



SCHOOL OF MEDICINE AND HEALTH SCIENCES

**EXPLORING THE EFFECTS OF SERVICE USER FEES IN ACCESSING HEALTH
CARE SERVICES AT NCHANGA NORTH GENERAL HOSPITAL IN CHINGOLA,
COPPERBELT PROVINCE.**

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SCHOOL OF POSTGRADUATE STUDIES

MPH810 – DISSERTATION

RESEARCH DISSERTATION CLEARANCE AND DECLARATION

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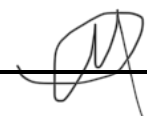
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DEDICATION

I dedicate this paper to my Mother Ruth Lucy Mtonga and My late Father John Chibwe Chatama, for all the moral, financial, spiritual and Material support that they rendered to me during my research and throughout my academic years at University of Lusaka (UNILUS). To my Brothers Chibeza, Lameck, Bruce, John, Sabuni and my sister Mbanandi, for being of help in my research and any support given to me in any way possible.

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ABBREVIATIONS

ZDHS	Zambia demographic and health survey
DIFD	Department for international development
CSO	Central statistical office
MoH	Ministry of Health
UNICEF	United Nations International Children's Funds
WHO	World Health Organization
NHIMA	National Health Insurance Management Authority

ABSTRACT

Introduction: This study delves into the ramifications of service user fees on the accessibility of healthcare services at Nchanga North General Hospital, located in Luapula. Its primary objectives encompassed various facets: examining the correlation between user fees and healthcare access, elucidating the influence of service user fees on the social standing of the population, evaluating the impact of service user fees on the caliber of healthcare services, and investigating the consequences of service user fees on the utilization of healthcare services.

Objective: The primary aim of this study was to investigate the impacts of service user fees on the accessibility of healthcare services.

Methodology: To address this objective, a qualitative exploratory approach was employed, enabling the collection of insights from personnel within the official capacity, management staff, and in-patient caregivers. The principal data collection instruments encompassed in-depth open-ended interviews with workers and management, as well as a focus group discussion involving in-patient caretakers. These activities were carried out at Nchanga North General Hospital.

Data Analysis: Research questions were derived from the established objectives. Data gathered was manually scrutinized and analyzed using Content analysis techniques to discern patterns, trends, and meaningful insights.

Results: The investigation unveiled several influential factors shaping the impact of service user fees on healthcare service accessibility. These factors encompassed: inadequate awareness regarding user fees, impediments faced by economically disadvantaged individuals in healthcare access, discernible improvements in healthcare service quality, diminished operational efficiency, alterations in individual social standing, suboptimal revenue generation, limited familiarity with service exemptions, and instances of political interference leading to unwarranted healthcare utilization.

Conclusion: In light of these findings, the study concludes with a series of recommendations. Firstly, it underscores the significance of conducting community assessments of social status prior to policy implementation. Secondly, it suggests the recalibration of user fee structures to align with community income levels, thereby fostering affordability and flexibility. Additionally, the study

advocates for investments in comprehensive information dissemination efforts. Lastly, the paper recommends governmental exploration of alternative financing mechanisms to ensure the sustainability of the healthcare system.

Key words: access to health care services, user fees, quality, efficiency and social status.

CHAPTER ONE

1.0 INTRODUCTION

1.1 BACKGROUND

Akin et al. (1997) highlighted the implementation of user fee policies across various developing nations in response to the financial challenges that plagued health services during the 1980s. The aim was to address these persistent health financing issues. Presently, the global struggle to secure and provide healthcare for over 2.8 billion impoverished individuals, especially those in low and middle income countries, remains a pressing concern (World Bank, 2003). The World Health Organization (WHO) has observed that many underserved populations in these nations continue to lack access to affordable and effective healthcare due to deficiencies in healthcare financing and delivery (WHO, 2000).

Underpinning this issue is World Health Organization's emphasis on health financing policy, highlighting the vital role of the health system as a financing strategy in influencing population health and overall well-being (WHO, 2003). This holds particularly true for the most economically challenged countries, where the existing level of health expenditure falls short of ensuring equitable and universal availability of essential health services and interventions.

Embedded within Zambia's healthcare financing policy is a resolute aspiration for fairness and equity in the provision of healthcare services. Commencing in 1993, a series of health financing reforms introduced user fees for individuals seeking care at public health facilities, a departure from the previous practice of free-of-charge services (Ministry of Health, 2001). These user fees, designed to bolster a health sector grappling with economic challenges, were envisioned as supplementary revenue sources. Consequently, patients were expected to directly contribute to the expenses associated with healthcare provision. Nevertheless, the Zambian government eventually recognized the adverse impact of these fees on impoverished households and their incongruence with the overarching objective of making "cost-effective health care as close to the family as possible" (Ministry of Health, 2001).

Though the elimination of user fees was undertaken, certain services within urban hospitals, such as CT scans, MRIs, select blood tests, X-rays, and laboratory services, continue to entail charges.

This presents a predicament for economically disadvantaged individuals residing in urban locales. While user fees carry the potential to elevate healthcare service quality and working conditions, they concurrently erect financial barriers for impoverished individuals seeking access to and utilization of healthcare services, particularly in moments of illness and financial constraints. The exigency of immediate funds may hinder their ability to avail healthcare services. The repercussions of user fees extend beyond restricting healthcare access and utilization, as they divert critical resources away from essential needs like a child's education expenses or sustenance (WHO, 2010)

This research therefore endeavors to investigate the impact of health service user fees on the accessibility of healthcare services. Employing an exploratory study design with a qualitative approach, this study seeks to comprehensively understand the influence of health service user fees on the accessibility of healthcare services. The initial chapter introduces the study, delving into its contextual background, articulating the problem statement, justifying the research, and outlining the study's objectives and research questions. The subsequent chapter, Chapter Two, conducts a thorough review of pertinent literature, aiming to elucidate the correlation between user fees and the accessibility of healthcare services.

Chapter Three is dedicated to elucidating the methodology employed in conducting the study. This section outlines the research methods, approaches, and techniques that will be employed to gather and analyze data. Moving forward, Chapter Four encompasses the presentation and analysis of the study's findings, while Chapters Five and Six delve into extensive discussions, concluding remarks, and recommendations.

1.1.1 DEFINITION OF TERMS

User fees: According to Shepard and Benjamin, (1995), user fee is a charge imposed by a government on the user of a public service for the use of any particular service, they are authorized payments made at the point of service by patients. At the juncture of accessing healthcare services, these fees are imposed, encompassing various facets of health services. These charges might encompass registration fees, consultation fees, expenses for pharmaceuticals and medical provisions, or costs for any delivered healthcare service. The payment structure can entail remuneration per individual visit or encompass an entirety of an illness episode (Shepard and Benjamin, 1995).

Accessibility: Agency for Healthcare Research and Quality, (2014) defines access to health care as, having the timely use of personal health services to achieve the best health outcomes. Ensuring effective access to healthcare involves navigating through three distinct phases: Initiating entry into the healthcare system, attaining access to appropriate care locations where individuals can receive necessary services, and locating healthcare providers who align with patients' requirements, fostering a rapport built on reciprocal communication and trust. Equally, it can be asserted that it involves the elimination of obstacles that hinder entry and receipt of services, or engagement within any healthcare environment.

Health Care Services: The WHO, (2003) defines "Health care services" as The provision of medicine, medical or surgical interventions, nursing care, hospitalization, dental procedures, optometric assistance, complementary health services, or any combination of the aforementioned services, irrespective of whether they are linked to illness or personal injury. Additionally, this encompasses offering all essential services and goods to individuals with the objective of averting, mitigating, remedying, or recuperating human ailments, physical incapacities, or injuries.

1.2 STATEMENT OF THE PROBLEM

The availability of essential, satisfactory health services remains elusive for many of the world's most impoverished individuals, even though user fees are in place (Lavis, 2008). The imposition of payments for health services through user fees creates an impediment to access (Masiye, 2010). In the case of Zambia from 1993 to 2005, indicators of accessibility revealed notable challenges in reaching healthcare. Data extracted from the Zambia Demographic and Health Survey (DHS 2001-2002), a comprehensive nationwide household survey, indicated that 45% of urban and 56% of rural patients were declined services at healthcare facilities due to their inability to make upfront payments. Further studies derived from household surveys (Habtom and Ruys, 2007) provide additional confirmation that a significant segment of the impoverished population is unable to seek treatment at public health establishments when they are unwell, primarily due to their incapacity to afford user fees.

As observed in numerous countries, Zambia included, user fees have exhibited substantial inequity, restricting healthcare access exclusively to those with the financial means (Lagarde, 2010). Conversely, the elimination of service user fees in rural regions has notably enhanced the accessibility of healthcare services. Notably, a study indicated an immediate surge of 40% in

utilization subsequent to the removal of user fees (Lagarde, 2010). In parallel, another study demonstrated an average rise of 50%, contrasting with nearly negligible escalation during the same timeframe in urban zones where fees persisted (Masiye, 2010). A third study observed an upsurge of 55% at the 15-month mark following the implementation of the new user fee abolition policy (Masiye, 2008). Compelling evidence underscores that the districts facing the most significant deprivation in Zambia experienced the most substantial utilization growth post the cessation of fees (Masiye, 2010).

The provided evidence clearly underscores how user fees acted as barriers hindering access to necessary healthcare services. From the aforementioned insights, it is reasonable to posit that ensuring sufficient and sustainable healthcare financing, coupled with efficient accessibility to health services, poses a formidable challenge within resource-limited nations like Zambia, heavily reliant on government and donor funding. Despite this context, there remains a lack of knowledge regarding the impact of health service user fees on the accessibility and utilization of healthcare services within Zambia.

A study conducted by the Ministry of Health (MOH) in 2007 offered initial insights, revealing a varied and diverse range of experiences in different regions following the implementation of user fee removal policies (MOH, 2007b). In the pursuit of equitable healthcare services, the government, in conjunction with the United Nations' sustainable development initiatives, is actively engaged in the Health for All campaign (MOH, 2007b).

