

# Effectiveness of User Fee Exemption in Accessing Health Care Services Among Pregnant Women in Kondoa Town Council, Tanzania

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## ABSTRACT

This study assessed the effectiveness of user fee exemption in facilitating access to healthcare services among pregnant women in Kondoa Town Council, Tanzania. Specifically, the study examined pregnant women's awareness of user fee exemption, healthcare services provided under the exemption policy, and the financial stability of healthcare facilities implementing the policy. A mixed-methods approach was employed using a cross-sectional case study design. Quantitative data were collected from 100 pregnant women selected through simple random sampling, while qualitative data were obtained from healthcare workers selected purposively as key informants. Questionnaires and key informant interviews were used for data collection. Quantitative data were analyzed using descriptive statistics with the aid of SPSS version 20, while qualitative data were analyzed thematically. The findings revealed that although many pregnant women attended facility-based briefing sessions and training on user fee exemption, overall awareness of the range of services covered by the exemption remained low. The study further found that pregnant women generally accessed antenatal care, facility-based delivery, medicines and vaccines, and emergency obstetric care through the exemption policy. However, access to some relatively costly services, particularly caesarean section services, remained limited, resulting in additional out-of-pocket payments. Findings from healthcare workers also indicated that inadequate government funding, shortages of medicines and medical equipment, limited infrastructure, and insufficient specialized health personnel constrained the effective implementation of the exemption policy. The study concludes that the user fee exemption policy has improved access to selected maternal healthcare services but has not fully eliminated financial barriers among pregnant women in Kondoa Town Council. The study recommends increased government financing, strengthened public-private partnerships, improved availability of essential medicines and health personnel, and intensified awareness programmes on the services and entitlements provided under the user fee exemption policy.

**Keywords:** User fee exemption; healthcare access; pregnant women; maternal healthcare services; financial barriers; health financing; Kondoa Town Council; Tanzania.

## INTRODUCTION

Exemption of health care service to vulnerable groups such as pregnant women, children, disabled and elders remain as a crucial aspect on increasing access to health services to vulnerable groups as well as reducing inequality on accessing health services. However, the burden of health expenditure to the governments especially in developing countries has become high and unbearable, as a result user fees and cost sharing policies has become the best options. Globally, the World Bank, along with USAID, UNICEF, and other development organizations, took the lead in advocating for the implementation of user fees for healthcare services in many developing countries in the middle of the 1980s as user fees was found valuable in developed countries (Mathauer et al., 2017). This came about as a result of the widespread acceptance of the critical role that good health plays in socioeconomic development of the human being.

Internationally, Islam (2022) undertaken a study in Bangladesh and revealed that socio-economic factors influencing pregnant women to access healthcare services like antenatal care services include), respondent's

education, husband's education, wealth index, birth order, working status, and media access. However, Hwang and Park (2019) carried out a study in Cambodia and revealed the travel time to health centres was related to distance from the health centre, travel time during the rainy season and travel cost.

The developing countries in Africa adopted user fees as one of its crucial health financing means, numerous studies such as Witter et al. (2017) revealed that user fees have negative effect to patients including pregnant women. According to the aforementioned studies, user fees have a detrimental impact on patients' requests for healthcare, healthcare utilization, health outcomes, and an increase in out-of-pocket (OOP) expenses, particularly for low-income groups and the poor. Tanzania employs both user fees and exemption policies depending on the type of clients because both are crucial. Eligible people are given access to health care through exemption, while non-eligible persons must pay user fees or use their health insurance, if they have it (SIKIKI, 2018). Compared to earlier times, Tanzania currently provides a lot more healthcare services (Mujinja and Kida, 2014). Nevertheless, there is not enough funding available from the Ministry of Finance to continue providing services in an efficient manner.

