

**ASSESSMENT OF CHALLENGES IN THE PROVISION OF
EXEMPTIONS FOR HEALTH SERVICES DELIVERY
A CASE OF FRELIMO HOSPITAL IN IRINGA MUNICIPALITY**

By

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**A Research Report submitted to the School of Public Administration
and Management in partial/fulfillment for the requirements of the
award of Master of Human Resource Management (Msc-HRM) degree
of Mzumbe University**

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CERTIFICATION

We, the undersigned, certify that we have read and here by recommend for acceptance by the Mzumbe University, a dissertation/thesis entitled: ***ASSESSMENT OF CHALLENGES IN THEPROVISION OF EXEMPTIONS IN HEALTH SERVICES DELIVERY: A CASE OF FRELIMO HOSPITAL***, in partial/fulfillment of the requirements for award of the degree of Master of Science in Human Resources Management (MSc. HRM) of Mzumbe University.

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DEDICATION

This research is dedicated to God and other people including my family, parents Mr and Mrs. Nindi and Grandmothers Mary Nindi and Agatha Gama. Special thanks goes to my Son David and siblings Betty, Magreth, Queen and My aunt Barbra Nindi, for their love, guidance and support during the study.

ABSTRACT

This study was set to assess challenges in the provision of exemptions in the health services delivery at Frelimo hospital in Iringa Municipality. These are challenges and obstacles which relate to policy in health service delivery. The study was meant to answer the following research questions; (i) To what extent is the exemption policy implemented in health services delivery at Frelimo hospital? (ii) What are the challenges encountered in implementing exemption in health service delivery? (iii) How can the challenges in the implementation of exemption policy be addressed?

The study employed Case study design to investigate on the challenges of provision of exemption in health service delivery and its uses at Frelimo hospital as a selected hospital from Iringa municipality. The study population include 100 people, selected from those people who benefited from the exemption packages and the health workers at Frelimo hospital.

The sampling techniques employed were judgmental sampling to medical practitioners and accidental sampling to beneficiaries of the exemption policy. The methods and tools of data collection the study adopted include interviews, questionnaires, documentary review and observation.

The results show that the organization was able to implement the policy in some parts; however, there were challenges that lead to some in effectiveness to the policy implementation. The services provided at the hospital were inadequate although the hospital has modern infrastructures and buildings to enable the service provision. Other challenges observed include unclear policy and shortage of staff in clinics and ward to enable the provision of the service to the clients. The study also observed financial resources as scarce to enable the implementation of the policy. The pharmacy department did not have adequate plans to ensure availability of drugs in the hospital. The hospital staff were not motivated enough to provide the service as per the policy

demand. This led to clients' dissatisfaction over the untimely and inappropriate prescription and attention.

The study recommends that the government should formulate a single policy to address the inadequacy of the present policies, taking lessons from other countries on how they implement their policy. The government has to also recruit more staff to ensure accessibility of the service and motivation. Arrangements need to be made also to provide support to the peripherals hospital such as dispensaries and health centers so as to reduce the burden to the municipal hospital.

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LIST OF ABBREVIATION

| | |
|-------|---------------------------------------|
| AIDS | Acquired Immune Deficiency Syndromes |
| AN | Assistant nursing officer |
| CHMT | Council Hospital Management Team |
| CTC | Care treatment clinic |
| DMO | District Medical Officer |
| HIV | Human Immunodeficiency Virus |
| MoHSW | Ministry of Health and Social Welfare |
| MSD | Medical Store Department |
| OPD | Out Patients Department |
| RCH | Reproductive and Child Health |
| RHMT | Regional Health Management Team |
| TB | Tuberculosis |

CHAPTER ONE

INTRODUCTION AND BACKGROUND OF THE STUDY

1.1 Back ground of the Study

Since the attainment of its independence in 1961, the Tanzania government declared free health services to its people, with an exception of grade I&II services which continued to be charged. The post-independence period, particularly after the Arusha and Alma Ata declarations in 1967 and 1978 respectively, saw enormous expansions of the facilities, manpower and primary health care projects. The provision of health service and running of health projects could no longer be accommodated within the government budget. In recent years health care provision in Tanzania has increased considerably. However, the level of funding which the Ministry of Finance is able to provide is insufficient to maintain effective services supply. The proportion of the budget devoted to the social sector has been falling and the government is under pressure to cut down public expenditure. Since independence there have been charges for patients in special or private wards in referral, regional and a few district hospitals and for consultation and dental treatment. In June, 1993 the National Assembly passed a paper approving an expansion of this cost-sharing process (Mmbuji, 1995).

In order to cushion the effects of the cost sharing policy, the user-fee policy was introduced for the first time in 1994. However, an exemption and waiver policies have been launched with the aim to guarantee equal access to health services among vulnerable groups. Free access is granted to services that are considered priority health services for the groups, including maternity care during pregnancy and child birth. Other services included preventive and curative care for children under five and treatment for certain diseases including HIV/AIDS, TB, Leprosy, and cancer. Although exemptions are granted to a wide range of vulnerable groups in society, the mostly needy population continues to be excluded (Rohregger, 2014).

Clear exemption procedures for poor patients, types of diseases and certain public services are essential to ensure a successful cost-sharing policy. This is because, although the rationale is to increase revenue by charging patients who can afford to pay, on the other hand, the main objective is to provide access to health services to patients who belong to the exempted groups or do not have the ability to pay. The purpose of incorporating exemptions within the programme was meant to (a) prevent cost-sharing charges from deterring patients suffering from communicable diseases from obtaining treatment; (b) minimize the impact of higher cost related to the treatment of certain long term disease; (c) provide free services particularly to children under the age of five years, to assist in their early development; (d) protect the poor from the adverse effects of cost-sharing charge. Exemption on the grounds of diseases, service and group are based on the following categories; exempted diseases are tuberculosis, leprosy, polio, typhoid, diabetes, meningitis, AIDS, cholera, mental illness, other conditions are as per Ministry of Health circulars. Exempted services are all immunization vaccinations and (Except for travelers) MCH/Family planning services. Exempted groups include all treatments for children under five years of age (Mmbuji, 1995).

Since independence in 1961, the Tanzanian government has consistently focused its development strategies on combating ignorance, disease and poverty. Investing in health is recognized as central to improving the quality of life but the government faces socioeconomic challenges in strengthening the country's health services. In response, the government has enabling policies and strategies which include commitments at both the national and international levels (TSPA, 2007).

According to the National Road Map Strategic plan to accelerate reduction of Maternal, Newborn and Child Deaths in Tanzania 2008-2015 (2008), the exemption policy faces difficulties in its implementation at lower level due to lack of clarity on how to effect the exemption mechanism.

In a way to translate the policy into practice, the government funded and sent several officers from MoHSW to Thailand to learn about designing and administration of exemption card scheme, yet, there is no information published regarding the benefit gained. Experience from Tanzania shows that sometime national policy makers and healthcare manager of health facilities get disappointed when they hear about or personally see research presentations indicating the real situation with their implementations blurred by poor translation of policy into practice (Mubyazi, 2004).

According to the food and nutrition policy (1992), the special groups can be categorized into children, pregnant and lactating women, elderly people, sick people, and groups of people living together in institution like camps, prison, hospitals and colleges. In health sector, these groups have been exempted from paying the charges. In reserving the health services, the groups of patient which are exempted include children under five years of age, MCH/FP service, Elderly, disabled and people living with HIV/AIDS.

Getaneh (2014) argue that waives and exemptions did not address the issue of demand; as there were poor people with exemptions but did not have opportunity to receive health service. The Tanzania health system 2010 assessment report (2011) shows several challenges related to funding, budgeting process and health insurance scheme, human resource crisis at all level existing and low staff motivation continue to affect the ability of the health sector. Mamdan and Bangser(2004) argue that Exemption and in particular waive are not systematical implemented and are not effective as a means of protecting vulnerable social group and the poor. The researcher perceived the necessity for a study on the on challenges, specifically in the implementation of the exemption policy. This study therefore explored to document the reasons for policy implementation ineffectiveness in health service delivery. The study was backed up most importantly by the scant knowledge on the benefits of the exemption system.

1.2 Statement of the Problem

Tanzanian government formulated the exemption policies with the purpose to ensuring a better health care for vulnerable groups, especially those who are at risk. The policy was thus meant to make the service accessible and ensure the health system is more responsive to the needs of the people. However, the public sector is characterized with poor health service in its facilities and hospitals. With regard to exemption policy, the service delivery is faced with many challenges which leads client to be dissatisfied with the service they receive and increase of citizen complaints.

This study therefore intended to uncover the challenges encountered in implementing the exemption policies in Tanzania and the extent to which the vulnerable groups are satisfied with the quality of service delivered. Therefore, it was important to investigate the reason to why exemption policy in health service delivery is unattained at Frelimo. The focus was to identify various constraints that impeded the implementation of exemption policy in health services delivery.

1.3 Objective of the Study

1.3.1 General objective of the study

The study's general objective was to assess challenges of the provision of exemptions during delivery of health service.

1.3.2 Specific Objectives

- i. To find out how the exemption policy is implemented in health service delivery
- ii. To find out obstacles faced during implementation of exemption policy in health service delivery; and
- iii. To find out intervention mechanisms for the effective implementation of exemption policy.

1.4 Research questions

The study was guided by the following research questions.

- i. To what extent is the exemption policy being implemented in health services delivery at Frelimo Hospital?
- ii. What are the challenges encountered in implementing exemption policy in health service delivery at Frelimo hospital?
- iii. What are (if any) intervention mechanisms to address the challenges related to the policy implementation?

1.5 Significance of the study

1.5.1 To the researcher

The study completions constitutes part in fulfillment for the award of Master's Degree in human resource management from Mzumbe University.

1.5.2 To the government and it's entities

The study aimed at ensuring the government and its entities serve the people under exemption with service that satisfy them and take necessary measures that will help to solve the challenges they face during health services provision. The weaknesses which are identified during services provision may help the government to develop strategies, which have positive impact on the policies implementation.