Against this backdrop, the primary objective of this study is to delve into the ramifications of service user fees on the accessibility of healthcare services for the population. The resulting findings hold significant value for policymakers and decision-makers in the healthcare sector, aiding them in formulating well-informed policies and strategic decisions. Ultimately, this endeavor aims to govern the well-being of the populace and provide financial safeguards against the economic burdens associated with health-related expenses.

1.3 JUSTIFICATION OF THE STUDY

This study is carefully structured to delve into the effects of health service user fees on the accessibility to healthcare services. The insights gathered from this research will help provide

invaluable guidance to policy and decision makers, both within Chingola District and at national scale through the Ministry of Health. By understanding the complicated impacts of service user fees on accessibility and service utilization, stakeholders can formulate effective programs and policies that address emerging challenges stemming from these fee structures.

Moreover, the study's findings will offer crucial insights into enhancing the existing health finance framework. This, in turn, will serve to alleviate financial strains experienced by individuals when seeking specific healthcare services at Nchanga North General Hospital (NNGH).

A significant contribution of this study lies in its augmentation of the limited existing knowledge regarding the effects of service user fees on the social status of the population. It will shed light on how these fees influence the accessibility of healthcare services provided at public health facilities across Zambia. The outcomes of this study will illuminate strategies to mitigate the identified effects and propose alternative avenues to ensure unhindered access to healthcare services for the public. Incorporating evidence-based insights from this study could lead to the implementation of informed policy decisions and well-coordinated, strategic programs. Ultimately, such measures have the potential to strengthen Zambia's healthcare system on a broader scale.

1.4 MAIN OBJECTIVE

To explore the effects of service user fees in accessing health care services at Nchanga North General Hospital in Chingola, Copperbelt Province.

1.5 SPECIFIC OBJECTIVES

1. To understand how service user fees hinders as well as promotes accessibility to health care services
2. To explore the effects of service user fees on the population's socioeconomic status in accessing health care services at Nchanga North General Hospital.
3. To understand the effects of service user fees on the quality of health care services at Nchanga North General Hospital.
4. To explore the effects of service user fees on the uptake of health care services at Nchanga North General Hospital.

1.6 RESEARCH QUESTIONS

1. What effects does the payment of service user fees have on the accessibility to health care services?
2. What Negative effects do service user fees have on the population's socioeconomic status?
3. What effects are associated with service user fees on delivery of Quality health care services?

1.7 SCOPE OF THE STUDY

This study will center its focus on examining the effects of service user fees on the accessibility of healthcare services for patients at Nchanga North General Hospital, situated within Copperbelt Province's Chingola District. The scope of the study encompasses various stakeholders, namely health workers within Nchanga General Hospital, clients or caregivers of patients, and the administrative staff of the hospital management. By concentrating on this specific healthcare facility and involving a diverse range of participants, the study aims to unravel the complex dynamics between service user fees and accessibility. The insights gained from these key stakeholders will provide a comprehensive understanding of the challenges and opportunities tied to healthcare access within this context.

CHAPTER TWO

2.1 LITERATURE REVIEW

Introduction

This chapter will undertake a comprehensive examination of the health financing systems prevalent in many developing countries, Zambia included. It will delve into the rationale underlying the implementation of user fees within the health sector, offering justifications for their existence. Furthermore, the chapter will meticulously assess the influence exerted by user fees on both the health sector itself and the broader population. The concluding section of this chapter will furnish a theoretical and conceptual framework centered on user fees, providing a solid conclusion to the chapter's exploration.

The health financing systems

In 2010, the World Health Organization (WHO) issued a distressing report revealing that approximately 150 million individuals worldwide are subjected to severe financial turmoil annually, with another 100 million falling into poverty due to direct payments for health services via user fees (WHO, 2010). This alarming reality compels developing nations, Zambia included, to perpetually adapt and refine their financing systems in order to generate adequate funds for their healthcare systems.

The distinct characteristics of developing countries, such as Zambia, further worsens this challenge. A significant portion of the population is engaged in the informal sector, rendering the collection of income taxes and wage-based health insurance contributions a difficult task.

At its core, the health financing system revolves around the mobilization, accumulation, and distribution of financial resources to cater to the healthcare needs of the populace (Preker and Carrin, 2002). It is imperative for health financing to encompass not only the origins of revenue for healthcare, including the mechanism of payment or contribution and the entities entrusted with revenue collection, but also the strategic allocation of resources to procure essential services (Carrin and James, 2004).

There are several methods that can be used to support health services. The WHO, (2000), suggests the general systems of taxation used to finance government expenditures and the ministries of

health and these include; donor assistance that is specifically embarked for health projects; charitable donations targeted to private voluntary health providers, such as church missions; user fees; and health insurance. Confronted with financial limitations while endeavoring to diminish reliance on government funding for the provision of healthcare services, numerous countries opted to introduce or escalate user fees at public facilities.

Definition and Historical justifications for user fees

Payment of fees can either be per individual visit or can encompass an entire episode of illness. The implementation of user fees was a crucial policy measure in response to the healthcare financing crisis (WHO, 2010). The introduction of user fees was a response to the health sector crisis of low-income countries in the 1980s. The policy was endorsed by the World Bank in 1987, it was promoted by WHO and UNICEF for Africa through the Bamako Initiative. In an ideal world, the user fee policy was meant to:

- raise revenue for healthcare and thus contribute to the sustainability of healthcare systems
- increase efficiency by discouraging frivolous (unnecessary) use of health services
- provide additional resources that would be invested in healthcare (especially primary healthcare and prevention) outside the main urban centers and focusing on poorer patients
- Increase community participation and empower the beneficiaries, on the grounds that their payments legitimized their involvement in how the health structures and systems in their communities were run. (Akin J, 1987).

The implementation of user fees to achieve the aforementioned objectives within the healthcare systems of many low- and middle-income nations has ignited a prolonged and contentious debate within the realm of public health. However, the current body of evidence tends to suggest that their introduction yielded limited benefits. In countries where user fees were instituted, they only contributed an average of 5–7% of the national health sector's recurrent expenditures, taking into account associated administrative costs (Pearson, 2004).

Moreover, the notion that user fees effectively curbed unnecessary demand for healthcare services remains ambiguous, and its significance within these contexts remains uncertain. Importantly, their adverse effects on both equity and operational efficiency have been extensively documented

(James et al., 2006). In the pursuit of fulfilling the objectives tied to user fees, their impact has reverberated across both the healthcare system and the broader population.

IMPACT OF USER FEES

Effects of User fees on health seeking behavior.

Charging user fees at health facilities is likely to present a barrier to access. Yet, a shortage of resources at the facility level may contribute to failure to deliver quality services, and this also presents a barrier to access. If users of public services like health are involved in their payments, a more responsible attitude towards the use of such services is attained and thus limits the misuse of such services. This system may in turn curb moral hazard (Mwabu, 2000). Studies have shown that households' decisions about whether to seek health care and the type of health care used were influenced by factors such as quality of health care, proximity of the health facility among others, rather than cash prices (Laterveer, 2004). It is established that the demand for health services among low-income households is notably responsive to changes in pricing compared to other income groups, rendering them more susceptible to the effects of user fees, which disproportionately affect the poor. Conversely, a prevailing assumption posited that the introduction of user fees might potentially augment the utilization of healthcare services. This premise rests on the idea that user fees could reduce the overall cost of accessing satisfactory care within public health services, with retained fee revenues earmarked to enhance service coverage and quality (Palmer et al., 2004). However, this scenario is contingent upon fees being reinvested in quality improvement, which is relatively uncommon. In a quasi-experimental study conducted by Litvack and Bodart (2003), the combined impact of user fees and heightened quality of health services (measured by the availability of drugs) on service utilization was examined. The results revealed a significant increase in the likelihood of utilizing health services among the population within health centers implementing user fee schemes, attributed to an improved quality of services facilitated by cost recovery mechanisms. These outcomes indicated heightened utilization across all income brackets, with a less distinct correlation between income levels and utilization.

In practice, the potential to generate revenue through user fees has yielded mixed outcomes, generally falling below the anticipated 10-20% of total government recurrent health expenditure (Shaw and Griffin, 1999).

Some authors have argued that user fees can generate vital resources at the local level and help improve quality of health services in facilities (Ellis, 1997). Others have highlighted how the user fees provide barriers to the poor families to access health service. Recently, several international campaigns have advocated the removal of user fees, especially for primary care services (Litvack and Bodart, 2003). Eliminating user fees has the potential to enhance service coverage and accessibility, especially for the most economically disadvantaged socio-economic segments. However, swift implementation devoid of proper preparation may unconsciously trigger unintended consequences, including compromised service quality and an overwhelming burden on healthcare providers. Research from Lesotho, as documented by Carrin (2003), unveiled that increasing user fees triggered a decline in service utilization within the public sector. In contrast, there was no noticeable change in service utilization within private not-for-profit facilities.

Positive and Negative Effects of User fees

The user fees debate has been full of controversy. The alleged positive and negative effects of user fees on efficiency, equity, quality and sustainability have questioned by a number of writers leading to heated debates among health sector stakeholders. Below are some of the main arguments on user fees.

Efficiency

Existing literature puts forth the notion that user fees could potentially foster more streamlined utilization behaviors, thereby enhancing consumption efficiency by curtailing unnecessary visits to healthcare facilities. However, this assertion is contingent upon certain qualifiers: i) User fees must be stratified based on the hierarchical levels of the healthcare system. ii) The introduction of bypass fees should be considered in regions where the primary care network is robust; additionally, patients referred to higher levels of the system should be exempt from such fees. iii) User fees should be coupled with quality enhancements that stimulate utilization at the primary care level. These conditions, as highlighted by Gilson (1997) and Bonu et al. (2003), are essential in establishing a framework where user fees align with improved healthcare delivery and utilization patterns.