In an effort to lessen the effects of the cost-sharing policy, the user-fee policy was first implemented in 1994. However, procedures for exemptions and waivers have been implemented to guarantee that disadvantaged groups have equitable access to healthcare. Pregnant women get free access to maternity care and other services, which are prioritized health services, throughout the duration of their pregnancy and childbirth (Mujinja and Kida, 2014). In addition, therapy for illnesses such as cancer, HIV/AIDS, TB, Leprosy, and TB was provided, along with curative and preventive care for children under five. Most impoverished individuals nonetheless remain excluded, despite a number of socially disadvantaged groups receiving exceptions (Rohregger, 2014).

A well-structured cost-sharing plan should clearly outline the exclusions for public services, specific medical conditions, and individuals from low-income households. The primary purpose of charging patients who can afford it is to ensure that those in exempt categories or those without the means to pay have access to healthcare. According to the Food and Nutrition Policy (1992), certain groups such as children, pregnant and nursing mothers, the elderly, the sick, and individuals living together in institutions like hospitals, colleges, or prisons are considered special groups and are exempt from health sector fees. This exemption applies to the elderly, MCH/FP service recipients, younger children, and individuals with specific medical needs.

Several studies, including Ngowi et al. (2023), have indicated that maternal healthcare services can be influenced by factors such as education level and planned pregnancy. According to Teplitskaya et al. (2018), access to healthcare may be hindered by factors like distance and travel time, especially in rural areas compared to urban areas. Moreover, cultural factors such as religious beliefs, fear of stigma, as well as household characteristics and size can also impact healthcare utilization (Teplitskaya et al., 2018).

According to Rohregger (2014), exemption and waiver, in particular, are not consistently applied, and are therefore ineffective as a means of protecting vulnerable social groups. The researcher saw the need for more studies on the effectiveness of user fee exemption on accessibility of health services among pregnant women. In order to better understand these issues, this study assessed the awareness on user fee exemption among pregnant women, health care services provision under user fee exemption among pregnant women and financial stability of healthcare services under user fee exemption in Kondoa Town Council.

## Statement of the Problem

The government of Tanzania introduced the exemption of user fees for health services as an initiative to enhance healthcare delivery for pregnant women in Tanzania. However, little progress has been made in achieving the intended goal (Witter et al., 2017). Financial limitations that directly impact service delivery have led to patient discontent and a rise in public grievances, primarily stemming from certain health services necessitating additional payments to cover previously exempted costs (Mathauer et al., 2017).

The Tanzanian government developed the exemption policy to ensure better healthcare for vulnerable groups, particularly pregnant women. The strategy aimed to improve service accessibility and make the health system

more responsive to the needs of the population. Research by Witter et al. (2017) revealed that user charges limited access to proper healthcare for underprivileged groups. The exemption policy, implemented in 1991, was a crucial step in addressing healthcare inequality in Tanzania. However, eligible individuals, such as pregnant women, have not consistently received the benefits of these exemptions (SIKIKI, 2018).

Despite the fact that the government-initiated health basket fund as a mechanism to support health providers in terms of fund and medical supplies, it seems that the costs incurred by health providers in provision of health services under exemption policy are higher than the amount of health basket fund given (Maluka, 2020). As it stands, there is understudy on the effectiveness of user fee exemption in accessing health care services among pregnant women in which this study was set to investigate in Kondoa Town Council.

### **Research objectives**

- To explore awareness of user fee exemption among pregnant women in Kondoa Town Council.
- To examine health care services under user fee exemption among pregnant women in Kondoa Town Council
- To assess the financial stability of the healthcare facilities under user fee exemption in Kondoa Town Council

### **Scope of the Study**

The study focused on assessing the the effectiveness of user fee exemption in accessing health care services among pregnant women in Kondoa Town Council. Specifically, it explored the awareness of user fee exemption among pregnant women, examined health care services provision under user fee exemption among pregnant women, and assessed the financial stability of healthcare facilities towards health care services among pregnant women in Kondoa Town Council.

## **LITERATURE REVIEW**

### **Theoretical Review**

This study was guided by Socio-economic theory as it addresses the issue of risk sharing and user fee exemptions.