1.5.3 To the academicians

The study aimed at helping scholars to dig more on the issues that affect the community in the socio-economic arena. This is in line with the requirement that special group need to be treated fairly, in regards to the Constitution of the United Republic of Tanzania stipulating that all human beings are equal and are entitled to equal rights irrespective of colour, tribe, gender and religion. United Nations resolution No.27 (a) (iii) of 20 December (1948) states that all human beings are born free with equal rights and dignity. Hence they should be ensured with quality service as others through the exemption system.

1.6 Limitation of the study

The researcher faced several limitations as the issue of quality in general in most of the public institution fail to be in practice because of the scarce resource and thus lack of balance between expenditure and the income of the government.

The issue of exemption is complicated from the beginning, as there is no single policy that deals with the favor in health service delivery. Thus the researcher had to pass through the available policy to draw justification on an issue.

The availability of data in the public institution was difficult because some of the evidence were not available to confirm the justify certain claims. But the researcher used the available documents to justify the situation.

The researcher also faced a limitation on the validity of responses which relates to the worthiness of actual response given. The problem was minimized by enlightening the respondents about the bona fide aim of the research and its significance.

1.7 Delimitation of the study

The study was conducted at Frelimo Hospital which is the Municipal hospital in Iringa. The study aimed at investigating the challenges that encountered the government during the implementation of the exemption policy. The study analyzed on how the policy is put into practice in the delivery of health services. The study was conducted in Frelimo hospital as it would not be easy to conduct the study in the whole of Tanzania due to geographical vastness of the population and time required accomplishing this study. The study case is however presents a typical situation from other public hospitals in the country responsible for delivering of health services.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

For the purpose of this study, literature review involves systematic identification, location and analysis of the documents containing information on the exemption and waive the policy in general and its applicability in Tanzania The chapter also presents the review of exemption practices at global level with examples from some African countries such as Burkina Faso, Uganda and Ghana .The researcher reviewed published and unpublished materials so as to clearly understand the study. This chapter draws from some of the books, reports and journals from various academic perspectives

2.2 Theoretical Literature Review

2.2.1 Defining policy

Barrett and fudge have argued that policy cannot be regarded as a constraint (1981, p.251), and that policy analysis involves studying the continuing interplay through political action (in the widest sense) between different policy goals. In this sense policy may be regarded as property, something owned by one group, with which they identify and feel a sense of possession (p.271) or as the expression of political intention.

Hence policy making process may be seen as referring to development up to the point where legislation is enacted and implementation to the process from then on .Changes in actors are often involved from politician and their adviser to administrators .Often different level of the government are concerned legislation being provided by national government and implement by sub-national or local government (Hill &Bramley, 1989).

2.2.1 Exemption and Waivers

Exemptions and waivers are different. Exemptions are automatic. Any patient who fits any of the exemption group is automatically excused from paying. Waivers are not automatic. Patients must request for waiver and judgment must be made as to whether or not the patient deserves. The waiver system must be implemented with care. If it is too lax, too informal and too easy to obtain a waiver, then the system will be abused. On the other hand if the system is too rigid, if patients are not well-informed about the existence of a waiver system or if it is too difficult to obtain a waiver, then patients who really need health care will be turned away(Mmbuji, 1995).

There are two ways of granting exemptions and waiver to both inpatients and outpatients. The First one involves full exemptions related to disease, service and occupation while the second involves full exemption on grounds of poverty. The first category consists of inpatients and out patients in possession of a referral letter from other health facilities indicating that he or she belongs to one of the exempted groups. It includes those to be granted exemptions related to diseases, service and occupation and are non-discretionary. The exemption case under this category would be those new patients arriving at the health facility without referral letters but are diagnosed by the doctor to be suffering from an exempted disease. The patient in such circumstances would have already paid for a consultation charge and therefore be directed to the medical records department where the clerk will check that the details are entered correctly by the doctor and record the information on the exemption register. The clerk should inform the patient that free service will be provided during subsequent visits (Mmbuji, 1995).

2.2.3 Exemption Policy in Africa

It is in which context that we must consider health care fee exemptions, which have risen significantly in virtually all African countries over the past decade, as we attempt to learn some lessons for the future.(Ridder&Oliver de Sardan, 2012)

Africa faces four major challenges in terms of health care to day; none of which has been successfully met by the partial cost-recovery policies in the previous 30 years;(a)health indicators, which leave Africa trailing behind the rest of the world, have only marginally improved by the Millennium Development Goal in 2015 (b)a high percentage of the population still does not have access to the modern healthcare system, especially the most vulnerable groups (c) the quality of care delivered by the public health system is uniformly poor (Jaffre&Oliver de sardan 2003), with human resources sometime being inadequate and unevenly distributed and (d) the slice of national budgets allocated to healthcare sector is notoriously insufficient and in most countries falls well short of the declaration of intent at Abuja(15%)(Ridde,2012;WHO,2011; Ridder&Oliver de Sardan, 2012).

Free healthcare policies constitute an attempt to address the first two challenges. As we shall see however, their implementation runs counter to the last two challenges. On the face of it, these free-treatment policies, or more precisely exemption from fees at the point of service delivery, have indeed appeared to offer relatively straightforward solutions that theoretically make it possible to remove financial barriers to accessing health care, as addressed in number of studies over the last 20 years. In 2008, the WHO Commission on social Determinants of health noted the need to eliminate out-of-pocket expenditures at point of service. That same year, the WHO Ougadougou Declaration on primary healthcare and Health systems in Africa stressed the importance of equity. In 2010, African heads of state advocated free care for pregnant women and children under five years of age, following in the footsteps of United Nations agencies that had taken that position in 2009 (Ridder&Oliver de Sardan, 2012).

In the French colonial era the healthcare system was the same everywhere (Yaogo et al., 2012); “free health care” for the user at the point of service delivery, funded from the colonial states’ budget. However, in practice it was either reserved for an urban minority or limited to vaccinations and the fight against serious endemic diseases and epidemics (Bado, 1996; Van Lerberghe&de Brouwere, 2000). With independence, the number of healthcare centers rose dramatically, especially in rural areas, and the principle of free healthcare remained in force. However in the early 1980s, when African states suddenly found themselves in serious financial crisis and were weakened by structural adjustment policies, this system underwent a deep crisis. Consultations remained free, but healthcare centers no longer had supplies of medicines available. Hence, they issued prescriptions for medicines that had to be purchased at high prices from pharmacies that were sometimes located a long way away (Ridder&Oliver de Sardan, 2012).

2.2.4 Exemption policy in some African countries

Burkina Faso

In Burkina Faso, policies have favored subsidies over free healthcare, leaving the patient to make a small contribution towards the cost. However, this has gradually given way to free care in some areas of treatment. Also In the battle against malaria, ACTs (artemisinin combination therapies) have been heavily subsidized (for example, XOF 100 for the under-fives)...the management of severe malaria cases has been free of charge since 2005. Insecticide-treated bed nets have also been distributed countrywide, free of charge, since 2010 (Ridder&Oliver de Sardan, 2012).

The study conducted in Burkina Faso found that, the national policy of subsidizing childbirth cost led to a decrease in expenses and an increase in number of deliveries in maternity units for all women, including the poorest(De Allegri et al 2012; Ridde et al, 2014). In two BurkinaFaso districts piloting free health care for children under 5, it was proven that the subsidy benefited all children, rich and poor. Whether mildly or seriously ill, and regardless of whether they lived near a health centre (Ridde, Haddad &Heinmueller, 2013Ridde et al., 2014).

Niger

Niger has opted for total exemption from the cost consultations and medicines for children under five and for prenatal consultations, family planning services and caesarean sections. The state is involved as a third-part payer that reimburses the health centers on the basis of a flat-rate payment. Payment for caesarean sections included the operation, hospitalization costs, pre-operative examinations and pharmaceutical products. For children under five, the payment includes consultation and medicine, and varied according to the level on the health pyramid (Ridder&Oliver de Sardan, 2012)

Uganda

Several studies in Uganda have shown that the poor benefited fully from free healthcare (Deininger&Mpuga 2005; Nabyonga et al., 2005). More recently, a study based on data from 35 countries showed that the countries that were fastest in improving coverage for assisted childbirth for all women were also those who were the most successful in reducing inequalities between the rich and the poor (Victora et al., 2012). The efficiency of the policy promoting healthcare access for the poorest in Uganda, at least at the beginning, demonstrated that states are in a position to implement such policies successfully (Ridde et al., 2014).

Mali

Mali has simultaneously opted for two distinct types of measures. The first includes a policy for free anti-malarial care targeting pregnant women and children under five, with free supplies of ant-malarial drugs, rapid diagnostic tests and insecticide-treated bed nets. These products are made available to health centers in kit form by the state. There is still a charge for consultations. Second, free care is provided for caesarean sections in the form of product available as kits. The state also reimburses the hospitals (centres de santé de référence, i.e. referral health centers) for their operations, hospitalization costs and pre-operative examinations. It took another four years after the decision, however for a ministerial order to specify methods of reimbursement (Ridder&Oliver de Sardan, 2012).

The Malian government has made both malaria treatment and caesareans free. Although implementation is not flawless, these public policies effectively help to increase health centre attendance (Heinmuller et al., 2012). Although statistical study conducted in 98 health centers across four Malian districts with no NGO involvement revealed that four years after the introduction of the national policy of free malaria treatment, the use of health service went up by 30% during the period of high malaria transmission (Heinmueller&Ridde 2014). Again in Mali, four years after the introduction of the free caesarean policy the rate of caesarean performed on women living in towns with district hospitals was 5% which bodies well for maternal mortality reduction (Riddeetal., 2014).

