



Addis Ababa University

College of Social Science

School of Social Work

The implementation process and challenges of “fee free medical treatment service” in Addis Ababa: the case of AaBET Hospital.

By:

Sebsibe Asfaw

A Thesis submitted to

The School of Social Work

Presented in partial fulfillment of the requirements for the Master`s Degree in Social Work
(MSW)

Addis Ababa, Ethiopia

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Declaration

I, Sebsibe Asfaw Arficho, hereby declare that the thesis entitled: “*The implementation process and challenges of “fee-free medical treatment service”* in Addis Ababa: the case of AaBET Hospital.” Submitted by me to award of the Degree of **Master of Social Work at Addis Ababa University, is a product of my original work and it hasn’t been offered for the award of any other Degree, Diploma, fellowship of any other university and institution. This work has also credited the views of the research participants. To the best of my knowledge, I have fully acknowledged the materials and pieces of information used in the study.**

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This is to certify that the thesis presented by Sebsibe Asfaw entitled: The implementation process and challenges of “fee free medical treatment service” in Addis Ababa: the case of AaBET Hospital and submitted in partial fulfillment of the requirements for the degree of Masters of Social Work complies with the regulation of the University and meets the accepted standards with respect to originality and quality.

Signed by Examining Committee

Examiner (Internal).....Signature.....Date.....

Examiner(External).....Signature.....Date.....

Advisor.....Signature.....Date.....

Chair of Department or Graduate Program Coordinator

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Acronyms and abbreviations

AaBET - Addis Ababa Burn, Emergency and Trauma hospital

ANC- Anti natal care

ANRSHB- Amhara National Regional State health Bureau

BOFED- Bureau of finance and economic development

CT-Computed tomography

CBO- Community based organization

EHSP-Essential Health Service Program

EFY-Ethiopian Fiscal Year

EPI- Expanded Program on Immunizations

ESHE-Essential Services for Health in Ethiopia

FDRE: Federal Democratic Republic of Ethiopia

FFMS- Fee-free medical service

FMOH- Federal Ministry of Health

GO- Governmental organization

HSDP- Health Sector Development Program

HCFR-Health Care Financing Reform

HEF-Health Equity Fund

HIV- Human immunodeficiency virus

MOC- Missionary of charity

MOH-Minister of Health

MRI-Magnetic resonance imaging

NGO-Non Governmental Organization

OOP-Out of pocket

PNC-postnatal care

RHB-Regional Health Bureau

RBO- Religious based organization

SDGs-Sustainable Development Goal

SNNP- South Nation and Nationality People

UDHR- Universal Declaration of Human Right

USD- United States Dollar

WOFED- Woreda Office of Finance and Economic Development

WHO-World Health Organization

Abstract

Fee free medicals service is aimed to provide fee free medical treatment for indigents and to help them to avoiding out of pocket expenditure at the time of illness. However, there was only limited attempt to document the implementation process of this service. This research explored and described the existing experience of the implementation process and challenges of “fee free medical treatment service” in Addis Ababa: by taking AaBET Hospital as a case. Qualitative data were collected from 17 participants, documents and executive letters were reviewed in addition to observations. The study showed there are eight types of fee free medical services in AaBET Hospital, there are two departments to facilitate fee free service provision. Shortage of medical supplies, reimbursement challenges, misinformation, language barrier were some of the major challenges in the fee free service implementation in AaBET Hospital. The results of this study have positive impact by providing a lot for policy makers by showing the gaps, for practice and social work education.

Key words

AaBET Hospital, Fee free medical treatment, Ethiopia, Social work.

CHAPTER ONE:

Introduction

1.1 Background of the Study

According to UDHR (2015) article 25, everyone has the right to get standard of living adequate for the health and wellbeing of himself and of his family. As a result of this countries developed their own way to serve their nation in health sector. But the reality showed that in the world out of pocket (OOP) expenditure as an obstacle to get health care service. According to WHO, Globally, about 150 million people suffer financial catastrophe annually while 100 million are pushed below the poverty line.(WHO, 2010)

In order to avoid out-of-pocket (OOP) expenditure in the point of health service, countries used different mechanism. Among these ‘free health care’ policy is the major one. The aim behind free health care policy is to “reduce financial barriers by eliminating formal fees at the point of service; either for all services, mainly at primary level, for selected population groups, for selected services for everyone or for selected services for specific population groups, usually characterized by medical or economic vulnerability.” (Mathauer et al., 2017, p.1)

In relation with free health care policy there is argument some says it is a best way to serve the poor and non-poor people (Mathauer et al., 2017). But others argued free health care (FHC) policy have a negative impact on health care service by reducing quality (Ridde et al., 2013). For example, in Madagascar this policy was reserved because of its maltreatment and abuse of medications (James et al., 2006).

According to Oliver de Sardan and Riddle (2013) abolishing user fees for patients in West Africa: lessons for public policy the study result showed that in Mali hospitals fee free

medical treatment has negative impact on the quality of medical treatment. The quality is directly related with payment. According to Mathauer (2017) only, free health declaration without enough support will damage the health service quality which can be a cause for shortage of medical supplies and staffs; this reality was real in Mali and Niger.

According to MoH Ethiopian health sectors, expenditures are covered by four main sources: 31% from the government, 37% from donors' international and national funders and 30% from service user charge (FMOH, 2009). We can assume that OOP payment at the point of use can be difficult for those who are in need or for people in poverty.

In order to support this kind of population Ethiopian government launched health care financing reform in 1998. This reform has five main components. Among this, systemized fee waiver service for indigents is the major one (FDRE MoH 2017). But in many developing countries the fee waiver implementation system faced challenges.

Different kinds of problems were there in the implementation process specifically, in the legibility criteria. For example, in Colombia there was one reform in 1990`s which is called "Law 100".The aim of the reform was to subsidized the poor citizens in health care service even though the selection criteria was there some people were pretended to get free medical service by false way (Bitran & Giedion,2003)

A study conducted by Wamalama (2015) showed that the implementation challenges of free maternity service in Rift Valley Provincial General Hospital in Kenya were inadequate supplies, inadequate funding, shortage of staff, and lack of motivation of health workers, overwhelming workloads and abuse of service by clients.

A study by Hana (2017) stated that there were implementation challenges on the fee waiver system like lack of similar criteria, lack of training about the implementation and beneficiary

identification, under coverage and unavailability of service like medication, laboratory and other recourses.

Consequently, this study is designed to explore challenges in the implementation of fee free medical service treatment service in the case of AaBET Hospital in Addis Ababa Ethiopia.

The reasons that inspire me to select the topic were because of my role in the hospital. I have almost six year experience in AaBET Hospital as a hospital social worker and working with indigents who are free waiver system service users. I am a witness about their challenges related with the service while they are in the hospital. So that, am becoming more interested to make the research on the implementation process and challenges of fee free medical service in the case of AaBET Hospital.

1.2 Statement of the problem

In the world, many people face challenges related to payment for health service especially in the point of use. This kind of problem is mainly manifested in developing countries. According to (WHO 2019) “In 2015, the year the SDGs were adopted, 926.6 million people incurred catastrophic health spending, defined as out-of-pocket health spending (out-of-pocket payments) exceeding 10% of the household budget (total consumption or income), and 208.7 million people incurred out-of-pocket health spending exceeding 25% of the household budget” (pp.10-11).

In order to provide health care service for all citizens’ developing countries tried more. Ethiopia also designed some reforms in health sector. Among the reform the 1998 health care financing reform is the major one. In this reform there are five main components. Among these five components the exempted health service and fee waiver health financial reform is clearly mentioned. According to Ethiopian Federal Democratic Ministry of Health (MoH 2017) the main purpose of the fee waiver system is to ensure equity and increasing access of

health service to the poor. In Ethiopia more than 1.4 million fee waiver beneficiaries were screened for the service. (Alebachew et al., 2015)

The studies conducted around the fee waivers service in Kenya indicated that this program faced many challenges in the implementation process. According to Kamanda et al. (2015) there were no long term plan related to waiver system operation, and the system was excluded from annual budget process and also there was poor utilization of waiver system. Most of the clients are not familiar with the existence of waiver system in the hospital. According to this study finding, supplies, lack of information dissemination on waivers, difficulty in beneficiary identification and poor operating structure for the waiver system were some of the factor identified to hinder effectiveness in the management of the waiver system in the Kapsabat Hospital.

According to some writers (Ridde 2007, Bitran and Giedion 2003) exempted service had not been provided effectively; due to implementation challenge and feasibility issues there is lack of clarity in policy related to exempted service and legibility issues and lack of guidance were the major challenges to implement the service.

According to HSDP III (2008) the fee waiver system was introduced to alleviate the negative impact of cost-sharing (user fee charges) on access to medical care by the poor. The waiver scheme is designed based on the 'third party payment principles where health facilities will provide services free at the point of use for pre-identified beneficiaries and be reimbursed by the third party. However, the implementation of the waiver scheme is not progressing as it was planned. A study conducted by Hana, (2017) showed that from 578 waiver beneficiaries participants only 273(74%) utilized waiver service with some sort of challenges in the implementation process. Also in her finding challenges faced in fee waiver system in public institution were lack of effectiveness due to lack of similar criteria, lake of training about the

implementation and beneficiary identification, leakage, under coverage and unavailability of service like medication, laboratory and other (Hana,2017) On the other hand, Ethiopians movies and series dramas also mentioned this fact in their message. For instance, Kifele W,(2019) tried to mention about government hospital service user challenges in “Mogachoch” television drama episode 184. In this part, the doctors and nurses contributed money to support one needy client who couldn’t pay for some kind of services. Related to this, the doctors start to complain about the service; they said there are no enough supplies and materials to serve the patients. Movies are the reflection of real world and this movie was done in Alert Hospital.

Similarly, in other Ethiopian movie, according to Ajebew, A. (2019), in “Dar Hager” serious television drama the writer explained about patients’ challenges when they are ordered by doctors to buy prescribed drugs/medications. In Ethiopia, government hospital service users are mostly from lower income level and from rural part of Ethiopia. Due to this, they are facing different socio economic problems while they are in the hospital. Even though, the government is starting different mechanisms to help such kind of patients but still the government hospital has many problems. For example, unavailability of medications and diagnostics service are the major problems.

Yitbarek K. (2017) studied about a topic entitled “The Utilization of Health Services among Poor Households with User Fee Payment Waiver Certificate in Gamo Gofa Zone, Southern Ethiopia” the findings indicated that more than one third of the beneficiaries did not utilize their exemption for health services use in public health facilities. They fail to use this opportunity as a result of shortage of drugs and procedures in public health facility, challenge of high non-medical costs, and limited applicability of poverty certificate.

A study conducted by Endale Engida , Damen Haile Mariam(1999); Assessment of the Free Health Care Provision System in Bahir Dar Area, Northern Ethiopia the result showed that from 210 free patients respondents there was no significant association between low income or poor and getting free care among the respondents in the study area.

Even though, some studies have been conducted in the topic of investigation, this study focused on the existing experience of fee free medical service in AaBET Hospital as the researcher could not found out any recent study conducted under this topic. There is a knowledge gap in terms of knowing and documenting the current practice. The researcher could not also find out a research report that documented the challenges and implementation process of fee free medical service in the current context of Addis Ababa where a number of federal and regional hospitals are residing.

1.3 Research Objective

1.3.1. General Objective

The general objective of this research is to explore the implementation process and challenges of “fee free medical treatment service” in Addis Ababa: by taking AaBET Hospital as a case.

1.3.2 Specific Objectives

1. To explore the policy and implementation guides to provide fee free medical services at AaBET Hospital.
2. To describe the implementation or the facilitation process of fee free medical treatment service or hospital services in the hospital.
3. To identify major challenges manifested in the process of offering free medical service for users while they are in AaBET Hospital.
4. To assess how the hospital is overcoming those challenges

5. To examine alternative solutions that would mitigate current challenges and bringing good outcomes.

1.4 Research Questions

1. What are the policy and implementation guides to provide fee free medical services at AaBET Hospital?

2. What are the implementations or the facilitation process of fee free medical treatment service in the hospital?

3. What are major challenges manifested in the process of offering free medical service for users while they are in AaBET Hospital?

4. How the hospital is overcoming those challenges?

5. What are the alternative solutions that would mitigate current challenges and bringing good outcomes?

1.5 Significance of the study

Social work as a profession gives much emphasize for needy people to enhance and to change their life for better condition. When these kinds of people are becoming ill, things are going to be very hard and tough for them specially, when they are on their bed in hospital setting. This study will give knowledge and information for concerned body in connection to fee waiver system or fee free medical service users when they are in the hospital; on the other hand, the policy makers and the hospital management may take in to account about these segments of population. It can help them to go further on the area or to find any other alternatives.

1.6. Scope of the Research

This research is limited to the study of the implementation process and challenges of “fee free medical treatment service” by taking the case of AaBET Hospital in Addis Ababa. The study covers those fee free medical service users who are getting the service in the hospital and if they have attendants, they were included. The other key informants also had a part in this study.

1.7 Organization of the study

This research is organized in five chapters. The first chapter introduces the thesis; introduction, statement of the problem, research objective, and research questions included. The second chapter is dedicated to literature review. Third chapter is about the methodology. The fourth chapter is data presentation and analysis. Here, the collected data were presented and analyzed accordingly. The summary, conclusion discussion and implication parts of the study are placed in the last chapter, which is chapter five.