### **Socio-economic Theory and Women Rights**

It is one of the theories which explain the necessity of risk pooling and fee exemption as to reduce health inequalities. This theory was developed by Hsiao (1995). This theory is the social science that study how economic activity affects and is shaped by social processes. The theory account for moral obligation and social influence in addition to the conventional cost and revenues associated with illegal behaviour (Frederickson et al., 2018). In his theory, the author incorporated social theory and expected utility theory concepts. Hsiao argues that social capital levels can be applied in to determine or predict voluntary acceptance of risk sharing for health. Voluntary risk sharing can easily emerge in cohesive communities which consider or realize the benefits of pooling in order to create supportive environment for health insurance scheme or exemptions to operate. This implies that it becomes too difficult for health insurance scheme or exemption policy to work in communities which are less socially cohesive.

When it comes to signing into an exemption policy agreement, trust is crucial because some healthcare providers could be reluctant to do so because of the potential consequences. The kind of individuals in the community, particularly those who determine policy, greatly influences the exemption policy. Voluntary risk sharing can be predicted by the characteristics of the parties involved. For example, if the majority of those involved in the risk sharing agreement tend to be risk averse, it may be difficult for them to pool money with others.

## Empirical Review

This part presents and discusses the studies related to the current studies which were conducted international, in Africa and in Tanzania. This section is categorised into three subsections which are; international studies, studies conducted in Africa and studies conducted in Tanzania.

### Health care services under user fee exemption among pregnant women

Wolderufael (2018) conducted a study on the Factors Influencing Antenatal Care Service Utilization Among Pregnant Women in Pastoralist Community in Menit Shasha District, Ethiopia. In the Menit-Shasha Woreda Bench Maji zone in southwest Ethiopia, a community-based cross-sectional study was carried out. Both qualitative and quantitative methodologies were used to collect the data. The study found asinificant correlation between the use of antenatal care services and the residential distance and ANC visit by health extension workers, respectively ( $p > 0.05$ ). Low use of prenatal care services was found in this study. Those who received prenatal care, the majority began it recently and were only partially served. The residential distance from the health post and a home visit by health extension workers both had an impact on the use of antenatal care. Therefore, it was suggested that home visits be intensified in order to raise community awareness of the significance of using ANC's.

Mandes et al. (2020) conducted a study on changes in perceived knowledge about childbirth among pregnant women participating in the senses of birth intervention in Brazil. This cross-section study found perceived knowledge increased more for low income women, women without private health insurance, with private prenatal care, experiencing their first pregnancy.

Ahmed et al. (2020) conducted a study on impact of the society response to COVID 19 on access to healthcare for non-COVID-19 health issues in slum communities of Bangladesh, Kenya, Nigeria and Pakistan. They found stakeholders described various preventive, diagnostic and treatment services, including well-used antenatal and immunization programmes and some screening for hypertension. Pharmacists and patent medicine vendors were key provides of treatment and advice for minor illnesses. The reduction in access to health care services was reported in all sites including preventive services. Hwang and Park (2019) carried a study on factors influencing the accessibility of maternal health service in Cambodia. This study set out to look into the variables influencing how easily accessible maternal healthcare services were in Cambodia. Found that travel time to health centers was related to the distance from the health center ( $\beta = 0.031$ ,  $p < 0.001$ ), travel time during the rainy season ( $\beta = 0.166$ ,  $p < 0.001$ ), and travel cost ( $\beta = 0.001$ ,  $p < 0.001$ ).

The study by Kasagama and Renju (2022) examined factors affecting antenatal care visits among pregnant women in Tanzania from 2004 to 2016. The data was analyzed using Stata version 14, and a Poisson regression analysis was performed. Results showed that the majority of women received adequate antenatal care between 2004 2015, with changes in population structure leading to improvements in health-related behaviors. However, 33.8% of the change was due to mother's traits. The study recommends interventions focusing on early antenatal care initiation within the first twelve weeks of pregnancy.