Ghana

In an effort to improve maternal health and survival in 2003, the government of Ghana implemented a new policy that removed delivery fees in health facilities in the four most-deprived regions of country. The government hoped births would take place in facilities and in the hands of skilled providers rather than at home with less skilled or no help. Less than two years later, the government extended the policy to the rest of Ghana, removing delivery fees in all public, private and mission facilities. Data from Ghana showed an increase in utilization of delivery care services. In the central region, facility-based deliveries increased by 12 percentage points and in the Volta region, by 5 percentage points between 2003 and 2005. Key informants, such as facility managers and health care worker, reported an increase in the number of facility deliveries while the fee-exemption policy was in place. Interviewees also reported that women sought care at facilities earlier in their labour, making it easier to manage complications. Evidence suggests that the number of maternal deaths in facilities continues to drop (PRB 2007).

2.2.5 Policy Implementation

2.2.5.1 Implementation as part of policy making

If the problem is defining the policy failure, what are we to understand by this term? And if we understand what has gone wrong can we then explain why? In seeking to understand what it meant by policy failure is it usefully to distinguish between non-implementation and unsuccessful implementation? In the former case, a policy is not put into effect as intended, perhaps because those involved in its execution have been uncooperative and /or insufficient, or because their best efforts could not overcome obstacles to effective implementation over which they had little or no control. Unsuccessful implementation, on the other hand, occurs when a policy is carried out in full, and external circumstances are not unfavorable, but nonetheless, the policy fails to produce the intended result (outcomes) (Hogwood& Gunn, 1984).

The reasons for the failures appear to follow naturally from such studies in plain terms; a policy is usually seen as being put at risk because of one or more of the following three causes; bad execution, bad policy, or bad luck. Thus the policy may be ineffectively implemented, which will be viewed by the initiators of the policy as bad execution. Alternatively, both policy initiators and those charged with its implementation may agree that external circumstances were so adverse that it was no one's fault just bad luck that the policy failed. The reason which is less openly offered in explanation of the policy failure is that the policy itself was bad in the sense of being based upon inadequate information, defective reasoning, or hopelessly unrealistic assumptions.

Simple as this level of analysis undoubtedly is it does at least make the point that there is no sharp divide between (a) formulating a policy and (b) implementing that policy. What happens at the so called 'implementation' stage will influence the actual policy outcome. Conversely, the probability of a successful outcome (which we define for the moment as that outcome desired by initiators of the policy) will be increased if thought is given at the policy design stage to potential problems of implementation (Hogwood&Gunn, 1984).

2.2.5.2 Relationship between policy and its implementation

The policy making process is like the design of a building for specific occupant by an architect. The implementation process affects policy design quite early and will continue to influence some details of its? Even after implementation has begun, just as modifications are made to buildings after occupancy (Blackwell, 1988).

Policies have the characteristics that may affect the nature of the implementation process. Many policies will be complex, setting out to achieve objectives X,X1,X2...under conditions Y,Y1,Y2...These complexities may very well complicate the implementation process. Others will involve vague and ambiguous specifications of objectives and conditions. These will tends to become more specific during the implementation process. Constraints are not merely contained with new policies themselves while it is possible in the abstract, to treat policies in isolation from other policies, in practice many new policies will adopt a context in which there are already many policies. Some of these policies will supply precedents for the new policy, either will supply conditions and some may be in conflict with it. The process of inaugurating new policies will continue after the adoption of policy and will then further affect implementation (Blackwell,1988).

2.2.5.3 The center-periphery relationship

It is possible to some degree to distinguish between those implementation issues that arise essentially from the distance between what we may describe as center and periphery and those that are facets of other aspect of relationships within complex organizations. The latter which will discuss in the section after this are course concededly complicated by the problem of distance particularly when the two or more separate organizations are involved.

More and more instructions more and more complex in their nature descended more and more frequently upon local officers, but without any adequately effective co-ordination at the headquarters level to ensure that those in the outfield had a clear enough idea of

what their order of priorities should be as they become less and less able to deal effectively with the totality of their responsibilities (Blackwell, 1988).

2.2.5.4 Factors for a failure to attain perfect implementation of the policy

- **That adequate time and sufficient resources are made available to the programme.**

Policies which are physically or politically feasible may still fail. A common reason is that too much is expected too soon, especially when attitudes or behavior are involved (as, for example, in attempts to alter discriminatory) attitudes towards the physically and mentally disabled). Another reason is that the politicians sometimes focus on the policy end but not the means so that expenditure restrictions may starve a statutory programme of adequate resources (Hogwood&Gunn, 1984).

- **That the required combination of resources is actually available**

The appropriate combination of resources must actually be available. In practice there is often a bottleneck which occurs when ,say a combination of money , manpower, land, equipment, and building material has to come together to construct an emergency landing –strip for the RAF , but one more of these is delayed and as a result the project as a whole is set back by several months (Hogwood and Gunn, 1984).

- **Understanding of agreement on objectives**

The requirement here is that there should be complete understanding of, and agreement on the objectives to be achieved and that these conditions should persist throughout the implementation process. Official objectives are often poorly understood ,perhaps because communications downwards and outwards from headquarters are inadequate .even if the objectives have initially been understood and agreed ,it does not follow that this state of affairs will persist throughout the life time of the programme , since goals are susceptible to succession, multiplications, expansion, and displacement .Any of these tendencies will complicate the implementation process and even –in the eyes of top management-subvert it (Hogwood&Gunn, 1984).

- **That task are fully specified in correct sequences**

Here the condition is that in moving towards agreed objectives it is possible to specify, in incomplete detail and perfect sequence, the tasks to be performed by each participant. The difficulties of achieving this condition of perfect implementation are obvious. Also it is sorely desirable as well as inevitable that there should be some room for discretion and improvisation in even the most carefully planned programme (Hogwood and Gunn, 1984).

- **The organizational characteristics of implementing agencies**

It is interesting how many of the social workers who regard themselves as identified with their clients sharing some sense of oppression by the bureaucracy that weight the clients receive resource from the system ,have a view of social security field staff that is directly in contrast to their view of their own position.

Consideration of discretion and of the roles of street level bureaucrats must also involve looking at the implication of professionalism for implementation. Three interrelated points about professionalism include;

- (1)That it may entail a level of expertise that makes lay scrutiny difficult.
- (2)That professional may be for whatever reason accorded a legitimate autonomy
- (3)The professionals may acquire amounts of power and influence that enable them to determine their own activities.

- **The social, political and economic environment**

Whatever the relationship between the state and society is, policies may be interpreted as responses to perceive social needs. Government is concerned with doing things or taking things from or providing things for society or for parts of it. Putting policies into practice involve interaction between agencies of the government, those who do that are of course, and themselves a part of the social environment in which they operate (Blackwell,1988).

2.2.6 Top-Down, Bottom-Up, And Hybrid Theories of Implementation

The three generations of implementation research can be subdivided into three distinct theoretical approaches to the study of implementation:

1. Top-down models put their main emphasis on the ability of decision makers' to produce unequivocal policy objectives and on controlling the implementation stage.
2. Bottom-up critiques view local bureaucrats as the main actors in policy delivery and conceive of implementation as negotiation processes within networks of implementers.
3. Hybrid theories try to overcome the divide between the other two approaches by incorporating elements of top-down, bottom-up and theoretical models (Fischer Et al, 2007).

Top-Down Theories

Top-down theories started from the assumption that policy implementation starts with a decision made by central government. Parson (1995, 463) points out that these studies were based on a "black box model" of the policy process inspired by systems analysis. They assumed a direct causal link between policies and observed outcomes and tended to disregard the impact of implementers on policy delivery. Top downers essentially followed a prescriptive approach that interpreted policy as input and implementation as output factors.

Hence, there were implementation as an interaction between the setting of goals and actions geared to achieve them (Pressman & Wildavsky 1973). The authors underlined the linear relationship between agreed policy goal and their implementation. Implementation therefore implied the establishment of adequate bureaucratic procedures to ensure that policy is executed as accurately as possible. To this end, implementing agencies should have sufficient resources at their disposal, and there needs to be a system of clear responsibilities and hierarchical control to supervise the actions of implementers (Fischer et al., 2007).

Bottom-up theories

In the late 1970s and early 1980s, bottom-up theories emerged as a critical response to the top-down school. Several studies showed that political outcomes did not always sufficiently relate to original policy objectives and that the assumed causal link was thus questionable. Theorist suggested studying what was actually happening on the recipient level and analyzing the real causes that influence action on the ground. Studies belonging to this strand of research typically started from the bottom by identifying the networks of actors involved in actual policy delivery. They reject the idea that policies are defined at the central level and that implementers need to stick to these objectives as neatly as possible. Instead, the availability of discretion at the stage of policy delivery appeared as a beneficial factor as local bureaucrats were seen to be much nearer to the real problems than central policy makers (Fischer et al., 2007).

Hybrid Theories

As a reaction to growing uneasiness with the heated debate between to-downer and bottom-uppers, researchers such as Elmore (1985), Sabatier (1986) and Goggin et al., (1990) tried to synthesize both approaches. The new models presented by these scholars combined elements of both sides in order to avoid the conceptual weakness weaknesses of top-down and bottom-up approaches. Other key contributions were made by scholars like Scharpf (1978), Windhoff-Heritier (1980), Ripley and Franklin (1982), and Winter (1990). Taking the top-downers concern with effective policy execution as their starting point, they blended several elements of the bottom-up perspective and of other theories into their models. This is why we discuss this group of scholars under the heading of Hybrid theories. In sum the approaches we summarized under the heading of hybrid theories brought two important innovations to implementation theory. First they tried to overcome the conceptual weakness of the polarized debate between bottom-up and top-down scholars. Leaving aside the normative aspects of the controversy, they focused instead on empirical arguments about the proper conceptualization of the implementation process and pragmatically blended the extreme arguments of both sides

into models that embraced both central steering and local autonomy. Second, some of the hybrid theorists pointed to important factors that had hitherto received little attention (Fischer et al., 2007).

2.2.7 Approaches to policy implementation

In this section we examine some of the contribution from various social science disciplines to the understanding of the implementation and in incorrigibly top down vein, to improving the effectiveness of implementation.

