



**SUPPORT OF CIVIL SERVANTS TOWARDS THE PROPOSED
SOCIAL HEALTH INSURANCE IN GULELE SUB CITY, ADDIS
ABABA, ETHIOPIA**

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**SUPPORT OF CIVIL SERVANTS TOWARDS THE PROPOSED SOCIAL
HEALTH INSURANCE WORKING IN GULELE SUB CITY, ADDIS ABABA,
ETHIOPIA.**

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ABSTRACT

Background: The government of Ethiopia initiated social health insurance to be applied first on formal employer with compulsory membership of the system and the members will get health service from a health facility contracted by the Ethiopian health insurance agency by paying a monthly premium. The support of social health insurance by all stakeholders including civil servants will help for success and sustainability of the program. This study will provide the prevalence of support towards the proposed social health insurance among civil servants in Gulele sub city.

Objective: The aim of this study was to assess civil servants' of support and its associated factors on the proposed social health insurance scheme in Gulele sub-city.

Methods: A cross sectional study was carried out from April to June 2014 in three woredas of Gulele sub city. A cluster sampling method was used based on available woredas in the sub cities to select the three woredas randomly. Data on civil servants level of support towards the proposed SHI were collected using self-administered questionnaire then entered, checked and cleaned by EPI data version 3.1 and exported to SPSS version 20 for analysis. Descriptive, bivariate and multivariate analyses were performed.

Result: six hundred twenty eight civil servants working in three woredas of Gulele sub city were enrolled in this study. The overall level of support towards the proposed social health insurance scheme in Gulele sub-city was 35.8%. Willingness to risk cross-subsidies, level of awareness towards the scheme, preference of health facility to utilize, perceived cost and benefit of the proposed social health insurance were influencing factors for support towards the proposed SHI (. Those willing to cross subsidies health risks and prefer to utilize governmental health facility were seven and five times likely to give support for the proposed social health insurance scheme (AOR=7[2.8-16.78] and AOR=5[2.02-12.74]), respectively.

Conclusion and recommendation. The study shows there was low support towards the proposed SHI among civil servants working in Gulele sub-city. More effort should be done to increase the support toward the proposed social health insurance among the civil servants, which includes involvement of private health facilities as health care provider of the scheme.

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TABLE OF CONTENT

Contents

ABSTRACT	i
TABLE OF CONTENT	iii
List of Figures	vi
ACRONYMS AND ABBREVIATIONS	vii
1. INTRODUCTION.....	1
1.1 BACK GROUND.....	1
1.2 STATEMENT OF THE PROBLEM	3
2. LITRATURE REVIEW	4
2.1 SOCIO DEMOGRAPHIC AND ECONOMIC FACTORS.....	4
2.2 WILLINGNESS TO CROSS SUBSIDIZE.....	5
2.3 HEALTH AND HEALTH RELATED FACTORS	5
2.4 PERCEIVED BENEFIT ON THE PROPOSED SOCIAL HEALTH INSURANCE SCHEME	5
2.5 PERCEIVED COST OF THE PROPOSED SOCIAL HEALTH INSURANCE SCHEME	5
2.6 AWARENESS ON THE SOCIAL HEALTH INSURANCE SCHEMES	6
2.4 SIGNIFICANCE OF THE STUDY	7
3. OBJECTIVE.....	8
3.1 GENERAL OBJECTIVE	8
3.2 SPECIFIC OBJECTIVE.....	8
4. METHODS AND MATERIALS	9
4.1 STUDY AREA.....	9
4.2 STUDY PERIOD	9
4.3 STUDY DESIGN	9
4.4 SOURCE POPULATION	9
4.5 STUDY POPULATION.....	9
4.6 INCLUSION AND EXCLUSION CRITERIA.....	9
4.7 SAMPLE SIZE DETERMINATION AND SAMPLING PROCEDURE	10

4.7.1 SAMPLE SIZE DETERMINATION.....	10
4.7.2 SAMPLING TECHNIQUE.....	10
4.8 VARIABLES:	11
4.8.1 DEPENDENT VARIABLE:	11
4.8.2 INDEPENDENT VARIABLES.....	11
4.9 DATA COLLECTION INSTRUMENT AND PROCEDURES.....	11
4.10 DATA QUALITY MANAGEMENT	12
4.11 DATA PROCESSING AND ANALYSIS PROCEDURE	12
4.12 ETHICAL CONSIDERATION	12
4.13 OPERATIONAL DEFINITION	13
4.15 DISSEMINATION PLAN	13
5. RESULT.....	14
6. DISCUSSION	28
LIMITATION OF THE STUDY	30
7. CONCLUSION	31
8. RECOMMENDATION.....	32
9. REFERENCES.....	33
ANNEX I QUESTIONNAIRE	37
ANNEX II AMHARIC VERSION QUESTIONNAIRE	43

LIST OF TABLES

Table 1 Description of the background characteristics of civil servants working in Gulele sub-city (N=628), June 2014.....	14
Table 2: Table 2: - Description of awareness level towards the proposed SHI among civil servants working in three Gulele sub-city (N=628), June 2014.....	15
Table 3: Description of the perceived benefit and cost of the proposed SHI of the study participants, Gulele sub city, June 2014	17
Table 4: Shows the results of VAF for each dimension against each item included in the model.....	18
Table 5:Shows the component loadings for each item in the model.....	19
Table 6:Frequency and percentage of support towards SHI among civil servants working in Gulele sub-city, June 2014.....	21
Table 7:Distribution of support level among socio demographic and economic characteristic of civil servants in Gulele sub-city June 2014	22
Table 8:Results of binary logistic regression for health and health related factors and respondents support towards SHI among civil servants working in Gulele sub-city, June 2014.....	23
Table 9:Results of binary logistic regression for awareness level towards SHI and respondents support towards SHI among civil servants working in Gulele sub-city	24
Table 10:Results of binary logistic regression for willingness to cross-subsidize and respondents support towards SHI among civil servants working in Gulele sub-city.	25
Table 11:Result from binary logistic regression for perceived benefit and cost of the proposed SHI among civil servants working in Gulele sub-city, June2014.....	26
Table 12:- Results of multiple logistic regressions to identify the factors predicting the support towards the proposed social health insurance among civil servants June 2014.....	27

List of Figures

Figure 1 Conceptual framework of the study on perception on proposed SHI and associated factors among civil servants in Gulele sub-city 6

Figure 2 Schematic presentation of the sampling technique for the study on perception and associated factors associated with on the proposed SHI among civil servants working in Gulele sub-city..... 10

ACRONYMS AND ABBREVIATIONS

CBHI--Community Based Health Insurance

NHI -- National Health Insurance

OECD-- Organization for Economic Co-operation and Development

PASDEP--Plan for Accelerated and Sustained Development to End Poverty

PHI-- Provider Health Insurance

SHI-- Social Health Insurance

WHO -- World Health Organization

EHIA --Ethiopian Health Insurance Agency

1. INTRODUCTION

1.1 BACK GROUND

Health care financing continues to stir debates around the world. Many low and middle-income countries especially, keep on exploring different ways of financing their health systems. This is because their health systems are chronically under-funded (1). User fees were initially introduced at the point of service delivery in some of these countries in order to generate revenue for the running of their health systems. In some contexts, the introduction of user fees led to improvement in the quality of health care services (2). However, the overwhelming evidence suggests that user fees constitute a strong barrier to the utilization of health care services, as well as preventing adherence to long term treatment among poor and vulnerable groups [1, 3]. These problems led to yet another debate to look for other alternatives of health care financing that is social health insurance.

According to the World Health Organization, social health insurance (SHI) is a form of financing and managing health care based on risk pooling. SHI pools both the health risks of the people on one hand, and the contributions of individuals, households, enterprises, and the government on the other (4).

Social Health Insurance is one of the mechanisms used to raise and pool funds for health financing (5). The objective of Social Health Insurance is to provide healthcare that avoids large out of pocket spending, better utilization of health services and Improve health status(6) .

The history of Social Health Insurance (SHI) is as old as the history of humankind. One of the first countries, which institute SHI nationally, was Germany in 1883 (7). Since then the concept of social health insurance reached throughout the world. Currently, according to World Bank, the system is practiced in more than 60 countries all over the world (8).

Most of the developed countries took decades to have SHI implemented. Some of high-income countries, which have successful SHI, include Germany, France, Belgium, Japan, Korea and Switzerland. It is interesting to note that health insurance in many of these countries started when these were classified as lower-middle income countries (9).

A wave of SHI initiatives has swept in developing countries across Africa, Asia, and Latin America. In May 2005, the World Health Assembly passed a policy resolution for the World Health Organization (WHO) whereby WHO would use SHI as the strategy for mobilizing more resources for health, pooling risk, providing more equitable access to health care for the poor, and delivering better quality health care. The WHO is encouraging its member states to move ahead with SHI and will provide technical support to help nations develop (10).

A systematic review of SHI, PHI and CBHI in Africa and Asia also showed that social health insurance improve health service utilization and provide financial protection for members in terms of reducing their out-of-pocket expenditure (11).

1.2 STATEMENT OF THE PROBLEM

The principle behind Social Health Insurance is gaining popularity in developing countries and is one of two main options towards achieving universal health coverage. However, the development of such mechanism depends on the country's socioeconomic background and requires a strong political will and high administrative capabilities. Success of Social Health Insurance also requires that considerable effort to be put into building consensus and support of all stakeholders as well as the public and the governing body of the country (4,5,8,9,).

Social health insurance is in part about sharing responsibility and encouraging the participation of its members. The social partners (employers, employees, government) as well as representatives of other social groups (e.g. the informal sector, the poor), health service providers and insurers need to agree to play their part in a new health financing system (18).

Major changes in the health sector are frequently met with resistance from interest group and the population sometimes is skeptical about promises of improvement, thus political will as well as a rational evaluation of the problems and opportunities are required before introducing major health financing reform (5).

Starting from the design stage up to the implementation process of the scheme it is needed to assess every stakeholders view and support through different tools of social dialogue including survey for its successful implementation and sustainability(8)

Even if the scheme's design is in high gear and it is considered to be implemented in the near future, it is not well known that civil servants support on the proposed social health insurance and what major contextual factors influencing it much. Therefore, the purpose of this study is to assess civil servants' level of support and associated factor on the proposed social health insurance.

2. LITRATURE REVIEW

The uncertainties of illness underpin the theory of SHI (18-20). Each year a relatively small number of people suffer from serious illness and disability. Their medical problems can result in large medical expenses that most people cannot afford; people will tend to seek expensive medical services even though the costs may bankrupt patients and their families. Consequently, most people want to be insured against such risks because they are risk averse. At the same time, some people may not demand insurance because they believe that illness and accidents will spare them or simply ignore the risk of potentially impoverishing their families such an irrational choice could create serious social problems. Moreover, people are also selfish. If health insurance is voluntary, young, healthy people will not want to pool their low health risk with high-risk people (10).