In reality, a notable consumption inefficiency emerges, wherein substantial segments of impoverished individuals are unable to access healthcare services despite their illness. The primary impediment in such cases is the financial burden stemming from user fees (Mcintyre et al., 2005).

Moreover, elevated travel expenses and various non-healthcare costs, particularly for individuals residing in rural locales, indicate that the inclination towards frivolous use of healthcare services is improbable even in the absence of fees (James et al., 2006). Furthermore, studies have illuminated that user fees exacerbate allocative inefficiency within the healthcare system. This is manifested through an undue emphasis on the over-provision of unnecessary services alongside the under-provision of services that hold societal significance (James et al., 2006).

Equity and Access

Despite user fees being deemed a pivotal revenue source in the healthcare sector, achieving equitable access to services remains an ongoing challenge (Gilson, 2001). User fees erect barriers that impede healthcare access for impoverished and vulnerable segments of society by introducing a financial burden (James et al., 2006). Gilson (2001) underscores that the equity ramifications of user fees stem from deficient management systems and the direct impact of fees on individuals in need of healthcare services. The intricacies of implementation often hinder the envisioned equity benefits and intended quality enhancements from materializing, potentially exacerbating pre-existing access disparities between affluent and disadvantaged populations.

Recent studies corroborate these findings. In Guinea and Indonesia, the prohibitive cost of treatment emerged as the primary reason cited by the poor for not seeking care at government facilities (Collins and Gilson, 2001). This obstacle is particularly pronounced for the poorest patients, compounding the difficulties they face in accessing healthcare. In Ecuador, over half of the poorest respondents indicated that lack of money prevented them from seeking care. A study in Kenya revealed that sometimes the poor pay more for healthcare services than their non-poor counterparts (James et al., 2006). However, it's important to note that user fees represent just one facet of the multifaceted barriers to healthcare access. Other cost-related and non-cost-related obstacles, such as expenses for drugs, travel and time, accommodation for in-patients and their families, as well as issues of quality, information, and cultural factors, contribute to the overall challenge (James et al., 2006; Litvack et al., 1993). Considering the potential magnitude of these other barriers, it's unlikely that there exists unnecessary utilization ("frivolous consumption"), and it's also clear that user fees are not the sole determinant affecting access to healthcare services.

Quality and Health Service

Enhancing the quality of healthcare services holds a pivotal role in advancing sustainability, efficiency, and particularly equity (bijlmakers, 2003). Existing literature outlines diverse strategies through which the implementation of user fees can potentially contribute to quality enhancement, either directly or indirectly. Notably, Kipp et al. (2001) document the use of user fees as a mechanism for staff incentive, resulting in improved services provided by healthcare workers. Additional research further supports the notion that user fees can yield varying effects on the utilization of health facilities, often tied to improvements in service quality. Litvack et al. (1993) reveal that user fees contributed to heightened utilization due to an upswing in service quality. In contrast, other studies, such as the work of Haddad and Fournier (2000), suggest a decline in utilization following the introduction of user fees, despite observed improvements in service quality. A more contemporary systematic review of literature on user fees conducted by Lagarde and Palmer (2008) underscores that the implementation or escalation of fees has led to reduced utilization of specific curative services. However, it's noted that the presence of quality improvements might have played a role in maintaining utilization levels in certain instances. This intricate interplay between user fees, service quality, and utilization underscores the multifaceted nature of healthcare access dynamics.

Other studies have shown that Introduction of User fees might not lead to Improvements in the quality of healthcare provided. Gilson (2001), feels that the problems in user fees implementation might make it difficult for the quality improvements to be realized in practice. Liu and Mills (2002) also support this view by suggesting that user fees might lead to a reduced take up of preventive services and provision of unwanted services at the expense of socially desirable services.

Sustainability and Level of Funding

In 1987, the World Bank argued that user fees would improve both the quality and availability of health care, and that enough revenue would be raised from user fees to sufficiently supplement the financing of health services. However, revenue generated from user fees is said to contribute a very small proportion of the total revenue for the health sector. Gilson (2001) looks at 16 countries in Sub Saharan Africa where user fees were being implemented and concluded that the income from user fees averaged around 5% of the total recurrent health system expenditures and that this is insufficient to address the large and growing financial gap in many African countries. In this

context, the generated revenue from user fees must be supplemented by a comprehensive array of measures to effectively bolster the sustainability of health systems and foster meaningful advancements in service quality (Gilson, 2001).

Evidence also demonstrates that, revenue from user fees may vary over time and can be affected by a rise in inflation, war and economic recession. Despite being low, James *et al* (2006) argue that revenue from user fees often amount to important sums at the local level, especially in the absence of government funding, poor investment in rural health facilities, and problems with the flow of funds from the Centre to rural health facilities. Thus, fees may generate considerable proportions of the total non-salary recurrent expenditure at the lower level, low-cost health facilities.

In terms of system sustainability, the effect of user fees is not well known due to lack of research. Available evidence, however, suggests that the contribution of user fees to the sustainability of health systems is limited (Gilson, 2001; Nyongato and Kutzin, 1999).

Removal of User Fees in Africa

Since the late 1990s, some donors started to change their position regarding the desirability of user fees, mainly highlighting their negative effect on equity to access. This trend is substantiated by Gilson (2001) and the World Health Organization (WHO) (2000). They both reach the consensus that the global discourse emphasizes the necessity to shift from an overreliance on payments as the primary source of health financing. Instead, the focus is directed toward establishing a system that encompasses a more substantial element of risk pooling, possibly achieved through mechanisms like health insurance. This strategic shift holds the potential to provide enhanced safeguarding for disadvantaged populations. By the year 2004, pressure was mounting on the African governments for them to heed to the call for the removal of user fees, especially for the poor and vulnerable members of society.

Research and advocacy networks such as EQUINET, Oxfam, Save the Children - UK, the UN Millennium Project, and the Commission for Africa strongly advocated for the removal of user fees (James *et al*, 2006; Lagarde and Palmer, 2008). Development agencies, such as DFID and UNICEF also supported the call (James *et al*, 2006). Today a few countries in Africa including Uganda, South Africa, Madagascar, Kenya, and Zambia have removed user fees partially or universally from primary health care services (Gilson and McIntyre, 2005; Masiye *et al*, 2008).

Experiences so far on of removing user fees are mixed. Gilson and McIntyre (2005), note that, removing user fees from primary care is important in offering financial protection to poor households but that there is need to put in place deliberate implementation strategies that would ensure that the objectives of the user fees removal are met.

In South Africa, Gilson and McIntyre (2005) highlight that the elimination of user fees resulted in amplified healthcare access and utilization. However, healthcare workers expressed concerns about being insufficiently informed and unprepared for the subsequent surge in staff workload. Turning to Uganda, the discontinuation of user fees notably enhanced healthcare access for impoverished segments, particularly in the poorest regions of the country (Burnham et al., 2004; Deininger and Mpuga, 2004). Nevertheless, a noteworthy counterpoint emerges: several healthcare workers developed a negative outlook toward their roles subsequent to the user fee removal. This shift in attitude primarily stemmed from the lack of funds for procuring additional medications and compensating non-skilled support staff who were not included in the government payroll.

An apprehension arises that the sense of responsibility towards the community exhibited by healthcare workers and health facilities might diminish, exemplified by the cessation of Health Unit Management Committees (HUMCs) meetings following the elimination of user fees (Burnham et al., 2004). Furthermore, the upkeep and cleanliness of healthcare facilities notably deteriorated subsequent to the removal of user fees. Emphasizing the sustenance of the positive outcomes resulting from policy changes, it becomes imperative to ensure the quality of services delivered in public health facilities. This entails the provision of ample essential resources and materials, as well as the introduction of incentive programs for healthcare workers (Deininger and Mpuga, 2004). This multifaceted approach is crucial for maintaining and enhancing the overall effectiveness of healthcare systems in the wake of user fee reforms. The experience of abolishing user fees in Madagascar resulted in an upsurge in outpatient utilization. However, apprehensions related to drug availability for underserved populations and adverse effects on the provision of preventive services prompted the reintroduction of user fees in the country (Fafchamps and Minten, 2004).

In Ghana, a recent study conducted by Ansah et al. (2009) indicated that the removal of user fees for primary health care induced changes in healthcare utilization behavior, yet failed to yield

improved health outcomes for households with children under five. The implementation of free primary health care altered the healthcare-seeking patterns of households, with non-fee-paying individuals gravitating towards formal health care and reducing their reliance on non-formal care. Nonetheless, these changes in utilization patterns did not translate into tangible enhancements in health outcomes. These findings challenge the prevailing assumption that free healthcare universally leads to better health outcomes. As underscored by Gilson and McIntyre (2005), while the elimination of user fees is a significant step, it is far from a straightforward undertaking. Without accompanying supportive measures, fee removal can exacerbate performance challenges within health systems. In the absence of increased healthcare funding, such increases in utilization may inadvertently contribute to a decline in service quality due to drug shortages and the strain on healthcare workers grappling with heightened workloads.

A more recent systematic review of literature on user fees conducted by Lagarde and Palmer (2008) aligns with these conclusions, suggesting that the elimination or reduction of user fees indeed leads to increased utilization of curative and preventive services, but concurrently results in a negative impact on service quality.