Structural approaches

Modern organizational analysis has a good deal to offer to the study of implementation, since policy design and organizational design should be considered together, where very possible. However, the days when it was fashionable to believe in universal principles of good organization are long behind us and emphasis is now laid on different organizational structures as being appropriate to different types of organizational tasks and environments (Hogwood&Gunn, 1984).

Procedural and managerial approaches

To have structures appropriate to implementation is perhaps less important than to develop appropriate processes and procedures incorporating relevant techniques...the procedure involved are those of scheduling ,planning, control. Thus after problem identification and selection of the most cost-effective policy response, the implementation stage would involve such sequential steps as;(1)design a programme incorporating task sequences and clear statement of objectives performance standards, cost, timing,(2)execute the programme by mobilizing appropriate structures and staffing ,funding and resources, procedures and methods, (3) building in appropriate scheduling, monitoring and control devices to ensure that the programme proceeds as intended or if deviation occurs that appropriate corrective action is quickly taken. However this approach does assume a very high degree of control over the programme and its outcome and of insulation from the environment (Hogwood&Gunn, 1984).

Behavioral approach

There are limit to what can be achieved by manipulating structures and procedures .Human behaviors and attitudes must also be influenced if policy are to be implemented .the behavior approach begins by recognizing that there is often resistance to change. In fact, the alternatives are rarely as simple as acceptance or resistance and there is a spectrum of possible reactions from active acceptance, through passive acceptance to active resistance. However we can generalize about some of the sources of resistance to change involved in implementing policies (Hogwood&Gunn, 1984).

Political approach

So far three level of analysis have been identified, organizational, procedural, and behavioral. The fourth and perhaps most fundamental level is that of political analysis .The terms political include but is certainly not limited to party politics: rather it refers to patterns of power and influence between and within organizations. The argument quite simply is that, the implementation of a policy may have been carefully planned in terms of appropriate organization, procedures, management, and influences on behavior, but if it takes insufficient account of the realities of power (Hogwood&Gunn, 1984).

2.3 Empirical Literature review

Tanzania health system assessment 2010 report (2011) to build new facilities in Tanzania is a great opportunity to improve service delivery. However, many of the facilities that have been constructed recently are not staffed appropriately, and some have no staff at all. While guidelines and laws are been created, it seems that staff at lower levels within the health system are often not aware of them. Despite efforts at central level to ensure guidelines are provided in English and Swahili, distribution of guidelines is not sufficient to ensure knowledge and compliance. The government of Tanzania is committed to reforming health financing to ensure equitable access for all. However, there are several challenges that relate to funding, budgeting process and health insurance schemes. Human resource crisis at all levels still exist, and low staff

motivation continues to affect the ability of the health sector to cope with heavy load. This affects the overall quality of health service.

Shillingi and Mutalemwa (2012) observed that the delivery of quality health service was hampered by obstacles related to technical competence, access to service, affordability, interpersonal relations between client and health staff, reliability of the service and amenities. This situation was certainly not likely to support delivery of quality health service that leads to enhanced work productivity, education performance, life expectancy, savings and investments and reduce expenditures on health care.

Atherton et al., (1999) contend that, Government services in sub-Saharan Africa are generally perceived to be under-resourced and provide poor quality service. A recent evaluation of the quality of Tanzanian public health services reported that overall quality in the sector is poor and that overall quality in sector is poor and that management, organization and financial reforms are needed if the system is to improve performance.

Kida (2012) argues that the bifurcation of health care delivery into a two-tier system limits better access to health care, especially for the urban poor. This is because the segmentation process engenders an upper tier of better quality of care for those who can afford it and, a lower tier of inexpensive health care service of generally inadequate and or doubtful quality mainly to cater for the poor.

Mamdani and Bangser (2004) observed that, exemption and in particular waivers, are not systematically implemented and are not effective as a means of protecting vulnerable social group and the poor. Even if official fees are exempted or Waived the poor and vulnerable still end up having to pay for drugs, transport, small charges(example cards, materials), and bribes. The exemption scheme is poorly implemented, partly because accountability mechanisms are not in place, and because health service providers are not following procedures that are often unclear to them to begin with. But an equally important factor is the low uptake and lack of insistence on free service by the poor, primarily because they are not aware of their rights. A lack of clear criteria and policy

guidelines for identifying people who are eligible for waivers has resulted in ad hoc decisions, without clear records or follow up.

Getaneh (2014) presented that, Tanzania suggests that waivers or exemptions have not increased equity in access and in financing of health service. For example, people who had these privileges were not visiting health centers more than other people in their community. In addition, waivers and exemptions did not address the issue of demand, so there were poor people with exemptions, but did not have the opportunity to receive health service.

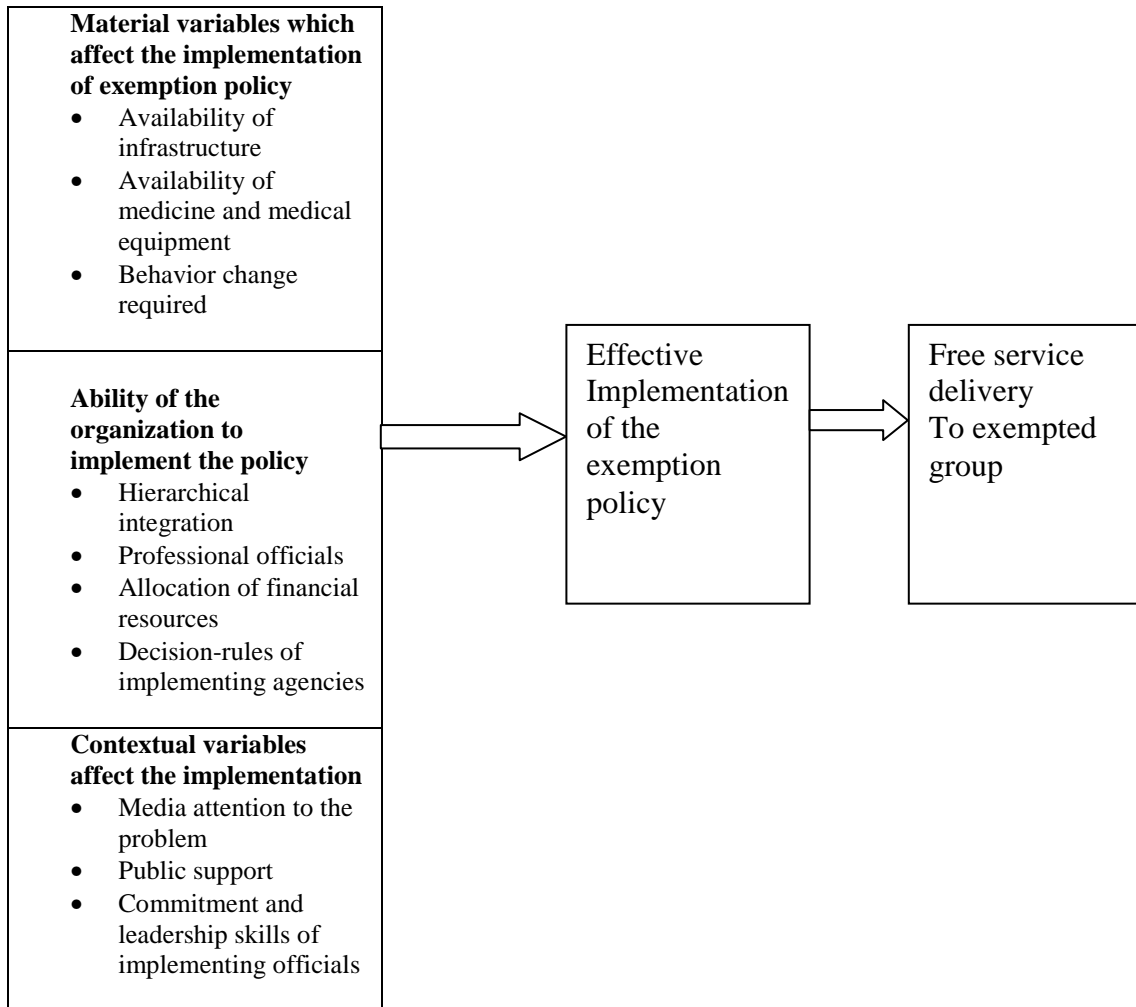
Burns and Mantel (2006) asserted that, exemption is a statutory entitlement to free health care service, granted to individuals who automatically fall under the categories specified in the cost sharing operationalization manual: MCH services, including immunization of children in all Grade III services; children of 5 years of age and below; patients suffering from TB, leprosy, paralysis, typhoid, cancer and HIV/AIDS; cholera, meningitis, plague and long term mental disorders.

2.4 Research gap

Various scholars have investigated on issues of implementation of exemption system and general quality service in health service delivery in Tanzanian context. However, it was a perception that more studies are needed to put special emphasis on the quality of the health service delivery specifically through exemption system as the government provides service for free to vulnerable groups. In such a scarce resource environment, the study sought it important to establish the effectiveness of the services and the extent of clients' satisfaction.

2.5 Conceptual Frame work

Figure 2.1: Conceptual Frame work policy effective implementation



Source; Researcher's own construct (2015)

Figure 2.1 show that for effective exemption policy implementation to be attained there is the need for three variables to be in place. First there is the need to consider Material variables that may affect the policy, such as availability of infrastructures, availability of medicine and medical equipments and behavior change for those who implement the policy hence the policy will be implemented effectively through free service delivery to the exempted groups. Secondly if the organization have the ability in term of

professionals officials, financial resources and good hierarchical integration from central level to local level at the municipality the implementation of this policy will be attained because for the policy to be implemented there is a need for organization to have ability that will implement the policy. Lastly the contextual variables such as media attention to the problem as they can influence the public and the government to implement the policy, also the public support through acceptance of the policy and ability of the people to make sure they know their right to receive exemption and commitment and leadership skills of implementing officials to ensure that the exemption benefits the intended people result will be effective policy implementation which will lead to the outcome of free health service delivery to the exempted groups.