2.1 SOCIO DEMOGRAPHIC AND ECONOMIC FACTORS

The country's economic structure and development influence how many people can be covered under social health insurance. Per capita income influences how much people can actually contribute towards social health insurance. Higher per capita income increases the ability of the people to contribute to SHI (17). The size of the formal and the informal sector in the country also matters. Similar studies have cited low socioeconomic status as a significant factor for lack of support of social health insurance. (23-24)

One study in South Africa revealed that females are more likely to support the scheme than male (17). Another studies in India also showed that age, sex, marital status, educational level household income has significant impact on Indian consumers' perception towards health insurance (24)

Respondents with age of 45 and above have higher positive attitude towards health insurance compared with age group of below 45 years of age. Regarding sex, male respondents' attitude mean is higher than female respondents are. In the case of marital status, widowed has a higher attitude mean and but divorced has least mean score of positive attitude (25).

2.2 WILLINGNESS TO CROSS SUBSIDIZE

A social health insurance scheme may be more appropriate for a country with larger number of formal sector employees or with a strong sense of national solidarity among eligible members (26). Because public acceptance of SHI is strongly related to the extent to which the population is acquainted with the notion of risk and income cross-subsidies and supports these cross-subsidies (27)

2.3 HEALTH AND HEALTH RELATED FACTORS

A descriptive study in south Africa to assesses the level of support for a compulsory contribution towards a hospital insurance scheme funding care at public sector hospitals showed that the government employed support was almost unanimous; 87 per cent if public hospitals were improved. The results also showed that only 11 per cent of employees supported an SHI scheme if public hospitals remain as they are (17). Another study in South Africa revealed that quality of health service at public health care facilities prerequisite for the acceptance of the proposed social health insurance (28). In India, also customer perception towards health service providers of health insurance found to be factor for their decision of purchasing. (29)

2.4 PERCEIVED BENEFIT ON THE PROPOSED SOCIAL HEALTH INSURANCE SCHEME

A big part in determining whether a SHI is technically feasible, financially viable and supported by all stakeholders depends on the depth and height of coverage i.e. range of benefit available. (30) In line with this other study conducted among house hold in Nigeria revealed that the odds of enrollment and support towards SHI was 1.8 times among those perceive beneficial. (22)

2.5 PERCEIVED COST OF THE PROPOSED SOCIAL HEALTH INSURANCE SCHEME

The formal sector may view health insurance contributions as a direct negative impact on profits or incomes and may have less support toward SHI (32). Other study done in Nigeria showed that the perceived cost of the respondent was barrier to support and enroll of NHI in the country (22)

2.6 AWARENESS ON THE SOCIAL HEALTH INSURANCE SCHEMES

Research done in India showed that the awareness of health insurance significantly affects the attitude on health insurance (33). Studies in Uganda also found out that there was limited knowledge about the proposed social health insurance scheme and unfavorable attitude towards the social health insurance schemes (34-36). Another study in Nigeria showed that there is a significant association exists between willingness to participate in NHIS scheme and awareness of methods of options of health care financing (37). Study done in Malaysia revealed Respondents with good knowledge on NHI is 3.4 times likely to support NHI than a respondent with poor knowledge (38).

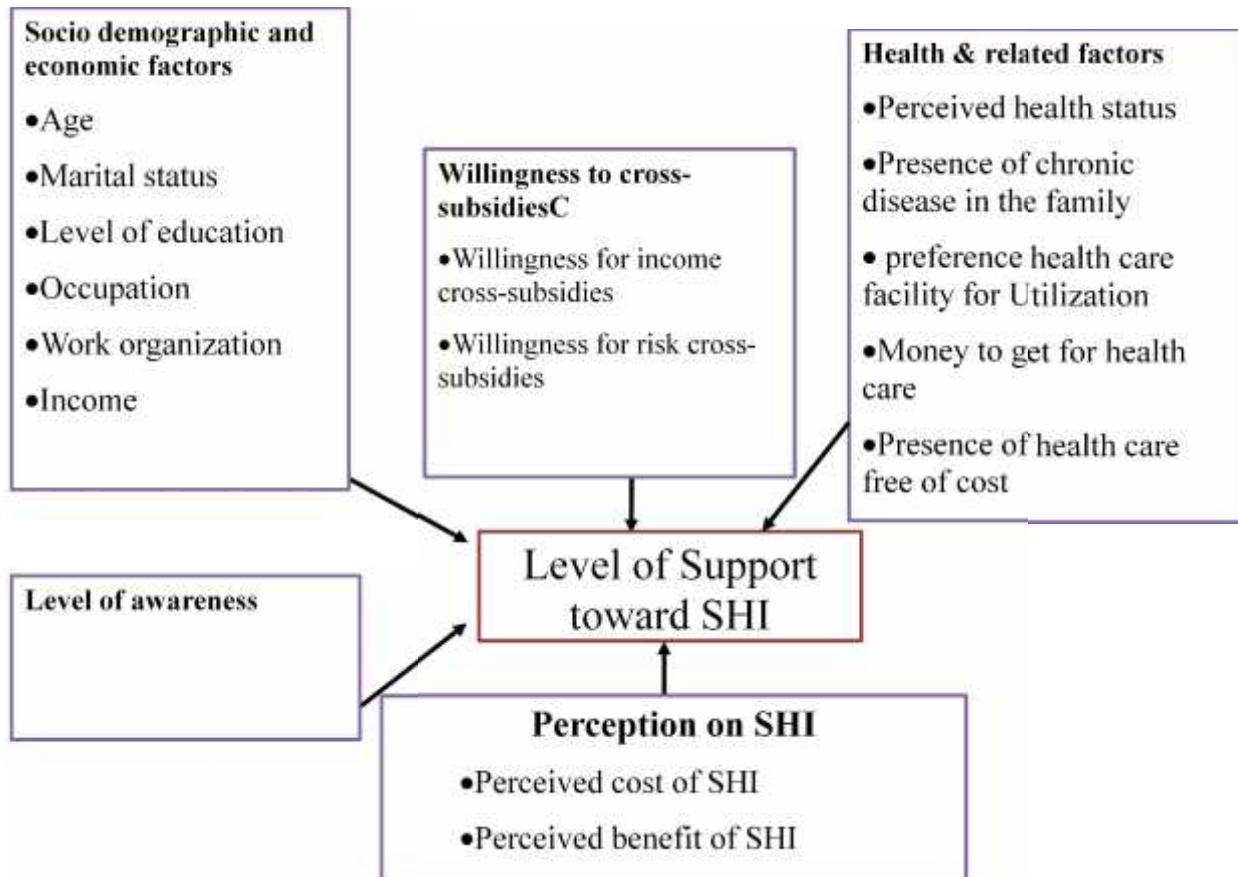


Figure 1 Conceptual framework of support towards the proposed SHI and associated factors among civil servants after reviewing literature in Gulele sub-city

2.4 SIGNIFICANCE OF THE STUDY

This study can be used as one tool for social dialogue to assess civil servants level of support on the proposed SHI scheme. Civil servants are primary stakeholders in the implementation of the scheme, so determining their level of support and its' associated factors is very essential for smooth implementation and success of the scheme.

This study also can be used to understand the level of awareness on the proposed SHI among civil servants and identify the gap, which helps to develop evidence based communication strategy.

Civil servants can use this survey to show their voice and concerns for other responsible bodies.

The result of the study will be used for policy makers, Ethiopian health insurance agency, and different concerned bodies and researchers

3. OBJECTIVE

3.1 GENERAL OBJECTIVE

To assess civil servants support and its associated factors towards the proposed social health insurance in Gulele sub-city, Addis Ababa

3.2 SPECIFIC OBJECTIVE

- To measure the prevalence of support towards the proposed social health insurance scheme among civil servants in Gulele subs city.
- To determine factors associated with governmental employee's support towards the proposed social health insurance schemes.

4. METHODS AND MATERIALS

4.1 STUDY AREA AND PERIOD

The study was conducted in three woredas of Gulele sub city, which is one of the ten sub cities in Addis Ababa. The district is located in northern suburb of the city, near the Mount Entoto and Entoto Natural Park covering 30.18 km² (11.65 sq mi) and it borders with the districts of Kolfe Keranio, Addis Ketema, Arada and Yeka. Based on central statistics agency report of 2007, the 2011-projected total population was 248,865. The woredas in the sub-city in which the study conducted were Woreda 2, Woreda 4, Woreda 8. According to the woredas human resource offices the number of total employee working in the three woredas during study period were 832. From total employee working in the selected woredas, 702 of them had 6 months above work experience. Within selected woredas, there are governmental health centers, governmental school and woreda administration administered by each the sub city and each woredas. The woreda administration comprises 13 different offices..

4.2 STUDY PERIOD

The study was conducted from April 2014 to June 2014.

4.3 STUDY DESIGN

Facility based Cross-sectional study design was used.

4.4 SOURCE POPULATION

All governmental employees who are working in governmental organizations administrated by Gulele sub-city

4.5 STUDY POPULATION

Governmental employees working in Governmental organizations in the Sampled woredas of Gulele Sub city and fulfill the inclusion criteria

4.6 INCLUSION AND EXCLUSION CRITERIA

Governmental employees with work experience of six or more months in the sub city during study periods

4.7 SAMPLE SIZE DETERMINATION AND SAMPLING PROCEDURE

4.7.1 SAMPLE SIZE DETERMINATION

4.7.2 SAMPLING TECHNIQUE

Cluster random sampling technique has been used. Since there is the same governmental organization in the ten Woredas, ten clusters formed based on the woredas. Three woredas were selected randomly from ten woredas then all governmental employees in the three woredas were included in the study