CHAPTER TWO:

LITERATURE REVIEW

In this chapter the researcher tried to cover different issues in relation with fee free medical treatment in Ethiopia and other developing countries. And also Ethiopian health care reform and its relation to fee free medical treatment, types of fee free medical treatment, and kinds of challenges faced in the implementation process of the system. Finally other countries experience with the issue and some measures taken to solve the problem is addressed in the literature review part.

2.1 Ethiopian health care reform

According to the EFDR 1995 constitution “To the extent the country’s resources permit, policies shall aim to provide all Ethiopians access to public health and education, clean water, housing, food and social security.” (Article 90) Based on the constitution, the Ethiopian health policy in 1993 declared very important points especially for those poor populations. The policy recognized equitable and acceptable health service standard for all segments of the population.

According to EFDR MoH health care and financing strategy (1998), the health care coverage budget in the national level from early 1980`s up to the beginning of 1990`s per capita health expenditure was between USD 1 and USD 1.10. When we compare this number from sub-Saharan Africa average health expenditure, USD 6.7 per capita, Ethiopia has lower budget for health care coverage. But from year to year the health sector budget has been growing steadily. For example, the budget allocated in 2010/2011 was 26.5 billion ETB (FDRE MoH HSTP 2015)

In Ethiopia health system history fee-free medical service users are high in number “There has been a long history of fee-for service in the health sector but lacked periodic revision.

Surprisingly, it has not been revised for the last 47 years. There were also increasing proportion of fee waivers. Subjective estimates of the number of free patients ranged from 30-80%.”(FMOH, 1998)

The Government provides free health care for citizens who can document that they are financially indigent and many other members of society, such as prisoners, children, patriots, refugees and the military are also provided free health care. (FMOH, 1998)

As part of the national efforts to improve accessibility and quality of health service in Ethiopia, various reforms have been implemented as indicated in HSDP IV (FMOH, 2010).Health Care Finance Reform (HCFR) is the major one. Ethiopia endorsed a health care financing strategy in 1998 that envisioned a wide range of reform initiatives the implementation of these reform initiatives was legalized through regional legislations and operationalized in line with prototype implementation frameworks that were modified and aligned within specific regional contexts (ANRSHB, 2012)

In 2004, actual implementation was initiated in Amhara, Oromia, and Southern Nations, Nationalities, and People (SNNP) Regional States following ratification and endorsement of regional proclamations, regulations, and directives by the respective regional councils (Parliaments), regional executive Councils (Cabinets), and Regional Health Bureaus (RHBs) (Andargie,G. et al 2018) “health care financing reform in Ethiopia: Improving quality and equity” (2015) the reforms have expanded to the remaining regions, with the exception of Afar and Somali, which are still in the process of endorsing legal and operational frameworks. All other regions (Tigray, Benshangul Gumuz, Gambella, Harari, Addis Ababa, and Dire Dawa) implement the reform.

The strategy recognized that health care should be financed through multiple financing mechanisms to ensure long-range sustainability. The reforms introduced include

implementing revenue retention and use at health facility level, systematizing a fee-waiver system for the poor, standardizing exemption services, setting and revising user fees, introducing a private wing in public hospitals, outsourcing nonclinical services, and promoting health facility autonomy through the introduction of a governance system (FMoH HSDP IV 2010).

2.2 Free health care policy in Ethiopia

Free health care policy in Ethiopia directly related with 1998 health care financing reform. Many things were mentioned to apply the health care financing reform in Ethiopia for instance all revenue collected by hospitals and other health government health sectors was transferred to ministry of finance as a result of this public hospital and health facilities faced many challenges like shortage of essential drugs and supplies, out of pocket spending on health was very high for most Ethiopians so all of these problems demanded the introduction of new health care financing reform(Health care financing study,2014) therefore the reforms introduced include implementing revenue retention and use at health facility level, systematizing a fee-waiver system for the poor, standardizing exemption services, setting and revising user fees, introducing a private wing in public hospitals, outsourcing nonclinical services, and promoting health facility autonomy through the introduction of a governance system (FMoH HSDP IV 2010). As a result of health care financing policy/reform free health care system is established in the country. According to Ethiopian health care reform some public health services have been provided to all citizens free of charge regardless of level of income. This has occurred because of the nature of these activities and because of the need to promote use of certain health care services.

More specifically, the objectives call for mobilization of increased resources to the health sector, promoting efficient allocation, effective expenditure management to allocate equity, and better utilization of available health resources. Over the course of the HSDPs, various

background studies on health care financing issues have contributed to the design and introduction of health financing reforms.

2.3 Types of fee free medical service in Ethiopia.

Based on the national health care financing reform (NHCFR) there are two types of fee free medical service in Ethiopia. Exempted health care service and fee waived medical service.

Based on essential health services package (EHSP) exempted services are those services that should be provided at no charge to all mainly in public facilities since they address priority public health goals (Ministry of Health, 2005). These services are free at all public health care delivery levels. It also states that the Ethiopian government will mobilize the required external aid and domestic resources for these services. According to the FMOH standards, exempted services include the expanded program on immunizations (EPI), antenatal care (ANC), treatment for tuberculosis (TB)(sputum diagnosis, drugs, and follow-up), family planning, postnatal care (PNC), leprosy, delivery, HIV care (voluntary counseling and testing and prevention of mother to child transmission), and treatment for malaria (Ministry of Health 2005).

Second type of free fee medical service includes in the health care financing system is fee waiver system. It is one of the major components of health care financing reform. Waiver system is implemented in public health facility, to increase access for those who cannot afford cost of health service, to increase the financial capacity of health facilities and to improve health service quality by using the reimbursed cost of the services they provide through fee waiver system.(Amhara National Regional State Health Bureau Health Care Financing Implementation Manual, 2012).

On the other hand Waiver is “A form of direct targeting when a fee is eliminated or reduced for a person who cannot afford to pay a user fee for a service. Usually determined by the health facility or in the community using means testing” (Tesfaye et al., 2011, pp. 14-27).

According to Amhara National Regional State Health Bureau Health Care Financing Implementation Manual (2012) the following is receive as a beneficiary, households/Individuals who cannot afford to pay for health services and thus are provided waiver certificates from Woreda, street children and homeless citizens who can provide evidence from the Bureau/office of Labor and Social Affairs and persons receiving 24 hours’ emergency care provided by health institutions, who cannot afford to pay for the service.

Woreda\ Kebele committees use, the following points to select the eligible households for the fee waiver. For rural areas Size of land holding, number of dependents, number of livestock holding, Level of harvest, physical ability to work and earn income, earning less than minimum wage, household size in relation to land holding/income. For urban areas homeless, and street dwellers, orphaned children who have no financial support from relatives or no adequate inheritance from their parents, households earning less than minimum wage, households whose living is based on petty trades and unable to meet their daily subsistence, physical ability to work and earn income, household size in relation to income, and also for both area use of other objective criteria in the locality to identify the poor.

Kebele fee waiver selection committee, woreda fee waiver selection committee, woreda / city administrations community, mobilization, labor and social affairs bureau/office and food security, disaster prevention and preparedness commission/office involve in fee waiver selection proses and all have specific duty and responsibility. (Amhara National Regional State Health Bureau Health Care Financing Implementation Manual, 2012)

The reimbursement mechanism of fee waiver has its own system according to Amahara National regional state health bureau care financing implementation manual 2012 hospitals and health centers have responsibility to reimburse the cost quarterly. Health facilities present quarterly reports on services rendered to waiver certificate holders to board/governing body, woreda health office, woreda/city administration and BOFED/WOFED.

2.4 Challenges in implementation of free fee medical service/ waivers service

The Essential Services for Health in Ethiopia (ESHE) Health Care Finance Reform End-line Survey Synthesis Report (2008) witnessed many difficulties in the implementation process of fee waiver system among these difficulties there are operational difficulties, which resulted in under-coverage and leakage, the survey showed the new fee waiver system not fully functional in all health centers. Only 49 (63 percent) reported the new system is operational and 29 (37 percent) not yet functioning. Implementation varies widely among regions. In SNNP, 37.5 percent reported providing fee waivers according to the new system. The remaining 62.5 percent have not begun the service. Issuing of certificates at time of sickness (time of need) was found to be expensive and ineffective for poor households. Another challenge was fee waiver certificates were issued by many Government such as woreda and kebele administer, In the absence of a fully functioning new fee waiver system in some woredas, health centers were interviewed as to how the poor are receiving free health services although these issuers were not obliged to bear the cost borne by health facilities.

The fee Waiver system was developed to improve the system so the poor would be able to obtain health care services at no cost. The system uses clearly-defined legal instruments and operational mechanisms to separate financers and providers of health care services by obliging fee waiver certificate issuers to bear the cost. On the other hand, the main issues in the implementation of the free fee or fee waivers system are “Problem of targeting (under-

coverage of the very poor and or inclusion of those able to pay) and delay or no reimbursement of cost to Health facilities.” (Alebachew & Yusuf, 2015, p. 72).

According to Hana (2017) due to different reasons patients/clients are not using fee waiver system while they are in the hospital. Among the major reasons poor quality service, lack of medicine, unavailability of service and bad staff approach were mentioned. Also the study done by Yitbark et al (2017) indicated that there are many challenges in its implementation process. “More than one third of the beneficiaries did not utilize their exemption for health services use in public health facilities. They fail to use this opportunity as a result of shortage of drugs and procedures in public health facility, challenge of high non-medical costs, and limited applicability of poverty certificate.”(pp. 243-248)

2.5 Target populations for free fee medical treatment.

Different countries have different selection mechanisms for free fee medical treatment but most of these nations focus for marginalized and poor citizens. For example, in the Lao People`s Democratic Republic such kind of free fee medical service provide to the poor and several other groups (i.e., civil servants and their families, monks and students in government schools) are supposed to be exempted from having to pay user fees at government health facilities of the Lao People`s Democratic Republic (Thome & Pholsena, 2008, p. 81).

In Kenya there was an argument about the legibility issues of waivers users; in order to solve this problem the country`s MOH developed and published rules for establishing eligibility on the basis of income, but the rules proved difficult to interpret and implement (Ricardo & Giedion 2003).

According to Oiwno (1999) there is a lack of data on coverage of the target group for fee waiver in Kenya but the report shows that waivers rarely exceeded 2 persons per month –an insignificant figure given that 42 percent of Kenyans live below the poverty line.

Beneficiaries of exemptions and waivers are mainly inpatients and outpatients with simple medical conditions and seldom include patients with costly treatments. The reason behind of this was lack of awareness about the system according to Owino (1998) 80 percent of inpatients and 86 percent of outpatients were not aware of waivers and exemptions. In Kenya these free fee medical service also given for unfitted citizens like civil servants and health professionals (Owino, 1999).

In Burkina Faso, patients are required to pay for healthcare. This constitutes a barrier to access for indigents, who are the most disadvantaged. User fee exemption systems have been created to facilitate their access. A community-based initiative was thus implemented in a rural region of Burkina Faso to select the worst-off and exempt them from user fees. The final selection was not based on pre-defined criteria, but rather on community members' tacit knowledge of the villagers. So that by using these methods the result showed that the free medical service is given for indigents like who were widowed, had no financial assistance from their household for healthcare, lived alone, and had poor muscle strength and good mobility The indigent selection was not determined by household income, self-reported chronic illness, or previous use of services (Atchessi et al., 2014).

In Ghana based on the hospital regulation which was established in 1985 legible groups for free or partial exempted services were selected targeted groups diseases and health professionals were beneficiaries of the system. But first attention was given to the poor or those who are unable to pay. (Garshong et al., 2001).

According to health Care Finance Reform End-line Survey Synthesis Report (2008) In Ethiopian context this fee waiver service has its own criteria the report showed that from 76 woreda administrators, 36 (47.4 percent) rank households and take the poorest from the list; 14 (18.4 percent) and 10 (13.2 percent) provide kebeles with predetermined quotas in the

form of absolute numbers or percentages of the population, respectively. On average, total outpatient health service users (excluding those exempted) in the first half of EFY 2000 is 7,733, of which fee waived users were 217 (2.8 percent). In the same period, an average of 51 patients were provided inpatient services by health centers, of which seven (7.3 percent) were fee-waived. Use of health services by fee waiver beneficiaries 19 varies among regions. In Amhara, where fee waiver system reform has been fully implemented, the proportion of fee-waived beneficiaries using the services is relatively higher (5.5 percent) than in the other two regions, which are at an earlier implementing stage. But in another ways according to Tesfaye et al (2011) “There are no clear criteria and guidelines for granting waivers in the free health care system.”

A study by Woldie et al. (2005) result showed that there exist no clearly stated criteria in the free health care provision system of Jimma town.

Study result in Amhara region showed that there was no significant association between low income and free health care users among the community or in Bahir Dar Area. As a result of this finding the searchers recommended to revise the criteria of granting waiver Endale and Hailemariam (2002). The issue of granting waivers criteria is similarly a problem in Gondar town a study by Tesfaye et al. (2011) the result showed that the waiver mechanism is not very effective in screening the poor.

2.6 Other African countries experiences on the implementation challenge on free fee medical treatment

In Sierra Leone there is a policy which gives for free service for pregnant women and under the age of five but the policy was unclear and there was inadequate planning to implement the system of waivers. Moreover, with the health system severely lacking resources, there was simply no money to cover all the exemptions and waivers included in the policy. (Save the children 2008).