2.6 Concluding Remarks

This chapter have dug various literature and identified that many scholars discussed the issue of exemption focused to the specific groups and diseases and also the quality service, customer satisfaction, customer complaint and health service delivery in Tanzania. It thus indicated the necessity for this study to fill the gap by analyzing the challenges of in implementing the exemption policy.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter is basically concerned with how the research was conducted. It covers the locale of the study, the population in which the study was conducted, the design of the study and various sampling techniques that were used. The chapter further presents the methods used to collect data and analyze the data.

3.2 Research Design

For the purpose of this study the case study design was employed to investigate on the challenges facing the implementation of exemption policy in health service delivery at Frelimo Hospital. The research is largely qualitative with some quantitative techniques in analyzing data. This method has been employed for the purpose of getting detailed information and a real picture on the challenges encountered in implementing the policy. This study used only one area hence case study was the suitable design to allow an in-depth investigation and it was flexible in administering a variety of techniques and methods of collection of data. Hence case study design approach entails an investigation that seek to describe in detail the constraints, the aim was to bring a deeper insight and the understanding of the problem.

3.3 Study Area

The study was conducted at Frelimo hospital in Iringa Municipality. The organization is one of public hospitals where the exemption policy has been implemented. The area is accessible and serves people in Iringa Municipality and Iringa rural. Also the nature of the problem is the challenges facing implementation of exemption policy in health services delivery. Thus Frelimo hospital was selected to give the real picture as it in the lower level where a lot of people can access the health services easily. The time for conducting the study influenced the choice of Frelimo hospital. The case was also selected as the data were very much accessible and the information provided easily

provided a picture on other government institutions responsible for implementing the policy in Tanzania.

3.4 Study Population

The study involved beneficiaries of exemption policy, that are the exempted group such as children under five years of age, disable people, Elder over 60 years of age also the people with exempted disease such as tuberculosis, leprosy, polio, typhoid, diabetes, meningitis, AIDS, cholera, mental illness, and those under Exempted services are all immunization vaccinations, MCH/Family planning services. Health management personnel such as District Medical Officer (DMO), Health secretary (HS), Matron and health workers those who provide the service who execute the policy were also included in the study. The researcher estimated to include 100 respondent population to participate in the study

3.5 Sample and Sampling Techniques

3.5.1 Sample size

The study sample consisted of 40 respondents, distributed as follows: Beneficiaries of the policy selected from MCH clinic, CTC clinic, Open patient department and 2 wards. The study also drew from 20 key informants who provided service at Frelimo hospital distributed as follows; 3 Administrators and 17 health workers.

3.5.2 Sampling techniques

Judgmental sampling/ Purposive sampling

The judgmental sampling technique was used to select staff member such as the DMO, Health secretary and the Matron as they had required information and some policy documents that guide the implementation of the exemption policy in health service delivery. They were the selected as individuals from the authority.

Accidental Sampling

The study included the unit of inquiry from the beneficiaries of the exemption policy who were available at the area of service provision; that is from 40 beneficiaries were from 10 in Open department, 10 were from in patient department (female ward and male ward), 10 in MCH clinic and 10 in CTC clinic. Also 17 health workers from the four departments. This technique was employed in consideration of the context of data collection in study as it dealt with patient and ill people.

3.6 Data Collection Method

The researcher employed both sources of data .That is, the primary data and secondary data sources.

3.6.1 Primary data

These were gathered from the exempted groups who received the health services and the service providers at Frelimo hospital through interviews, questionnaires and observation.

Interviews

The researcher interviewed the DMO of Iringa District, health secretary at the municipal level and Matron who are responsible for Frelimo hospital administration to get their experience and views on the implementation of exemption policy in health service delivery and the constraints they encountered during the execution of the policy. In the same context, the interviews were administered to 40 beneficiaries of the exemption policy. The interviews were structured in which the researcher prepared questions to guide the process. Unstructured interviews were used to get more clarification during the discussion. This method was employed as it allowed more clarification, responses and freedom of expression that lead to get the data required.

Observations

The observation was done at Frelimo hospital as the researcher requested to be in the clinics and wards during the service provision time. The researcher observed sequence of activities and how the services were provided in MCH Clinic, CTC clinic and Open

patient department and the reactions of the beneficiaries, how the service provider organized the service and used the time efficiently. The researcher also observed the interaction between the health workers and patient and ways they care and respond to their clients' request and if there were any payments made at the reception from the beneficiaries of exemption policy. The researcher also made observation on the hospital infrastructure; if it was suitable for the service provision. This method of collecting data was employed due to the fact that some studies focus on individuals who are unable to give verbal report or to express themselves meaningfully; mainly children under five years of age. The observation therefore drew a clear picture on what was going on in the organization.

Questionnaires

The study employed questionnaire which were distributed to 17 health workers in clinic and wards. The questionnaires contained both open ended and close ended questions. But the researcher employed a lot of open ended question to get more explanations and experience from the people who provided the service to meet the implementation of the policy.

3.6.2 Secondary data

The researcher was able to obtain information or data which had already been collected. It was important to use the secondary data as they had been passed through some statistical process and proved to be valid (Kothari, 1997).

Documentary review

Various documents were reviewed at Frelimo hospital and in the DMO and Health secretary offices. The documents reviewed included the client service charter, the municipal report on implementation of health program July 2014 to December 2014, and the health policy 2003 document.

The study reviewed some of document relating to exemptions. It also categorized groups and service provision in health sector in Tanzania such as published and un-published reports which were available, policies such as the health policy, exemption policies, guidelines on the service provision regulations and the clients' service charter.

3.7 Data analysis methods

In this study, data were analyzed both qualitatively and quantitatively .In quantitative analysis, SPSS program of analyzing data was employed as to make the process of analyzing the data quantitatively more effective. Much of such data were from questionnaire which pressed a need to compute the findings quantitatively and give the number of respondent, their percentage, and tables to shows the quantity to which the responses were given. Qualitative data were analyzed qualitatively, mainly from interviews, which used more of open ended and close ended questions all together.

3.8 Ethical Consideration

In a course of doing this study at Frelimo hospital there was a necessity of considering ethical issues by adhering to the following issues.

The researcher secured research clearance from Mzumbe University with a letter which explained the purpose of the study before visiting the study area. For the researcher also sought a permission from the authority at Iringa Municipality to undertake the study.

The informants were informed about the purpose of the study before data collection and were requested to support the researcher by answering the question asked. In the health service facility, the researcher consulted the administration on the purpose of conducting the study on the area as to ensure they had the information.

For the purpose of confidentiality and willingness the researcher was able to made a physical visit before information were collected in order to ensure that respondents' readiness to participate in the study.

3.9 Reliability and Validity

The researcher perceived that it was necessary to validate the findings so as to assess the accuracy of the description on the issue. In order to ensure that the service provider and the group who received the service provided required answers, there was a need to use triangulation, which is to employ different methods and sources of data. The study therefore used observation, interview, and questionnaires to strengthen both reliability and validity.

CHAPTER FOUR

PRESENTATION OF FINDINGS

4.1 Introduction

This chapter focuses on the findings on what has been discovered during the study on the implementation of exemption policy in health service delivery. Mostly importantly is how the policy was implemented the obstacles during the implementation of the policy and the intervention to insure the policy is effectively implemented.

4.2 Research Findings

Characteristic of respondent

A total of 60 respondents were involved in the study, where 40 were clients received the service, 3 Administrator and 17 health worker. The following Table shows the respondents by categories and ages.

Table 4.1: Characteristic of respondent by categories and age

| Variables | Number of respondent | Percentage |
|----------------------|----------------------|---------------|
| Health Administrator | 3 | 5% |
| Health workers | 17 | 28.33% |
| Beneficiaries | 40 | 66.66% |
| Total | 60 | 99.99% |
| Age : | | |
| 20-29 | 17 | 28.3% |
| 30-39 | 20 | 33.3% |
| 40-49 | 8 | 13.3% |
| 50-59 | 7 | 11.6% |
| 60+ | 8 | 13.3% |
| Total | 60 | 99.9% |

Source; Field study, 2015

This study categorized respondents into three categories including Health administrators who were about 5% of all respondents, health workers about 28.33% and beneficiaries of the exemption policy about 66.66% of the entire respondent. This study also categorized the respondents according to their age groups; responses indicated respondents about 28.3% belong to age of 20-29, 33.3% belong to age of 30-39, 13.3% belong to age of 40-49, 11.6% belong to age of 50-59 and 13.3% were 60 years and above. The summary of the age description is presented in Table 4.1.

4.2.1 How exemption policies are implemented

The study discovered that the implementation of policy in health service is done through provision of service in each department of the hospital. The results show that, about 17(28.3%) proved that the Frelimo hospital were able to provide the service with exemption regardless of the challenges they faced and which caused limitation to implement the policy effectively.

4.2.1.1 The services provided by health workers

About 16 (94.1%) service provider respondents proved to be providing inadequate service to exempted groups. Due to inadequate resources available to the organization in terms of financial resources to purchase medicines and medical equipment, also medical staffs were not enough to provide timely service in regards to Iringa regional client charter especially to these exempted groups the organization faces challenges in implementing the policy and attain quality service.

Table 4.2: Adequacy of service provided under exemption policy

| Type of answer | Frequency | Percent |
|-----------------------|------------------|----------------|
| adequate service | 1 | 5.9 |
| Inadequate service | 16 | 94.1 |
| Total | 17 | 100.0 |

Source: Field data, 2015

The interview done with the DMO at Iringa Municipality on the quality of the service provided, indicate inadequacy of the quality of services due to the scarcity of medical facilities at the hospital. Findings also indicates that the hospital have few medical personnel who do not match with the number of the clients attending daily such as described. The DMO during interview stated that;

We have not being able to provide quality service under these exemption policies. most of our client complaint on the services we deliver that is to say we are not at that required level, we do not have enough facilities and we are facing with the problem of shortage of staff our hospitals condition are worth especial in pharmacy department.