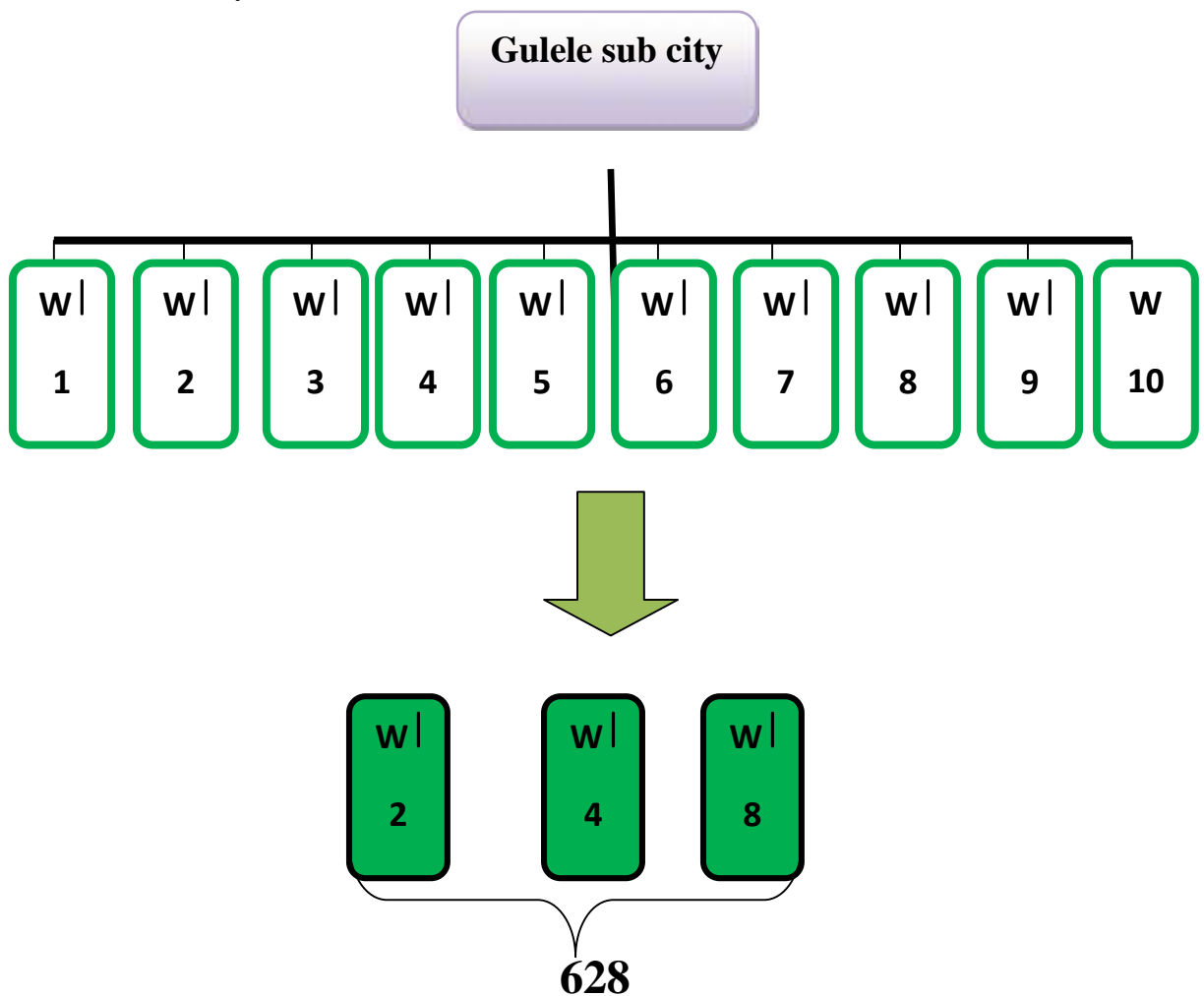


Figure 2 Schematic presentation of the sampling technique for the study on support and its associated factors towards the proposed SHI among civil servants working in Gulele sub-city.

4.8 VARIABLES:

4.8.1 DEPENDENT VARIABLE:

Prevalence of support toward the proposed social health insurance scheme

4.8.2 INDEPENDENT VARIABLES

- I. **Socio demographic and economic factors;** age, sex, marital status, level of education, and income, working organization/office
- II. **Health and health related factors;** Perceived health status of the family, Chronic disease patient in the family, preference of health care facility for utilization and, and the presence of health care free of cost and money to get for health care.
- III. **Willingness to cross subsidizes others;** Willingness to income cross-subsidize and Willingness to cross-subsidize health risk.
- IV. **Awareness on proposed social health insurance**
- V. Perception on SHI; perceived benefit and cost toward SHI

4.9 DATA COLLECTION INSTRUMENT AND PROCEDURES

Data was collected through a structured, pretested self-administered questionnaire. The questionnaire has five parts which assess back ground information, awareness towards social health insurance scheme, health and health related conditions, willingness to cross subsidize others and perception towards social health insurance in related to perceived benefit and cost of SHI and support for the proposed SHI . The data collection tool adapted from similar survey reviews in other countries (17, 22, and 28). Three data collection facilitators who were diploma nurses and one-degree holder supervisor were recruited for questionnaire administration and supervision, respectively. Orientation was given for data collection facilitators and supervisor, both before and after the pretest. Prior to data collection, a pretest was conducted to ensure clarity of questions. The result of the pretest was discussed, and some correction and changes like: Ambiguous questions, logic and skip pattern was revised before the questionnaire finalized.

4.10 DATA QUALITY MANAGEMENT

To maintain the data quality: Questionnaires was prepared first in English then translated to Amharic and then back to English by another person in order to ensure consistency. Pretest was done on 5% of the sample in Kolfe Keranio that have similar back ground one week prior to the data collection and amendment was made accordingly for the instrument. The facilitators and Supervisor was oriented before and after pretest and Feedback from the supervisor and facilitators was incorporated to enrich the questionnaire and make more applicable to the local situations. The questionnaire was administered at the governmental organizations by oriented diploma holder nurses that have prior experience of data collection. Unclear and ambiguous matters were clarified for the participants. The PI and supervisors checked each questionnaire daily.

4.11 DATA PROCESSING AND ANALYSIS PROCEDURE

After categorization and coding was done, double entry verification using Epidata version 3.1 used to enter, clean and edit the data, finally it was exported to SPSS version 20 for analysis. Frequency distributions with its percentile were used to organize the data, to see the distribution and present the responses obtained. Measures of central tendency was calculated and utilized for appropriate variables to describe the data. Bivariate logistic analysis was employed and those variables having a p value ≤ 0.25 was identified as a candidate for multivariate logistic analysis. Variables was selected into the model by Back ward step wise method Fitness of the model and multicollinerity between the independent variables was assessed .Variables having a p value less than 0.05 was considered as significantly associated with Support for SHI in multivariate logistic regression. Adjusted odds ratio with its confidence interval was used to see strength of association. For the questions, which were designed to address perceptions of the study participants about the benefit and cost of social health insurance, a categorical or nonlinear principal component analysis was conducted and based on eigenvalues percentage of variance accounted for each dimension was calculated.

4.12 ETHICAL CONSIDERATION

Before the data collection, ethical clearance letter was obtained from ethical review committee of JU College of public health and medical sciences. The respondents were informed about the

purpose of the study, and their oral consent was obtained. The respondents' right to refuse or withdraw from participating in the interview was fully maintained and the information provided by each respondent was kept strictly confidential

4.13 OPERATIONAL DEFINITION

- **support of SHI** is whether civil servants agree with the establishment of social health insurance in Ethiopia measured on a likert scale (strongly oppose, oppose, neutral, support and strongly support)
- **Do not support the proposed SHI:** - if individuals strongly oppose or oppose for establishment of social health insurance in Ethiopia measured by a liker scale **(17)**
- **Perceived benefit:**-summated response of civil servants for 13 likert items on the benefit of the proposed social health insurance
- **Perceived cost:**-it refers to summated response of civil servants for five liker items on the cost of the proposed social health insurance.
- **Well Aware:-** civil servants responded 5 and above correctly from nine questions associated with awareness on SHI **(38)**
- **Not well aware:-** civil servants responded four and below from nine questions associated with awareness on SHI **(38)**
- **Willing to risk cross-subsidies:** -Civil servants agreed for the statement :I would be willing to pay the same amount of money each month as everyone else ,even though others who are more sick than I am will use the service more than me **(28)**
- **Willing to income cross-subsidies:-**those individuals give support for the question: Do you support the contribution of individuals for health care increases with wealth? **(28)**

4.15 DISSEMINATION PLAN

The result of the study will be communicated to Jimma University college of Public Health and Medical Sciences Graduate School, Ethiopian Social health insurance Agency and to concerned bodies in the study area. Finally, an effort also will be made to publish in a local or international journal.

5. RESULT

5.1. Socio-demographic characteristics of the study subjects

A total of 628 government employees with response rate of 71.04% at different offices in Gulele sub-city were included in this study. About 355 (56.5%) of the participants were female. The mean age of the participants was 29 years with a standard deviation of 6.8 years, (**Table1**).

Most of the study participants, 513 (82%) were Orthodox Christians followed by Protestants, 72 (11.5%) and the rest were Muslims and Catholic followers. Regarding marital status of the respondents, majority, 395(63.1%) were single, about a quarter, 170(27.2%) were married, and and the rest were divorced and widowed, 35(5.6%), 26(4.2 %), respectively.

Regarding educational status, 333 (53.4%) of the respondents had diploma followed by those holding degree and above, 200(32.1%); the rest were 4-12 grades and certificate holders, 38(6.1%), 51(8.2%), respectively. Of the respondents, 323 (51.4%) were from woreda administration, 211(33.6%) were form health center, and 94 (15%) from school.

Table 1 Description of the background characteristics of civil servants working in Gulele sub-city (N=628), June 2014.

Variable	Mean	Std.dev	Min	Max
Age(years)	29	6.8	18	57
Work experience	5	6	.5	34
House hold size	3	2.3	1	13
size				
Income	1652	671	359	5373

5.2. Participants Level of Awareness on the proposed social health insurance scheme

All of the respondents heard about the proposed SHI and 240(38.2%) of the respondents heard about the proposed SHI for the first time from governmental officials. Television was the second most frequent, 171(27.2%) source and colleagues was the third most frequent source accounting for 124(19.7%). Other sources of information include: Radio 34(9.6%) and news paper 27(4.3%). Most of the respondents were unaware of the eligible contributor for the scheme 409 (69.1%), health services not covered by SHI 392 (64.4%) and eligible health care provider to provide health care for beneficiary of the scheme **509(86.9%)**. Whereas most of respondents had a better awareness level regarding the amount of premium, 422(71.5%), frequency of contribution, 449(75.5%) and beneficiary of SHI, 368(59.0%) (Table 2).

Table 2: Table 2: - Description of awareness level towards the proposed SHI among civil servants working in three Gulele sub-city (N=628), June 2014

Variable	Well Aware(%)	Not well Aware (%)
Awareness on contributor for SHI	183(30.9%)	409(69.1%)
Awareness on health service not covered by SHI	217(35.6%)	392(64.4%)
Awareness on health care providers for SHI	77(13.1%)	509(86.9%)
Awareness on the amount of premium of SHI	422(71.5%)	168(28.5%)
Awareness on the frequency of contribution for SHI	449(75.5%)	144(24.3%)
Awareness of contribution by gov. for SHI	293(50.6%)	286(49.4%)
Awareness on the beneficiary of SHI	368(59.0%)	256(41.8%)
Awareness on Benefit package of SHI	366(58.7%)	258(41.3%)
		310(49.7%)

Over all Awareness on co-payment for SHI	314(50.3%)
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5.3 Health and health related conditions

The respondents rate their family's health status as poor 80 (12.8 %), medium 148(23.7%) and good 397(63.5%). Of the respondents, (35) 11.1% of them stated there is a patient with chronic disease who needs continuous follow up in their family.