Evolution and Experiences with User Fees in Zambia

Between 1964 and the early 1990s, the Zambian government extended free healthcare services to all its citizens. The Central Board of Health and the Zambia Integrated Health Project (2002) document that in 1993, a pivotal shift occurred with the introduction of user fees in government health facilities, propelled by three primary objectives:

- Ownership of the health system through community participation;
- Staff motivation and accountability through performance bonuses; and
- Raising Of additional income to improve quality of services at the point of collection

The design of the user fees policy greatly benefited from positive donor perceptions and from experiences from West African countries (Ghana and Senegal) that were already implementing user fees at that time. Thus, nationwide user fees were applicable in all the government health facilities from 1993 to 2006 until the policy was abolished from 54 rural Districts on 1st April 2006. In January 2007, the user fees removal policy was further extended to the remaining 18 municipalities and cities to cover areas outside the radius of 15Km and 20Km of the administrative

units, respectively. Today user fees are only applicable within the 15Km and 20Km radius of all the municipalities and cities, and level 2 and 3 hospitals countrywide (Masiye *et al*, 2005). But what prompted the removal of user fees in Zambia? Well, studies had been conducted which showed the negative impact of user fees, especially in a country where more than 65% of the population were extremely poor. In their study, Masiye et al. (2005) undertook an analysis to assess the effects of cost sharing and various contributing factors on healthcare access. These factors encompassed distance to healthcare facilities, the duration required to reach these facilities, financial expenses, and the efficacy of exemption mechanisms. The study outcomes underscored a direct and adverse impact on the access to healthcare for the most economically disadvantaged households across all the examined determinants.

Masiye et al. (2005) further reference several Zambian authors who have highlighted that user fees not only exert a negative influence on the equity of healthcare access but also contribute to an escalation in poverty levels. Sukwa and Chabot (1996) and Kahenya and Lake (1994) conducted comparative analyses before and after the implementation of user fees, determining a decline in utilization ranging from 20% to 64%. Blas and Limbambala (2001) similarly demonstrated that user fee payments among impoverished populations resulted in significant reductions in service utilization.

Citing the World Bank (1994), Situmbeko and Zulu (2004) observed that user fees in Zambia led to a substantial decrease of over 20% in outpatient attendance and delivery services. In terms of their contribution to the broader resource pool, user fees in Zambia had a relatively minor impact on the overall health system's resources, yet wielded a significantly more pronounced effect on resources at the district level (Masiye et al., 2005). These user fee revenues were predominantly retained within healthcare facilities and managed through inclusive community involvement. Importantly, they played a crucial role in preserving service quality during critical junctures of local-level healthcare delivery (Situmbeko and Zulu, 2004).

2.2 THEORETICAL FRAMEWORK OF USER FEES

In the analysis of 'principles of demand,' two crucial factors come into play: the 'price effects' and the 'income effects.' It is widely understood that an increase in price leads to a proportional

decrease in the demand for healthcare services. The realm of economics offers a valuable tool for health planners to quantitatively assess these price and income effects and gain a comprehensive understanding of their broader societal implications.

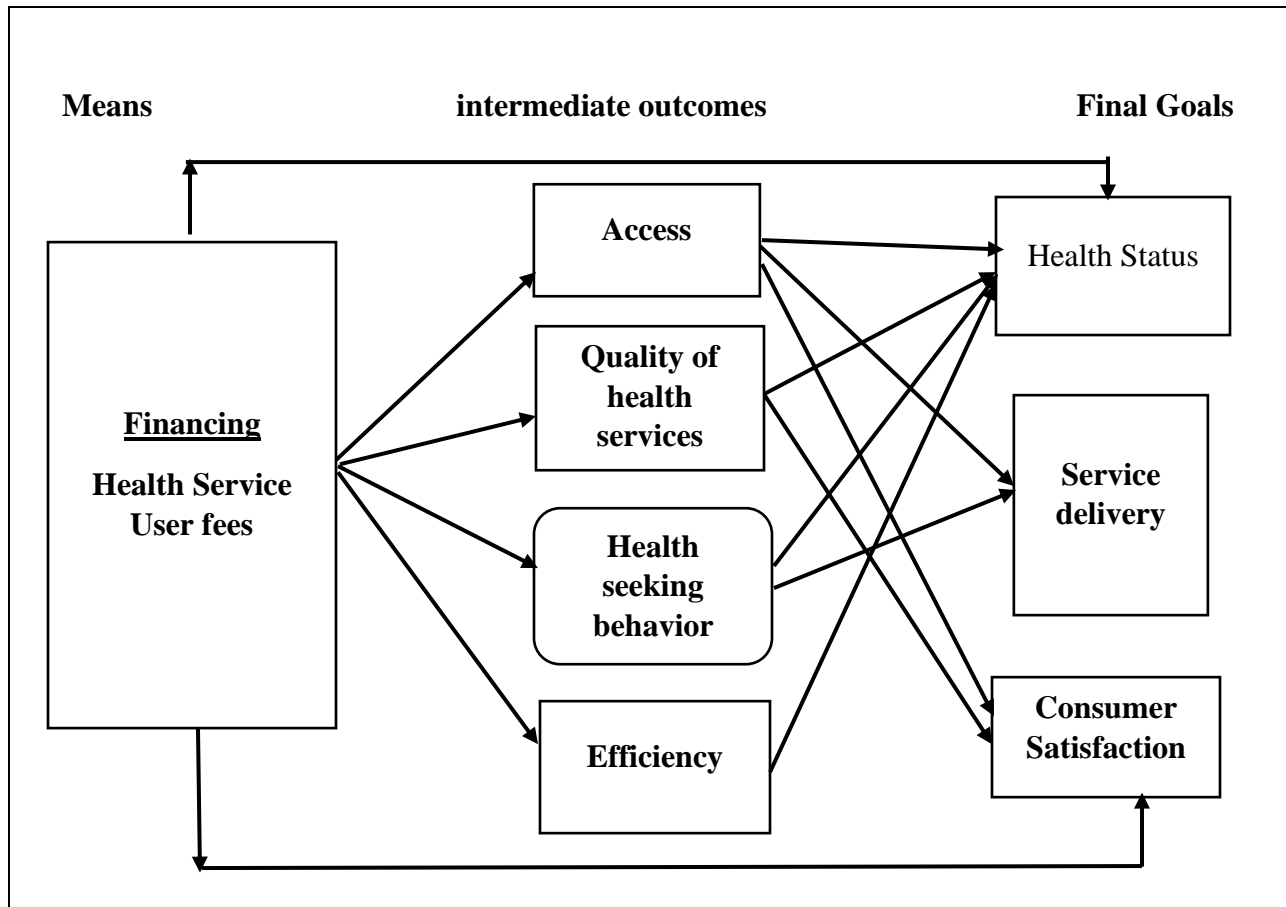
When considering the 'principles of pricing and revenue,' the application of a cost-based approach may be limited in government healthcare services. Nevertheless, this approach provides insight into the considerations that health service providers or governments should bear in mind while setting prices. Factors such as service costs, consumer willingness to pay, and available alternatives play a pivotal role. In cases where costs cannot be covered at any price point, the government must determine whether a subsidy is necessary. For instance, a significant portion of subsidies in India's health sector is allocated to curative care in urban areas (Lagarde and Palmer, 2008). Introducing a dual pricing system, where lower charges are applied to impoverished users, could potentially foster a more equitable charging mechanism for public healthcare services, despite the challenges associated with its implementation.

Given the absence or low cost of government healthcare services, there is an excess demand – consumers seek more healthcare services than the government can provide. In this context, user fees can serve as an allocation mechanism to address issues like queue management, special favors, and drug shortages.

Price sensitivity is a significant factor. Even a slight change in price can lead to a substantial shift in demand, a phenomenon termed as the price elasticity of demand. Notably, certain severe health conditions like heart attacks or cancer are characterized by an 'inelastic' demand – individuals may sell assets like livestock or land to afford higher healthcare costs. However, this price elasticity of demand is interconnected with income levels. If user fees for medical care services are uniformly increased for both the rich and the poor, the decline in demand will be more pronounced among the latter. Implementing a tiered pricing structure, where higher fees are applied to the affluent and lower fees to the impoverished, could mitigate the negative impact on the poor's access to services. Importantly, this approach could yield significantly higher total revenue than a uniform fee system for both economic strata.

2.3 CONCEPTUAL FRAMEWORK

This identifies factors involved in User fees and suggests causative pathways for the links between health User fees and the overall health system performance. Frameworks thus identify data needs and suggest analytical approaches.



CHAPTER THREE

METHODOLOGY

3.1 Research Approach

The research is a Phenomenological cross sectional study that was conducted from Nchanga North General Hospital. It collected data at a specific point in time and tried to interpret data based on the data that was collected at that point.

3.2 Research design

A qualitative Narrative exploratory study was conducted in Chingola District at Nchanga North General Hospital. The study aimed at collecting information about the effects of user fees on the accessibility to healthcare services. A focus group discussion and an In-depth interview was carried out on both the in-patients caretakers and the officials (head of departments, doctors, nurses, and the administration) respectively. Those who at least once paid for a service and those that have never paid anything at all were interviewed in order to assess the link with and outcomes of user fees on accessibility to healthcare services.

3.3 Research setting

The study was conducted in Chingola District, Copperbelt province of Zambia. In terms of population the district has 199,534 with an extrapolated growth rate of 2.3. Chingola is located 411.1km from Lusaka (CSO). Specifically the study was conducted at Nchanga North General hospital which is a level 2 Government hospital and therefore a District referral Centre for both Chingola and Chililabombwe Districts. It is situated at the junction of Jumbe Road and Kitwe road north and borders Konkola Copper Mines in Nchanga North Chingola. It was built in 1933 initially known as Nchanga North Mine Hospital under Nchanga Consolidated Copper Mine. The Zambian government took over the running of the hospital from the then Zambia Consolidated Copper Mines (ZCCM) in 2000 following the Privatization of the mines. It offers health care services and has a Nursing and Midwifery School that trains Registered Nurses and Registered Midwives.

The intended catchment area is anywhere between 400,000 and 800,000 people, with services in internal medicine, general surgery, pediatrics, obstetrics and gynecology, dental, psychiatry and intensive care services. It is the referral Centre for all the first level institutions from both Chililabombwe and Chingola, including the provision of technical back up and training functions. The institution works hand in hand with Nchanga South Hospital which is a private hospital owned by Konkola Copper Mines. The institution has a bed capacity of 293 and 84 baby cots. On average the institution manages about 9,615 admissions per annum with a provision of both acute and elective medical and surgical services among others. (MOH, HMIS, 2021).