According to Kamanda and Nangami (2015) there was no long term plan and budget related to the waiver system also there was poor utilization of waiver system in the hospital. According to the finding this poor and ineffective utilization of the system is due to some important criteria points missed in the waiver system implementation. For instance, occupation education and income level of the clients have no important place in the waiver application form, lack of information on the dissemination of waivers system, difficulty in identification criteria and poor operating structure for the system are major factors that hindered the effectiveness of waiver system in the Kapsabet hospital in Kenya.

Similarly the study done in Tanzania by Munishi (2010) showed that there were implementation challenges in the waiver or free fee medical service in Tanzania. The reasons behind the problem were due to lack of knowledge and information about waiver system, poor policy on the area, poor design of the waiver system, lack of monitoring and evaluation, difficulties to identify the poor and poor quality of service were also major challenges in the fee waiver implantation system in Tanzania.

2.7 Measures taken to solve the problems in free fee medical service treatment implementation process.

The study done in Cambodia in relation to free fee health care activity or health equity funds (HEFs) NGOs are more effective than the government. Health Equity Funds (HEFs) aim to make exemptions effective by giving NGOs responsibility for assessing eligibility and compensating providers for lost revenue. HEFs are more effective in reducing OOP payments when they are operated by a NGO, rather than the government, and when they operate in conjunction with the contracting of public health services. (Flores et al., 2011).

Low-income country governments can mobilize alternative (and more equitable) financing mechanisms, the global community should focus on helping countries design policies that can foster access by the poor to health-enhancing services and protect the poor and near-poor

from catastrophic health spending. In order to avoid this catastrophic health expenditure the alternative suggested “conditional cash transfer” which means provide direct cash payments to poor households, the evidence, largely from middle-income countries, suggests that well-designed conditional cash transfers have the potential to improve health outcomes and reduce poverty with relatively modest administrative costs. But additional research is needed to determine whether such programs can be effective in low-income settings (Gottret & Schieber ,2006).

According to Ethiopian hospital reform implementation guideline the governing boards of the hospital is responsible to oversee fee waiver and exempted systems. It says

“Governing Boards must ensure the provision of health services to fee waived patients without discrimination, and must ensure the provision of exempted services as described in the Regional financial rules and regulations. Boards must ensure the reimbursement of fee waiver expenses from the appropriate Fee Waiver Certificate issuing authorities.” (FDRE MOH, 2010, p. 15).

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Research design

The design selected for research is the one most suited so as to achieve an answer to the proposed research question (Parahoo, 2006) a qualitative study design employed to conduct this research. Qualitative research is an approach for exploring and understanding the meaning individuals or groups ascribe to a social or human problem. Among the qualitative research this study used case study design. Case study is extremely rich, detailed and in-depth information characterize the type of information gathered in a case study (Lowhorn, 2007). Due to this, the researcher used case study in this research.

The researcher employed cross-sectional method to conduct this research. Cross sectional study is when the data is collected at one point in time (Creswell, 2007). So all information that help to explore about the challenges and opportunity to overcome those challenges of government hospital for free fee medical service users were gathered at the limited time interval.

3.2 Study setting

Most specialized and Referral government hospitals are found in Addis Ababa. Since 2014 in number Addis Ababa has 12 state run hospital (Ejigu,T 2014) six hospitals are under Addis Ababa city administration and six under federal state, AaBET Hospital is one of the new government hospital under St Paul`s Hospital found in Addis Ababa which is located around Yohanes Church in Arada sub city. The hospital is established to fill the gap in emergency and trauma “to transform the dismissal situation in emergency/trauma care, St Paul`s Hospital, Millennium Medical College initiated a quality improvement project in the early 2015. The coming to fruition of this effort laid the base for the establishment of Addis Ababa Burn Emergency Medicine and Trauma Hospital (AaBET Hospital)” (AaBET Hospital, 2017

p, 1). Most of these government hospitals service users are from rural part of Ethiopia and from lower class.

3.3 Sampling

The populations under this study were AaBET Hospital fee free medical service users who are getting for fee free medical service either being a member of a fee waiver system or emergency fee free service users especially in the case of AaBET Hospital. The emergencies for fee free service users are those who faced road traffic injury and those who get hospital social work for fee-free medical service stamp. In his study, the researcher used purposive sampling, because purposive or judgmental sampling is the more acceptable sampling procedure for qualitative research, particularly, when it involves selecting participant for special situations. This sampling procedure uses the judgment of an expert in selecting cases or the researcher selects cases with a specific purpose in mind. Purposive sampling is useful for case study in three situations: first when a researcher wants to select unique cases that are especially informative, second when a researcher would like to select members of a difficult-to-reach, specialized population, and finally when a researcher wants to identify particular types of cases for in-depth investigation. (Ishak & Abu Baker, 2014).The major objective of this research and the characteristics of population who seek this service are closer to purposive sampling.

3.4 sample size

According to Patrica and Lawrence (2015) data saturation is reached when there is enough information and when further coding is no longer feasible because ability to obtain additional new information is attained .In this research a total of 17 respondents participated. Among these five participants were directly fee free medical treatment service users in the hospital other eight respondents were from health professionals and three respondents were from administration staff and one from MOH.

3.5 Method of data collection

According to Creswell (2014) in many qualitative researches there are four basic types of data collection methods with their own strengths and limitations. In this study the following data collection methods will be used.

3.5.1 Observation

The researcher observed fee free medical services delivering processes and observed how the implementation challenges of fee free medical treatment in the hospital. This qualitative research method involved studying people, things or situations by watching or viewing them in their natural settings (Johnson et al., 2017) this observation is open ended it allowing the participants to freely provide their perspective. I observed how clients got information to get fee free medical service in the hospital, the way to get fee free medical service in the hospital, fee free service users physical situation like hygiene and dressing style , family/attendants situation of the clients, supportive letters from weredas, kebeles and other organization, way of registration for fee free service users, reimbursed mechanism of fee free service cost, I observed the availability of services after fee free stamped, observed types of investigations and prescriptions ordered to fee free service users, how fee free users are treated in the hospital is generally observed. Along with the use of in-depth and key informant interviews, the study used direct observation technique through attending the government hospital settings at AaBET Hospital.

3.5.2 In-depth interview

The researcher used in-depth interview to collect the data. In-depth interview was made for AaBET Hospital fee free medical service users while they are in the hospital. The in-depth interview held in face to face with clients on the side of their bed. For example, in emergency, yellow green area, in pediatric unit and in orthopedics patients side and I recorded their voice with audio recorder, interview questions were unstructured and open-ended questions that are few in number and intended to elicit views and opinions from the

participants (Creswell, 2014). Five fee free service users were interviewed. Among the interview questions, I asked them to explain about the fee free medical service implementation process, how they receive the fee free medical service and what kinds of challenges are faced them when they receiving the service are the major one (see annex p.77).

3.5.3 Key informant interview

In this study the researcher interviewed key informants. “*Key informant interviews involve interviewing a select group of individuals who are likely to provide needed information, ideas, and insights on a particular subject*” . (Kumar, 1989 p.1). Therefore, eight medical staffs’ (four nurse from different wards like pediatric unit, burn unit, orthopedic unit and ICU department, one pharmacist, one laboratory professional and two social workers) three administration staff, and one MOH expert were interviewed. A total of twelve key informants were interviewed in this study on average 40 minutes. During the interview, the researcher used audio recorder and taking notes. In this part of interview the following questions were raised about the challenges and implementation processes of fee free medicals service treatment and their evaluation and suggestion on the program were asked. (See annex p. 78)

3.5.4 Document review

In order to get holistic data, documents were reviewed; these documents were Vehicle Insurance Against Third Party Risks Proclamation no 799/2013 no 53, 1998 health care and financing strategy of FMOH, St. Paul’s Hospital Millennium Medical College AaBET Hospital strategic Plan 2016/17-2020/21, the hospital development and admin manager executive letters and fee free information keeping charts are reviewed.

3.6. Method of Data analysis

Data analysis is “the process of bringing order, structure, and interpretation to the mass of collected data.” (Marshall & Rossman., 1999, p. 150). The data obtained from interviews,

observation and reviewed documents were analyzed by using thematic analysis method through identifying and categorizing ideas. Thematic analysis method helps to identify the common issues and main themes by summarizing all the views that the researcher has collected from the respondents (Patton & Cohran, 2002). In order to ensure the reliabilities and rigor in the analysis of independently transcribed data, the researcher followed Creswell (2014) six steps of qualitative data analysis methods. Step one, organize and prepare the data for analysis which is gathered from raw data like field notes observation and secondly, read or look at all the data and listen the audio records of the interview to get more details and rewrite the missed transcripts. The third one is generating initial coding. In this step, five codes were established to have understandings about the data set. Code 1 car accident fee free medical care, fee free medical care through social work department, kebele`s support letter, free medical care for children, and proclamations and directives are provided by the hospital. Code 2 Get fee free medical treatment seal by going to cashier department and providing evidence, a social work unit and stamping. Code 3 Problems with the supply of medicines, pretending, stress and anxiety among health professionals, and so on. Code 4 Replacement drugs, seeking help, donating money, and improving the system. Code 5 The government should pay attention to free medical care and work with governmental and non-governmental organizations. Braun and Clarke (2006) describe this step as *“coding of interesting features of the data in a systematic fashion across the entire data set”* (p.18). Also according to Creswell (2014) coding is important to represent the category of data. Step four; by using the coding process will described the category or themes for data analysis. The researcher searched five themes using the interview questions and initially coded data to make emerged themes refine. Those themes includes policy or principles for fee free medical service in AaBET Hospital, implementation process of providing fee free medical service in AaBET Hospital, challenges of fee free medical treatment service in AaBET Hospital. the fourth

theme is measures taken to solve the challenges in fee free medical service treatment in AaBET Hospital and alternative solutions recommended by participants were as a major themes. In the fifth step the description and themes was represented in the narrative way. The researcher used a narrative passage to convey the findings of the analysis. In step six, the researcher conducted the final analysis based on the research objectives after identifying and reviewed all the themes and made an interpretation in qualitative research of the findings or results. The researcher interpreted carefully through reading, writing and narrating collected data word by word.

3.7 Ethical consideration

Research ethics is important in our daily life, research endeavors and requires that researchers should protect the dignity of their subjects and publish well the information that is researched (Fouka & Mantzorou, 2011).The researcher took a formal letter from School of Social Work from Addis Ababa University, to approach different offices. In the beginning part of the study participants were briefed about the purpose and nature of the research and asked for their informed consent to involve in the study. *“Informed consent means the knowing consent of individuals to participate as an exercise of their choice, free from any element of fraud, deceit, duress, or similar unfair inducement or manipulation.”* Berg,L (2001, p,46).

The privacy of participants has abided by the rule of confidentiality. In order to insure confidentiality, the participants were not asked to write or tell their names. Furthermore, the researcher assured participants that their responses for the interview used only for the intended purpose and after completing the research, the researcher wiped out the participants’ responses as no more required.

Audio-tape recording had made after obtaining the consent of the participants and notes being taken during the interviews. Before starting the interview, the purpose of the interview clearly explained to make sure that the participants and discussants understand the topic to be

addressed. The interviews held in Amharic and at convenient times for the participants. Cultural sensitivity issues were considered like being fee free service users, being poor, being without family/attendant, disability, sex, age and class/professional difference were treated equally. There were no incentives for participant in this research this study is for the time being only used for academic purpose but in the long run probably when policy and programs could be drive from it so that it might have some contribution. Therefore, this research assured that it keeps all ethical and moral standard of social work research.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

This chapter is going to discuss about the major findings of the study. In the first part of this chapter the socio demographic characteristics of the research participants briefly discussed and the major findings of the study are explained. Among the findings, types of fee free medical service, the implementation process, challenges, measures taken to solve the problem, suggestions given by professionals and service users are included.

4.1 Socio Demographic Characteristics of The research Participant

Demographic character of the research participants includes sex composition, age, and educational background. Sex composition, twelve participants were male and the rest five were female. Age composition, there were two participants at the age of 26 and 28 years old, among the participants nine of them were at the age of 30-40 years old and the other six participants were 41-50 years old. Educational status, five of them were masters holder, six of them were degree holders, other two participants were diploma holders, other two participants were elementary students (grade eight and grade five). one of the participants was illiterate.

4.2. Types of fee free medical treatment in AaBET Hospital

In order to obtain the information in relation to fee free medical treatment the researcher reviewed different sources and documents like Vehicle Insurance Against Third Party Risks Proclamation no 799/2013 no 53, health care and financing strategy of FMOH 1998, A Guide To Paying Medical Expenses For Occupational Injuries For Federal Government Employees 2012 EC. And the hospital manger executive letters were reviewed also the findings are supported by in-depth interview and setting observation. From the document I reviewed, in-

depth interview, key informant interview and observation the following services were provided in fee free medical service in AaBET Hospital.