Regarding utilization of health facility, most of the respondents choose to use private health facilities, 408(65.38%) (Private clinics, 42.4%, private hospitals, 11.7 %) and 209(33.4%) of them utilize public health facilities mostly (health centers, 243 (38.9%), Governmental hospital 28(4.5%)). The remaining 8 (1.3%) went to spiritual places and traditional healer.

The reasons respondents put for their preference of utilization in private health facility were being clinical effective 168(42.4%), less crowdedness 102(25.8%), near for house hold 78(19.7%) , and service given with courtesy 26(6.6%)

On the other hand, of the reasons of respondents who usually utilize government health facility for health care need, 108(52.9%) of them were because of its cheapness for medical bill in addition to its nearness from house hold 62(30.4%).

Regarding money to get for health care, Most of respondents 425 (69.0%) replied as it was difficult to get money for medical treatment compared to those no having difficulty to get money for health care 191(31.0%).

5.4_Willingness to cross subsidize

In general, the respondents do not appear to be well acquainted with, nor are generally supportive of, the notion of risk crosses subsidization. Only 218(35.2%) of all respondents agreed with the statement : I would be willing to pay the same amount of money for each month as everyone else, even though others who are more sick than I am will use the services more .In line this only 227(36.1%) of the respondents support for financial cross -subsidization

5.5 Perceived benefit and cost of the proposed social health insurance

For the questions, which were designed to address perception of the study participants on benefits and costs of social health insurance, a categorical or nonlinear principal component analysis was conducted. The following are the outputs of the analysis.

Over all 18 items has been used to measure the perceived benefit and perceived cost towards the proposed social health insurance among study participants in the woredas.

Table 3: Description of the perceived benefit and cost of the proposed SHI of the study participants, Gulele sub city, June 2014

Variables	Categories and their frequencies				
	Very disagree	Disagree	Neutral	Agree	Very agree
Perceived benefit toward SHI					
Benefits in reduction of medical bills	103	105	94	229	52
Prevents borrowing for ill health	95	124	110	191	65
Prevents unexpected expense	62	90	111	238	81
Increases access for health care	63	85	113	242	80
Increases equity for health care	55	88	127	239	71
Increases health care utilization	61	109	102	243	66
Enhances solidarity	62	106	110	249	55
Increases quality of care	61	107	107	251	56

limit choice of professionals Health care providers	80	139	162	162	37
Not benefit since governed by gov't	82	93	104	230	72
SHI is not beneficial since it is not comprehensive for family	79	98	98	236	70
SHI not covers most of the family	73	109	101	247	51
SHI not benefits me	85	79	95	229	91
Perceived cost toward SHI					
Premium low compared to benefit	173	88	125	59	134
Copayment is low	130	57	230	51	110
Premium high compared to salary	38	73	197	158	111
Government contributes less for SHI	50	93	110	205	123
We should not pay for SHI	57	139	91	167	125

The first dimension accounts for 47.205 % of the variance in the optimally scaled matrix of 13 items. The second dimension accounts for 11.826 % of the variance while the total model (two dimensions) accounts for 59.031 % of the variance in the optimally scaled items.

The variance accounted for table displays the coordinates for each item on each dimension in relation to the centroid (0, 0) and when all the items are represented by a straight line between dimension 1 (x-axis) and dimension 2 (y-axis). In the current list of items the mean coordinates are not close to or below 0.10 and therefore all the items are contributing to the principal componen.

Table 4: Shows the results of VAF for each dimension against each item included in the model

Items	Centroid Coordinates			Total (Vector Coordinates)		
	Dimension		Mean	Dimension		Total
	1	2		1	2	
Benefits in reduction of medical bills	.516	.025	.270	.515	.000	.515
Prevents borrowing for ill health	.378	.050	.214	.378	.002	.380
Prevents unexpected expense	.574	.058	.316	.569	.021	.590

Increases access for health care	.672	.064	.368	.671	.001	.671
Increases equity for health care	.681	.083	.382	.679	.028	.707
Increases health care utilization	.668	.083	.376	.665	.027	.693
Enhances solidarity	.680	.097	.389	.675	.025	.700
Increases quality of care	.670	.088	.379	.666	.019	.685
Limit choice of health care providers	.535	.126	.330	.528	.060	.588
Not helpful since governed by gov't	.640	.091	.365	.636	.042	.679
Social health insurance benefit is not Comprehensive	.614	.110	.362	.609	.045	.654
SHI doesn't covers most of the family	.643	.097	.370	.640	.029	.669
SHI will not benefits me	.654	.097	.375	.648	.036	.684
Premium low compared to benefit	.248	.335	.292	.215	.330	.546
Copayment is not high	.359	.359	.359	.300	.339	.639
Premium high compared to salary	.262	.415	.339	.221	.401	.622
Government contributes less for SHI	.172	.415	.294	.126	.411	.538
We should not pay for SHI	.243	.450	.347	.228	.428	.657
Active Total	9.208	3.044	6.126	8.969	2.247	11.216

Component Loadings

Component Loadings, shows the coordinates for each item on each dimension; which are plotted in the next element of the output. Here, we can see how the items are related to one another and to the two dimensions. We can see that the first thirteen items tend to coalesce together in the upper range of both dimension 1 and dimension 2; whereas the other five items tend to coalesce at the lower range of dimension 1 and they tend to vary substantially along dimension 2. From this table we can easily figure out which items belong to the same group.

Table 5:Shows the component loadings for each item in the model

Items	Dimension	
	1	2
Benefits in reduction of medical bills	.717	.008

Prevents borrowing for ill health	.614	-.047
Prevents unexpected expense	.754	.147
Increases access for health care	.819	.027
Increases equity for health care	.824	.167
Increases health care utilization	.816	.165
Enhances solidarity	.822	.159
Limit choice of health care providers	.816	.138
Not helpful since governed by gov't	.727	.246
Social health insurance benefit is not Comprehensive	.798	.206
SHI doesn't covers most of the family	.781	.212
SHI will not benefits me	.800	.172
SHI benefits me	.805	.190
Premium low compared to benefit	-.464	.575
Copayment is not high	-.548	.582
Premium high compared to salary	-.470	.633
Government contributes less for SHI	-.356	.641
We should not pay for SHI	-.478	.654

Therefore, we can finally conclude that based on their VAF, all of the items have contribution for the principal components and because of that no item is going to be dropped for perceived benefit and perceived cost of SHI. Finally, for each group summated score has done.

5.5.1 Perceived benefit of the proposed social health insurance

The mean score on perceived benefit of the proposed social health insurance among respondents was 39.6 with standard deviation of 13.78. The scores ranges with minimum value of 8 up to maximum value of 64.

5.5.2 Perceived cost of the proposed social health insurance

The mean score of the respondents for scale, which measures the cost of the proposed social health insurance, was 15.4 with standard deviation of 5.9. The score values range from 4 up to 25.

5.6 Support toward the proposed social health insurance

Regarding the support of study participants, of 628 respondents who participated in this study, only 201(34.3%) of the respondent, gave support for the start of the program while 385 (65.7%) of the respondents oppose it. Results are shown in table (6)

Table 6:Frequency and percentage of support towards SHI among civil servants working in Gulele sub-city, June 2014.

Support toward SHI	Frequency	Percent
Strongly oppose	108	17 %
Oppose	279	44.4%
Neutral	41	6.5%
Support	166	26.4%
Strongly Support	34	5.4%
Total	628	100%

5.7 Distribution of support level toward the proposed SHI and socio-demographic characteristics of the respondent

From married civil servants, only 40(25.5%) of the respondent did gave their support for the proposed social health insurance.

Table 7: Distribution of support level among socio demographic and economic characteristic of civil servants in Gulele sub-city June 2014

Socio economic Demographic Variables	Categories	Support for SHI		Crude OR%	P-value
		Not Support (%)	Support No (%)		
Sex	Male	170(65.9%)	88(34.1%)	1	0.931
	Female	215(65.5%)	113(34.5%)	1.102	
Marital status	Married	118(74.7%)	40(25.3%)	1	0.001*
	Single	233(63.0%)	137(37.0%)	1.7	
	Divorced	20(60.5%)	13(39.5%)	1.9	
	Widowed	12(52.2%)	11(47.8%)	2.7	
Religion	Orthodox	309(64.4%)	171(35.6%)	1	0.437
	Protestant	52(75.4%)	17(24.6%)	0.68	
	Muslims	17(63.0%)	10(37.0%)	0.44	
	Catholic	6(75%)	2(25%)	0.72	
	Other	1(50%)	1(50%)	0.5	
Educational level	Four up to 12 grades	19(54.3%)	16(45.7%)	1	0.27
	Certificate	25(53.2%)	22(46.8%)	0.92	
	Diploma	223(71.5%)	89(28.5%)	0.44	
Occupation	Executive administrator	25(67.6%)	12(32.4%)	1	0.5
	Professional	283(68.5%)	130(31.5%)	.95	
	Technical support	20(58.8%)	14(41.2%)	1.46	
	Clerical and administrative	28(56.0%)	22(44.0%)	1.6	
	Service occupation	27(62.8%)	16(37.2%)	1.23	
	Operator or laborer	2(50%)	2(50%)	2.1	
Work organization	Woreda administration	172(57.00%)	130(43.00%)	1	
	School	55(61.10%)	35(38.9%)	.84	
	Health center	158(81.4%)	36(18.6%)	.30	

*p-value less than or equal to 2. 5

5.8 Health and health related factors and support towards SHI

Regarding health and health related factors, support for the proposed social health insurance was as follows:- among civil servants who had health care service in their family were 49(21.8%); those who had poor, medium, good health status 55.0%, 25% and 36% respectively; those who prefer to utilize private and government health facilities 27.2% and 43.7% respectively; and those who had difficulty to get money for health care were 26.8% (Table 9). All mentioned health and health related factors were candidate for multivariate logistic regression analysis except presence of chronic patient in the family (table 8).

Table 8: Results of binary logistic regression for health and health related factors and respondents support towards SHI among civil servants working in Gulele sub-city, June 2014.