3.4 Study Population

As of 2023, the study population stands at 199,534, based on data obtained from the Chingola District Health Office. In line with the research methodology, Cormack (2000) advocates for a smaller, carefully chosen sample for qualitative studies due to the detailed and thorough nature of the study and subsequent data analysis. Similarly, Marshall et al. (2013) suggest that an appropriate sample size for in-depth interviews in a qualitative study falls within the range of 8 to 15 participants. Following the principles of the redundancy theory, the study engaged a sample size of 15 to 30 individuals for the focus group discussions, allowing for comprehensive exploration and analysis. Additionally, the in-depth interviews involved a sample of 8 to 15 participants, aligning with established guidelines for qualitative research. This approach ensures a focused and detailed examination of the subject matter while maintaining methodological rigor.

3.5 Sampling Technique

A systematic probability sampling and a non-probability purposive sampling technique was used to collect data from the in-patients caretakers and the officials (health practitioners and management) respectively. For the systematic sampling, the researcher chose every third (3rd) in-patient caretaker in the wards to come up with the members to participate in the focus group discussion. While on the other hand, the researcher picked the heads of departments in areas where user fees are charged as key informants and conducted an in-depth interview with them so as to get more information with regards to health service user fees.

3.6 Data collection Techniques

Data collection encompassed a two-pronged approach, incorporating a Focus Group discussion involving in-patient caretakers and in-depth open-ended interviews conducted with officials. There were eight (8) In-depth interviews conducted with (10) ten health officials. The researcher then conducted four (4) Focus group discussions with the In-patient caretaker's in four Hospital wards.

3.7 Data Analysis

The collected data was subjected to qualitative content analysis. After collecting diverse responses from the participants, similarities in responses stemming from the two distinct data collection methods were consolidated into thematic groups, classified as either positive or negative viewpoints concerning user fees. Subsequently, conclusions were derived based on these identified themes, whether positive or negative, with emphasis placed on the predominant response. The theme garnering the highest number of responses was deemed a primary effect of service user fees on healthcare service accessibility at Nchanga North General Hospital.

3.8 Scientific Rigour

To ensure trustworthiness and the validity of information derived from the focus group discussions with in-patients and in-depth interviews with healthcare workers, the following measures were implemented:

- ***Research Helper Training:*** The researcher provided comprehensive training to the research helper, outlining the research topic, objectives, and rationale. The roles and expectations of both the researcher and the helper were clearly elucidated. This approach aimed to ensure that the helper had a thorough understanding of the research's purpose and requirements, enabling them to assist effectively and contribute to the acquisition of accurate information.
- ***Informed Interviews:*** Informants selected for the interviews were carefully chosen based on their expertise and knowledge related to the research subject. This included professionals such as doctors, department heads, nurses, and hospital management, who possessed valuable insights. Additionally, in-patient caretakers who had personal experiences and perspectives on the impact of user fees were included. By engaging

individuals with relevant expertise, the interviews were more likely to yield credible and insightful information.

- **Redundancy Criterion:** The principle of redundancy was applied during data collection. This involved ensuring that information provided by respondents reached a saturation point, where no new or substantially different information was being added. This ensured that data collection was comprehensive and that all pertinent viewpoints and insights were captured, enhancing the validity and reliability of the information collected.

By incorporating these strategies, the research aimed to establish a foundation of trustworthiness and validity in the data obtained from focus group discussions and in-depth interviews. This approach contributes to the overall credibility and integrity of the study's findings and subsequent analysis.

3.9 Ethical considerations

Before taking any step, the researcher registered as a certified researcher under the National Health Research Authority (NHRA) and consent to conduct research was sought from the ethics committee, from the University of Lusaka, as well as the provincial health office. To ensure ethical conduct and uphold the rights of participants, the following measures were implemented throughout the study:

- **Informed Consent:** Prior to participation, all participants were provided with a clear and comprehensive explanation of the study's procedures, objectives, and intentions. This ensured that participants fully understood what their involvement meant and gave them the opportunity to ask questions before consenting to participate.
- **Confidentiality and Anonymity:** Participant identities and any personal information shared during the study were kept strictly confidential. Any data collected, including questionnaires and transcripts, were securely stored by the researcher and identified using codes rather than personal identifiers. This ensured that participants' responses could not be traced back to them, preserving their anonymity.
- **Right to Withdraw:** Participants had the right to withdraw from the study at any point if they chose to do so. This right was communicated clearly during the informed consent

process, emphasizing that withdrawal did not have any negative consequences or implications for the participant.

- **Data Protection:** All collected data, including questionnaires and interview transcripts, were stored securely by the researcher to prevent unauthorized access. Only the researcher and authorized personnel had access to the data.
- **Presentation of Findings:** The researcher intends to share the study's findings with Nchanga North General Hospital and the provincial health office upon completion. This may provide valuable insights for the hospital's decision-making processes and contribute to ongoing improvements in healthcare services.

By adhering to these ethical principles and procedures, the study aimed to prioritize the well-being and rights of participants while ensuring the integrity and reliability of the research process and outcomes.

CHAPTER FOUR

RESULTS

The obtained results were subjected to analysis based on the data collected through in-depth interviews conducted with officials from Nchanga North General Hospital and a Focus Group discussion involving in-patient caretakers, also known as bed-siders.

4.1 INTERVIEWS

A comprehensive open-ended interview was administered to officials representing various departments within the Hospital. The following were taken into consideration during the interview process:

4.1.1 General Knowledge and Purpose of Introducing User Fees

At least 7 out of 12 of the interviewed workers exhibited awareness and possessed a certain level of understanding regarding health service user fees, including their intended purpose. They were several key responses that emerged regarding the general knowledge and purpose of introducing user fees. These responses reflect the participants' perspectives on the purpose, implementation, and outcomes of user fees in the context of healthcare services. The majority of the participants at least 9 out of 12 Participants mentioned that user fees were introduced to sustain the health system, generate income, and facilitate equipment maintenance and service delivery. Some supporting quotes included;

"...main aim of introducing User fees was so that protocol can be fulfilled or achieved in terms of people not skipping the primary level and come straight to the Hospital..."

Additionally some participants also noted that user fees were intended to generate income for the hospital and contribute to funding for equipment, services, and facility maintenance.

"...move by the government was good because it enabled the hospital to purchase certain requirements...charges are too low."

Some participants discussed the effects of user fees on the quality of service delivery, maintenance of medical equipment, and availability of resources. On the other hand, 3 of the participants mentioned that user fees were introduced to control patient flow, decongest the hospital, and ensure proper utilization of primary healthcare services.

"...some services need money if they have to be provided effectively like the X-ray machines that need x-ray films and maintenance."

"...people not skipping the primary level and come straight to the Hospital which is a secondary level, to decongest the number of people at the hospital..."

At least 4 out of 12 Participants also highlighted challenges related to the effectiveness of user fees, including low collection rates, exemptions, and the limited contribution to overall funding. They further mentioned that user fees have been in existence for a long period and noted the historical context of their introduction.

"...majority fail to manage to pay and services are still provided without payment."

"...User fees were introduced in 2008 at Nchanga North General Hospital..."

Based on these responses, we can ascertain that they collectively provide insights into the participants' perspectives on the effects of user fees in accessing healthcare services. It's important to note that while some respondents view user fees as contributing to various aspects of healthcare provision, others express concerns about their effectiveness and impact on service delivery.

4.1.2 Relationship between user fees, Access to health care services and Quality

Additionally, participants were probed regarding their perception of any potential link between health service user fees, quality and accessibility to healthcare service. The provided responses offered diverse viewpoints on the relationship between user fees and access to healthcare services, as well as the quality of those services. These perspectives shed light on how user fees impact patients' ability to access care and the overall quality of healthcare services. Some workers believe that user fees have an effect on access to healthcare services, though opinions vary.

"...when there is a fee attached to a service, there are fewer people accessing the service..."

"...I don't think user fees hinder access to services but they actually encourage people to access services..."

It can also be noted that workers expressed differing opinions regarding the impact of user fees on the quality of healthcare services. Some workers also acknowledged that user fees contributed positively by generating funds for equipment and materials, but also highlight challenges when patients fail to pay.

"...No there is no influence on the quality of health services provided regardless of a user fee attached or not."

"...user fees yes have an effect on accessibility...but either way we exempt them and they are able to access services..."

A couple of workers emphasize that there is no significant relationship between user fees and access to healthcare services, suggesting that people are driven to seek healthcare regardless of fees. Workers acknowledge that user fees do affect the community's accessibility to health services, despite the minimal charges.

"...No, there is no relationship between user fees and access to healthcare services..."

"...user fees affect the community's accessibility to health services though the charge is minimal."

All the responses as elaborated above collectively illustrate the complexity of the relationship between user fees, access to healthcare services, and service quality. While some workers perceive user fees as having a potential positive impact on funding and equipment acquisition, others highlight the challenges faced by patients who may struggle to afford necessary care. The extent of these effects varies, and there is no unanimous consensus on whether user fees significantly hinder or encourage access to healthcare services.

4.1.3 Advantages and Disadvantages of health service User fees

Participants were prompted to deliberate on the potential advantages and disadvantages associated with health service user fees for both the hospital and the community. Each participant articulated their viewpoints, substantiating their perspectives with reasoning. The responses presented a range of perspectives on the effects of user fees in healthcare services at Nchanga North General Hospital. These perspectives highlight both advantages and disadvantages of user fees, touching on their impact on the hospital, the community, patient care, and the utilization of services. User fees are described as having a dual effect – positive for the hospital and potentially negative for patients who struggle to pay. On the other hand, some concerns were raised about the lack of accountability and proper utilization of the collected user fees, which could be disadvantageous to both the hospital and the community.