4.2.1. Road traffic accident (RTA)

Car accident victims are among the clients who receive fee free medical treatment. One of the nurses stated that

“I know that car accident in the emergency room can be treated for up to 2000 birr for free”

According to the 1998 MOH financial health care reform, in principle there is no free service as the result of this free medical care will be paid by third parties for the medical service used by patients some of the patient who receive fee free medical treatment in AaBET Hospital are the most likely to be involved in it. Vehicle accident third party insurance proclamation No.799/2013 article 27 sub articles 1 says anyone who has injured in a motor vehicle is entitled to emergency medical treatment of up to 2000 birr, whether he/she is a third party or not defined under this proclamation.(Federal negarit gazette, 2013). As stated by the nurse and the proclamation any clients who are injured by RTA allowed for fee free medical service in AaBET Hospital. The service will provide after assured the injury wheatear RTA or not by the triage officer, if it is RTA, the cashier stamped the RTA stamp, and then the clients will receive the service.

4.2.2. Prisoners

Among the member of the community who were allowed to receive fee free medical service in AaBET Hospital were legal prisoners. It is common at the hospital for patients to receive fee free medical treatment from the prison. One of the hospital social workers stated that:
“Prisoners who come from the prisons are legitimated to get fee free medical treatment in AaBET Hospital” Prisoners are one of the fee free medical service beneficiaries in medical institution. Fee free medical service provision for the prisoners is legally approved by the

according to 1998 MOH health care financing strategy. When prisoner come to the hospital their keepers/policies/ bring a letter from the institution to AaBET Hospital. Based on the letter they can get fee free stamp from the cashier then fee- free medical service will be provide.

4.2.3. Defense force

According to the information I received during the interview some of those who receive medical treatments at AaBET Hospital are those in military. One of the social worker stated that: *“Those who are military or in defense force can get fee free medical service in AaBET Hospital.”* Also the hospital Admin and Development general Director stated that: *“Members of defense force are treated free of charge”*. It is also supported by internal letter of the hospital Administration and Development Director that was written to Finance Directorate on 24/7/2013 E.C. However, those who are working in finance department are not familiar with how the money will be reimbursed after such clients get fee free medical service in the hospital.

4.2.4. Children under Five Years Old

Children are among those who are allowed to receive fee free medical service treatment in AaBET Hospital. Children under the age of five get unconditional fee free medical service in the hospital one of the nurses who is working in Pediatric Unit stated that: *“What I do know is that children under the age of five receive free medical care.”* Most of fee free medical services in AaBET Hospital are provided based on the experience, obtained from St. Paul’s millennium medical college, it is like adoption, and there is no clear guideline for the specialist to know simply if similar tasks are done in St. Paul’s Hospital these tasks also performed in AaBET Hospital. This type of practice can make job less responsive. According to the Hospital Administrator and Development Director expression, *“There are no*

guidelines or policies for free treatment and or treatment for those people in this way. We are giving fee free medical service based on experience from St. Paul Hospital.”

But according to health care and financing strategy Federal Ministry of Health 1998 which says many sections of society, such as prisoners of law, children, patriots, refugees and those in the military are also provided fee free medical health care (FMOH, 1998).

4.2.5 Government Employee Fee Free Medical Treatment

Fee free medical treatment at AaBET Hospital includes free treatment injuries sustained while working for the government employees. Accordingly the Hospital Admin and Development General Director stated that: *“If a government employee`s injured while on the job, they can receive fee free medical treatment in AaBET Hospital. We have a guide for this”*

This guide is about government employee health cost coverage, injured while on the job their medical expense covered by the Government they can get fee free medical service in the hospital accordance with article 59 of the Federal Employee Proclamation No. 1064/2010. And based on the proclamation the civil service commission prepare the guideline and sent the letter to AaBET Hospital dated 8/4/2012 E.C. (FDRE civil service commission 2012)

4.2.6 Institutional ways to deliver fee free medical service in AaBET Hospital

The hospital has its own way to provide fee free medical treatment procedure for those who are needy and without document. These fee free services are gain through social work fee free stamp, Keble’s supportive letter that assured the individuals poverty and fee free medical service for organization based on mutual agreement.

4.2.6.1 Social Work Fee Free Seal/Stamp

One of the fee free seal service provision room in AaBET Hospital is social work unit. The unit has power to offer free seal for medical treatment and allow for timely and unrestricted free medical care for patients who are unable to pay for treatment at the hospital and for those who are unable to pay for emergency and outpatient treatment. One of the social worker stated:

“In the case of social work unit if the clients request to get for fee free service social workers make deep assessment; the assessment focuses more on socioeconomic condition of the clients and their family or relatives then if the social worker convinced the clients are needy they permit service obtainment by making their stamp on the medical chart or the patient history holding folder.”

4.2.6.2. Keble`s Supportive Letter for Fee Free Medical Service in AaBET Hospital

Clients who brought Keble`s letter to get fee free medical treatment were a controversial issue. There was an experience/ habit stayed for a long time to offer fee free medical service for clients who brought a supportive letter from Kebele. Recently this service was terminated but after a lot of arguments and discussion the service is restarted again. The debate over whether they should not receive fee free medical treatment at AaBET Hospital, because no one is reimbursed their cost. Controversy has arisen several times in this issue but according to the internal letter from the hospital administration dated 24/7/2013 EC (See annex p.no. 82) fee free treatment is being approved by the relevant authorities.

4.2.6.3. Based on Mutual Interest (free patients of Missionary of Charity-MoC)

Finally, those who are eligible for fee free medical treatment at AaBET Hospital will be provided free medical care. Patients come from Missionary of Charity or Mother Teresa; these patients are mostly street children, beggars and homeless women and elderly. The free

medical services provided for Mother Teresa clients are based on mutual benefit. This means that the hospital provides fee free medical care for patients who come from this organization and in turn Missionary of Charity supports homeless patients when they leave the hospital. The Hospital's General Director stated that: *"We have contract with some organizations to provide free treatment such as mother Teresa"*. In such kind of circumstances working with collaboratively for similar mission is more important and resources will be saved and clients can get good service.

In general eight types of fee free medical or unpaid by hand services are available in AaBET Hospital, five of which are supported by policy principle and proclamation which are fee free service for RTA victims, Defense forces, Prisoners, children under the age of five and Government employees and the rest are created by the hospital system and were not supported by policy and directives which are, fee free medical service users based on mutual interest, like patients from Missionary of Charity, Patients who bring kebel's supportive letter and patients who get free seal from social work department.

Finally, while there were many advantages to having fee free medical service in AaBET Hospital, on the other hand if the money spent on patients is not returned by a third parties properly and on time fee free medical service will be affected. Accordingly the Finance focal person, except RTA, CBHI and Government employees others fee free service expenses are not reimbursed due to this the government and the hospital lose money.

4.3 Process of provision (fee free medical service -FMS)

There are two departments in AaBET Hospital that are recognized to provide the service of putting seal/stamp on application after an assessment. The first one is social work unit for those segments of societies who have not any kind of document like street children the second one is cashier/finance department. The social work free stamp provision process has different ways which can be based on their observation, can be refer from other medical

professionals and other legal bodies like the police. Based on their observation means without any kind of referral from the medical staff or others staff, social work professionals themselves will round the different medical departments and make their own professional assessment and professional observation by using their skill/experience, and based on observation and assessment they decide to put seal on the document that would make these needy clients to be eligible to get fee free medical services. But they have no written standard or format to make observation or assessment.

On the other hand, when others refer the patients to social work office the social worker will assess the clients' socioeconomic background and if the social workers convinced that the client is poor he/she decides to allow the client to obtain fee free medical services by putting the seal that would enable the client to accesses this service. Sometimes clients have CBHI identification card which helps to get fee free medical care in the hospital, but they may forget to come up with it, as a result, those clients faced financial shortage because they were obliged to buy medical services in the hospital even though they were a member of the insurance, at this time the doctors and nurses refer them to the Social Work Unit then till bring the CBHI ID the Social Worker allow the client to obtain fee free medical service by putting the seal from 24 hour up to 72 hour based on the assessment within this hour clients bring their CBHI ID then social work seal will be canceled.

One of the social workers stated that:

“Sometimes clients have CBHI book but they may forget to come up with it then up to bring the CBHI book social worker make assessment and if the clients are legible social workers make their free stamp on the chart with time span. In addition to the above fee free provision process when clients stay in the hospital for long period of

time they faced financial shortages at this time social workers put seal on the document that would make eligible to get fee free medical service.”

The Second free seal service provision department for fee free medical treatment in AaBET Hospital is found in finance or cashier department. The free seal of this department is for those who are CBHI members, RTA victims, prisoner’s defense force member, and children under the age of five and government employees. All these get free stamp in this room.

The Free seal/stamp service provision process of this department is focused on the guides principle proclamation and executive letters of the hospital management. Free seal based on the proclamation and principles are RTA victims, according to Vehicle Accident Third Party Insurance Proclamation No.799/2013 article 27 sub articles one indicated that *“anyone who has injured in a motor vehicle is entitled to emergency medical treatment of up to 2000 birr, whether he/she is a third party or not defined under this proclamation.”* (Federal negarit gazette, 2013). The letter written from MoH dated 22/06/08 EC. Letter number 49/45/414 free, stated that Children under the age of five are free medical users. CBHI members, according to FDRE civil service commission: A Guide to Paying Medical Expenses for Occupational Injuries for Federal Government Employees 2012 EC. Government employee injury on job gets fee free service. Prisoners and national defense force member have the right to get free medical service according to health care and financing strategy federal ministry of health (1998) many sections of society, such as prisoners of law, children, patriots, refugees and those in the military are also provided fee free medical health care (FMOH, 1998).

One of the Finance Department experts stated that:

“The followings are the types of patients who do not pay directly to our hospital or receive fee free medical treatment: they are car accident victims, member of health insurance, prisoners coming from prison, children under the age of five”

Other expert in cashier room stated that the following about the provision process for Road Traffic Accident (RTA) clients:

“In the event of car accident, the information to be filled out by the expert at the door will indicate a car accident. We will make immediately mark a stamp prepared for this service if it is the person who caused the accident brought the client to the hospital, we will record the individual full information, such as name, address, ID number, license plate number and driver license number on the card. If it is brought by the police or any other party, the necessary information will be recorded and fee free medical treatment will be provided. If the patients get fee free seal, he or she will continue to receive treatment free of charge”

Other ‘fee free stamp’ provision process is provide based on the hospital mutual interest with other organization for example agreement between Missionary of Charity any client who come from Missionary of Charity have a right to get fee free medical treatment in AaBET Hospital. As the hospital admin and development director stated: *“We have a contract with some companies to provide free treatment. There are organizations that we can help treat for free for the common interest, such as mother Teresa”* Clients from this organization bring referral paper from MOC, the cashier put the free stamp on the medical chart, and then they will receive fee free medical treatment in the hospital.

People who can bring supportive letters from kebeles witnessing that they are poorest of the poor uses free medical treatment after dealing with the hospital CEO or Administration and Development General Director . One of the cashiers stated that: *“We will take those who*

bring letter from kebele to the administration and we will make free for them following an administrative decision.” AaBET Hospital Social Worker stated that:-

“Work that is not supported by well-directed directives can be ruined if it is determined by individual consent, bias and injustice, or by emotional and human nature of the person who allows it. This will have a negative impact on work.”

4.3.1. Time span for Effecting the Fee Free Service in AaBET Hospital.

The time limit for free stamp is divided in to three which are free seal for 24 hour, free seal for 48 hour, free seal for 72 hours and full free or without time limitation. The hospital social worker stated that:

“The free treatment is being provided by the social work department. In this unit clients are coming from different wards and departments it can be outpatient department or inpatient department or from emergency room. Most of the time patients are not informed about the service but through staff they get information about fee free medical service in the hospital. Based on the information they got from different department’s clients requests the service: - social workers make assessment to determine the legibility criteria to offer free service. An assessment method of social workers in the unit is varying from person to person and profession to profession because they were not skilled social workers. Then based on the assessment’s findings they provide eligibility right that could last free for 24 hour, for 48 hour, for 72 hour and full free without time limit”

According to information the researcher received during the interview, environmental distance of the clients may be an obstacle to get money and other documents like CBHI ID. Kebele`s supportive letter, types of trauma and severity of the injury or illness, lack of access

to get information about the clients socio and economic issues as a major criteria to decide the time span.

Since social work unit does not have a guide to permit fee free medical treatment to the patients, it requires the professional competence, skills, like listening skill, intervening skill as well as case management skill and social work values are very important . Social work Models, Perspectives, theories and Approaches are more important which helps Social Workers to make depth assessment, helps to know their clients behavior, helps them to make an informed decision and to allow the patient to receive free treatment with holistic service. The fact that the professionals in the AaBET Hospital social work Unit are from different disciplines makes it difficult for them to use adequate assessment skill, social work values and principles as well as different theories, models, perspectives and approaches in fee free service provision process therefor there is inconsistent or fluctuation meaning service are determined by the mood of the unit social worker which means sometimes they are better in assessment of fee free service provision sometimes they are careless and debauched in the service provision, disorganized and unprofessional work is there.