Abdu (2018) studies the challenges of government health services to elderly people in Tanzania: the case of Kinondoni and Ilala district councils. This case study found a severe shortage of medications for senior citizens who are exempt from paying for healthcare services in government-run facilities. This is because the government has a very small budget for financing healthcare services. Of the elderly population, 60% are unaware of the current healthy policy. This resulted from their inability to obtain essential information about the health services provided under their privileges.

### Financial stability of healthcare facilities under user fee exemption

Etemadi and Hajizadeh (2022) conducted a study on User fee removal for the poor: a qualitative study to explore policies for social health assistance in Iran. This qualitative study was conducted in 2018 using the purposive sampling method. It found disparities in access to financial support for user fee coverage among various impoverished groups as a result in inequalities in access and financial protection. Islam (2022)

conducted a study on the factors affecting the utilization of antenatal care services during pregnancy in Bangladesh and 28 other low- and middle-income countries. a meta-analysis of demographic and health survey data was employed where it was revealed that factors were associated with higher odds: wealth index, birth order, residence, respondent's age, (1.435), respondent's education level, husband's education, and media access.

Abredu et al (2023) conducted a study on factors influencing the free maternal health care policy under the national health insurance scheme's provision for skilled delivery services in Ghana. This was a narrative literature review which revealed low household socioeconomic status has an impact on SBA and that the FMHCP under the NHIS does not fully cover the costs of skilled delivery. Furthermore, financing and sustainability are obstacles to the policy's provision of high-quality services. Ghana has to fully rely on the NHIS to pay for skilled delivery to meet the above SDGs and advance SBA. The study conducted by Banke-Thomas et al. (2021) on the cost of utilizing maternal health services in low-and middle-income countries. This systematic review found many studies costed multiple services including costed services for utilization of normal vaginal delivery, caesarean delivery, and antenatal care. The least costed services were post-natal care and post-abortion care. Medicines diagnostics were main cost drivers for antenatal care and post-natal care where the cost drivers were variable for delivery. The women experienced financial burden of utilizing maternal health services and also had to pay some unofficial cost to access care, even where formal exemptions existed.

Nakamura and Seino (2018) conducted a study on improving access to healthcare for women in Tanzania by addressing socioeconomic determinants and health insurance. This was a population-based cross-sectional survey which revealed, women without health insurance, those in the wealthiest class as measured by the wealth index, those without formal education, those without a paid job, women getting older every year, and women who were divorced, separated, or widowed were all linked to more difficulties getting access to healthcare. This study demonstrated the cumulative effects of healthcare barriers in low-income nations like Tanzania. These findings suggest that the first steps in lowering women's healthcare access issues are to increase health insurance uptake and address social determinants of health.

A variety of authors has provided positive arguments on the concept of exemptions in the healthcare services. For instance, SIKIKA (2018) conducted research on Exemptions and Waivers Policy for the purpose of assessing how its beneficiaries enjoy the right to affordable quality health services. On the other side, Ngowi et al. (2023) conducted a study on determinants of focused antenatal care utilization among women in Simiyu Region Tanzania; however, the study has not addressed the problem of accessibility of healthcare services among pregnant women through user fee exemption.

## RESEARCH METHODOLOGY

### Study Approach

In this study, a mixed research methodology was used, incorporating both qualitative and quantitative methods and/or techniques. In this instance, a questionnaire was used to obtain quantitative data from the pregnant women, and an interview checklist was used to get qualitative data from key informants and the healthcare professionals as a way to triangulate and enrich the data collecting process.

### Study Design

The researcher employed a cross-sectional case study design. This was employed so as to generate deep understanding on the effectiveness of user fee exemption in accessing health care services among pregnant women in Kondoa Town Council.

### Study Area

This study was conducted in Kondoa town council. According to The National Census of 2024, the area has a 931 square kilometer population of 80443, 2 divisions, 8 wards, 36 streets, 32 primary schools, 13 secondary

schools and 3 health centers, and 6 dispensaries and one hospital (Maluka, 2020). In particular, this study was conducted at 5 health facilities available in the district where pregnant women go to seek for health care services.