"...on the patients' side, it's more on the negative part because a few fail to pay for some services..."

"...there is lack of accountability for the money collected, hence not well utilized..."

User fees are seen as a potential deterrent, causing some individuals to refrain from accessing healthcare services due to their inability to pay. Delays caused by unpaid user fees are identified as a potential source of complications in patient treatment, negatively affecting both patients and the hospital. The advantages of user fees are noted as enabling the hospital to purchase necessary commodities and maintain a continuous supply of services. However, disadvantages include misinformation, political influence, and potential misuse of services.

"...people refrain from coming to access the services, as they fail to manage to pay the user fees."

"...advantages are that the hospital is able to purchase commodities needed at the hospital..."

Taken together, these responses offer a comprehensive view of the effects of user fees, shedding light on their impact on both the healthcare institution and the community it serves. While user fees can contribute to funding and supply maintenance, they also pose challenges in terms of accessibility, financial burden, and potential delays in treatment. The advantages and disadvantages of user fees underscore the complexity of their impact on healthcare services and patient well-being.

4.1.4: Effects of service user fees on the uptake of health care services

From the additional responses provided, it is evident that there are differing viewpoints among workers regarding the impact of user fees on the uptake of healthcare services at Nchanga North General Hospital. These responses shed light on whether user fees hinder or influence patients' access to and utilization of medical care. One participant emphasizes that user fees do not hinder the uptake of health services since patients failing to pay are often exempted.

"...we usually exempt them if they fail to pay."

Another participant highlights how user fees, particularly for specific services like dental care, can significantly affect the uptake of services. Patients who are not covered by NHIMA may avoid

seeking care due to the associated charges. Furthermore, another Participant observed that services with user fees experience lower utilization compared to services without charges.

"...only people on NHIMA come through to access these services..."

"...few people accessing and utilizing services with a charge as compared to services that do not have a charge attached to them."

Three participants maintained that user fees do not act as a barrier for patients seeking healthcare services at the hospital. The minimal amounts charged are not seen as a significant deterrent. These responses jointly reflect a range of perspectives on the impact of user fees on the uptake of healthcare services. While some workers believe that exemption mechanisms and the minimal nature of the fees mitigate any potential barriers, others argue that user fees, especially for specific services, can indeed deter patients, particularly those from lower socioeconomic backgrounds. It is evident that there is no common agreement among the workers on whether user fees hinder access to healthcare services or not.

"...there is no patient that we have denied access or even utilization of health care services because they cannot pay..."

"...amounts that are paid are very minimal."

4.1.5: Effects of health service user fees on socioeconomic status

The participant's responses highlight different perspectives on the impact of user fees on patients' ability to afford and access medical care. Workers consistently mentioned that the majority of patients in their catchment area came from a low socioeconomic status, making it challenging for them to afford user fees. While on the other hand 8 out of 12 participants noted that user fees influenced patients' decisions on accessing certain services, with some avoiding care due to the associated charges.

"The majority of the population in catchment area are from a low socioeconomic status, and most of the people fail to pay for the services..."

"...Some patients would prefer not to even bother accessing these services because they know they don't have anywhere to get the money from."

NHIMA was also mentioned as a source of coverage for some patients, indicating that those under NHIMA may have better access to services. Participants also debated whether user fees had an impact on health outcomes, with some suggesting that health outcomes are similar regardless of the presence of user fees.

"...we still have some people under NHIMA that access services."

"...In terms of health outcomes, I think they are the same..."

Workers described the challenges patients face when unexpected fees are imposed, and how these challenges can exacerbate their socioeconomic difficulties. Furthermore, workers had varying views on the extent to which user fees affect patients' socioeconomic status.

"...for you to have a scan and an x-ray there is a fee attached when already they had challenges with transport..."

"...Yes there is an effect to their socioeconomic status, my brother it is very hard to find money these days..."

These responses provide insights into the different perceptions of healthcare workers regarding the effects of user fees on patients' socioeconomic status and their ability to access healthcare services. The responses highlight a range of viewpoints, from those who believe that user fees have minimal impact to those who observe significant challenges faced by patients from low socioeconomic backgrounds.

4.2 FOCUS GROUP DISCUSSION

A focus group discussion was organized with the participation of in-patient caretakers (bed-siders) from various wards. The selection of participants followed a systematic sampling approach. The discussion revolved around several key points including:

4.2.1 General view and reasons for user fees

During the focus group discussion, participants were queried about their awareness and understanding of user fees, particularly the rationale behind their payment. While a few individuals were knowledgeable about the purpose of user fees, the majority remained unaware of the reasons behind these fees and their designated utilization. The responses by the participants expressed a range of opinions and concerns. Participants expressed confusion about the purpose and utilization

of the fees. They questioned why they were being charged and wanted transparency regarding how the money is used. They also felt uninformed and frustrated by the lack of explanation from authorities. Some participants expressed confusion and frustration about why they are required to pay user fees and how the collected money is utilized. They questioned the rationale behind these charges.

"I honestly don't know why we pay this money and what it is used for..."

"...maybe we can understand, but instead no one tells us why they charge and what the money is used for."

Participants expressed the belief that the government should bear the responsibility for providing healthcare services and covering associated costs. Other participants held varying opinions on the idea of paying user fees. At least 3 out of 12 individuals acknowledged the role of user fees in hospital operation, while others found it financially burdensome.

"I thought the government should be the one to pay for us..."

"...How come a long time ago the government used to manage to provide free health services, but now they are charging..."

Furthermore 5 out of 12 participants questioned whether the money collected through user fees was being appropriately allocated for medical necessities and whether it is the responsibility of patients to purchase medications. While 3 expressed a desire for transparency from authorities regarding the reasons for charging user fees and how the collected funds are utilized.

"...the money that we pay to the hospital is used to purchase certain medications needed at the hospital..."

"...the government should be able to provide all the necessities that are required at the hospital..."

The responses above highlighted the participants' confusion, concerns, and varying opinions about user fees in healthcare. They reflect a range of viewpoints, from those who seek clarity on the purpose of fees to those who question the role of government in healthcare financing. The participants' perspectives underscore the importance of clear communication and transparency regarding user fees and their impact on healthcare accessibility.

4.2.2 Perception and response on user fees from in-patient caretakers

Participants were asked what their perception was about the user fees, as well as their recommendations concerning user fees. The provided responses reflected participants' opinions on the impact and potential abolishment or reduction of user fees for healthcare services. The majority of the participants 9 out of 12 expressed concerns about the negative effects of user fees on the population, particularly those facing financial constraints.

"...most of the people are complaining and failing to manage to pay."

"...already have a lot of problems in our society and need the government to sort our problems out and not to add more burdens to us..."

At least 7 out of 12 participants strongly advocated for the complete abolishment of user fees, citing various reasons such as financial difficulties and the belief that healthcare should be provided without charges. While 2 participants emphasized the importance of clear communication from the government regarding the purpose of user fees, suggesting that transparency could lead to increased willingness to pay.

"...they should abolish them, or at least if they can't abolish them, they should reduce the fees..."

"...they should tell the people why they charge and what the money is used for, maybe people would start paying..."

Some participants acknowledged the potential benefits of user fees in supporting hospital maintenance and medication supply to rural areas, but they also suggest reducing the fees to make them more affordable. Others consider the potential benefits of user fees in supporting healthcare infrastructure and services. There is also a common call for transparency and communication regarding the purpose of user fees. This analysis reflects the complex considerations and viewpoints surrounding the effects of user fees on healthcare access and affordability.

"...user fees really help in the maintenance of the hospital and help supply rural areas with medication, then they shouldn't be abolished completely..."

"...they should reduce the amount people pay further, to enable them to pay."

In summary, the responses revealed a diverse range of perspectives on the effects of user fees in accessing healthcare services. Participants generally view user fees negatively due to their perceived financial burden, but opinions differ on whether to abolish them completely or retain them with modifications.

4.2.3 User Fees past Experiences and Impact on Socioeconomic Status

Most of the individuals agreed to the fact that they have had an experience where they had to pay for a service but didn't have money and how they went into debt in order to pay for their relatives to be attended to, while others failed to pay and went back home with the patient. Based on the provided, it is possible to identify several key themes related to the effects of user fees on the socioeconomic status of the population. The responses highlight the financial challenges and hardships that individuals face when attempting to access healthcare services that require payment. Two participants shared personal experiences of borrowing money from friends and being forced to go into debt to cover the costs.

"I brought my unwell Son... I was told to pay a K250 for the scan... I remained with nothing in my pockets for transport..."

"I don't have any money on me... they said the only way they will attend to her is when I pay at least even half the amount..."

The responses illustrated how user fees can directly affect individuals' ability to access needed healthcare services. The fear of being denied treatment due to lack of payment is a significant concern. The examples shared in the responses highlight situations where individuals have been forced to delay or forego necessary medical treatment due to their inability to pay user fees.

"...I was confused and didn't know what to do... I needed to pay for the patient to be attended to..."

"...had to look for at least half the amount and waited for my brother to come through..."

The responses underscore the vulnerability of individuals from low socioeconomic backgrounds, who may have to make difficult choices and sacrifices in order to access healthcare services. These responses reflect the adverse effects of user fees on the socioeconomic status of the population. The responses highlight the challenges individuals face in obtaining necessary healthcare services

when financial constraints and user fees intersect, potentially leading to delayed or denied treatment and additional financial burdens.

"I brought my unwell Son... to be told I needed to pay... remained in debt..."

"...they did not have any money, so they left... with his bone hanging like that..."

In pursuit of a consensus, the researcher maintained a collaborative process with the supervisor by regularly submitting the analysis for review. The supervisor offered feedback, highlighting areas necessitating correction. The researcher diligently implemented the advised changes, and this iterative process continued until all errors were rectified and addressed.