4.4 Challenges of Fee Free Medical Treatment in AaBET Hospital

4.4.1 Lack of medical resource in the hospital

One of the major problems in the free treatment process at AaBET Hospital is the lack of medical facilities. Lack of CT scan, lack of laboratory tests and lack of MRI. When one fee free service users explain this problem he said: *“There is no supply of medicine in the hospital because sometimes we couldn’t deliver the drug prescriptions as ordered by the doctors. Due to this the patients’ health condition is deteriorated”*

Medical experts point out that there is a problem with medication supply. Orthopedics Nurse Head explained the problem in this way he said

“Some of the problems we face during free treatment drugs that are not available in free pharmacies, laboratory tests that are not available in the hospital and transportation that is not covered by free medical care, especially for those who cannot afford these is very difficult”

Also other pediatric nurse expresses the challenges on fee free medical treatment she stated that

“Fee free patients do not have access to all services, especially when there is a shortage of medication. For example there is no drug called meropenem [used for the treatment of severe bacterial infections of the skin or stomach] in the hospital, it sales for 1000 birr from a private pharmacy so how can you buy in such cost from outside especially this is difficult for those street clients”

Experts say there are possible causes for the problems mentioned above for example one expert says:

“There is a problem in the hospital purchasing process they are too late even we reported the finished medical goods in ahead. The extended purchasing process is one of the causes of the problem. There is a problem of dependency, the hospital is not fully independent it is under St. Paulo’s Hospital due to this things are not run as the wish of the hospital management because many decision and the budget come from St. Paulo`s hospital this hindering the service”

The hospital admin also shared the pervious idea he says: *“The fact that AaBET hospital is not an independent hospital has particularly hampered it is ability to use its own financial system. We use emergency and trauma budget for all our needs. This has its own problems on free medical service”* On the other hand the Director stated the following about the cause of

medical equipment shortage in AaBET hospital: *“When you provide fee free medical service, on the other hand the organization failure to purchase medical supplies, fee free medical care can put a strain on your medical care”*

Fee free patients are uncomfortable because some tests are not available at the hospital for unusual laboratory tests. As the laboratory experts stated:

“Other tests that are not available at the hospital will be tested outside or in the private hospital. For example, there is a so called culture test. There is no other place with us. At this time we will send the sample and report the Ethiopian institute of public health through our own staff and transport. Otherwise it will be difficult .It is common to see poor beneficiaries in dire due to the lack of some laboratory tests.”

Although CT scans available at the hospital, some CT scan diagnosis need contrast [to help highlighting the areas of your body being examined] but it is not available from a free pharmacy. According to the hospital social workers` explanation fee free users are facing so many challenges while they are in the hospital. Among these challenges the social worker said:

“Our service users face so many challenges even after acquiring free seal. For instance drugs are not found in the hospital pharmacy, CT scan diagnosis with contrast is not available in the hospital because the hospital has not contrast. MRI is not available in the hospital other expensive medications also not found in the hospital this is a very challenging issues for fee free service users especially indigents”

In addition to this one of the service users strengthen the above idea he said:

“It is good to have fee free service, but there are challenges in the delivery process. For example, in the case of fee free service, there was a supply of medicines that required a lot of consumption, but when I went to the free pharmacy to get the prescribed medicine, they told me that there was no medicine. At the bandage level, AaBET hospital is known for its treatment of fractures and I think bandage are very important, but we even bought bandages outside.”

I, as a researcher, looked around and saw patients who were suffering from lack of medication. Two-month-old baby named Baby Simegn, who is being treated in the burn department, has not been able to get the antibiotics for five days because her mother was unable to buy the prescribed antibiotics.

4.4.2 Challenges from Hospital Staffs

4.4.2.1 Interference

One of the problems with fee free medical stamps is interference of the hospital`s and management staff. One of the Finance Department experts stated that:

“It is said that at some point, the patients who brought free letters from the Kebelle were not allowed or strictly forbidden to put free seal or allowed them to get fee free medical service. After sometime, the administrations repealed the law and command us to stamp them free seal. We are also obliged to make free stamp an expired letter or outdated health insurance book.”

Also the social workers themselves face such kind of interference one of the social workers said: *“Interference is main challenge in this service. Someone who has power in the hospital system wants to command you to put fee free seal without the procedure.”*

4.4.2.2. Misinformation

One of the problems with fee free medical stamps is the misinformation from the hospital's health and management staff. An expert in the cashier department described the problem:

“Doctors, in particular, tell patients to go and get fee free stamp, and the patients come to us directly and argue that the doctor ordered to get free. Professionals say go and seal it without knowing who can pay for it and this is a problem for our work”

On the other hand, the higher hospital officials also have misinformation about how social work assessment for fee free is done, how the expenses are reimbursed. A social worker said:

“Those who have a power in the hospital system have understanding problem about the social work assessment for fee free treatment services and they assumed third person insurance or NGOs will cover all expenses which is given by Social Work Unit for indigents. ”

According to the social work registry book from September 2015 -up to June 2021, around 3,141 free patients were receiving free stamp services from the Social Work Unit which helps them to get free medical treatment from the concerned departments. But there is no clear direction about who is responsible to the reimbursement of money to the hospital after provided fee free service for indigents, which is provided by Social Work Unit. But according to the hospital finance department focal person *“there is unknown budget for social welfare service for all public hospitals.”*

4.4.2.3. Service by Acquaintance

There are hospital staffs who want to get free medical care service by acquaintance for themselves and for their family and friends. One of the social worker stated:

“Other professionals in the hospital who are not eligible for fee free treatment will press for fee free treatment. These professionals ask the social worker to permit fee

free service for relatives sometimes for themselves. If we are refusing to provide free to those kinds of people we face challenges like on our good communication and smooth relationship with staff.”

4.4.3. Patients’ unwillingness to pay their medical expense

4.4.3.1. Lying and pretending

Patients who want to receive free treatment at AaBET Hospital want to be treated for free, even if they can afford it, this is mostly based on misinformation they gathered. This kind of challenge is mainly occurring in social work Unit when the clients request the service. One of the social worker stated that:

“At the time of assessment to provide free seal we face a challenge. Clients will come with full of information either from the medical professionals or from their friends who are found in their ward so that they pretend more to get free medical service eligibility”

One of the hospital finance focal person also strengthens this point and he said:

“People who have money try to get free treatment to avoid spending money. Pretending and lying to get medical service is always our challenge; people are selfish and egoist they want to minimize their cost and maximize their benefit so that they are always in trial to get fee free medical service for themselves and others.”

Getting the right information is a gap. There is identifying problem. It is difficult to know who can pay and who cannot. The ability to identify depends on the skill of the expert.

4.4.4. Invalid evidence

There is also invalid evidence in the process of getting fee free medical care. An expert in the finance department stated that:

“We face a variety of problems related to free medical care. The letters that come in are not properly spelled, and the head stamp and foot stamp, as well as the letter number, make the task difficult.”

These documents are CBHI and keble`s supportive document. It is difficult to get a refund if there is not enough evidence. On the other hand, there were arguments between the fee free seal service provision staff and fee free service users in the fee free seal service provision room in order to convince each other.

4.4.5. Fee free medical service influence on the hospital professionals and hospital recourse.

4.4.5.1. Fee free medical influence on medical resource

At AaBET Hospital, free medical care is having a negative impact on medical supplies. Due to fee free medical service, users` medications are being wasted. Prescribed drugs and medication in the name of fee free service users are given for others like staff relatives, friends sometimes for business or to sell in black market. For example, when the finance expert said:

“We know how many times a day a patient is prescribed a prescription, but there are more prescriptions per patient than should be given to the patient per day. Many medicines are being used for other purpose, like to sell and to their relatives especially in the name of free patients without caregivers.”

During my stay at the hospital, I was able to confirm that medicines were being used to treat someone else, like friends, relatives of doctors and the hospital staffs, especially in the name of patients who did not have a care giver.

Also a nurse who is working in ICU confirmed this idea one of the nurse stated that:

“Fee free medical treatment should be checked whether the incoming drugs are actually for the free patients or not. I doubt the medicines are for the right person or they are being delivered. It can be used in the name of a staff member. It can be sold out. It remains to be seen how the agency will handle these issues. For example, staff member with their family member are treated in a free of charge. Husband, wife and children are who must be treated in a free treatment but other staff family member should be treated with fee. And in general, there are wastes”

4.4.5.2. Influence on bed management

This is not a direct result of the fee free treatment, but most fee free patients/clients do not leave the hospital bed immediately. There may be several reasons for this. The ICU Unit Coordinator stated:

“If you do not get the right treatment, there will be repeated orders for infection. Due to this bed will be occupied. Each time these patients have a bed, another person who can be treated and cured will lose a bed of ICU”

The other pediatric nurse also shared the previous idea she said:

“If he or she does not receive the medication he or she needs the duration can be extended by 14 days, 28 days or more , and this can be a problem for the patient because it takes longer to recover and is more susceptible to various infections. It is also a problem for the hospital because the beds in which other patients are treated are misused, resulting unnecessary pressure on the specialist and waste on the hospital property”

4.4.5.3. Worry and stress on medical staff

Fee free medical care at AaBET Hospital is causing depression for professionals. This is how one nurse explained this:

“When you have a free patient, you sometimes suffer and be immersed in depression because there is no medicine and you can take it from other people. If those people didn’t take medicine, they would have nothing to use on the oxygen and monitor machine .When a free patient arrives, you worry about how to manage it.”

As a result, the lack of access to free medical care is causing psychological harm to staff especially health workers.

4.4.6. Less coverage of CBHI is a challenge

Although the government is known to provide community based health insurance to people who are deployed in informal sector, but it is under coverage. According to health care financing senior advisor at MOH:

“In areas where insurance has not been introduced, there is a problem of not returning the money after the health facilities have made it available or provide fee free service for those poor clients. It is not possible to reach sections of the poor. People who are living under poverty line at national level are 23% but only10% of people who receive free treatment with health insurance pay for health care for those who cannot afford it.”

According to the focal person of CBHI scheme at AaBET Hospital the hospital have agreement with Ethiopian Health Insurance Agency and Addis Ababa health bureau to deliver free medical treatment for CBHI members. So that anyone who is a member of CBHI from any region will be legible to get fee free medical service in the hospital because all CBHI applied regions, city administrations are working with Ethiopian Health Insurance. There is well established structure from kebeles level up to federal level.

The hospital social worker also has such complain on CBHI scheme as his expression:

“In relation to CBHI most patients in the hospital are not CBHI scheme users some experts in finance department not accept other fee free seal provision service like Social Work and Keble’s` supportive letter because they believed that CBHI scheme is covered all informal sector workers and indigents so that, they are obliged the clients to use CBHI due to this most patients who are not a member of CBHI suffering a lot. Even though the system is important it is has little coverage all over the country.”

As a result those clients who have not CBHI ID create pressure on social work professionals in order to get fee free service. But those clients who have CBHI book simply get fee free services and their services costs will be reimbursed to the hospital but the hospital is unable to reimburse the money which is provided by Social Work unit.

4.4.7. Reimbursement issue as a challenge

As a principle there is no free service because always third party will be paid on it. (FMOH, 1998). So that, the issue of reimbursement is raised always when provide fee free medical service. Based on the researcher observation and KII information, RTA and CBHI fee free medical service costs/ expenses are registered and requested to the concerned body to be refund the money in every three months and this money will be reimbursed to the hospital. But other types of fee free medical services expenses are not requested to the concerned body and the money are not reimbursed to the hospital. According to the development and Admin Director explanation: *“clients who get fee free medical care through the social work unit, prisoners, member of defense force, children under the age of five and who are getting fee free service by Keble’s supportive letter will not be refunded.”* But accordingly the focal person of finance such kind of costs/expenses are covered by donation and subsidization such costs are not directly put in to the hospital account but indirectly the hospital get the money or it is like a service for social welfare.

On the other hand, the finance focal person said:

“They say that when AaBET hospital finance goes to the money back after fee free treatment, the patient must be present in person, but there are many reasons why the patient may not be present. For example, he may die or change his environment. This can make it difficult to provide free treatment.”

If a third party refund is not paid on time, it will have a negative impact on further treatment and could result in a shortage of future medical care because a capacity of using the internal revenue for purchasing of medical materials will be decreased. In addition to this the free medical service has negative influence on the hospital internal revenue. According to the Hospital Administration and Development Director Explanation:

“When the hospital provides free medical care it loses more money so that our finance faces failure to purchase medical equipment’s. Even the internal income goes to the government after that, we will have a shortage of money to buy medicine, usually after March. As a result of this Federal Hospital in Addis Ababa are particularly vulnerable. There is not much practice for hospitals to approve their internal budget on their own board. Our hospital also uses the emergency and trauma budget for all services in the hospital there is no any other budget provide directly for fee free medical service users or indigents. Due to fee free medical care, we have not been able to generate enough revenue for government.”

Fee free treatment at AaBET hospital has negative impact on the hospital internal income. The fee free treatment system also prevented the hospital from generating revenue for the government. Accordingly the finance focal of the Hospital said, “98% of the hospital clients are fee free service users. Such kind of things may affect fee free treatment in the future.

4.4.8. Language barriers in fee free medical service

There is a language barrier in the delivering process of fee free seal for fee free medical treatment at AaBET hospital. Most of the people who come for treatment were Oromifa language speakers. As a result, patients have difficulty to express their problems and professionals have difficulty to find an interpreter. I was able to confirm this problem with observation in social work and finance department. The pediatric nurse also confirmed this she stated that:

“In relation to language there is a language barrier. Most of them are Oromifa language speakers”

4.4.9. Patients without attendant as challenge on fee free medical service

Among those who receive fee free treatment at AaBET Hospital were those who do not have a caregiver. No one feeds them. There is no one to keep them clean. No one help them to get prescribed medicines on time, so they have a lot of trouble. A nurse in pediatric stated that:

“Fee free medical service user patients are a problem without a care giver. When most fee free service user patients do not have a caregiver, they find it difficult to care for these patients and have no one to provide for them.”