### **Sample size**

A sample size of 100 respondents was drawn from 4939 pregnant women who attended all 4 clinics in health facilities in Kondoa Town Council (Kondoa Town Council, 2023). The sample selection was aided by the use of Yamane's (1967) formula specified as;

$$n = N / (1 + N (e)^2)$$

Whereas; n = sample size; N = Population of the study; e = Error term; N = (Estimated number of potential customers);

Thus,

e = 10% error term; n = Sample size

$$n = 4939 / (1 + 4939 (0.1)^2)$$

$$n = 4939 / (1 + 4939 (0.01))$$

$$n = 4939 / (1 + 49.39)$$

$$n = 4939 / 50.39$$

$$n = 99.72$$

$$n = 100$$

### **Sampling procedures**

This study employed simple random technique to select pregnant women who provided data for this study. The names of pregnant women were written in pieces of paper and shuffled, then the researcher randomly picked 100 pieces of papers with the names of pregnant women that were included in this study. Purposive sampling was used to select health care workers working at the selected health facilities. The study purposively targeted health care workers that attended the pregnant women at the selected health facilities because they had reliable information about the problem under study.

### **Types and Sources of Data**

This study utilized both primary data, gathered through interviews, focused group discussions and observations and secondary data sourced from reports, scholarly articles and government documents relevant to the research topic.

### **Data Gathering Methods**

A combination of qualitative and quantitative methods was employed to collect data ensuring a comprehensive understanding of the subject matter under inquiry.

### **Qualitative data gathering methods**

Qualitative methods, mainly interviews were used to explore supplementary insights of the research topic from the selected key informants.

## **Key informant interviews**

The method was used for health care workers to collect data to achieve the study purpose. In general, the interview is the technique for the exploration of the perceptions and opinions of the interviewees. This technique was used to capture themes from participants that link to each specific objective of the study was captured in the questionnaire this include awareness on user fee exemption among Pregnant women, health care services under user fee exemption among pregnant and the financial stability of healthcare facilities towards health care services among Pregnant women in Kondoa Town Council.

## **Quantitative data gathering methods**

Quantitative methods, mainly surveys were used to explore important issues from target population for answering the predetermined research question.

## **Survey**

Pregnant women who visit medical institutions in order to obtain healthcare services through user fee exemption had their data collected through structured or closed-ended questionnaires in this study. Additionally, in order to ensure validity in data collection, the researcher will administer the questionnaires. The questionnaire was be designed to gather data on a range of demographic attributes, including age, gender, educational attainment, marital status, and size of home

## **Data Analysis**

The analysis involved both descriptive and qualitative methods for data obtained through quantitative and qualitative methods.

## **Qualitative data analysis methods**

Thematic analysis was employed to examine the qualitative data obtained from semi structured interviews. The process of doing a thematic analysis entailed a series of sequential steps, such as organizing the data files into folders to facilitate interpretation. The researcher turned all audio recordings from note books and audio devices into words relevant in the second step, which is data transcription. Analytical reading, which involved going back over the text and giving codes to topics that are repeated, will be the next step. Critical reading was used in the fourth step to identify comparable ideas and organize them into themes.

## **Quantitative data analysis methods**

Quantitative data obtained through questionnaire was analyzed through descriptive statistics with the aid of Statistical Package for Social Science (SPSS version 20.0). Furthermore, data for this study were analyzed per objectives

# **FINDINGS AND DISCUSSION**

## **Awareness of user fee exemption among pregnant women**

The awareness of pregnant women on user fee exemption was determined using four indicators which were workshop and training attendance on user fee exemption, education level, information access from social media and on-facility patient briefing sessions. These findings are clearly presented and discussed under this section. Findings from Table 1 show that 77% of the surveyed respondents agreed to the statement that they often attend on-facility patient briefing sessions about user fee exemption and 64% of respondents agreed on the statement that they often attend workshops and training about user fee exemption services.

On the other hand, 59% of respondents disagreed on the statement that they are conversant with all health services under user fee exemption, 54% of respondents disagreed on the statement that they receive

information from various media on user fee exemption and 59% of respondents disagreed on the statement that their education level has enriched their awareness of user fee exemption.