Health and related conditions	Categories	Do not support SHI Frequency (percentage)	support SHI Frequency (percentage)	Crude OR	P-value
The presence of health care for free	No	208(58.3%)	149(41.7%)	1	
	Yes	176(78.2%)	49(21.8%)	0.223	0.001*
Health status of family	Poor			1	0.001*
	Medium	51(75%)	17(25%)	0.49	0.02
	Good	119(64%)	67(36.0%)	0.69	0.16
preference of health facility	Private	241(72.8%)	90(27.2%)	1	0.001*
	Government	138(56.3%)	107(43.7%)	4.58	0
	Others	6(75%)	2(25%)	1.207	0.89
Money to get for health care	not difficult	131(73.2%)	48(26.8%)	1	0.001*
	difficult	246(62.3%)	149(37.7%)	0.06	
Chronic disease	No	321(65%)	166(34.1%)	1	

Yes 39(62.9%) 23(37.1%) 87 .42

**p-value less than or equal to .25*

5.9. Respondent’s awareness on SHI and support towards SHI

Among respondents who had been well aware on the proposed social health insurance,51.9% of them support the proposed social health insurance while from those not well aware about the proposed social health insurance only 24% of them support the proposed SHI (table 9).The awareness level of individuals was candidate for multivariate logistic regression.

Table 9:Results of binary logistic regression for awareness level towards SHI and respondents support towards SHI among civil servants working in Gulele sub-city

Awareness level	Categories	Do not support SHI Frequency (percentage)	support SHI Frequency (percentage)	Crude OR	P-value
Awareness	not aware				
	well	283(75.3%)	93(24%)	1	
	Aware well	99(48.3%)	107(51.9%)	3.2	0.001*

**p-value less than or equal to .25*

5.10Willingness to cross-subsidize and support towards SHI in related to the support of the program.

Regarding respondents willingness to cross-subsidize, from those willing to share the health risk of others 60.4% of them gave their support for the proposed SHI .In addition from those

who support of financial cross-subsidization 51% of them gave their agreement for the start of the proposed social health insurance.

Table 10: Results of binary logistic regression for willingness to cross-subsidize and respondents support towards SHI among civil servants working in Gulele sub-city.

Willingness To cross-subsidize	Categories	Do not support SHI Frequency (percentage)	support SHI Frequency (percentage)	Crude OR	P- value
Risk cross- subsidization	Not volunteer	307(77.7%)	88(22.3%)	1	
	volunteer	74(39.6%)	113(60.4%)	5.32	.0001*
Financial cross- subsidization	Not support	283(74.9%)	95(25.1%)	1	
	Support	102(49%)	106(51%)	3	.0001*

*p-value less than or equal to .25

5.11 Perceived cost and benefit towards the proposed social health insurance.

Result from bivariate analysis shows perceived cost and benefit of the respondents towards proposed social health insurance was candidate for multivariate regression (table 11).

Table 11:Result from binary logistic regression for perceived benefit and cost of the proposed SHI among civil servants working in Gulele sub-city, June2014.

	B	S.E.	Wald	Sig.	Exp(B)	95% C.I.For EXP(B)	
						Lower	Upper
Perceived Cost	-.21	.029	76.878	.000	.79	.735	.823
Perceived Benefit	.503	.049	105.161	.000	1.654	1.502	1.821

5.12 Multiple logistic regressions

After conducting binary logistic regressions ,the candidate variables selected for multivariate analysis were; marital status, work organization, perceived cost and benefit towards SHI, the presence of health service for free, awareness level of SHI, preference of health facility for care, money to get for health care willingness to cross subsidize risk and finance and health status of family. Multiple logistic regressions were conducted to identify the association between the independent and the dependent variables. A cut off point of 0.05 was used to retain the variables in the final model. Table 12 summarizes the significant predictors of perception in related to support of the program. The results are summarized as adjusted odds ratio with their 95% confidence interval.

On multiple logistic regressions, the multivariate result showed that those who had well awareness on the proposed SHI were 2.5 times more likely to support the start of the proposed social health insurance than those had less awareness (OR=2.5[1.04-5.9]) ,those willing for risk cross-subsidization were 7 times more likely to support the proposed SHI than those not willing(OR=7[2.8-16.78]. In this study Civil servants who prefer to utilize government health facilities mostly (health center & hospitals) to utilize during illness were 5 times more likely to support the proposed social health insurance (OR=5[2.02-12.74]).

For every one-unit increase in perceived cost score of the proposed social health insurance among civil servants, will decrease the probability of support for the proposed social health insurance in .78.Regarding perceived benefit ,this study revealed that in every one unite increase in perceived benefit score increase the probability of support for the proposed social health insurance scheme.

Table 12:- Results of multiple logistic regressions to identify the factors predicting the support towards the proposed social health insurance among civil servants June 2014.

<i>Variables</i>	<i>Categories</i>	<i>B</i>	<i>Adjusted OR [95% CI]</i>	<i>P-value</i>
Perceived cost of SHI		-.25	.78 [.74-.82]	0.001*
Perceived benefit of SHI		0.5	1.6[1.44-1.88]	0.001*
Preference of health care to utilize	Private health facility		1	.002*
	Government Health facility		5[2.02-12.74]	.001*
	Other s		6[.52-78.37]	.148
Risk cross subsidization	Willing to cross-subsidi		7[2.8-16.78]	0.00*
Awareness of SHI	Well Aware SHI		2.5[1.04-5.9]	.04*

*- *pvalue*<0.05, *Hosmer and Lemeshow test* $X^2=6.116$ and *p value* 0.295, *Negelkerke* $R^2=0.420$

6. DISCUSSION

Prior to implementing major health reform, it is important to assess the support of the public. In this study, Out of 628 respondents only 35.8% of them support the start of the program which is Consistent with other study which was 35% (1)where as lower than other studies done in Kenya, South Africa and Malaysia 93%, 53% and 71.2% respectively(34,39,17). The difference may be due to the studies conducted in other countries were where health insurance is more prevalent and a lot done to increase awareness and build consensus during design stage.

In this study, Level of support was almost five times higher among those who prefer and utilize government health facility mostly compared to those prefer private health facility (AOR=5.386(2.8-16.78)).

This is may be most of the respondents believe that health providers which contract with the SHI scheme would be government health facility as evidenced by 332(86.6%) of respondent answer that the health service would be given by only government health facilities.

In line with this, study from South Africa revealed that only 11% of employee support SHI scheme if public health facility remain, as they are (39)

Public acceptance of SHI is strongly related to the extent to which the population is acquainted with the notion of risk and income cross-subsidies and supports these cross-subsidies (28)

This study revealed also, respondents willing to cross-subsidies health risk of others were approximately three times more likely to support the proposed social health insurance scheme (AOD=2.8[1.9- 4.42]. However, In this study, Only 218(35.2%) of all respondents agreed with the statement : I would be willing to pay the same amount of money for each month as everyone else, even though others who are more sick than I am will use the services more .In addition, only 227(36.1%) of the respondents support for income cross subsidies

A big part in determining whether a SHI is technically feasible, financially viable and supported by all stakeholders depends on the depth and height of coverage i.e. range of benefit available and the cost (30).. In this study also support toward the proposed social health insurance found to be significant predictor of perceived benefit of the scheme as evidenced by for one unit increase in perception score of benefit, the odds of support increases in 1.6. In line with this, other study conducted among household in Nigeria revealed that the odds of enrollment and support towards SHI was 1.8 times among those perceive beneficial (22).

Regarding perceived cost of the proposed SHI, this survey demonstrates ;the perceived cost of the proposed SHI by civil servants were predictor for the level of support towards the scheme(for every one unit increment of perception score of cost on SHI , the odds of support toward the proposed social health insurance will decrease by 22%. This is consistent with other study done in Nigeria, which showed that the perceived cost of the respondent was significant for barrier or support of NHI in the country (22)

Education and promotion is important before implementing major policies. It gives the public an understanding of why such policies were introduced, how such policies intend to serve the public and what are the potential benefits. This study shows that awareness is a predicting factor on respondent's support towards SHI with OR of 2.5 at 95.0% CI of 1.04-5.9. In other words: Respondent with well awareness on SHI is 2.5 times likely to support NHI than a respondent with poor awareness. Similarly, study done in Malaysia showed Respondents with good knowledge on NHI were 3.4 times likely to support NHI than respondents with poor knowledge(17).

LIMITATION OF THE STUDY

This study was limited by the fact that it uses likert items to measure the dependent variable and perceived cost and benefit of the proposed SHI, which can lead to biases; Central tendency bias Acquiescence response bias, and Social desirability bias. However, to minimize acquiescence bias both negative and positive statement used for likert items used to measure perceived cost and benefit for SHI. In addition, to minimize social desirability bias of the respondents the anonymity was maintained.

7. CONCLUSION

The study shows there were low supports towards the proposed SHI among civil servants working in Gulele sub-city.

Willingness to risk cross-subsidies, level of awareness towards SHI, preference of health facility to utilize, perceived cost and benefit of the proposed SHI were influencing factors for support towards the proposed SHI

The respondents do not appear to be well acquainted or generally supportive of the notion of risk cross-subsidies and income cross-subsidies

8. RECOMMENDATION

Based on the finding the following recommendation has been forwarded

Ethiopian Health insurance Agency has to

Conduct more social dialogue, which includes negotiation and consultation with different stakeholders on the proposed social health insurance before implementation of the program to increase awareness and acceptance

Consider to involve more private health facilities in contracting with the agency as health providers of members

Engage public around what SHI involves and about the rationale for fund pooling

Consider the cost to enroll in SHI as well as services to be included under the scheme.

Make more efforts to promote the scheme and educate the public through media, campaigns and seminars

Incorporate public opinion in to design of SHI scheme

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ANNEX I QUESTIONNAIRE

PART I :-socio-demographic and economic questions

Instruction:-for each of the following questions, please circle the number of the alternative that fit for your response or fill the blank space

No	Questions	Possible choices/Answers	skip
101	Sex	1. male 2. female	
102	Age	_____in year	
103	Religion	1. Muslim 3. orthodox 2. Protestant 4. catholic 5.other specify_____	
104	Marital status:	1. Single 4. Widowed 2. Divorced 5.separated 3. married	
105	House hold size	_____	
106	Education level	1. 4-6 th grade 2. 7-8 th grade 3. 9-12 th grade 4. 10 ⁺¹ -10 ⁺³ or certificate with technical and vocational 5. diploma 6. digree 7. MA/Msc/Mph	
107	occupation (e.g. executive,secratory...)	_____ -	
108	Working organization/office	_____	
109	Work experience(total)		
110	Income per month	_____ ETB	
111	Spouse occupation	1. governmental employee 2. private organization employee 3. private worker 4. workless	

PartII Questions to assess awareness level on the proposed SHI

In structure: For each of the following questions, please circle the number of the alternative that fit for your response or fill the blank space or palce the mark of or ×