Also one expert from the social work unit stated that: *“Fee free medical service users are often poor, because there is no one to help them. As a result of this they will suffer more than those who have attendants.”*

Caregivers are important in the curing process of the patient; fee free medical service without caregivers may not attain the intended goal within expected date for cure. Among those who receive free treatment at AaBET Hospital are those who do not have care giver. There is no permanent staff to take care of these people and they cannot get what they need on time. As a

result, they are exposed to variety of health problems, health complication and deterioration. This have a negative impact on hospital staff and the property because they do not receive proper care and do not recover quickly so that they obliged to stay in the hospital for a long period of time and occupied medical equipment's machines of the hospital and absorbed professionals time and energy. All these kinds of problems were manifested in fee free medical treatment in AaBET Hospital.

4.5. Fee free medical service effectiveness in AaBET Hospital

A lot of challenges are existed in the fee free treatment at AaBET Hospital. In relation to effectiveness research participants shared their own view based on their lived experience.

One of the service users stated that:

“It is difficult to say that it is effective. There is no supply of medicine in the hospital still we are in challenge because sometimes we couldn't deliver the drug prescriptions as ordered by the doctors. Due to this the patients' health condition becoming deteriorated.”

Also one of the service users stated that:

“Effectiveness is measured by the fact that if a service is said to be free it must be actual, it is not possible to say that the poor community has not fully accessed that service and has achieved its goal. In the end, if a person comes in empty-hand and says that there are no medicines, if he is forced to buy medication again, it is difficult to say that the service is effective.”

The researcher also supported the participant's idea based on the observation on the setting and based on the information during in-depth interview and KII free treatment in AaBET Hospital is not fully effective but partially it is supportive. So that, it is difficult to say that fee-free treatment is effective as it is planned to serve the needy and to succeed its goal as

targeted, because still clients are obliged to buy and also the institution is not generating money from it.

4.6. Measures taken to solve those challenges

4.6.1. Departments level

To address the previous challenges, various activities are being carried out as part of the hospital. Particularly noteworthy is the charitable work of social workers to help poor patients. This initiative was started by a social worker; more than 300 hospital staffs are volunteer and contributed money in every month for this charity work, by doing this the hospital social work department provided more than 133,403 ETB birr from April 2019 to July 2021(see annex p.83) for those who could not afford medicine, for those who could not pay for the laboratory investigation, for CT scans and for non-medical expenses like transportation, food, clothes and shoes. The way of providing charity service is systematically organized. When Doctor prescribed drugs or other investigation for indigent client and if those ordered are not found in the hospital or for other non-medical needs social worker will make an assessment based on the assessment format. The social worker and the one who report the case will decide the amount of money then they will ask the hospital finance with their signature and the clients will take the money from the hospital Finance. By this charity work more than 103 indigents clients got services from social work department. In relation with this the head of the ICU department stated: *“It is not a despicable job. We have saved many lives and we have shed many tears by used this money.”* Therefore, such activities must be intensified and hospital should be recognized for this work.

Departments are doing their part to solve this problem. For example, a laboratory unit to help fee free users they will ask by a letter other organization about the tests which are not found in the hospital. Also nurses are doing their best to help needy clients one of the nurses stated that:

“Through our Pediatric Unit we help these patients by replacing services that are not available at the hospital. For example, by using a CT scan if MRI is not available, if medication is not available in free pharmacy we try to substitute others drugs: these alternatives may be less effective. We are working with social workers particularly if the patients are poor.”

4.6.2 Organizational level

In order to solve some problems in fee free medical service provision process the hospital has many plans. According to the hospital finance focal person:

“Various activities are being carried out at AaBET Hospital to alleviate the problems. Work is underway to alleviate the shortage of medicines by negotiating with the minister of finance. At a pharmacy, preparing receipt for patients, and arraigning for money to be returned to the hospital on the basis of the deductible. In relation with missed information on CBHI we have reported to the health insurance Agency that information has gap and inform them to correct. On the other hand the hospital set up a grievance committee and instructed to work.”

The Hospital Admin and Development Director said there are various plans, for example, to increase the supply of drugs and various tests. Various pharmacies, such as the purchasing pharmacy, and kenema pharmacy are being developed for the community. It is being worked on. Various strategic workshops are being organized to educate the health professionals and the management staff.

4.6.3. Federal level

According to the health care financing senior advisor at MOH various activities are being carried out by the Federal Ministry of Health regarding fee free medical treatment. Among these activities the following are the major. He said:-

“Continuous support for capacity building especially for professionals working on the facility level, for those in each region, MOH is working to develop guide lines at national level and deliver them to the regions. A regulation to be implemented by federal hospitals is being prepared and is being reviewed by the attorney general. This regulation is focused on all health care financing reform components among these reform components fee waiver service is the major focus.

The 1998 strategy is being revised by the council of ministers and will be implemented if approved by the House of Representatives. Discussions are underway to improve the supply of medicines, diagnostic equipment and quality of treatment. To this end, any health facility that is part of the reform will be able to use their internal revenue to improve the service and provide the required services. Institutions are collecting their own revenue and planning is being implemented by the government to improve the service. Despite the problems, these street children are being served by social workers in the hospital.”

4.7. Suggestion given by research participants

4.7.1. Suggestion given by fee free service users

Participant in this study provided a variety of constructive and useful suggestions. One of the service users said that:

“If the government understands the problems of free treatment and solves them. We got the big service for free. For example, a bedroom was difficult for a low income person but we can get it in free similarly others fee free service like medications and investigations must be available in such kind of hospitals because this is emergency hospital.”

4.7.2. Suggestion from Administration staff

One the finance experts stated that:

“It will be better if fee free and fair treatment is provided for the displaced and those affected by war and natural disasters. It is good idea for health professionals to set up awareness-raising forums on free treatment. Better results can be achieved if free treatment is stopped or everyone is included in the health insurance.”

4.7.3 Suggestions from medical professionals

4.7.3.1 Suggestions from the hospital social workers

In relation to information gap on fee free medical care the hospital social worker said:

“Raise awareness among patients and the hospital community about free medical care. We can use different ways to aware the hospital community about the fee free service medical treatment we can disseminate flyers and prepare discussion with staff and service users we can use information desks. Provide regular training on fee free treatment. Especially for professionals who are directly working in free fee system like social workers and others. Only provide free medical care to those who need it. Resources are limited improper use of free fee medical treatment will have a negative impact on the targets group especially the poorest so that this service must be providing for only the targeted.”

One of the social worker also mentioned about the guidelines which can provide some legal support he said:

“Butter to give us all the guidelines and policies on fee- free medical care. We are working as our feeling and knowledge it makes the service problematic but if we get the chance and opportunity to get the policy and guideline the service can be more

accountable and transparent. It will be good if there is integrity to help the needy poor and homeless patients. Sometimes clients come from street without caregivers and attendants even though they permit to get free service no one is with them to facilitate things so the organization have to focus on these kinds of patients besides the medical treatment only. If there is a consistent approach, we can have a policy document in our hands and explain it. It will be good educating the public about health insurance because we have a problem for people who ask and do not have insurance. It will be better to abstain from interference in social work free service mostly which is come from the hospital higher officials. Sometimes when clients go to pharmacy or other medical service provision room, after the stamped of social work some professionals are refusing to give the service due to lack of information and doubt about free seal of social work. If there is any doubt and unclear things about social work free service provision rather stopping the service try to search the way and held discussion is better because indigents are suffer a lot in the mead time. If it is attainable and possible assure CBHI coverage for all unless it will be better to provide ID for those who cannot pay for CBHI service or for indigents.”

Finally, it will be better to have a procedures or principles for social work free provision process it makes things clear and doubts also irresponsible scheme will clear. The details of procedures can be prepared as a standard format which can help for identified, classified and categorized legible client’s Easley on the triage area. The possibility of the detail could be full information about the client’s socioeconomic situation, mode of arrival, physical hygiene, dressing style are important identification criteria on the door of the hospital.

4.7.3.2. Suggestions from the nurses and lab technician

AaBET Hospital medical professionals have important advice to responsible body one of the nurses in orthopedic stated that:

“Improving practices at the federal level, such as the Federal Ministry of health, can help reduce the risk of over the counter medications. Laboratory tests should also be made available. Working with other private stakeholders, including the government and private organizations, can help make a difference in the free medical care process. For example, the government must purchase the most sought-after diagnostic regimes in large quantities and make them available in free pharmacies. I think government if the government is in control of how to bring in government drugs and diagnostic registries that are privately owned and accessible to the poor and with the government. Finally, if the free treatment includes transportation it would be good. For example, transportation is only for those who are unable to afford it can be transported by ambulance or other services/vehicles if they are provided with transportation.”

One of the lab technicians stated that:

“I find it very useful to have free treatment, but I think it is good idea to find a way to get free treatment for poor patients if there are other free service provider hospitals available. Find a way to create mutual interest to fill these gaps. And I say it should work well on the supply of drugs. Our hospital sees low-flow tests that make it difficult for free patients, especially the poor, to work outside the hospital. In order to address this problem, it is a good idea for the hospital`s senior management to work together with the other organizations that have these tests. Another is that it is possible to use laboratory diagnostic machines that do not cost millions of dollars. The problem can be alleviated if, for example, tools such as the point of care are used. However, it is very important that the referral link is created by the hospital management with other hospitals so that freelancers are not harmed. We can work with those who are not with us and those who are not with other organization.

Expensive laboratory equipment can be replaced with less expensive diagnostic equipment if the flow rate is low.”

There are different types of fee free medical services treatment are providing in AaBET Hospital. Among these road traffic accident (RTA), prisoners, defense force members, children under the age of five, government employees, clients who bring supportive letter from Kebele, clients who come from Missionaries of Charity and clients who get social work free seal after Social work assessment are legible to get fee free medical service in AaBET Hospital.

The provision process of free seal is under the hospital social work unit and the finance department. The service faces types of challenges, in relation to lack of medical supplies, lack of awareness, and pressure on the hospital property, psychological depression on the medical staff, interference, and invalid evidence, not reimburse costs were major challenges. In order to solve these challenges service users, administration staffs and medical professionals provided useful suggestions and different measures are taken in department level, at the hospital level and at national level.

CHAPTER FIVE

5.1. Discussion

The Ministry of Health care financing strategy (MOH, 1998) suggested a directive on the requires that the money be used where it is found. However, according to the manager of AaBET Hospital, the lack of this practice has affected the quality of treatment.

Any service is not free, it is always paid for by a third party, but you may not need to pay out of pocket (MOH,1998) but free medical care service users were forced to pay out of pocket or lose their services due to inadequate medical and other services. In order to tackle this problem Ministry of Health strategy needs to put alternatives for services which are not found in fee waiver system/ or fee free medical service provision process.

Among the gaps in fee free medical care at AaBET Hospital are the lack of drug delivery laboratory tests, as well as the lack of radiology such as CT scans, unavailability of MRI, and lack of access to fee free medical care and we found in the study that transportation is not included in the fee free treatment, but it is clearly stated on the MOH 1998 reform under competency B which narrated that support services such as laboratory x-ray, transport, patient feeding and medical equipment may be improved, but these services are still inadequate. It will be very important to include patient feeding and transport services in fee free service system in actual or in practice.

One of the issues raised by the study participants was that the AaBET Hospital should work in partnership with governmental and non-governmental organizations. Also this is clearly stated on the 1998 health care financing strategic reform. On the reform strategy it encourages the participation of non-governmental organizations in the health sector and encouraging the participation of two and many organizations, so that by doing this the limited services of one organization can be made available to another and they can work for mutual

interest. So that, the hospital admin need to recognize and need to give much emphasize for collaborative works with other organization which can be NGOs, CBOs, GOs and RBOs those have mutual interest as well as the organization have to start work on organizational need based assessment in order to identify its gaps especially in relation with fee free medical service provision.

There is a problem with the identification of fee free users and the fact that there is a problem with the return of the money used by fee free patients, (Alebachew,2015); this current study also identified that there is difficulty to identify legible clients and also there is a problem on the reimbursement of money. Different kinds of problems were there in the implementation process specifically in the legibility criteria in AaBET Hospital. Similarly, in Colombia there was one reform in 1990`s which is called “Law 100” the aim of the reform was to subsidize the poor citizens in health care service even though the selection criteria was there some people were pretending to get free medical service by false way (Bitran and Giedion, 2003) As a result, patients who are not eligible for the service will get the free service and the legible faces shortage of some services. So that, hospital social worker should make deep assessment by using different kinds of assessment methods and approaches like need-based assessment with strength-based assessment, by applying bio psychosocial and spiritual model, by using ecological model, by using eco-map and genogram assessment models, by using person in environment perspective and by crosschecking gained information they can reduce the pretenders, But social workers are not like device or machine which can detect/identify 100% they may not 100% sure about the legible clients.

Study done by Tesfaye (2017) indicated that fee waiver service users were not utilizing the services due to poor quality of service and unavailability of services. On the other hand the study done by Hana (2017) indicated that there were implementation challenges on the fee waiver system like lack of similar criteria, lack of training about the implementation and

beneficiary identification, under coverage and unavailability of service like medication, laboratory and other recourses. Also this study result finding also explored these problems in the hospital.