**Table1: awareness of respondent on user fee exemption in KTC**

| Statements                                                                       | SA | A  | N  | D  | S<br>D |
|----------------------------------------------------------------------------------|----|----|----|----|--------|
| I often attend workshops and training sessions about user fee exemption service. | 22 | 64 | 4  | 10 | 0      |
| I am conversant with all health services under user fee exemption                | 4  | 33 | 4  | 59 | 0      |
| I receive information from various media on use fee exemption                    | 9  | 11 | 22 | 54 | 4      |
| My education level has enriched my awareness of user fee exemption               | 0  | 5  | 5  | 59 | 31     |
| I often attend on-facility patient briefing sessions about user fee exemption    | 21 | 77 | 0  | 2  | 0      |

SA=Strong agree, A= Agree, N=Neutral, D=Disagree and SD=Strong disagree

The results of this study suggest that a significant portion of the community, especially the pregnant women in the study area, are not aware of user fee exemption, its benefits and health packages, how it is offered, how it may affect their health, or the requirements to qualify as relevant beneficiaries.

This is due to the fact that, despite numerous sessions aimed at raising awareness, the women are still unaware of the user fee exemption. Low awareness puts people at risk of not understanding some of their health-related rights since they are less aware of their entitlements and rights under user fee exemption.

### Health care services under user fee exemption among the pregnant women

The health care services provision to pregnant women under user fee exemption was assessed in the study area using four indicators which included antenatal care, medicine and vaccine services, facility-based delivery and caesarean section services.

These findings are clearly presented and discussed under this section. Findings from Table 2 show that 82% of the surveyed respondents strongly agreed on the statement that through user fee exemption they access facility-based delivery service, 81% of respondents agreed on the statement that they access antenatal care services through user fee exemption, 68% of respondents agreed on the statement that through user fee exemption they benefit from emergency obstetric care and 48% of respondents agreed on the statement that they access medicines and vaccines under user fee exemption. On the other hand, 67% of respondents disagreed on the statement that they access caesarean section service under user fee exemption.

**Table 2: Health care service provision under user fee exemption in KTC**

| Statements                                                          | SA | A  | N | D  | SD |
|---------------------------------------------------------------------|----|----|---|----|----|
| I access antenatal care services through user fee exemption         | 12 | 81 | 4 | 3  | 0  |
| I access medicines and vaccines under user fee exemption            | 9  | 48 | 6 | 33 | 4  |
| Through user fee exemption I access facility-based delivery service | 82 | 11 | 4 | 3  | 0  |

|                                                                          |    |    |   |    |    |
|--------------------------------------------------------------------------|----|----|---|----|----|
| It is through user fee exemption that I access caesarean section service | 0  | 9  | 0 | 67 | 24 |
| I Through user fee exemption I benefit from emergency obstetric care     | 28 | 68 | 0 | 4  | 0  |

SA=Strong agree, A= Agree, N=Neutral, D=Disagree and SD=Strong disagree

Basing on these findings it implies that the package for health services under user fee exemption is limited to specific low and moderate cost services while some complex services such as emergency and caesarean section services are not covered. This makes pregnant women pay some extra money to cover for the services which are not covered by the user fee exemption. This hampers health equity and increases the health inequality among pregnant women in the study area.

### Financial stability of health care facilities under user fee exemption

The financial stability of health care facilities under user fee exemption was assessed in the study area using four indicators which included budget allocation, health infrastructure, staffing and expenditure under user fee exemption. Data for this objective was mainly solicited from the health care workers because they were able to inform about the existing financial status regarding financing of the health care services under user fee exemption as well as budget allocations on the same in the study area. Understanding of financial stability was a significant measure of effectiveness of user fee exemption because it determines availability of various services and medicines allocated for pregnant women in particular health facility. These findings are clearly presented and discussed under this section.