	Questions		skips																																
112	Have you ever heard about the proposed social health insurance in Ethiopia?	1. Yes 2. No																																	
113	From where you heard for the first time?	1. Read on news paper 2. Television 3. Radio 4. Orientation from high administrative bodies 5. Other specify																																	
114	What are the contributors of social health insurance scheme?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 20%; text-align: center;">I don't know</th> </tr> </thead> <tbody> <tr> <td>1. Government employees.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>2. Private company employees.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>3. Government and private company Employees.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>4. Pensioner.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	I don't know	1. Government employees.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Private company employees.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Government and private company Employees.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Pensioner.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
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1. Government employees.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																
2. Private company employees.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																
3. Government and private company Employees.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																
4. Pensioner.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																
115	What percent of your gross salary will be deducted for the contribution of social health insurance scheme?	_____ %																																	
116	The frequency of contribution for the proposed health insurance By members_____?	1. every month 2. every three month 3. every year 4. i don't know																																	
117	What percent will be the government or employer contributes for social health insurance?	1. 3 % from gross salary 2. 6 % from gross salary 3. 10 % from gross salary 4. I don't know																																	
118	What are the beneficiaries of the proposed social health insurance schemes? Fill in front of each boxes with for your answer	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 20%; text-align: center;">I don't</th> </tr> </thead> <tbody> <tr> <td>1. Natural children less than 18years old.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>2. Step or adopted child.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>3. Any children under guardian ship.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>4. Mentally and physically.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>5. impaired children who have attained 18 years and can't sustain themselves.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>6. Father and mother of member.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>7. Spouse mother and father.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	I don't	1. Natural children less than 18years old.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Step or adopted child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Any children under guardian ship.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Mentally and physically.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. impaired children who have attained 18 years and can't sustain themselves.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Father and mother of member.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Spouse mother and father.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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119	Which Health services are covered by social health insurance scheme?	1.Outpatient care 2.inpatient care 3.delivery services 4.surgical services	Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I don't <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
120	Which health services are not covered by social health insurance scheme?	1. Any treatment outside Ethiopia..... 2. Treatment of injuries resulting from Natural diasasters,social unrest, Epidemic sand high risk sports..... 3. cosmetic surgeries 4. occupational injuries, traffic accidents 5. organ transplants 6. Dialysis except acute renal failure..... 7. provision of eye glass and contact lenses 8. Dentures,crowns,bridges,implants and root canal treatments..... 9. provision of hearing aids.....	Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	i don't <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
121	Co-Payment for outpatient services from total cost of the service.	1. 20% 2. 10% 3. 5% 4. I don't know				
122	In which health facility the health care will be given.	1. Government health intuition 2. Private health institution 3. Both private and governmental health institution 4. I do not know.				

PART III questions related to health conditions

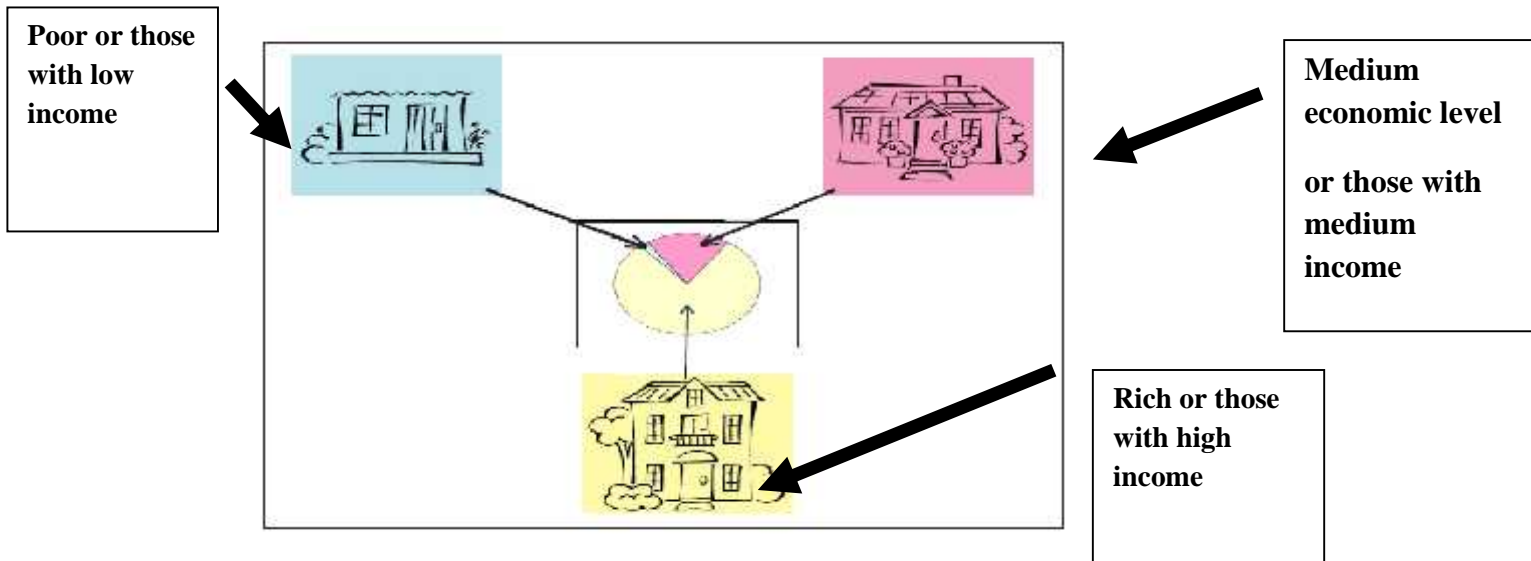
Questions		Skip
123	How do you rate the health status of your family?	<ol style="list-style-type: none"> 1. Very poor 2. Poor 3. Medium 4. good 5. Very good
124	Do you or other member of the household have chronic illness which needs continuous follow up?	<ol style="list-style-type: none"> 1. Yes 2. No
125	Where do you and your family usually utilize during illness.	<ol style="list-style-type: none"> 1. Private Heath Facility 2. private hospital 3. Public health center 4. Public hospital 5. Traditional healer 6. Other (specify)
126	Why did you go there?	<ol style="list-style-type: none"> 1. The HF was physically accessible 2. The HF was not expensive 3. The health facility not too crowded 4. The health service was courteous 5. The health service was efficacious/ effective 6. Other (specify)
127	Does there anybody who covers your health care free?	<ol style="list-style-type: none"> 1. Yes 2. no
128	If there, Who covers?	<ol style="list-style-type: none"> 1.Organization 2.government 3.public 4.other/specify__
129	How did you see finding money to pay for the health care?	<ol style="list-style-type: none"> 1. Difficult 2. Not difficult

PART IV willingness to cross-subsidize

Choose one correct answer from lists of choices for each question in the right of the table

Willingness to risk cross subsidies			<i>skip</i>
130	I would be willing to pay the same amount of money for each month as everyone else, even though others who are more sick than I am will use the services more	<ol style="list-style-type: none"> 1. I am volunteer 2. I am not volunteer 	
Willingness to income cross subsidies			
131	Do you support that payment for health care should be increased based on wealth?	<ol style="list-style-type: none"> 1. I support 2. I don't support 	

A pictorial option included in the survey to elaborate question No.133



PART V Questions, which assess perception on SHI, related to benefit and cost

For each statement in the left question box, place the mark of or at space on the right box to indicate your level of your agreement for the statements.

	Statements to assess civil servants' perception on SHI regarding it's benefit.	Very disagree	disagree	neutral	agree	Very agree
132	The proposed Social health insurance will save money from paying for medical bills.					
133	Will not need to borrow money for treatment because of the proposed social health insurance					
134	The proposed Social health insurance prevents from unexpected health expenditure for health care.					
135	The proposed social health insurance will increase access for health care					
136	The proposed Social health insurance will improve equity of health service.					
137	The proposed Social health insurance will increase utilization of health service.					
138	The proposed Social health insurance will create solidarity between members					
139	Social Health insurance will improve the quality of health care services.					
140	The proposed Social Health insurance will limit patient's freedom to choose health care provider.					
141	The proposed Social health insurance will not benefit me since government will manage it.					
142	The proposed social health doesn't not cover essential health care services for members					
143	The proposed Social health insurance does not enable most of the family members to be beneficiary					
144	Joining social health insurance will not benefit me					

Part VI: - Questions to assess civil servants perception related to cost

For each statement in the left question box, place the mark of or at space on the right box to indicate your level of your agreement for the statements

	Statements to assess civil servants' perception on social health insurance regarding its cost	Very disagree	disagree	neutral	agree	Very agree
145	Premium is low in related to benefit package					
146	The Co-payment fee for service is low					
147	The contribution for the scheme is High in related to salary					
148	Government contribution for social Health insurance scheme is low					
149	We should not pay for the scheme					

PART VII:-Questions to assess civil servants support for proposed SHI

		Strongly oppose	oppose	neutral	support	Strongly support
150	Do you support the start of The proposed social health insurance					

ANNEX II AMHARIC VERSION QUESTIONNAIRE

ክፍል አንድ:-ማህበራዊና እና ኢኮኖሚያዊ ጥያቄዎች

መመሪያ :- በጥያቄ ዓጥን ዉስጥ በግራ በኩል ላሉ ጥያቄዎች በቀኝ በኩል ከተዘረዘሩት የመልስ ምርጫዎች የመረጡትን ያክብቡ ወይንም ባለዉ ክፍት ቦታዎች መልሱን ያስፍሩ፡

No	ጥያቄዎች	ምርጫ እና መልሶቻቸዉ	ይዘሉሉ
101	ያታ	1. ወንድ 2. ሴት	
102	እድሜዎ ስንት ነዉ	_____ አመት	
103	ሀይማኖት	1. ሙስሊም 2. ፕሮቴስታንት 3. ኦርቶዶክስ 4. ካቶሊክ 5. ሌላ ከሆነ ይገለፅ _____	
104	የጋብቻ ሁኔታ	1. ያላገባ 2. የተፋታ 3. ያገባ 4. ባለቤቱ የሞተበት/የሞተባት 5. የተለያዩ	
105	በአንድ ቤት ዉስጥ የሚኖሩ የቤተሰብ ብዛት	_____	
106	የትምህርት ደረጃ	1. 4-6 ኛ ክፍል 2. 7-8 ኛ ክፍል 3. 9-12ኛ ክፍል 4. 10^{+1} - 10^{+3} ወይም በቴክኒክና ሞያ ሰርተፍኬት 5. ዲፕሎማ 6. የመጀመሪያ ዲግሪ 7. ሁለተኛ ዲግሪ	
107	የስራዎ አይነት (ምሳሌ:-ሀላፊ፣ፀሀፊ፣)	_____	
108	የሚሰሩበት መስሪያ ቤት	_____	
109	የአገልግሎት ዘመን (አጠቃላይ)	_____ ወር/ዓመት	
110	ወርሀዊ የወር ገቢ	_____ ብር	
111	የባለቤትዎ የስራ ሁኔታ (ያላገቡ ከሆነ ወደ ሚቀጥለዉ ጥያቄ ይሂዱ)	1. የመንግስት መስሪያ ቤት ሰራተኛ 2. የግል መስሪያ ቤት ሠራተኛ 3. የግል ሠራተኛ 4. ስራ የሌለዉ	→ 112

