን የማይሸፍኑ አገልግሎቶችን መኖራቸዉን ያዉቃሉ ?	1. አዎ 2. የለም	
411.	አዎ ካሉ ለጥያቄ 410 ቢዘረዝሩልን?	1. የተመላላሽ ህክምና አገልግሎት፤በጤና ተቋማት ውስጥ ተኝተው የሚታከሙ የጤና አገልግሎት፣የላቦራቶሪ/ ምርመራ አገልግሎት፣ለመድሃኒት አቅርቦት፡፡ 2. የፕላስቲክ ቀዶ ህክምና፣ለውበት ሲባል ሰው ሰራሽ ጥርስ ማስተከል/ ማስቀየር፣ሌሎች በህይወት ለመኖር ወሳኝ ያልሆኑ የህክምና አገልግሎቶች፡፡	
412.	በማህበራዊ የጤና መድህን/ዋስትና የህክምና ወጭ የሚሸፍንላቸዉ እነማን ናቸዉ ?	1. አባላት 2. የአባላት የትዳር አጋር 3. የአባላት ህጋዊ ልጆች በሙሉ 4. የአባላቱ እድሜያቸዉ ከ18 አመት በታች ልጆች 5. አላዉቅም	
413	አገልግሎቱን በሚሰጠዉ የመንግስት ተቋም ያለዎት እምነት (አገልግሎቱን በሚገባ ማግኘት ያስችላል ይላሉ)?	1. አምነዋለሁ 2. አላምነዉም	
ለማህበራዊ የጤና መድህን/ዋስትና የአባልነት ፈቃደኝነት/ፍላጎት መመዘኛ ጥያቄዎች፡			
ተ.ቁ	**ጥያቄ**	**አማራጭ መልሶች**	**ምርመራ**
500.	የመንግስት የማህበራዊ የጤና መድን አባል መሆን	1. እፈልጋለሁ	

	ይፈልጋሉ?	2. አልፈልግም	
501.	እፈልጋለዉ ካሉ መዋጮዉን ለመክፈል ፈቃደኛ ነዎት?	1. ፈቃደኛ ነኝ 2. ፈቃደኛ አይደለሁም	
502.	ለማህበራዊ የጤና መድህን/ዋስትና አባልነትዎ ምን ያህል ለመክፈል ፈቃደኛና የመክፈል አቅም አለዎት?	1. መክፈል አልፈልግም 2. የደመወዜን 1% 3. የደመወዜን 2% 4. የደመወዜን 3% 5. የደመወዜን 4% 6. ሌላ ካለ በፐርሰንት ይገለፅ…….....(%)	
503.	መክፈል አልፈልግም ካሉ ምክንያትዎን ቢገልፁልን?	ነ.የህክምና አገልግሎት ጥራትና አሰጣጥ ችግር 2.የአከፋፈሉ ሁኔታ ወይም የከፍያ ችግር 3.ሌላ ካለ ይገለጥ----------	
የዝንባሌ/ አመለካከት መለኪያ ጥያቄዎች፡-			
ተ.ቁ	**ጥያቄ**	**አማራጭ መልሶች**	**ምርመራ**
600.	ሙሉ ጤነኛ ስለሆንሁ የጤና የመድን ሽፋን አያስፈልገኝም!	1. በጣም እስማማለሁ 2. እስማማለሁ 3. እርግጠኛ አይደለሁም 4. አልስማማም 5. በጣም አልስማማም	
601.	የጤና መድን/ ዋስትና/ ክፍያዉ ጋር ተመጣጣኝ የሆነ ጥቅም የለዉም!	1. በጣም እስማማለሁ 2. እስማማለሁ 3. እርግጠኛ አይደለሁም 4. አልስማማም 5. በጣም አልስማማም	
602.	ከአብዛኛዉ ሰዉ በተለየ ችግሮችን እደፍራለሁ!	1. በጣም እስማማለሁ 2. እስማማለሁ 3. እርግጠኛ አይደለሁም 4. አልስማማም 5. በጣም አልስማማም	
603.	ያለ ባለሙያ ድጋፍ /ህክምና/ ከህመሜ መዳን እችላለሁ!	1. በጣም እስማማለሁ 2. እስማማለሁ 3. እርግጠኛ አይደለሁም 4. አልስማማም 5. በጣም አልስማማም	

----------ለትብብርዎ ከልብ አመሰግናለሁ----------

መረጃዉ የተሰበሰበበት ቀን----------

የመረጃዉን የሰበሰበዉ ሰዉ ስም---------- ፊርማ----------

የመረጃዉን ጥራት የተቆጣጠረዉ ሰዉ ስም---------- ፊርማ----------