Insights from the key informants indicated that there is a limited budget allocated for exempting pregnant women from user fees for healthcare services in the study area. Consequently, patients are required to cover additional costs themselves. Additionally, the health infrastructure, including ward beds, medicines, and medical instruments, was found to be inadequately updated. There was also a shortage of specialized medical doctors to address maternal diseases and complications. Furthermore, the budget allocation from the Government for health facility expenditures under user fee exemption was deemed insufficient.

#### One of the key informants asserted;

“...Our healthcare facilities are moderately adequate, but we struggle to secure sufficient funding. Consequently, it is challenging to offer free services to patients when we lack the necessary resources to cover the costs of treatments and medications. This is why we need to charge patients additional fees for healthcare services like hospitalization to alleviate the financial strain on the facility.” (KII, 18th April, 2024).

#### Additionally, other inputs were solicited;

“...We aim to provide essential health services to all patients in Kondoa without imposing additional fees, especially for services covered by user fee exemptions. However, due to limited government funding, our health facility may face shortages of essential medicines. As a result, we have no choice but to implement cost sharing with patients to help alleviate the financial burden of healthcare costs, despite the user fee exemptions. (KII, 18th April, 2024).

#### Another key informant pointed that;

“...the user fee exemption was intended to assist special groups such as women, children and elderly to cover some of basic health care cost. Unfortunately, due to budget constraints, little financial resources are allocated by the Government for user fee exemption to our health facilities particularly within Kondoa Town Council. This makes some of costly services such as those involving complex diagnosis and surgery impossible which in turn the patients are requested to pay some extra fee to cover the cost not covered by the user fee

exemption...” (KII, 18th April, 2024). Basing on these findings imply that there is limited resources allocated for user fee exemption including finance, staffing, vaccines and medicines and infrastructure. The financing instability makes pregnant women dig out of their pocket to pay some extra fee for covering some cost of health care services which were primarily intended to be covered under user fee exemption. These findings concur with Ntahosuzwe and Rwegoshora (2021) who found that exemption measure was partially implemented and less effective. Healthcare services in public hospitals were not easily accessible for old people under exemption measure. The major challenges affecting exemption measure is lack of essential medicine, bureaucratic procedures in executing exemption process and unofficial payments.

## CONCLUSIONS

### Awareness on user fee exemption among pregnant women

There was low level of awareness of user fee exemption and its services among the majority of pregnant women in the study area despite various national campaigns, workshops and on-facility training and briefing sessions. This may have been caused by lack of regular basis of these trainings and limited sensitization initiatives by health workers during maternal care attendance.

### Health care services under user fee exemption among pregnant women

The package of health services covered by user fee exemption is limited to specific low and moderately costly services, excluding some complex services such as emergency and caesarean section procedures. Consequently, pregnant women are required to pay additional costs for these uncovered services, leading to increased health inequality and hindering health equity among pregnant women in the study area. This eventually, suggests that the user fee exemption has not been effective in improving the accessibility of healthcare services for pregnant women in Kondoia and Tanzania as a whole.

### Financial stability of healthcare facilities under use fee exemption among Pregnant women

There is a limited budget allocated for exempting pregnant women from user fees for healthcare services in the study area. Consequently, patients are required to cover additional costs themselves. Additionally, the health infrastructure, including ward beds, medicines, and medical instruments, was found to be inadequately updated. There was also a shortage of specialized medical doctors to address maternal diseases and complications. Furthermore, the budget allocation from the Government for health facility expenditures under user fee exemption was deemed insufficient.

## RECOMMENDATIONS

- Tanzania’s Ministry of Health should adopt Public Private Partnership (PPP) strategy to engage various stakeholders in enhancing provision of reliable health services under user fee exemption including stakeholders’ participation in financing to ensure that the service packages under user fee exemption are offered equitable and bear zero cost to the patients.
- Health care centers should increase on-facility trainings, workshops and briefing sessions to patients so as to increase their understanding of user fee exemption and all its services attached to it.
- Moreover, community members are advised to enroll and join health insurances of their conveniences so as to enable them cover emergencies and all other costs of health care which are sometimes not covered by user fee exemption.

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