4.2.1.2 The enablers of the Frelimo hospital to implement exemption policy

The study findings from the questionnaire shows that about 41.2% of the respondent mentioned modern medical equipment as a factor that enabled Iringa Municipal hospital to implement the policy. Up to 35.3% of respondents mentioned modern infrastructure;11.8% mentioned availability of medicine; and 5.9% mentioned timely service provision and enough medical staff respectively. The details are summarized in table 4.2.

Table 4.3: Strength at Iringa Municipal Hospital

| Variables | Frequency | Percent |
|---|------------------|----------------|
| modern medical equipment | 7 | 41.2 |
| Modern infrastructure and buildings | 6 | 35.3 |
| Enough medical staff | 1 | 5.9 |
| Timely service provision | 1 | 5.9 |
| Availability of medicine and medical supplies | 2 | 11.8 |
| Total | 17 | 100.0 |

Source: Field data, 2015

Modern equipment

The findings from observation indicate that the hospital had modern equipment as the hospital is new that most of the equipment have not been used for a long time although they are not enough compared to the population of Iringa municipal. During the observation it was found that most of the equipment where too modern compared to the hospital staffs knowledge and that due to high number of patients these equipment were extensively used. This leads to breakage and necessity for high maintenance as they corrupted from time to time.

Modern infrastructure and buildings

The findings from observation indicate that one of the strength that Frelimo hospital had for the effective implementation of the exemption policy was new buildings for Municipal hospital which facilitated the service provision especial for the exempted groups. Although they were not enough but these were modern to ensure safety and accessibility of the services.

From the observation done at the Frelimo Hospital on 3 March 2015, the researcher perceive that these buildings had modern infrastructure that can support the implementation of the policy, as shown in appendix e.

4.2.2 Challenges encountered in implementing exemption policy in health services delivery

The findings from the questionnaires show that 23.5% expresses shortage of staffs and infrastructures; 23.5% shortage of drugs; 17.6% mentioned other obstacles such as low motivation and risk allowance; 11.8 expressed unclear policy and 11.8% expressed insufficient budget as challenges to the implementation of the policy, as presented in Table 4.4.

Table 4.4: Challenges facing policy implementation at Frelimo hospital

| Obstacles | Frequency | Percent |
|--|------------------|----------------|
| Unclear policy | 2 | 11.8 |
| Inability of peripheral hospitals in Iringa Municipal | 2 | 11.8 |
| Shortage of staff and infrastructure | 4 | 23.5 |
| There is no special Budget to implement the exemption policy | 2 | 11.8 |
| Shortage of drugs | 4 | 23.5 |
| other obstacles | 3 | 17.6 |
| Total | 17 | 100.0 |

Source: Field Research in Frelimo hospital, 2015

Unclear policies

The findings show that the issue of exemption had been named in more than one policy hence when sum up the number of people under exemption become very big to serve them with the quality service. The issues of exemption have been named in health policy of 2003, Food and nutrition policy of 1992, and ministry of health circulars to mention a few. This has led to difficulties during the policy implementation because the policy itself is not specific.

Inability to provide health services of peripheral hospitals in Iringa Municipal

During the study that was conducted at the Frelimo hospital, the researcher observed that peripheral hospitals and health centers in Iringa Municipality did not have ability to perform some of the services effectively. The municipal hospital is under an ongoing construction that some of the buildings may not be able to provide the services

effectively. Also due to ability of the staff and good infrastructure most of the people preferred to reserve the service at Regional hospital because they perceive that the service was better and not coupled with factors like congestion

One of the Assistant Nursing Officer said:

The municipal hospital performs in low capacity because some of buildings are under construction so many of patient especial pregnant mothers prefer to deriver in the regional hospital. Also some of dispensaries such as Police dispensary, SabaSaba dispensary and Ngome dispensary but they do not have capacity to provide the service effective to achieve the success intended under exemption policy.

From the quotation above the health centers at Iringa municipality are faced with scarce of medical facilities to enable provision of health services especially maternity facilities. Patient are forced to be referred to municipal hospital which also faces problem of congestion especially in maternity ward.

Shortage of staff and infrastructure for Elder people

This study discovered the low capacity of the organization to implement the policies. The Frelimo hospital does not have a specific room for elders and there is no doctor to save the elders as ordered by the prime minister for the effective implementation of the exemption policy. At the reception there is no specific window for elders and that some of them were seen in a queue of other patients as explained by matron in the quotation bellow.

We fail to implement effective the exemption policy due to shortage of staff and facilities, we serve many patients because the regional hospital does not receive patient without referral letter hence the result is congestion of patients while we do not have medical staff to attend to them.

Improper exemption mechanisms

The researcher discovered that the group and disease which have been categorized under the exemption mechanism is very huge compared to the capacity of the organization. Sometime the people who are exempted were economically well off; their belonging

into the exemption group implies improper use of the exemption packages. This reduced the feeling that exemption policy is effectively implemented due to high number of patients who wrongly received the services.

There is no special Budget to implement the exemption policy

The study discovered that the policies are being made, but there are no special funds to implement those policies. Hence the organization uses the available budget to serve both those under cost sharing and those under exemption. This leads to some difficulties, as the fund available is not sufficient to serve all these groups. This contributed some difficulties to the hospital to provide quality services to exempted populations, as evidenced by a health secretary, who remarked that;

The government did not provide budget for these policies they made, so it become a responsibility of the organization that's why you can find most of time the hospital uses money from MSD to facilitate provision of service for the people under exemption and that's where the problems of scarce medicine some time arise.

Inadequate plans of the pharmacy department

The study explored the available plans at the pharmacy department to ensure the availability of the medicines. The study observed that the organization had no quarter plans to ensure the drugs were available at the hospital. The hospital frequently faced scarce drugs due to absence of signatories most of the time, which caused delays to purchase drugs. The problem which would not be available if the pharmacy and procurement department had plans. Although the hospital did not have enough funds the plans would help to allocate the insufficient fund to purchase the drugs. This justifies how ineffective policy implementation may be a result of lack of plans at the study case.

Inadequate Revenue sources

The study discovered that the Hospital sources of revenue from internal is through charges they impose under cost sharing mechanism since public institution does not serve for profit gain. The revenue collected is not enough to facilitate effective service

provision for implementation of the exemption policies. Moreover, the hospital does not have other internal sources to cover the demand of the client in the hospital as described through the interviews with DMO and health secretary.

The DMO asserted that;

The hospital have no sufficient fund hence it is difficult to provide required service to people under exemption some time even to give extra duty for our nurses is a challenge how do you expect these people to enjoy what they are doing while they are not motivated? The hospital condition in term of finance is bad these policies are theoretical and not practical.

The health secretary stated that

The municipal hospital has low capacity to serve pregnant mother with complications due to lack of facilities for the delivery process hence most expected mothers are being referred to regional hospital and sometime due to lack of fund there is scarce of facilities for delivery process it reached time when women were supposed to buy each and every thing required while there in the category of exempted group so for those who understand the situation they purchase from Private pharmacy.

Inadequate protective gears at work place

The study discovered that the hospital did not have enough protective gears at the time of emergence for serving the people with HIV infection as they are in the category of exemption. This led the nurses and medical attendant not to perform their duty effectively for fear of being infected through transmission. This lead staff bed motivated towards working and hence reducing the level of effectiveness of the exemption policy.

Lack of risk allowance and delay of call allowance for the medical practitioners

The study observed that people worked in a risk environment with people contracting HIV. The study noted the hospital does not have risk allowance to motivate workers in such environment. Workers' lack of motivation has also been a result of delayed call allowances, which further reduced working morale and thus reducing the level of effectiveness of the policy implementation

Lack of specific objective to facilitate policy implementation

The study observed that most of organization lacked specific objectives to ensure effective policy implementation. It was therefore difficult to measure the implementation and level of attainment of the policy. Most of the objectives were based on reduction of diseases, construction of infrastructures and also increasing staff number in general. There was no objective that was very specifically directed to addressing the issue of how to implement effective the exemption policy. This was evidenced during interview with health secretary, who remarked that;

Among of the problem I see is that we set objective in general as you can find. The people in this category if you look in deep they have been named in Millennium goals and other national policies hence the objectives are set but not Specific, they are so general hence to ensure the quality in the specific. Area such as that of exemption it is difficult

Client satisfaction

Study show that most of the clients who received the service under exemption mechanism were not satisfied with the service they received. The findings indicate that 35 (87.5%) of patients were not satisfied with the service. They mentioned different factors for their dissatisfaction, which include congestion, unavailability of prescribed medicine, shortage of staff and failure of the medical personnel to respond to customer request on time. These are presented in the summary table as shown in Table 4.5

Table4.5: Dissatisfaction for service delivery

| Type of answers | Frequency | Percent |
|------------------------|------------------|----------------|
| Yes/ satisfied | 35 | 87.5 |
| Not satisfied | 5 | 12.5 |
| Total | 40 | 100.0 |

Source: Field data, 2015

Clients at Frelimo hospital complained on their dissatisfaction caused by delayed services at the hospital, shortage of medical personnel, and congestion during delivery of the health services. Although the clients' service charter at Iringa region states clearly that a client should receive the service within three hour, such statement has not been effectively implemented as evidenced through the following interview response by one of the clients at the CTC clinic;

I have been here since 7:30 am first my file was misplaced...God knows where!!and I know I cannot get my medicine on time because a pharmacist is nowhere to be found; it is 6 p.m now, this is not fair! even if these medicines are for free, they better respect me, if this government has failed they better say so.

Provision of exemption to its targets

The study show that most of people agreed to receive the service under exemption. From the questionnaire distributed about, 40, 100% agree to receive the exemption. But the study observed that the exemption did not cover other services out of exempted medicine.

Provision of the prescribed medicine as required

The study revealed 62.5% of the patients received the prescribed medicine. But the researcher observed that the organization had failed to provide medicine because of absence of drugs in pharmacy caused by insufficient fund. The worst thing is for those prescribed medicine under exemption especially for the people with HIV/AIDS. These drugs were sometime fake as to cause life loss. Table 4.6 shows the various reasons for the shortage of drugs at the study case.