CHAPTER FIVE

DISCUSSION

5.1 Introduction

This section delves into the implications of the research discoveries and the body of work analyzed by fellow academics, with a keen awareness of the voids present in the reviewed literature. The investigation centered on exploring into the effects of health service user fees on the accessibility to healthcare services. Additionally, it was observed that a myriad of distinct viewpoints, encounters, understandings, and educational backgrounds concerning health service user fees existed among individuals, shaping their overall welfare, the caliber of healthcare offerings, and their approach to seeking medical assistance.

5.2 General perception and experience of user fees

Through the in-depth interviews, a notable portion of the workers exhibited familiarity with the concept of user fees and shared their personal experiences. Some participants acknowledged having paid a service user fee at least once, while the predominant majority recounted instances where patients were required to make such payments. Furthermore, most of the workers stated that user fees are a good initiative to generate revenue for the purposes of continued service delivery for the hospital. Upon conducting an in-depth analysis of the research, it becomes evident that user fees have fallen short of achieving the anticipated success criteria outlined in the 1987 agenda for reform report by Akin. Contrary to their intended objectives, user fees have demonstrated themselves to be an ineffective, inefficient, and inequitable mechanism for financing health services. The ineffectiveness of user fees is exemplified by their inability to generate substantial funds for healthcare systems. Pearson's review of 19 African countries in 2004 revealed that, on average, revenue from user fees accounted for a mere 6.9% of the public-health budget. Similarly, Gilson's study in 2001 found that income from user fees averaged around 5% of total recurrent health system expenditures. These figures underscore the inadequacy of user fees in addressing the substantial financial gaps faced by healthcare systems in African countries.

Furthermore, the inefficiency of user fees becomes apparent in their limited ability to curb frivolous demand or prevent patients from bypassing lower-level health services. Pearson's 2004 analysis concluded that there was minimal evidence to suggest that user fees effectively deterred

frivolous demand or redirected patients away from lower-level healthcare facilities. In addition to their ineffectiveness and inefficiency, user fees have been shown to exacerbate inequities in healthcare access. Despite being touted as a potential revenue source, the income generated from user fees has proven insufficient to bridge the significant financial disparities in healthcare systems across African countries.

In light of these findings, it is clear that user fees do not align with the goals of healthcare reform and are far from the optimal financing mechanism for achieving accessible, efficient, and equitable healthcare services. As the research indicates, alternative strategies and financing mechanisms should be explored to address the pressing challenges faced by healthcare systems in African countries.

Others from the interviews, stated that user fees were enough to help with the daily running of the hospital and purchasing of medical supplies, only that there was lack of accountability and there was an abuse by the people handling the fees, this finding is similar to that of sharma, (2003), who found that In Kenya, user fees revenue was abused by the medical officers and the accountants.

According to the justification as to why user fees were introduced, most of the participants only knew one or none of the reasons, and most of them acknowledged the fact that user fees haven't achieved their purpose. Furthermore, it can be argued that lack of dissemination of information and education as to why user fees were introduced to the public has contributed to most of the people not being aware and able to pay for health service user fees. There is need to invest in sensitization and health education (holding workshops and seminars) to enable people make informed decisions and willingly be able to pay user fees. However, a deep insight into the influence of health education on the people's willingness to pay user fees, needs to be looked into.

5.3 Relationship between user fees, access and quality to healthcare services

Based on the insights gathered from the interviews, a prevalent sentiment emerged among the participants, indicating that services subject to user fees tend to witness reduced utilization compared to those without such fees. This finding aligns with earlier research conducted by Waddington (1995) and Mwabu et al. (1995), which observed that the introduction of user fees in healthcare led to significant and sustained declines in service utilization across certain countries.

The studies of Chawla et al. (2000) and Ha et al. (2002) further substantiate this trend, highlighting that user fees hinder access and redirect individuals unable to afford medical services to alternate sources of healthcare or away from the healthcare system entirely. Indeed, dezhi (1992) underscored that the immediate aftermath of user fee implementation resulted in a noticeable decline in rural health due to the populace's inability to bear the cost of treatment. Moreover, reports of service utilization dropping by more than 25% and the emergence of severe health conditions and elevated infant mortality rates in several Kenyan provinces lent credence to the adverse effects of user fees. Interestingly, some participants in the current study acknowledged that while user fees may diminish healthcare access, they may also enhance the quality of healthcare services. This duality is mirrored in findings by Audibert and Mathonnat (2000), who asserted that user fees impede service accessibility only when they fail to yield substantial and sustained enhancements in quality.

However, a counter perspective was presented by Nabyonga, Desmet, Karamagi, Kadama, Omaswa, and Walker (2005), who conducted research in Ugandan health districts. Their study revealed that the year following the implementation of user fees saw an increase of approximately 25% in health service quality and utilization in public facilities, and a notable 44% increase in referral centers. This contrast highlights that certain contextual conditions come into play, potentially influencing whether user fees prove successful or unsuccessful in achieving their intended objectives. The complexity of the impact of user fees on healthcare utilization and quality underscores the need for a nuanced understanding of the circumstances under which user fees operate, the quality improvements they bring, and their potential consequences for equitable healthcare access

5.4 Perception of health services user fees

The majority of the participants stated that user fees were both a negative and positive factor, in the sense that those that failed to manage to pay (people from low socioeconomic status), were on a disadvantage in that they failed to utilize the health services and those that managed to pay were on an advantage because they received good quality services. The findings from this research align with previous studies conducted by reputable institutions such as the WHO and the World Bank. Notably, the removal of user fees in Uganda yielded highly favorable outcomes for impoverished

individuals, as documented in the research by Deininger and Mpuga (2004). This positive impact was particularly pronounced among the poorest income group, signifying that the removal of user fees had a beneficial effect on their ability to access healthcare services.

Similarly, the study conducted by Nabyonga echoes these sentiments, illustrating that the rise in healthcare service utilization was most prominent among the poorest segments of the population. This underscores the potential for user fee removal to enhance equitable access to healthcare, especially for those who have historically faced barriers due to financial constraints. On the flip side, the research by Witter (2005) provides an important counterpoint, indicating that user fees can have detrimental effects on equitable access. The study elucidated that user fees contributed to inequitable access, disproportionately affecting poor and vulnerable individuals. This impact was observed both in terms of reduced service utilization and the exacerbation of poverty through the burden of high catastrophic health expenditures. A concrete example from Sudan further reinforces the notion that user fees can act as a significant deterrent to seeking healthcare. In disadvantaged areas, a substantial proportion of the population refrained from seeking care when ill, attributing their decision to the scarcity of financial resources.

Collectively, these studies, including the present research, offer a comprehensive picture of the multifaceted impact of user fees on healthcare access and equity. They highlight the potential benefits of fee removal for underserved populations, but also caution against the negative consequences that can arise, particularly for the poor and vulnerable. This underscores the need for well-informed policy decisions and carefully crafted interventions to ensure that healthcare remains accessible and equitable for all.

According to the research findings, user fees are an advantage in that they provide the hospital and the health system at large with a sense of being independent and generate some revenue to take care of certain required medical needs at both the hospital and the health system in turn alleviating the burden of certain diseases in our country. Though most of the literature reviewed reported user fees to be insufficient and only contributed a smaller percentage to the total management of the hospital and the health system.

5.5 General view and reasons for user fees from the in-patient caretakers (bed-siders)

Most of the in-patient care takers who participated in the focus group discussion stated that they did know what user fees were, but didn't know the reason as to why they were charged to utilize health care services and that they were not clear and were confused about the policy. This is similar to the findings of Lagard, (2010), who reported that the lack of clarity, education and implementation caused significant confusion amongst both staff and patients and led to different interpretations and to some not being aware of the policy. This result clearly shows that there is need to invest in the dissemination of health information, sensitization and implementation of health related policies, if they are to be effective. Other participants only knew one reason as to why user fees were introduced and that is to generate revenue in order to buy medical supplies and maintain the hospital environment. This finding falls in the same line that patients do not know the reason the government introduced health service user fees, due to lack of proper implementation and health education to the public.

5.6 Perception and response on user fees from in-patient caretakers

From the focus group discussion, participants expressed themselves on how they felt about user fees. Majority of the participants were not happy about the policy and stated that user fees were a burden to them and wanted them to be abolished, this was due to the already mentioned reason of hindering them to access healthcare services. others stated that user fees were not a bad idea, and suggested that they shouldn't be abolished instead they should reduce on the price that's charged for the services that have a fee attached to them, justifying that at least most of the people will be able to manage to pay for the services. The findings from this study align with several previous studies that have investigated the relationship between user fees and healthcare utilization. A study conducted by Dezhi (1992) revealed that reducing user fees by varying percentages resulted in a more than proportionate change in the number of pregnant women and children seeking care in health centers in Sudan. The observed increase in utilization following a decrease in fees suggests a price sensitivity in healthcare demand. Similarly, Ojeda et al. (1995) conducted research in Colombia and found that reducing the price of intrauterine devices led to a notable increase in the number of users. This outcome underscores the notion of price elasticity of demand, where changes in price can have a significant impact on utilization patterns.

However, contrasting results were observed in Lesotho, where an increase in user fees led to a decline in utilization within the public health sector, as documented by Bratt *et al.* (2002). This study highlights the potential negative effect of fee increases on healthcare utilization, especially in contexts where financial constraints play a significant role in decision-making. These comparative findings, including those from the present study, contribute to the broader understanding of how user fees influence healthcare utilization. They demonstrate that the relationship between user fees and utilization is complex and context-dependent, with variations in outcomes based on factors such as fee reductions, fee increases, and the specific healthcare services being examined. This underscores the importance of carefully considering the implications of user fees in healthcare policy and planning to ensure that access and utilization are optimized while minimizing unintended consequences.

From these findings we may argue that the higher the user fees, the lesser people utilize health care services and vice versa. Hence there is need to concentrate on not abolishing health service user fees but find ways in which the majority of the people can be able to access health services.