ክፍል ሁለት:- ስለ ማህበራዊ ጤና መድሀን ያለንን ግንዛቤ የሚዳስሱ ጥያቄዎች

መመሪያ:- በጥያቄ ዓጥን ዉስጥ በግራ በኩል ላሉ ጥያቄዎች በቀኝ በኩል ትይዩ ከተዘረዘሩት የመልስ ምርጫዎች የመረጡትን ያክብቡ ወይንም በተዘረዘሩት የመልስ ምርጫዎች ፊት ለፊት በተቀመጡት ክፍት ዓጥኖች ዉስጥ የመረጡትን √ ምልክት በማስፈር ይመለሱ ፤ በተጨማሪም ምርጫ ለሌላቸዉ ጥያቄዎች በቀኝ በኩል በተቀመጡት ክፍት መስመርላይ መልሶን ያስቀምጡ ።

	ጥያቄዎች	ይዘሉሉ
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112	በኢትዮጵያ ወስጥ ስለሚጀመረው የማህበራዊ ጤና መድሃኒት ሰምተህ ታወቃለህ?	1. አዎ 2. የለም ሰምቼ አላወቅም																																	
113	መረጃውን ለመጀመሪያ ጊዜ ከየት አገኘህ ?	1. ከ ጋዜጣ አንብቤ 2. በቴሌቭዥን 3. በ ሬድዮን 4. ከስራ ባልደረባ 4. ከባልስጣን አካላት 5. ሌላ ካለ ይገለፅ																																	
114	ለማህበራዊ ጤና መድሃኒት ስራዎች አባል ሆነው መዋጮ የሚያዋጡት እነማን ናቸው? (የመረጡትን በ እያንዳንዱ ምርጫ አጠገብ ባለው ሳጥን ወስጥ የ √ ምልክት ያኑሩ)	<table border="0"> <thead> <tr> <th></th> <th>አዎ</th> <th>የለም</th> <th>አላወቅም</th> </tr> </thead> <tbody> <tr> <td>1. የመንግስት ቤት ሰራተኞች</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. የግል መስሪያ ቤት ሰራተኞች</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. ጡረተኞች</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>4. በግል የሚሰሩ</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		አዎ	የለም	አላወቅም	1. የመንግስት ቤት ሰራተኞች	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. የግል መስሪያ ቤት ሰራተኞች	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. ጡረተኞች	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. በግል የሚሰሩ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
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116	አባላት ለ ጤና መድሃኒት ክፍያ የሚፈፀሙት በየሰንትግዜ ነው?	1. በየወሩ 2. በየሶስት ወሩ 3. በአመት አንድ ጊዜ 4. አላወቅም																																	
117	መንግስት ወይንም ቀጣሪ መስሪያ ቤት ለጤና መድሃኒት ስራዎቹ አባል ምን ያህል ያዋጣል?	1. ከጠቅላላ የወር ደሞዝ 3 % 2. ከጠቅላላ የወር ደሞዝ 6 % 3. ከጠቅላላ የወር ደሞዝ 10 % 4. አላወቅም																																	
118	ለማህበራዊ ጤና መድሃኒት አማካኝነት የህክምና አገልግሎት የማግኘት መብት ያለው የአባል ቤተሰብ (የመረጡትን በ እያንዳንዱ ምርጫ አጠገብ ሳጥን የ √ ምልክት ያኑሩ)	<table border="0"> <thead> <tr> <th></th> <th>አዎ</th> <th>የለም</th> <th>አላወቅም</th> </tr> </thead> <tbody> <tr> <td>1. ዕድሜው ከ18 ዓመት በታች የሆነ የአባል የስጋ ልጅ.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. የእንጅራ ወይም የጉዳፊቻ ልጅ.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. አባሉ በህግ መሠረት የአሳዳጊነት ኃላፊነት የተጣለበትን ልጅ.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>4. ዕድሜያቸው ከ18 ዓመት ያላነሰ ራሳቸውን ለማስተዳደር የማይችሉ</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>5. የአእምሮ በሽተኛ እና አካል ጉዳተኛ ልጆች</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>6. የአባል እናት ወይም አባት</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>7. የትዳር አጋር እናት ወይም አባት</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		አዎ	የለም	አላወቅም	1. ዕድሜው ከ18 ዓመት በታች የሆነ የአባል የስጋ ልጅ.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. የእንጅራ ወይም የጉዳፊቻ ልጅ.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. አባሉ በህግ መሠረት የአሳዳጊነት ኃላፊነት የተጣለበትን ልጅ.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. ዕድሜያቸው ከ18 ዓመት ያላነሰ ራሳቸውን ለማስተዳደር የማይችሉ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. የአእምሮ በሽተኛ እና አካል ጉዳተኛ ልጆች	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. የአባል እናት ወይም አባት	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. የትዳር አጋር እናት ወይም አባት	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	አዎ	የለም	አላወቅም																																
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119	<p>የማህበራዊ የጤና መድሃኒት ስርዓት ተጠቃሚዎች ምን አይነት የጤና አገልግሎቶችን ከኤጀንሲው ጋር ወል ከገቡ የጤና ጠቋማት የማግኘት መብት ይኖራቸዋል?</p>	<p style="text-align: center;">አዎ የለም አላውቅም</p> <p>1. የተመላላሽ ህክምና <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>2. የተኝቶ ህክምና..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>3. የወሊድ አገልግሎት..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>4. የቀዶ ህክምና..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
120	<p>የጤና መድሃኒት የማይሸፍናቸው አገልግሎቶች</p>	<p style="text-align: center;">አዎ የለም አላውቅም</p> <p>1. ከኢትዮጵያ ወጪ የሚደረግ ህክምና <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>2. በተፈጥሮ አዳጋ፣በማህበራዊ ብጥብጥ በወረርሽኝእናበስፖርታዊ ወድድሮች ለሚደርሱ ጉዳዮች የሚደረግ ህክምና..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>3. የወበት ቀዶ ጥገና <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>4. የስራላይ ጉዳዮች እናየትራፊክ አደጋዎች..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>5. የአካል ማዘዋወር..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>6. ለረጅም ጊዜ የሚደረግ የኩላሊት ዲያሊሲስ ህክምና..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>7. የአይን መነፅርና ኮንታክትሌንስ አቅርቦት..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>8. ሰው ሰራሽ ጥርስ ማስተካከልና ጥር ማስተካከል..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>9. የመስማት ሀይልን የሚያግዙ መሳሪያዎች..... <input type="checkbox"/> .. <input type="checkbox"/> <input type="checkbox"/></p>
121	<p>ለተጠቃሚዎች የጤና መድሃኒት ከሚሸፍነው የህክምና ወጪ ሌላ ተጠቃሚዎች ተመላላሽ ህክምና በሚያገኙበት ወቅት ከጠቅላላው የህክምና ወጪው ላይ ተሰልቶ በቀጥታ በጥሬ ገንዘብ የሚከፈለው ክፍያ ከጠቅላላው የህክምና ወጪ ምን ያህል ፕርሰንቱን ነው?</p>	<p>1. 20%</p> <p>2. 10%</p> <p>3. 5%</p> <p>4. አላውቀውም</p>
122	<p>የትኞቹ የጤና ተቋማት ናቸው ከ ማህበራዊ ጤና መድሃኒት ጋር ወል ፈጽመው ለ ተጠቃሚዎች የጤና አገልግሎት መስጠት የሚችሉት?</p>	<p>1. መንግስታዊ የጤና ተቋማት(ጤና ጣቢያዎች ወይም ሆስፒታሎች)</p> <p>2. የግል የጤና ተቋማት(የግል ሆስፒታሎችወይምክልከሎች)</p> <p>3. የመንግስታዊ እና የግል ጤና ተቋማት</p> <p>4. አላውቅም</p>

ክፍል ሦስት፡- ጤና እና ከጤና ጋር የተያያዙ ጉዳዮች

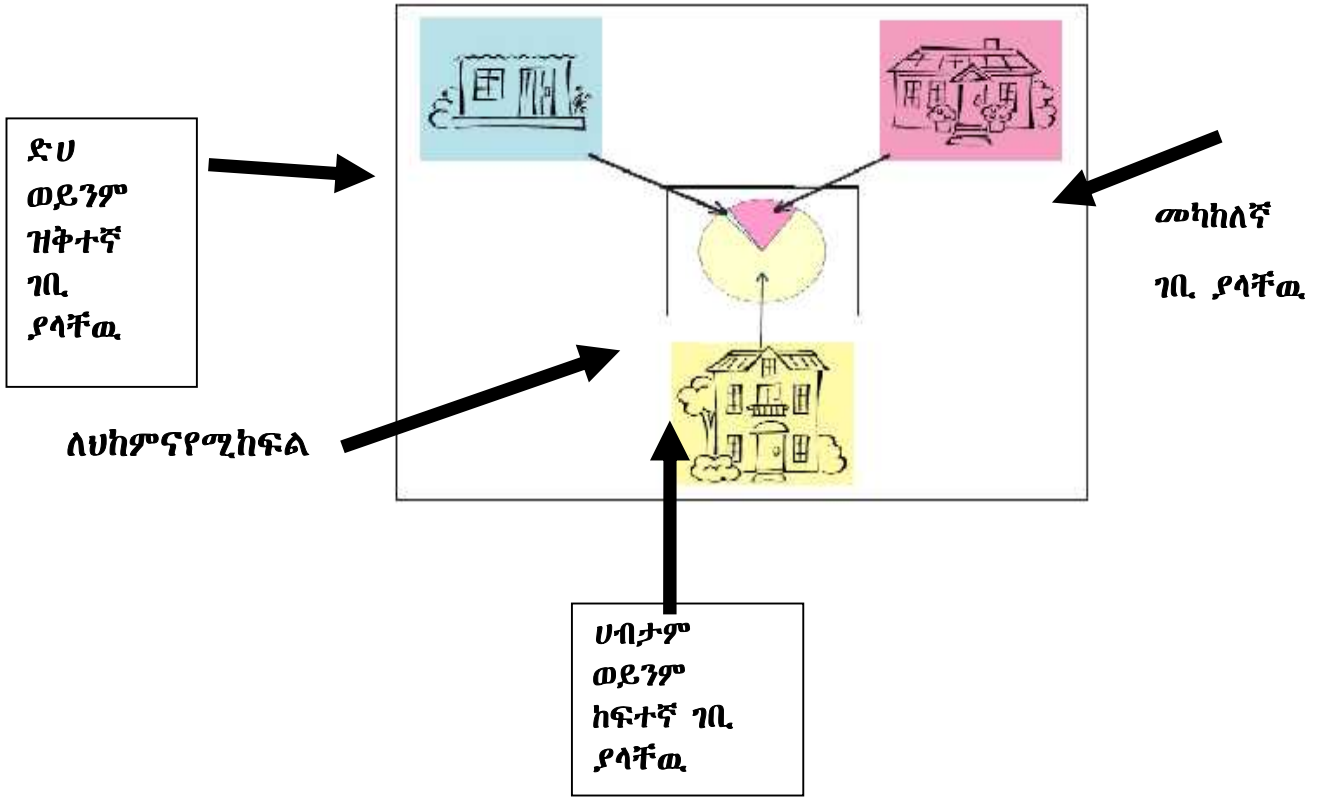
በጥያቄው ላይ ውስጥ በግራ በኩል ላሉ ጥያቄዎች በቀኝ በኩል ከተዘረዘሩት የመልስ ምርጫዎች ውስጥ አንዱን የመረጡትን ያክብቡ ወይንም የተለየ መልስ ካሎዎት ባለዉ ክፍት መስመር ላይ መልሱን ያስፍሩ፡፡