Table 4.6: Reason for shortage of drugs

| Type of answer | Frequency | Percent |
|--------------------------------------|-----------|---------|
| Shortage of fund | 25 | 62.5 |
| Poor planning in pharmacy department | 15 | 37.5 |
| Total | 40 | 100.0 |

Source: Field data, 2015

Problem of timely service provision

Findings indicate that, about 37.5% respondents complained for the delay in service provision while other respondents proved to be helped by the staff. The observation conducted proved that some clients did to receive the service on time due to shortage of infrastructure such as doctor's room, and shortage of staff, and negligence and lack of commitment by the medical personnel as described in Table 4.7

Table 4.7: timely service provision

| Type of answers | Frequency | Percent |
|---------------------------|-----------|---------|
| Timely service sprovision | 7 | 17.5 |
| Delay of services | 33 | 82.5 |
| Total | 40 | 100.0 |

Source: Fielddata, 2015

An observation made on 14th January, 2015 shows that there was only 2 medical attendant,3 nurses, 2 clinical officer and 1 record assistant in the OPD. Meanwhile at the reception area which is supposed to serve more than 52 with others over 60 years of age had long queues of patient waiting to see a doctor. Some medical attendant used lot of time talking on mobile phone and chatting during hours of service provision.

Lack of privacy and effective consultation during service provision

The finding from observation revealed that the hospital lacks privacy during the service provision. The study observed more than one client being counseled in a single room and other medical practitioners come in and out from the room unnecessary. Some time in wards a single bed was used by more than one patient. Alternatively in pharmacy, the patient received drug through the window where they do not have enough time for further consultation on the use of the medicine as described by one ANO during interviews, who asserted that;

The hospital does not have enough room for consultation especially during counseling you may find we are supposed to provide the counseling to 5 or 6 patients at one due to the congestion. If we follow the formula some of our patient won't get the opportunity to receive the service on time.

Use of abusive language during service provision

The study shows that the use of abusive language was an obstacle during service provision for most medical practitioner especially female. About 25% respondents proved that nurses and medical attendant used abusive language in the RCH Clinic and CTC clinic. This caused lack of conformability on the services by the exempted groups. The observations also indicated some people complaining without taking any action to report the maltreatment done by the service providers especially nurses for the fear of delayed service as they believed no action could have been taken to those unethical service providers.

Table 4.8: The use of abusive language

| Variables | Frequency | Percent |
|----------------------------|------------------|----------------|
| use of abusive language | 10 | 25.0 |
| No use of abusive language | 30 | 75.0 |
| Total | 40 | 100.0 |

Source: Field Research in Frelimo hospital, 2015

Benefit of the exemption provided

Findings also shows that about 97.5% respondents proved to benefit from the exemption provided, as it facilitated to improve their well-being. While up to 2.5% of the respondents declined to have benefited from the exemption. Majority of the respondents were skeptical that if it was not for the policy most of Tanzania would have been died because some of the disease whose drugs are under exemption are cost full that it requires government support for majority to access them

Table 4.9: Benefit of the exemptions provided

| Variables | Frequency | Percentage |
|------------------|------------------|-------------------|
| Benefited | 39 | 97.5 |
| Did not benefit | 1 | 2.5 |
| Total | 40 | 100 |

Source: Field data, 2015

Poor roads to the Frelimo hospital

From the observation one of the obstacle facing patients in accessing the hospital service is the physical infrastructure such as road. It takes time for a patient to reach at the hospital and access to service on time especially during rainy season. During the observation which was conducted during February and March 2015 the researcher identified that there were some difficult to reach the hospital and this made the challenge because the services are provided but for people to access it is difficult. As shown in appendix f.

4.2.3 Intervention toward quality health service on exemption

The study findings show that there were different measures taken to improve the quality of the service by the management by consideration of the challenges they face some of the measures required finance resources but to mention a few the measures were as follows.

4.2.3.1 Addressing the problem during meetings

The study found that the problems associated with the poor delivery of quality service were known and that the hospital conducted different meeting to address the situation and suggest ways that could solve the problem for a while though. For instance on Feb. 17, 2015 the researcher attended a meeting between CHMT and RHMT, where one of the agenda discussed was the issue of inadequate medicine in the pharmacy. The suggestion was given by DMO to have short term plans in a pharmacy department that would facilitate the availability of drugs throughout the year.

4.2.3.2 Recruiting more professional staff

The study shows that, one of the ways that the organization can improve the quality of service is through recruiting more staff. Findings indicated that, to the hospital management had requested a permit to recruitment in order to recruit more medical practitioners to minimize the challenge of shortage of staff. It emerged during the interview with health secretary that, the hospital had managed to increase the number by recruiting new medical personnel

I did my part by ensuring that I give the information on the scarcity of personnel; so each year the government recruits new staff from there we are able to increase the number but still the problem of retaining them become a problem as they can work for a year then they change their working place but we have done some effort as you can see although they are not enough but be manage to provide the service.

4.2.3.3 Improving the capacity of peripheral hospital

One of the goals of the organization is to improve the ability of health centers and dispensaries and to ensure that they have ability to provide the service and reduce the burden that the organization has, as depicted from the interviews done on Feb 17, 2015.

“We are trying to give support to dispensaries such as Ngome so as it can be able to operate patients, for now the number of deliveries the dispensary has the capacity but the issues remain to those mothers with complication in order to save lives they are being referred here

4.2.3.4 Allocating resources to the priorities areas

Findings indicate that the resources available were scarce compared to the organization demand. From the questionnaire distributed, most of the management staff expressed the necessity to ensure allocation of the scarce finances to the priorities areas in which most of the exempted groups are found as to ensure the policy is implemented; response summary is presented in Table 4.10.

Table 4.10; Intervention toward quality health services on exemption

| Variables | Frequency | Percent |
|--|------------------|----------------|
| Addressing the problem during meetings | 3 | 17.6 |
| Ensure they allocate resources to the priorities areas | 6 | 35.3 |
| Recruiting more professional staff | 3 | 17.6 |
| Improve the capacity of peripheral hospital | 5 | 29.4 |
| Total | 17 | 100.0 |

Source: Field data, 2015

Ways to improve the current situation

The study provided a room for service provider to recommend ways that can ensure the organization provides the service with quality. Such information was sought through the questionnaire distributed, through which the following suggestions were provided:

Pharmacy department

The respondent suggested that the pharmacy department need to be given enough budgets to facilitate the purchase of drugs for the hospital to have reliable drug supply. The hospital has to increase the capacity of drug purchases in general in order to satisfy the demand of those who are not exempted and with exemption. Also there should be a

scheme which enables those under exemption to be able to receive drugs from private pharmacy in a deserving quality of the service.

Provision of exemption

The study findings also show most of the respondent suggest proper provision of exemption mechanism in line with exemption policy where care and treatment are crucial to these groups. The government should ensure that there are categories of exemptions because one person may have been exempted but is a member of national health insurance fund or they are covered with some other fund for similar purpose. This requires therefore that those who are not members in any fund should be given priority.

4.3 Discussion of the research findings

4.3.1 The extent of exemption policy in Health service

This study has established that, most of the exemption services were provided at poor quality due to shortage of the resources to implement the policy in term of human resources, physical facilities and fund which would help the effective implementation of the policy. Also the organization faced many challenges that limited the implementation of the policy and delivery of quality service. Although there were some factors such as modern equipment and new building for the municipal hospital, these were not enough to ensure effective implementation of the policy without putting other element into consideration. The problem of quality was also argued by Atheron et al (1999), who made an evaluation of the quality of Tanzania public health services. The author reported poor services which required the management and organization at large to make some reforms.

In relation to the conceptual framework on effective policy implementation in chapter two, it suggests that in an organization that, there must be the material variables for the policy to be implemented effectively. The findings shows however that, the policy was formulated but its output is not what was perceived, as it cannot be effective in an area

where there are scarce human resource, scarce fund to support the purchase of drugs and medical facilities.

4.3.2 The obstacles in implementing the policy

The study findings indicated that, it was difficult to attain the policy effectiveness by providing quality health service because of the obstacle that faced the organization. These include the ambiguity of the policy, whereby the issue of exemption has been named in more than one policy and that it combines a huge number of clients without regarding their ability to afford the service. It is in some cases therefore that people are well economically but they are also part of the exempted people. This reduces the capacity of the government to provide the service with the required quality because of shortage of the resources. Other factors which leads the poor service quality include shortage of medical practitioner, physical facilities such as doctors room which lead the service to be delayed because of the number of client expected to receive the service.

The issue of lack of budget to implement the policy leads the organization not to provide the quality service because they use the limited fund available to save both, that is, those with exemption and others who pay the medical fees through cost sharing mechanism. Evidence all over suggests that most of the Municipal hospital in Tanzania are not profit oriented hence they do not have other sources of revenue to accommodate those under exemption policy.

In some cases most of the service providers were not motivated with the working environment as they have scarce of protective gears to prevent them from getting diseases. The workers were also demotivated by delays in the payment such as call allowance and risk allowances regarding the condition they perform the work they can contract diseases easily. As argued by Euro Health Group (2006), Districts with continuous kit supply experienced severe shortages of drugs at primary health facility level. However despite the availability financial resources, occasional shortages of essential drugs and medical supplies continued. Shortage s of qualified personnel

affected the provision of timely and appropriate treatment at hospital level and accessibility of quality services. The physical maintenance depends largely on availability of funds at facility level. Training on proper use of equipment was also inadequate.

In relation to the conceptual frame work on effective policy implementation above, the situation proves the organization inability to implement the policy as the supportive elements are not there. The policy need clear goals and objective which is not available. It also needs allocation of financial resources which is also scarce at the study hospital. The policy need behavior change, which is also not available as the organization is characterized with negligence of staff. The findings of this study therefore presents a gap between what was perceived during the formulation of the policy, and what is actually the status in practice

4.3.3 Provision of exemption to its targets

The findings indicate that the exemption policy is implemented in theories but in the real situation it has failed to work. Findings demonstrated that client who receive the service under the exemption mechanism were not satisfied with the service due to the obstacles they faced at the service delivery, which include delayed services, shortage of prescribed medicine which leads most of the clients to purchase some of the medicine from the private pharmacy or to be provided with other medicine which were not prescribed before. The findings also indicated the uses of abusive language by some of the medical practitioners, especially female which is unethical to the career.