The Kenya Kapsabet Hospital fee free service system problems are related to the AaBET Hospital fee free medical system as the study result indicated that there is lack of information on the dissemination of waivers system, difficulty in identification criteria and poor operating structure for the system are major factors that hindered the effectiveness of waiver system in the Kapsabet hospital in Kenya (Kamanda, 2015). Similarly in AaBET Hospital professionals and clients have lack of information about fee free medical service, professionals who are working in the social work and finance department face challenges to identify the poor and non-poor.

Similarly a study done in Tanzania by Munishi (2010) showed that there were implementation challenges in the waiver or fee free medical service in Tanzania. The reasons behind the problem were due to lack of knowledge and information about waiver system, poor policy on the area, poor design of the waiver system, lack of monitoring and evaluation, difficulties to identify the poor and poor quality of service were also major or challenges in the fee waiver implementation system in Tanzania. More or less the Tanzania's fee waivers system challenges are manifested in AaBET Hospital.

On the other hand, service by acquaintance and interference will affect the fee free service provision process negatively. Everything that is done in an acquaintance is problem; it is a problem of good governance and corruption and will affect those who are in need but do not have familiarity with the staffs. If medicines and other services are not used properly, there may be a shortage of supplies for the poor who need them.

Interference from the hospital staffs and officials were a challenge for social workers and cashiers interference should be voided because it has a negative impact on the ability of Social Workers and Cashiers to perform their duties responsibly, freely as well as this task will not be consistent work.

5.2. Conclusion

The study setting is AaBET Hospital. AaBET Hospital is a referral hospital for emergencies and burns. This study explored issues related with fee free medical care being provided at AaBET Hospital. There are two types of fee free medical care in Ethiopia. The first one is fee free medical care for all segments of society which is called exempted health care service due to its impact on the health of the community. These kind of medical services are provide free of charge. For instance anti natal care (ANC), post natal care (PNC) TB treatment and etc. (MOH, 2005). Another type of fee free medical treatment is called fee waiver system. It is a component of national health care financing reform primarily for people who cannot afford to pay for treatment, and is a fee free service designed to increase access to quality health care by increasing the financial capacity of health facilities. The focus of this study was on this type of fee free service. National guidelines and policies regarding fee free treatment at the hospital, the process of obtaining fee free treatment at the hospital, the problems encountered in the fee free service, the measures being taken to solve the problems are covered. Qualitative study method has been applied specially the researcher used case study design and collected through in-depth interview, key informant interview, observation and review of documents. Service users and experts' constructive recommendations are included.

The study conducted by contacting medical and administrative staffs (12) fee free service users(5) as well as looking at documents and letters related to fee free medical care from a variety of perspectives. The study has five questions. The main purpose of fee free treatment is to help patients to avoid out of pocket expenditure when they need medical help. The result

of this study shows that patients who are allowed to receive fee free treatment at the hospital are not able to receive the prescribed tests and medications due to lack of supplies. And it shows that some are being helped by people from other places. Inadequate access to services has psychological impact on the staff, disadvantage and has wasted hospital resources and beds for a long time. The study also found that consumers who received fee free services were not return the money from a third party to the hospitals. Lack of access to policing guidelines for service providers and relevant professionals has led to a lack of accountability and consistency. There is a lack of awareness about fee free treatment. Therefore, in order to address these problems in the process of fee free treatment and delivery, guidelines for the provision of fee free services should be carefully considered in conjunction with the relevant department. Working closely with governmental and non-governmental organizations should be given special attention to those who are very poor and cannot afford to pay for treatment. This study contains useful suggestions and recommendations for the various parties involved. For policy makers, for the hospital administration and staff that should be addressed in connection with the fee free treatment; it provides an overview of the case management and professional contribution to social work education, as well as gaps and problems in emerging policies, and future problem-solving studies.

5.3. Implication to social work

5.3.1. Implication to policy and program

The results of this study have positive impact by providing a lot for policy makers in understanding where policy gaps are and help them to bring adjustment. Thus, experts who use this study can use the results of this study to look at alternative solutions, to look at forgotten social and economic problems, and to formulate guidelines and policies for the delivery of comprehensive services to the service user community. In relation to alternative solutions, for the services which are not found in fee free service provision system this study

indicates the alternatives solutions to prepare conditional cash transfer, fee free medical care for patients who cannot afford to pay for treatment should be budgeted for services not available at the hospital, to working with medical supply organizations to working with other GOs, NGOs, RBOs and CBOs. In relation to forgotten points policy makers need to know and should give much emphasize for social and economic problems, because socioeconomic problems directly affect the wellbeing of indigents clients so that, at the time of preparing the policy, policy makers should incorporate social and economic issues like non-medical costs; food, cloth, transportations, care givers or attendants in the fee waiver system.

It is important to pay attention to the fact that fee free medical clients need not only direct medical treatment but also non-medical related issues such as transport and caregivers. So this need focus. Incorporate transport service under free treatment, because fee free services patients at AaBET Hospital face transportation problems when they come to the hospital for treatment or when they are preparing to return home after treatment. As a result, they have to stay in bed for a long time because they have no money to return home. As a result, they are more susceptible to other infections in the hospital, so that fee free transport will be better if transport services are provided only to poor patients, it will have better result if it incorporate part of the fee free treatment.

There is a directive to treat people who cannot afford to pay for treatment, but there is a gap in the implementation. Poor, patients who are unable to pay are not getting medical examinations timely and properly as a result, they are getting worse and putting pressure on the hospital's resources and staff. So there is a strong need to solve supply problem.

Some of the hospital's professionals who are working in the area do not know about the guidelines and policies of fee free medical services. They are working with experience. And some guidelines for fee free medical care should be made clear to staff and should be off-the-

shelf and accessible to users and executives. Clear guidelines should be developed for emergency fee free medical service providers at nationwide level and make them accessible to stakeholders. While free medical care depends on local and hospital services, clear guidelines for emergency care at the national level should be developed for fee free patients and made available to relevant departments. This will help prevent illegal practices and ensure the rights and obligations of fee free users.

There is a need to work with a variety of stakeholders to provide adequate medical care to patients who cannot afford when services missed in the fee free treatment. It is important to work closely with governmental and non-governmental organization directly involved in medicine, as well as with other social and economic service provider organization like CBOs, RBOs and charity organizations.

5.3.2 Implication to practice

Based on the finding of the study, there is a lack of awareness about fee free medical care with hospital staff and service users, as well as hospital officials. Awareness of fee free treatment should be provided to the staff and the user, as well as to professionals directly involved in the work. Guidelines and principles should be obtained from the relevant government bodies and awareness should be created for the concerned parties.

Reimbursement should be made in consultation with the relevant body for the fund used by the fee free service users. According to the result of the study, patients who have received fee free treatment in various ways, especially those who have been used fee free from social work unit, member of the defense force, inmates and other fee free patients are not being reimbursed. This is detrimental to the organization and the service user. Therefore, the cost of fee free treatment should be known and be refunded.

Patients without caregiver, relatives, and attendants need to be identified every day and asked for their treatment and other basic needs and to make sure they get the prescribed medication and other tests three times a day. For example, if drugs are not available in free pharmacy and they do not have the money or can afford it, they should be able to find someone who can help them.

The hospital must work together for the common good by liaising with the service provider. According to the interviews with the patients who received the free treatment, the information obtained from the experts and the observation; there were fee free patients who stay for two to three days a week without getting prescribed drugs from free pharmacy.

On the other hand using modern information methods should be created. Some of the problems

that have arisen in AaBET Hospital's fee free medical care system were the need to keep information on paper only and the record to be ripped, damaged, lost and difficult to register. It can help reduce the risk of data loss if the information is stored electronically.

Work must be done from the door because sufficient information is filtered through a door or triage holding information to make the service accessible only to those who need it and to reduce waste. Work needs to be done to identify consumers who are attempting to use fee free treatment. Case management training should be provided to the hospital social workers. Experts at AaBET Hospital social work unit come from a variety of profession and do not know the social work case management methods while working. As professionals in the social work department at AaBET come from different professions, it is important and appropriate to provide proper case management training.

It is important to have cultural competence such as while providing service language barriers should be solved. One of the problems with fee free service provision is language barrier. To solve this problem, it is important to hire an interpreter or different language speakers or with multilingual staff.

Finally, the hospital should be an independent hospital. AaBET Hospital is an affiliate of St. Paul's Hospital, which has had a negative impact on fee free medical care. As a result, issues that require immediate action, as well as problems and delays in the budget process, have delayed access to services for the fee free users, such as medication and others.

5.3.3. Implication to social work education

Historically the social work profession is stands for justice and equity and it is very significant to help people in need. Social work missions also focus on people in need. According to the National Association of Social Workers(NASW), “ The primary mission of social work profession is to enhance human well-being and help meet the basic human needs of all people with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty” (NASW, 1999, p,1) Similarly, one of the reasons for the need of social work in the hospital is the presence of social and economic problems in the hospitals, but the process, the need for more comprehensives has been realized. Hospital social works requires value, skill and knowledge, and social workers in the hospital are required to be skilled and educated in this study some social workers are from other disciplines. To avoid the problems encountered in the fee free treatment process skilled social work professionals are essential. They also use their professional skills to address individual problems, organizational and policy issues, and to identify problems and find the solutions to those problems at all levels. Therefore, in addition to class theoretical education, these professionals, like other health professionals, must take practical training from hospitals

in order to provide skilled and talented hospital or medical social workers for market in quantity and quality. In particular social work case management should be practiced in the hospital by learning and training all the steps in case management and applying all social work principles and standards, especially in this case only, namely the fee free treatment process. By doing this they play an important role in reducing the burden on the consumer community, organizations and other health professionals.

5.3.4. Implication to research

This research is limited to one hospital. The result of this study may not reflect all of the problems in fee free medical treatment. However, it is possible to do more research in this area or in fee free medical care in various government hospitals and to show the gaps in the implementation of the policies. It can also serve as a reference and clue to other researchers studying the subject. Finally, I recommend that to focus on problem-solving research to understand the problems faced by patients receiving fee free treatment.

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Annexes

Annex -I: Participant Information Sheet for Consent

Study title

The implementation process and challenges of “free fee medical treatment service” in Addis Ababa: the case of AaBET Hospital

2. Background and aims of the study

This study will be conducted by Sebsibe Asfaw, second degree student at Extension Program in School of Social Work, Addis Ababa University (Tel: +251 920366276 ; e-mail: asensibe@gmail.com).

This paper will explore the implementation process and challenges of “free fee medical treatment service” in Addis Ababa: the case of AaBET Hospital. Specifically, the research will assess what kind of challenges are faces for indigents while they are in the hospital especially in the case of emergency hospitals at AaBET hospital. The research will be exploratory qualitative cross-sectional research conducted for both knowledge building and practical intervention through interviews (in-depth and key informant), document review and observation.

3. Why have I been invited to participate in this study?

You are invited to take part in this study because you are taking the for free fee medical service in the AaBET hospital or you are attendant for the patients in the hospital, or you are working in the hospital as one of medical team member.

4. Is participation obligatory?

You are not obligated to participate in this study. You are free to ask any questions about the study before deciding whether to participate. If you choose to participate, you may withdraw

yourself and your data from the study without precondition at any time, and without giving a reason, by advising the researcher of this decision.

5. What will happen in the study?

If you volunteer to take part in the study, the researcher will interview you, take notes may take photos and audio record the interview. These notes, photos and tape records will be omitted as soon as achieving their objectives. The interview will take approximately 30 minutes to 1 hour.

6. Are there any negative effects in taking part?

There will be no specific risks in this study, there will be no any other damage relation with the service that you are taking now you are not obligated to discuss any challenges or incidents that you do not feel comfortable sharing.

7. What happens to the research data provided?

If you agree to part of in this study, the data collected from your interview will contribute towards the writing up of a thesis on the implementation process and challenges of government hospital for free fee service users and if you want to get the result you are able to request a summary of the research findings by contacting the researcher.

All interviews will be kept anonymous, both in the transcript/records of the research and in the final written thesis. The researcher will ask your permission to use direct quotes in the thesis when necessary, but you are not obligated to agree to this. The data will be stored electronically and only accessible by the researcher (Sebsibe Asfaw).

8. Who will see the research report?

If you agree to participate in this project, the research will be written up as a thesis. Once written, it will be deposited both in print and online in the Addis Ababa University archives, to facilitate its use in future.

9. Who do I contact if I have a concern about the study or I wish to complain?

If you have a concern about any aspect of this project, please speak to the relevant researcher (Tel +251 920366276) or email-asensibe@gmail.com or the advisor.

Consent Form

STUDY TITLE: Exploring the implementation process and challenges of “free fee medical treatment service” in Addis Ababa: the case of AaBET Hospital

RESEARCHER DETAILS:

- Sebsibe Asafw
- MSW student in School of Social Work
- Addis Ababa University

CONTACT:

- Tel: +251 920366276/0967659095
- E-mail address: asensibe@gmail.com

PURPOSE OF STUDY: to explore the implementation process and challenges of “free fee medical treatment service” in Addis Ababa: the case of AaBET Hospital.