		ጥያቄዎች	ይዘለል
123	የቤተሰብህን የጤንነት ሁኔታ እንዴት ትለከዋለህ?	1. በጣም ደካማ ነዉ 2. ደካማ ነዉ 3. መካከለኛ ነዉ	4. ጥሩ ነዉ 5. በጣም ጥሩ
124	በቤታችሁ ውስጥ የማያቋርጥ የህክምና ክትትል የሚያስፈልገዉ አባል አለ?	1. አዎን 2. የለም	
125	በቤተሠብህ አባል ላይ ህመም ቢከሰት በአብዛኛዉ ህክምና የምትከታተሉት የት ነዉ?	1. በግል ክልኒክ 2. በግል ሆስፒታል 3. ከግል መድሃኒት ቤት 4. የመንግስት ጤናጣቢያ 5. የመንግስት ሆስፒታል 6. ባህላዊ ህኪም ቤት 7. ሌላ ካለ ይገለፅ _____	
126	ለምንድን በእንደዚህ ሁኔታ ለመከታተል መረጣችሁ?	1. የጤና ተቃራኒ በቅርብ ስለሚገኝ 2. የጤና ተቃራኒ የአገልገልት ክፍያ ወደ ስላለሆነ 3. የጤና ተቃራኒ በ ተገልጋይ የተጨናነቀ ስላለሆነ 4. የጤና አገልግሎቱ በትህትና ስለሚሰጥ 5. ወጤታማ የህክምና አገልግሎት ስለሚሰጥ 6. ሌላ ካለ ይገለፅ _____	
127	የቤተሰብህን የህክምና ወጪ በነፃ የሚሸፍን አለ?	1. አዎ አለ 2. የለም	
128	የሚሸፈን ካለ የሚሸፍነዉ ማነዉ?	1. መስሪያ ቤት 2. በመንግስት/በነፃ 3. ከህብረተሠቡ 4. ሌላካለ ይገለፅ _____	
129	ለህክምና አገልግሎት የሚሆን ገንዘብ ማግኘት እንዴት ታያዋለህ?	1. ከባድ 2. ከባድ አይደለም	

ክፍል አራት፡-የመደጋገፍ ፍቃደኝነት

በጥያቄ ሳጥን ዉስጥ በግራ በኩል ላሉ ጥያቄዎች በቀኝ በኩል ትይዩ ከተዘረዘሩት የመልስ ምርጫዎች የመረጡትን ያክብቡ፡፡

የሌሎችን የበሽታ ተጋላጭነትን የመጋራት ፍቃደኝነት		ይዘላል
130	ምንም እንኳን የህክምና አገልግሎቱን ከእርሶ በበለጠ በህመም ምክንያት ሊጠቀሙ የሚችሉ ሰዎች ሊኖሩ ቢችሉም ሁሉም እንደሚያዋጣዉ እኩል የገንዘብ መጠን በየወሩ ማወጣት ፈቃደኛ ናት ወይ ?	<ol style="list-style-type: none"> አዎ ፍቃደኛ ነኝ የለም ፍቃደኛ አይደለሁም
የሌሎችን የህክምናን ወጪ ለ መደገፍ ፍቃደኝነት		
131	ለህክምና አገልግሎት የሚሆን የገንዘብ ክፍያ እንደገቢ መጠን ቢከፈል ማለትም ከፈተኛ ገቢ ያላቸዉ ሰዎች ዝቅተኛ ገቢ ካላቸዉ ሰዎች የበለጠ እንደገቢያቸዉ መጠን የሚጨምር የህክምና አገልግሎት ክፍያ መክፈላቸዉን ትደግፋለህ	<ol style="list-style-type: none"> አዎ እደግፋለሁ የለም አልደግፍም



ክፍል አምስት:-ማህበራዊ ጤና መድሀን ስለሚሰጠው አጠቃላይ ጥቅም ያለውን እይታ የሚዳሰሱ ጥያቄዎች::

በጥያቄው ላይ ወስጥ በግራ በኩል ለተጠቀመውት ከ ማህበራዊ ጤና መድሀን ጥቅም ጋር ለተያያዙ አረፍተ ነገሮች የመስማማቱን ወይንም ያለመስማማቱን ደረጃ በቀኝ በኩል ትይዩ ባሉት ክፍት ቦታዎች ላይ የ √ ወይንም × ምልክት ያኑሩ

	የመንግስት ሰራተኞች ማህበራዊ ጤና መድሀን ስለሚሰጠው አጠቃላይ ጥቅም ያላቸውን እይታ የሚዳሰሱ አረፍተ ነገሮች::	በጣም አልሰማም	አልሰማም	መስማማትም አለመስማማትም አልችልም	እስማማለሁ	በጣም እስማማለሁ
132	የማህበራዊ ጤና መድሀኑ ለህክምና ተብሎ ከሚከፍል የገንዘብ ወጪ ያድነናል::					
133	በ ማህበራዊ ጤና መድሀኑ ምክንያት ለህክምና ሲባል ገንዘብ መበደር አያስፈልገንም::					
134	የማህበራዊ ጤና መድሀኑ ድንገተኛ የሆነ እናያልታሰበ ከፍተኛ የኪስ ወጪን ለህክምና ከማወጣት ይከላከላል::					
135	የማህበራዊ ጤና መድሀኑ ስርዐት መሰረታዊ የጤና አገልግሎት ለአባላት ተደራሽ እንዲሆን ያስችላል::					
136	የማህበራዊ ጤና መድሀኑ ስርዐት ሁሉም ሠው እንዳቅሙ እንዲከፍል እና በጤና መድሀኑ የሚሰጠውን አገልግሎት እኩል ተጠቃሚ እንዲሆን ያደርጋል::					
137	የማህበራዊ ጤና መድሀኑ የህክምና ወጪን በመፍራት የጤና አገልግሎትን አለመጠቀምን በመቀነስ የጤና አገልግሎት ተጠቃሚነትን ያሻሽላል::					
138	የማህበራዊ ጤና መድሀኑ ገንዘብ ያለው የሌለውን እና ጤነኛው ህመምተኛውን የሚደግፍበትን ሁኔታ ይፈጥራል::					
139	የማህበራዊ ጤና መድሀኑ ስርዐት የጤና አገልግሎት ጥራትን ያሻሽላል::					
140	የማህበራዊ ጤና መድሀኑ የህክምና አገልግሎት ሰጪ ተቋማትን የመምረጥ ነፃነት ያሳጣል					
141	የማህበራዊ ጤና መድሀኑ በመንግስት መስሪያ ቤት ስለሚሰጠው አባላት እና ቤተሠቦቻቸው በጤና መድሀኑ ተጠቃሚዎች አይሆኑም::					
142	የማህበራዊ ጤና መድሀኑ መሰረታዊ የጤና አገልግሎትን ባለመሸፈኑ አባላትንና ቤተሰቦቻቸውን ተጠቃሚ አያደርግም ::					
143	የማህበራዊ ጤና መድሀን ሥርዓት የአባላትን አብዛኛውን የቤተሰብ አባል በጤና መድሀኑ በሚሸፈነው የጤና አገልግሎት ተጠቃሚዎች አያደርግም::					
144	የጤና መድሀኑን ብቀላቀል አይጠቅመኝም ::					

ክፍል አምስት:-ማህበራዊ ጤና መድሀን ስለሚያስወጣው አጠቃላይ መዋጮ ያለውን እይታ የሚዳስሱ ጥያቄዎች::

በጥያቄው ሳጥን ዉስጥ በግራ በኩል ለተጠቀመውት ማህበራዊ ጤና መድሀን ከሚያስወጣው ወጪ ጋር ለተያያዙ አረፍተ ነገሮች የመስማማቱን ወይንም ያለመስማማቱን ደረጃ በቀኝ በኩል ትይዩ ባሉት ክፍት ቦታዎች ላይ የ √ ወይንም × ምልክት ያኑሩ::

	የመንግስት ሰራተኞች የማህበራዊ ጤና መድሀን አባላትን ስለ ሚያስወጣው ክፍያ ያላቸውን አጠቃላይ እይታ የሚዳስሱ አረፍተ ነገሮች	በጣም አልስማም	አልስማም	መስማማትም አለመስማማትም አልችልም	እስማማለሁ	በጣም እስማማለሁ
145	የሚከፈለው መዋጮ ከሚሸፈነው የጤና አገልግሎት አንፃር ዝቅተኛ ነው					
146	ተመላላሽ ህክምና በሚያገኙበት ወቅት ከጠቅላላው የህክምና ወጪው ላይ ተሰልቶ በቀጥታ በጥሬ ገንዘብ የሚከፈለው ክፍያ አንስተኛ ነው::					
147	የሚከፈለው መዋጮ ከሚከፈለን ደሞዝ አንጻር በጣም ከፍተኛ ነው::					
148	መንግስት ለማህበራዊ ጤና መድሀኑ ለሰራተኛ የሚያዋጣው መዋጮ አነስተኛ ነው ::					
149	ለማህበራዊ ጤና መድሀኑ ሰራተኛው ከደሞዙ መክፈል የለበትም::					

ክፍል ሰባት-በቅርቡ ተግባራዊ ሊደረግ የታሰበውን የማህበራዊ ጤና መድሀን መጀመር ያሎትን ድጋፍ የሚዳስሱ ጥያቄ

		በጣም አልደግፍም	አልደግፍም	መደገፍም አለመደገፍም አልችልም	እደገፋለሁ	በጣም አልደግፍም
150	በቅርቡ ተግባራዊ ሊደረግ የታሰበውን የማህበራዊ ጤና መድሀን መጀመር ትደግፋለህ					

ስለ ትብብር አመሰግናልሁ!!!!