5.7 User Fees past Experiences and Impact on Socioeconomic status from in-patient caretakers

Participants narrated their past experiences and most of them acknowledged that user fees impacted on their social status. Several participants recounted their arduous struggles to secure funds for hospital payments. These findings align with those of Kawabata (2003), whose study identified instances of 'catastrophic health expenditure' when healthcare costs exceeded household financial capacities. This research revealed that individuals resorted to liquidating assets or incurring long-term debts to cover hospital user fees. Notably, the risks were heightened for patients with chronic illnesses, those requiring hospitalization, or households grappling with multiple illnesses, as in the case of an epidemic. Likewise, Palmer *et al.* (2004) conducted a study indicating that a significant majority (85%) of clinic attendees resorted to borrowing money or selling possessions to settle medical bills, thus exposing themselves to further impoverishment.

Furthermore, Huber (2001) shed light on the repercussions of user fee implementation in Kenya, revealing that the Ministry of Health had to retract user fees, except for X-ray services, within a

mere two years of their initiation. He contended that the exemption of user fees for the impoverished should be determined not solely by socio-economic and income factors, thereby emphasizing a broader consideration.

Likewise, a parallel situation was observed in Thailand, where a study revealed that approximately 60 percent of patients resorted to selling their property, notably land, to cover medical expenses. In Kenya, this proportion stood at around 24 percent. Furthermore, an analogous pattern emerged in Bangladesh, where nearly 6 out of 7 households found themselves burdened with debts exceeding four times their monthly income.

Shifting the focus to Peru, the implementation of user fees for outpatient services in hospitals led to a decline of 7.8 percent among economically disadvantaged patients, while wealthier individuals experienced an increase of 6.5 percent.

In the context of Tanzania, a study by Creese (1999) uncovered that 60 percent of households resorted to borrowing or engaging in special sales to settle healthcare bills. Collectively, these instances underscore the trend that the introduction of user fees in the healthcare sector disproportionately limits access for marginalized populations.

In theory poor patients are exempted from paying user fees in reality only a few actually did not have to pay unfortunately the study wasn't able to capture the percentage, nevertheless, it was found that only a few individuals were exempted and merely after some time when they really struggled to find funds and couldn't find them, that's when they were offered an exemption. Nevertheless, an insight into the conditions considered for one to be exempted when seeking health care services, should be further simplified and looked into by the policy development team.

CHAPTER SIX

CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

6.1 Conclusion

In conclusion, it can be asserted that user fees exert both positive and negative effects across socio-economic, socio-cultural, political, and administrative dimensions. Beyond their potential to alleviate financial burdens, particularly within hospitals, user fees present a potent avenue for elevating the quality of healthcare services in developing nations. However, successful implementation demands resolute political determination and commitment from the ruling party. The embrace of user fees hinges upon the tangible enhancement of service quality, encompassing both availability and accessibility.

This study reveals that several respondents express willingness to pay user fees, contingent upon a clear understanding of the rationale behind these charges and affordability. This suggests the potential for a widespread acceptance of user fees for medical healthcare services, akin to the acceptance of other consumable goods and services within the market system. This acceptance would hinge on comprehensive awareness about user fees and their purpose, coupled with improvements in service quality, unhindered access to healthcare, and reasonable costs.

6.2 Limitations

Some of the limitations that were faced in this research were; Firstly, most of the health workers interviewed were very busy and so could not conclude completely on the information and statements they were giving, the data collection process affected the researcher's commencement of data collection which affected his period of data collection. Secondly, there was a delayment in response from the Ethics committee from the university to allow the research to be conducted. Thirdly, financial resource was a challenge in that the researcher had to move from Chililabombwe to Chingola for more than Two weeks almost every day for data collection.

6.3 Implication for better practice

Having comprehended the repercussions of health service user fees, this study underscores the significance of understanding their effects and implications. This understanding serves as a foundation for devising strategies and interventions aimed at achieving comprehensive access to healthcare services, while concurrently enhancing quality and preserving efficiency within the

healthcare sector. Moreover, such insights contribute to the amelioration of disease burdens and the mitigation of mortality rates, aligning with the overarching goals of public health and well-being.

6.4 Recommendations

In view of the conclusions of the study that have been made above, on the effects of health service user fees on accessibility to health care services at Nchanga North General Hospital in Chingola District, the following recommendations can be made to the designers and policy development planners of user fees and all the other stakeholders involved in the implementation process of these policies;

- The government should ensure that efforts are taken to improve the implementation and dissemination of information to the public, on existence of such policies as user fees and clarification of which conditions qualify an individual to health care exemptions if they cannot manage to pay.
- Government should not completely abolish user fees, but instead they should first assess the social status of the community and its people's daily average income, so that when coming up with user fees to be charged at the hospital, they consider the average income in that area.
- Some of the reasons to community's frivolous use of health care services at public facilities is the political influence from politicians, therefore the government should look into this matter in that they may come up with regulations on how politicians conduct their campaigns instead of misleading the general public.
- And finally, the government should not solely depend on user fees as a way to generate income to help in the sustainability of public health facilities and the health system at large, instead, they should diversify their plans to include other forms of health finance such as unrelated diversification where a public health facility offer certain services that are not health related.

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APPENDIX

INTERVIEWS GUIDE

In Depth Interview Guide (Nchanga North General Hospital Health workers/Officials)

1. To understand how service user fees hinders as well as promotes accessibility to health care services:
 - Can you describe your experience with accessing healthcare services at Nchanga North General Hospital?
 - Have you ever had to pay a service user fee to access healthcare services? If yes, how did this affect your ability to access the services you needed?
 - Have you ever delayed or foregone medical care due to the cost of service user fees? If yes, can you describe the impact this had on your health?
 - In your opinion, how do service user fees affect the accessibility of healthcare services for people in your community?

2. To explore the effects of service user fees on the population's socioeconomic status in accessing health care services at Nchanga North General Hospital:
 - Can you describe the socioeconomic status of people in your community who use Nchanga North General Hospital?
 - How do service user fees affect the ability of people in your community to access healthcare services at the hospital?
 - Have you noticed any differences in healthcare access or outcomes between people who can afford to pay service user fees and those who cannot?
 - In your opinion, how could service user fees be changed to better support people of lower socioeconomic status in accessing healthcare services?

3. To understand the effects of service user fees on the quality of health care services at Nchanga North General Hospital:

- How do service user fees affect the quality of healthcare services provided at Nchanga North General Hospital?
 - Have you noticed any differences in the quality of care provided to people who can afford to pay service user fees and those who cannot?
 - In your opinion, how could service user fees be changed to improve the quality of healthcare services provided at the hospital?
4. To explore the effects of service user fees on the uptake of health care services at Nchanga North General Hospital:
- How have service user fees affected the uptake of healthcare services at Nchanga North General Hospital?
 - Have you noticed any changes in the number of people seeking medical care since the implementation of service user fees?
 - In your opinion, how could service user fees be changed to encourage more people to seek medical care when they need it?

MODERATORS GUIDE FOR THE FOCUS GROUP DISCUSSION (IN-PATIENTS CARETAKERS)

Moderators Guide (Nchanga North General Hospital)

INTRODUCTION

- Welcome and thank the participants for their time and willingness to share their experiences and opinions.
- Introduce yourself and explain the objectives of the focus group discussion.

ICEBREAKER

- Ask the participants to briefly introduce themselves and share their experiences with accessing healthcare services at Nchanga North General Hospital.
1. To understand how service user fees hinders as well as promotes accessibility to health care services:
 - Ask the participants if they have ever had to pay a service user fee to access healthcare services at Nchanga North General Hospital, and if so, how this affected their ability to access the services they needed.
 - Ask the participants if they know of any alternative ways to pay for healthcare services besides service user fees.
 - Ask the participants if they think service user fees are necessary to support the provision of healthcare services at Nchanga North General Hospital.
 2. To explore the effects of service user fees on the population's socioeconomic status in accessing health care services at Nchanga North General Hospital.
 - Ask the participants to describe the socioeconomic status of people in their community who use Nchanga North General Hospital.
 - Ask the participants if they think service user fees affect the ability of people in their community to access healthcare services at the hospital.

- Ask the participants if they know of any programs or initiatives that have been put in place to support people of lower socioeconomic status in accessing healthcare services.

3. To understand the effects of service user fees on the quality of health care services at Nchanga North General Hospital:

- Ask the participants if they have noticed any differences in the quality of care provided to people who can afford to pay service user fees and those who cannot.
- Ask the participants if they think service user fees affect the motivation of healthcare workers to provide high-quality care.
- Ask the participants if they have any suggestions on how service user fees could be changed to improve the quality of healthcare services provided at the hospital.

4. To explore the effects of service user fees on the uptake of health care services at Nchanga North General Hospital:

- Ask the participants if they have noticed any changes in the number of people seeking medical care since the implementation of service user fees.
- Ask the participants if they think service user fees affect people's willingness to seek medical care when they need it.
- Ask the participants if they have any suggestions on how service user fees could be changed to encourage more people to seek medical care when they need it.

CLOSING:

- Thank the participants for their contributions and summarize the key points discussed.
- Ask the participants if they have any final thoughts or comments.
- Remind the participants that their opinions and experiences will be used to help inform healthcare policies and practices.

BUDGET

S/N	Description	Unit	Quantity	Unit cost (kwacha)	Total Amount (Kwacha)
1	Transport costs	Trip	20	35	700
2	Note Books	Each	2	12	24
3	Meals	Each	10	135	1,350
4	Allowance for helper	Each	5	100.00	500
5	Drinks for participants	Each	30	15	450
6	Typing and Printing of collected data	Each Copy	20	30	25
				Total (K)	3,049

WORK PLAN

MONTHS	OCT	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEP	OCT
ACTIVITIES	2022	2023	2023	2023	2023	2023	2023	2023	2023	2023
Submission of the study topic										
Proposal writing										
Proposal presentation										
Data collection										
Data cleaning, presentation, analysis & entry										
Dissertation submission										