1. I have read the study information sheet and had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw myself or my data at any time, without giving any reason, and without any adverse consequences.
3. I understand who will have access to personal data provided.
4. I understand how personal data will be stored and what will happen to the data at the end of the project.
5. I understand how research will be written up and published.
6. I understand how to raise concerns or make a complaint..
7. I consent to being audio recorded.
8. I understand that audio recordings / photos will be used in research outputs.
9. I consent to the use of direct quotes.
10. I agree to take part in the study.

Name of participant:

Signature: Date:

Name of researcher: Sebsibe Asfaw

Signature: Date:

Annex II: In- background information

Client information

Age_____

Sex_____

Place of Birth_____

Educational status_____

Job _____

Current address_____

Date of registration _____

Duration of stay in the hospital _____

Where the place the patient is found?

1. Emergency room

1.1 Red

1.2 Orange

1.3 Yellow green

2. Burn unit

3. ICU 1

3.1 ICU 2

4. WARD

4.1 Neurology side

4.1.1 Room number

4.1.2 Bed number

4.2 Orthopedics side

4.2.1 Room number

4.2.2 Bed number

4.3 Pediatric side

4.3.1 Room number

4.3.2 Bed number

In-depth Interview Guiding Questions for AaBET hospital for free service users.

1. How did you get fee free medical treatment at AaBET hospital? Please explain
2. What is the provision process of fee free treatment at AaBET hospital?
3. What problems did you encounter during the fee free treatment process at AaBET hospital?
4. What problems did you face after getting a fee free medical seal in the hospital?
5. How would you describe the effectiveness of fee free medical care at AaBET hospital?
6. What is your opinion on the fee free treatment being offered at Aa BET hospital?

Thank you!

Annex III: Key informant Interview Guiding Questions I for AaBET hospital medical professionals

1. What are the policies and guidelines for providing fee free medical treatment to patient? What is the provision process of fee free treatment at AaBET hospital? Please explain. What are the main problems in the fee free treatment process at AaBET hospital?
2. What problems do free medical service users at AaBET hospital face during their stay in the hospital?
3. What activities would you do in your workplace to address these issues?
4. What advice would you give on fee free medical treatment to alleviate the problems of fee free treatment at AaBET hospital and to improve the health benefits of fee free medical treatment users?

Thank you!

Annex IV: Key informant Interview Guiding Questions II for AaBET hospital administration bodies

1. What guidelines and policies are available to provide free treatment at AaBET Hospital? Explain
2. What is the process and general condition of free treatment at AaBET Hospital? Explain
3. What are the main challenges in the free treatment process at AaBET Hospital? Explain
4. What is AaBET Hospital doing to address these issues? Explain
5. What plans are in place to address the challenges in the fee free medical treatment process?
6. What are some solutions to the problem of free treatment and to improve the quality of services provided to free patients?
7. Thank you

Annex V: Interview Guiding Questions for MOH PCD staffs

1. What policies and guidelines are available to help people who cannot afford to pay for medical treatment at the national level?
2. What is the implementation of these free treatment policies and guidelines?
3. What are the major problems encountered in the process of implementing this free treatment?
4. What is the Ministry of Health doing to address the problem of free treatment and what solutions are available in the future?

Annex VI. Document review guide

- What are the provisions of fee free medical service?
- Who are legible for the service and when?
- How is the implementation of fee free medical service treatment?

Annex VII Observation guide/checklist

- How the process of getting fee free medical treatment in the hospital

- How fee free service provider professionals barraging with clients and other professionals to provide the service
- How service users are using fee free service after getting it
- What Kinds of challenges in the implementation process
- Observe fee free service users and staffs alternatives to the challenges
- Professionals approach for fee free service users

Service observation

- Service in pharmacy room for fee free service users
- Service in laboratory room for fee free service users
- Service in radiology room for fee free service users
- Service to get fee free medical treatment in social work department

አባሪ:- የነፃ ህክምና ተጠቃሚዎች እና ለሚመለከታቸው የጤና እና የአስተዳደር ሰራተኞች የቃለ መጠየቅ መመሪያ ለ <አቤት> ሆስፒታል ለነፃ ህክምና አገልግሎት ተጠቃሚዎች የቃለመጠይቅ ቅመመሪያ ጥያቄዎች።

1. በአቤት ሆስፒታል ያለውን የነፃ ህክምና ያገኙት እንዴትነው? እባክዎ ያብራሩ
2. በአቤት ሆስፒታል ውስጥ ያለው የነፃ ህክምና አሰጣጥ ሂደቱ ምን ይመስላል? እባክዎ ያብራሩ
3. በአቤት ሆስፒታል የነፃ ህክምና አሰጣጥ ሂደት ውስጥ ያጋጠሙህ/ሽ ችግሮች ምንድናቸው?
4. የነፃ ህክምና ፈቃድ ካገኙ በኋላ ምን ምን ችግሮች አጋጣሙ/አጋጠሙህ?
5. በአቤት ሆስፒታል ያለውን የነፃ ህክምና አሰጣጥ ውጤታማነት እንዴት ይገልጹታል?
6. በአቤት ሆስፒታል እየተሰጠ ባለው የነፃ ህክምና ዙሪያ የሚሰጡት አስተያየት ምንድነው?

መረጃ ሰጭ የቃለ መጠይቅ መመሪያ ጥያቄዎች ለአቤት ሆስፒታል የጤና ባለሙያዎች

1. በአቤት ሆስፒታል ውስጥ ለታካሚዎች የነፃ ህክምና ለመስጠት የሚያስችሉ ፖሊሲዎች እና መመሪያዎች ምን ምን ናቸው? ያብራሩ

2. በአቤት ሆስፒታል ያለው የነፃ ህክምና አሰጣጥ ሂደት ምን ይመስላል? ያብራሩ
3. በአቤት ሆስፒታል በነፃ ህክምና አሰጣጥ ሂደት ውስጥ የሚያጋጥሙ ዋና ዋና ችግሮች ምንድናቸው? ያብራሩ
4. በአቤት ሆስፒታል የሚገኙ የነፃ ህክምና ተገልጋዮች በሆስፒታሉ ውስጥ ባላቸው ቆይታ ምን ምን ችግሮች ያጋጥማቸዋል?
5. በእናንተ የሥራ ክፍል እነዚህን ችግሮች ለመቅረፍ ምን ምን ተግባራትን ታከናውናለችሁ? ያብራሩ
6. በአቤት ሆስፒታል በነፃ ህክምናው ላይ ያሉትን ችግሮች ለመቅረፍ ለመቀነስ እና የነፃ ህክምና ተጠቃሚዎች የተሻለ የጤና ውጤት እንዲያገኙ የነፃ ህክምናው ላይ ምን ዓይነት አስተያየት ወይም ምክርትሰጣለህ?

የቃለ መጠይቅ ጥያቄዎች ለአቤት ሆስፒታል አስተዳደር አካላት

1. በአቤት ሆስፒታል የነፃ ህክምና ለመስጠት የሚረዱ ምን ምን መመሪያ እና ፖሊሲዎች አሉ? ያብራሩ
2. በአቤት ሆስፒታል ያለ የነፃ ህክምና አሰጣጥ ሂደት እና አጠቃላይ ሁኔታ ምን ይመስላል? ያብራሩ
3. በአቤት ሆስፒታል የነፃ ህክምና አሰጣጥ ሂደት ውስጥ ምን ምን አይነት ዋና ዋና ችግሮች ያጋጥማሉ? ያብራሩ
4. እነዚህን ችግሮች ለመፍታት አቤት ሆስፒታል ምን ምን ስራዎችን እየሰራ ይገኛል/ሰርቷል? ያብራሩ
5. በነፃው ህክምና አፈፃፀም ሂደት ላይ ያሉትን ችግሮች ለመፍታት ምን አይነት እቅዶች ታቅዷል?
6. በነፃው ህክምና ዙሪያ ያሉትን ችግሮች ለመቀነስ እና ለነፃ ታካሚዎች የሚሰጠውን አገልግሎት ጥራት ለማሻሻል የሚያጋጥማቸውን ችግር ለመቅረፍ ምን አይነት የመፍትሄ አቅጣጫዎች አሉ?

ለጤና ሚኒስቴር አጋርነት እና ትብብር ዳይሬክቶሬት የቃለ መጠይቅ ጥያቄዎች

1. በሀገር አቀፍ ደረጃ ከፍለው መታካም ለማይችሉ ሰዎች የነፃ ህክምና ማግኘት እንዲችሉ የሚረዱ ምን ምን ፖሊሲዎች እና መመሪያዎች አሉ?
2. እነዚህ የነፃ ህክምና ማስተግበሪያ ፖሊሲዎች እና መመሪያዎች አፈፃፀማቸው ምን ይመስላል?
3. ይህንን በነፃ ህክምና በማስፈፀም ሂደት ውስጥ ያጋጠሙ ዋና ዋና ችግሮች ምንድናቸው?
4. የጤና ሚኒስቴር የነፃ ህክምናው ላይ ያጋጠመውን ችግር ለመፍታት ምን ምን ስራዎችን በመስራት ላይ ይገኛል ለወደፊት ምን የመፍትሄ አማራጮች ተይዘዋል?



ቅዱስ ጳውሎስ ሆስፒታል ሚሊኒየም ሜዲካል ኮሌጅ
 St. Paul's Hospital Millennium Medical college
 አቤት ሆስፒታል
 AaBET HOSPITAL

#ጥር ገ/ወ/ዐ/2/1530
 ቀን 24-7-2013

ለፋይናንስ ዳይሬክቶሬት

ጉዳይ፡ ለጅ በሊጅ ሳይክፈሉ አንድታከሙ የተፈቀደላቸውን ስለመግለፅ

ከላይ በርዕሱ ለመግለፅ እንደ ተሞክረው ከሚከተሉት ተቋማት ለሚመጡ ደንበኞች

1. ማዘር ትሬዲንግ
2. መኮላከያ
3. ማረሚያ ቤት

ሆስፒታሉ ከተቋማቱ ጋር ተደራድሮ ሌላ አቅጣጫ አስከሰጥ ድረስ ቀድሞ ስራባቸው አንደኛው የነፃ ማኅተም ለየተመታላቸው አንድታከሙ እንደሁም በጤና መድሀን በኩል ዜጎች አንድታከሙ ለየተበረታታ ቢሆንም ከሩቅ አክባቢ የነፃ ደብዳቤ ይዘው ለሚመጡ ዜጎች ለጊዜው በሚመለከታቸው ኃላፊዎች ለየተፈቀደ ሳይገቡ አንድታከሙ እንድደረግ እናሳስባለን ::

ግልባጭ

- ለሰራ አስኪያጅ ጽ/ቤት
- ለአስተዳደርና ልማት ዋና ዳይሬክቶር
- ለሆስፒታል ጉዳዮች ዋና ክፍል
- ለህመማን ፈሰትና ህክምና ጥራት ዋና ክፍል
- ለማህበራዊ አገልግሎት ክፍል
- አቤት



ከሰላምታ ጋር

[Handwritten Signature]
 ኃይሌ መገርሃ ተሰፊ
 የአስተዳደር ልማት
 ዋና ዳይሬክቶር

ለሆስፒታሉ በጎ አድራጊ ስራተኞች በሙሉ

ከሚያዚያ 2011-እስከሰ ሐምሌ 2013 የተሰራውን የበጎ ስራ ስለማሳወቅ

በሙያችንም በፍቅራችንም አቤት የምንለው እኛ ነን! በሚል መሪ ቃል በተጀመረው የበጎ ስራ ከተጀመረበት ከሚያዚያ 2011 ጀምሮ እስከ ሀምሌ ወር 2013 በቁጥር አንድ መቶ ሶስት ለሚሆኑ ድጋፋችንን ለሚሹ ሰዎች ለመድሃኒት መግዣ፣ ለመጓጓዣ፣ ለሲቲ ስካን እና ለላብራቶሪ ምርመራ፣ ለዳይፐር፣ ለራሳ ሳጥን፣ ለምግብ እና ሌሎች መሰራተዊ ፍላጎቶች በቀጥታ የገንዘብ ድጋፍ ማድረግ የተቻለ ሲሆን ለዚህም 133,403(አንድ መቶ ሰላሳ ሶስት ሺ አራት መቶ ሶስት የኢቲዩጲያ ብር) ወጪ ተደርጓል። በዚህ በጎ ስራ በገንዘብ በጉልበት እና በእውቀት የተሳተፋችሁትን በሙሉ የእናንተን ድጋፍ እና እርዳታ ባገኙት ታካሚዎች ስም ልባዊ ምስጋናችንን እናቀርባለን።

አስታውሱ

- ለበጎ ስራ እንደተፈጠረ የገባው/ያስተዋለ ማንኛውም ሰው መመዘገብ ይችላል።
- ከ 1 ብር ጀምሮ ለመርዳት እና ለመመዘገብ የምትፈልጉ በማህበራዊ አገልግሎት ክፍል በመቅረብ የተዘጋጀውን ቅፅ በመሙላት መመዘገብ ትችላላችሁ።

ከሰላምታ ጋር

ሰብስቤ አስፋው (ሰኞ ወርከር)
የበጎ ስራው ዋና አስተባባሪ



OK
10/12/2013
ንጹህ መገናኛ ቅጽ
የአስተዳደር ልማት
ዋና ዳይሬክተር