This is somehow relates to what was discovered by Mamdani and Bangser (2004), who established that exemptions are not systematically implemented and are not effective as a means of protecting vulnerable social group and the poor. People who are favored by the policy still had to pay for drugs and other small charges,(example cards, materials) and other forms of bribes. The exemption scheme is poorly implemented, partly because

accountability mechanisms are not in place, and that health service providers are not following procedures that are often required of them.

4.3.4 Improving the quality of services under Exemption mechanism

For better attainment of the policy there are some suggestions to improve the current situation. The study was set to identify the situation and suggest ways that can help to solve the problem. Conducting different meeting may help to ensure that they are able to minimize the problem from the lower levels. The management of the hospital should rationalize the allocation of the scarce resource in the priorities areas.

At the regional level, the management should ensure the condition of dispensaries and health centers is good enough in term of number of staff, medicine, medical supplies and that the facilities available are able to accommodate the client at the ward level so as to reduce burden to the municipal hospitals and that these hospital should be able to save the people with disability. The government in general should recruit more medical practitioners who are willing and able to work in the municipal level, as some of the medical practitioners are being recruited but they are not retained by the organization. Furthermore, the exemption policy should be provided with adequate budget in order to ensure that the organization attains the desired policy targets.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATION

5.1 Research conclusions

According to the study findings, it comes out clearly that the implementation of exemption policy in health service delivery have not provided satisfactory and quality of health services. The service provided at the study hospital was at a low quality. The study also observed that, exempted groups particularly those who are poor and who cannot afford paying for health services are the most disadvantaged. The poor quality of the service provided at the study case was however caused by various internal and external factors.

The study revealed that the exemption in health service has some good benefits to the target groups in theory, but this has not been the case in practice. The policy has been able to feature the attainment of millennium goals by reducing the death rate of some groups of people like HIV/AIDS victims and the children at the lower ages. The policy has facilitated these people to regain their health and participate in different social economic activities. The exemption policy enabled to reduces the number of dearth of new born and mothers during the delivery.

The study reveals the challenges that led in effective attainment of the policy target; these include shortage of staff, drugs and medical facilities, delay of service provision, unclear policy objective. These need to be taken into consideration to ensure that the goals of the government to provide free service to vulnerable group are attained.

The study also found out the effort done by the government in facilitating the quality health services under exemption policy. Some efforts have been evident despite limited resource. The government commitment has been instrumental in reducing some of the effect which would have otherwise occurred if these policies were not available. The government through its donors has been to enable to construct infrastructure to support

the service delivery and provide some medical equipment for the implementation of the policy.

5.2 Research Recommendations

Seeking support from developed countries

In order to provide satisfactory and the quality of health services provided at Frelimo hospital, the government should take lesson from countries that have effectively implemented the policy so as to learn the method used to attain policies targets similar to the exemption policies. The government and the hospital should seek financial aids to support the service provision in the hospitals as the government by itself proves to have inadequate budget to support the implementation of the policies. Studies have to explore how best these supports can/do work.

The study unfolded that the exemptions in health service are beneficial to the target audience, but not to the maximum level. Although it was able to facilitate the attainment of millennium goals there are so much which needs to be done as to improve outcomes.

The research recommends the following things for the government ensure when they set any health policy. There should be some follow up plans on the practical implementation of the policies, by carefully analyzing the funding of the hospitals so that the people receive the service.

Generate internal source of revenue

From the study conducted there is the need to generate the internal source of revenue as finances to facilitate the implementation of the policy because the finances from the central government come late and limited. Hence the generation of the internal source will make the hospital be able to support itself at the time of deficiencies.

Formulate a single policy to cover-up inadequacies of the present policies

This will enable the policy attainability as the group under exemption packages will be clearly known and thus remove the burden of serving huge groups of exemption beneficiaries. The government and its stake holders should ensure that all exemption related policies are reviewed to lead to a single policy that will fulfill each policy needs. The present policies contradict one another from the categorization of the group who are required to be benefiting from individual policies.

Provide support for the peripheral hospitals

The study recommends that the support be given to the peripheral hospitals so as to reduce the burden to the hospitals where staffs are few. This requires too the provision of drugs to meet the patients' demands and medical facilities to serve the people expected to be available at the level of municipality. The support should be provided to health centers and dispensaries so that they can have the ability to provide service and reduce congestion in regional hospital. The support should be in term of medical practitioners, medical equipment and infrastructure to support the delivery of service.

Ensure allocation of resources to the priorities areas

The study recommends that scarce resource available be allocated to priority areas rather than spending them in payment and facilitating managerial meetings unnecessarily. Because resources are always scarce the hospital should utilize them effective to purchase drugs and medical equipment, payment of extra duties, and also ensure availability of working facilities such as doctors' office, increase the size of pediatric ward and antenatal ward, buy new ambulance and computers.

Provide motivation to their staffs

In order to enable provision of quality health services the hospital should ensure motivation to their staff so as to reduce the complaints based on the fact that most of the medical practitioners have not been able to deliver the service on time. Findings

indicated that, lack motivation to work is caused by unfulfilled demands which relate to risk and call allowances.

5.3 Further research

This research provide way for further researchers to investigate on more factors that cause the policy not to be ineffectively implemented, and suggest ways under which the policy can work in the different contexts. As this policy is in conflict with other health insurance mechanisms, which leads to the un attain ability, there is a need to investigate in each part that affects the policy in order to get better a answers to resolve the present situation.

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APPENDICES

APPENDIX A

Questionnaire sheet for health workers

Dear Sir /Madam,

For the honor please fill out the following questionnaire for my research study on

IMPLEMENTATION OF EXEMPTION IN HEALTH SERVICE DELIVERY

This questionnaire aimed at collecting information for academic purpose and it will not be used for any other purpose other to the targeted aims.

1. Gender a. Male b. Female []

2. Age

3. Years of Working experience.....

4. How do you ensure implementation of exemption policies?

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5. To what extent the organization was able to provide quality service to exempted groups?

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6. What are strengths that enable the organization to deliver quality service to exempted groups?

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7. What obstacles do you face during service delivery?

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8. Suggest ways that can improve the current situation

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APPENDIX B

Interview questions managerial staffs

1. What is your designation and your department?
2. How long have you worked in Iringa Municipality?
3. How Do your ensure your client are satisfied with regards to exemption policies?
4. How do you cope with making choice on the use of scarce resource?
5. How do you ensure provision of quality service to exempted groups through the use of inadequate facilities?
6. Apart from financial resources what are other obstacles towards service delivery to exempted group?
7. What are measures taken by the management to improve quality of service in your institution?

Interview questions for exempted group

1. Gender a. Male b. Female []
2. Age.....
3. Do you receive service under exemption as required and how?
4. Do you receive timely service? If no what are the reason?
5. Are you satisfied with the service provided? If yes why? If you're not satisfied give reason?
6. Do you receive the pre-described medicine as required? If no why?
7. What obstacle during receiving the service at the facility?

APPENDIX C

School of Public Administration and Management
 Theses plan for Master Students
 Academic Year 2014/ 2015

| WORK PHASES | April 2014- Augu st 2014 | September 2014- November 2014 | December 2014 | Decembe r 2014- January 2015 | Februa ry 2015 | March 2015 | Apri l 2015 |
|---|--------------------------------------|--|------------------|---------------------------------------|-------------------|---------------|-------------------|
| Phase 1:Planning and Preparation | | | | | | | |
| Selecting a research topic Formulating research objectives/ Questions/Hypothesis Designing methods Literature review Completion of research proposal Submission of proposal | | | | | | | |
| Phase 2:Project implementation | | | | | | | |
| Ongoing inquiry/ Consultation Data collection | | | | | | | |
| Phase 3:Data analysis and interpretation | | | | | | | |
| Data analysis Data interpretation Write up first draft of result Polish up first draft result | | | | | | | |
| Phase 4:Report writing | | | | | | | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| Sharpen up methods and results section | | | | | | | |
| Write up draft of discussion | | | | | | | |
| Phase 5:Finalizing report writing | | | | | | | |
| Final draft | | | | | | | |
| Submit theses to the department | | | | | | | |
| Phase 6:Internal and External Marking | | | | | | | |
| Internal and External Marking | | | | | | | |
| Theses Defence | | | | | | | |
| Grades Compilation | | | | | | | |

APPENDIX D

Propose Budget

The proposed budget for undertaking the proposed study is as follows

| Cost Categories | Cost in Tshs. | |
|---|--------------------------|-----------------------|
| | Initial Phase | Final Phase |
| 1.Direct cost | | |
| 1.1.Equipment and Materials | Tshs.100,000 | Tshs.200,000 |
| 1.2.Literature,Secretarialservice, photocopy and binding costs | Tshs.150,000 | Tshs.100,000 |
| 1.3.Pyment of supporting staff | Tshs. 300,000 | Tshs.100,000 |
| 1.4Consumed materials | Tshs.250,000 | |
| 1.5.Data entry, Analysis and Interpretation, Report writing and presentation, Dissemination of data | Tshs.500,000 | Tshs.100,000 |
| 2.Travel and Transport Cost | Tshs.300,000 | Tshs.200,000 |
| Per Diem | Tshs.500,000 | Tsh.500,000 |
| Administrative Cost | Tshs.200,000 | Tshs.200,000 |
| Sub Total Cost | Tshs.2,300,000 | Tshs.1,400,000 |
| Grand Total | Tshs. 3,700,000/= | |

APPENDIX E

New Buildings at Frelimo Hospital



Source: Field Research in Frelimo Hospital, 2015

APPENDIX F

A Poor road to Iringa Municipal Hospital



Source: Field Research in Frelimo Hospital, 2015