Implementing fees for contraceptive service provision: experiences of community-based reproductive health agents in rural Ethiopia

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BACKGROUND

- Public health programs are increasingly charging user fees to improve program sustainability (Foreit & Foreit, 2003).
- Research in resource poor countries has suggested that low-income individuals are willing to pay for services they value and perceive as high quality (Smith, 2010).
- Despite similar levels of preference, 18% of rural Ethiopian women use injectable contraceptives compared to 35% of urban women; access should be increased for rural women (EDHS, 2011).
- In order to sustainably increase access to injectable contraceptives, community-based reproductive health agents (CBRHAs) in rural Ethiopia were trained to provide injectable contraceptives to women for a 0.30 USD fee (Prata et al, 2013).
- Community health worker perspectives are largely missing from the literature on client willingness to pay and community health worker compensation.

OBJECTIVE

- Understand CBRHAs’ experiences implementing fees for contraceptive services in a region where health care is available free of charge through the public health system.

METHODS

- Ten months after project initiation, semi-structured interviews were conducted with 16 CBRHAs.
- Interviewees were purposively selected to ensure variation in geographic location and number of injections provided.
- Two researchers analyzed the interview data using thematic analysis on Atlas.ti.

RESULTS

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<th>Price</th>
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<td>The majority of CBRHAs interviewed felt the price of 0.30 USD per injection was fair.</td>
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<td>“I think 5 birr is not much compared to unwanted pregnancy.”</td>
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Non-Financial Benefits for CBRHAs

- Several interviewees emphasized the importance of non-financial benefits they enjoyed as a result of participating in the program.
- Such benefits generally fell into two categories:
  1) Acquisition of new skills and professional experience.
     “I am getting experience and improve my skill. The knowledge I gain is my profit.”
  2) Providing the community with an important service.
     “I am teaching the community… That is the change I gained.”

Collection of Payment

- CBRHAs’ comfort with collecting payment varied.
- CBRHAs’ discomfort with collecting payment was usually related to two themes:
  1) CBRHAs’ belief that access to contraception is a fundamental right that should not be dependent on financial status.
     “I decide to give [injections] freely. I don’t want mothers to suffer due to lack of payment.”
  2) Client accusations that the CBRHA’s motives for providing injections in exchange for payment were self-serving.
     “The women say, ‘You are doing business and you are paid for it, it is not to help us but yourself.’ Some think the project is meant to help the CBRHAs, not the community.”

Value of CBRHA Services

- CBRHAs felt that clients who paid for their services valued the extra convenience and privacy they could offer at the community level.
  “Access, closeness, confidentiality. If they go to health post people would ask her why she is there. They come to me seeming to pay a visit for exchange of greeting.”

CONCLUSIONS

- Privacy and convenience are important benefits for which many contraceptive users are willing to pay, even where the public health system provides contraception free of charge.
- Providing opportunities for training and professional development may be an important means of maintaining community health worker motivation.
- Greater community sensitization regarding the purpose of user fees might lessen client opposition and increase CBRHA comfort with collecting payment.

WORKS CITED


