

Perceptions of the Exemption Policy on Maternal Mothers Healthcare Service Delivery in Iringa Municipality, Tanzania

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Abstract

This article presents perceptions on the effect of the user-fees exemption policy on maternal mothers in Iringa Municipality, in Iringa, Tanzania. It specifically presents outcomes of the policy on healthcare services offered to maternal mothers. The study employed a cross-sectional research design, with a purposively selected sample of 74 respondents. Data was collected through questionnaires, in-depth interviews, and documentary review; and analysed descriptively and thematically. The results indicated that, on the one hand, the policy increased equal chances in accessing health services among maternal mothers; increased the number of deliveries in health facilities; reduced the number of maternal deaths and uncertainty of delivery for maternal mothers; and improved chances of survival and the overall health of maternal mothers and their babies. On the other hand, the policy tempted unlawful payments; increased household's dependency on the government; increased municipal expenditure; led to the shortage of beds, drugs as well as skilled health workers; and invited indirect costs. Despite all these challenges, the exemption policy was important as access to health services for maternal mothers improved greatly. Based on the study results, it is recommended that unlawful payments should be controlled; municipal expenditure budget, hospital beds, drugs, and skilled health workers be increased; and indirect costs be minimized.

Keywords: *perceptions, health care, maternal mothers, policy, Tanzania*

1. Background of the Problem

Maternal health—encompassing health of women during pregnancy, childbirth and in the postpartum period—is a worldwide health challenge threatening the health of both mothers and their new-born babies (WHO, 2013, 2016). In fact, maternal mortality is unconscionably high (PHM, 2011). Maternal mortality refers to the death of a woman while pregnant or within 42 days of termination of pregnancy, or from any cause related to, or aggravated by, the pregnancy or its management (Chou, 2011; WHO, 2011). It is estimated that more than 500,000 girls and women die each year globally in pregnancy and childbirth, equivalent to one girl/woman dying every minute (WHO, 2007, 2016; UNICEF, 2009; Shija et al., 2011). This problem is more pronounced in developing countries than in the

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developed world (CDC, 2014). It is estimated that over 99% of maternal deaths occur in developing countries, with 86% occurring in South Asia and Sub-Saharan Africa (SSA), where women have a higher risk of dying while giving birth than women in any other region of the world (WHO, 2007; UNICEF, 2008; CDC, 2014).

In response to these challenges, many governments in developing countries, including many African countries, have adopted user-fees exemption policies on maternal healthcare services to reduce maternal mortality, or mitigate the negative impact of user-fees (Yates, 2009; Twum et al., 2018; Mensah et al., 2020). The policy is internationally recognized as an important tool for reducing maternal mortality caused by the inability of poor families to pay for health services to expecting mothers (URT, 2007; Witter et al., 2008, 2009; Hatt et al., 2013; Manthalu et al., 2016).

In Tanzania, maternal mortality rates are still high, though on a downward trend (URT, 2016; Ginivan et al., 2018). Several Tanzania Demographic and Health Surveys (TDHS) show that maternal mortality ratio due to pregnancy complications was 578 per 100,000 live births in 2004/2005; 454 per 100,000 live births in 2010; 432 per 100,000 live births in 2012 (MDG Report, 2008; Mujinja & Kida, 2014; URT, 2016), and 556 per 100,000 live births in 2015 (UNICEF, 2017). The government has made various efforts to improve maternal health services as reflected in a range of national policy instruments such as the Tanzania Vision 2025, National Health Policy, Health Sector Strategic Plan 2015-2020, the National Road Map Strategic Plan to Improve Reproductive, Maternal, New-born, Child and Adolescent Health in Tanzania 2016-2020 (Ginivan et al., 2018), and the removal of user-fees on maternal healthcare services (Mubyazi, 2004; MoHSW, 2007; Meessen, 2011).

The government decided to relieve maternal mothers of user-fees in particular, and other most vulnerable groups in general, through the introduction of waivers and an exemption policy since 1994 (Mubyazi, 2004; MoHSW, 2007; Meessen, 2011). While waivers were intended to assist the poor by exempting them from the payment of user-fees because of their inability to pay, such exemptions had been intended for certain types of patients such as the elderly, children under 5 years of age, and maternal mothers regardless of whether they were poor or not (MoHSW, 2007; Mujinja et al., 2014). The policy also identifies people suffering from diseases such as diabetes, HIV/AIDS, leprosy, TB, polio, and cancer as eligible for the exemption. Thus, through the exemption policy, maternal mothers do not have to pay for health services.

This article shares information with the international academic community about the performance of Tanzania's exemption policy on improving maternal mothers' healthcare services in Iringa Municipality, Tanzania. It specifically shares information on the positive and negative outcomes of the exemption policy on health care offered to maternal mothers. Following this section, the article presents literature review, methodology, results and discussion, conclusion and policy recommendations.

2. Literature Review

2.1 Conceptual Framework

The conceptual framework presents two major aspects related to the article: components of maternal healthcare services; and outcomes of user-fees exemption policy on maternal healthcare. Maternal healthcare services have three main components: *antenatal care*, which involves clinical assessment of mother and foetus during pregnancy for the purpose of obtaining the best possible outcomes for the mother and child (WHO, 2002); *skilled birth attendance* that involves the provision of the relevant care to pregnant women during labour, child-bearing and in the early stage of postpartum (Obasi, 2013); and *postnatal care*, which refers to the care given to the mother and her new-born baby immediately after birth and for the first six weeks of life (Dhakal et al., 2007; Obasi, 2013).

The literature on the outcomes of user-fees exemption policies on maternal healthcare services is mixed; with some pointing out positive effects, while others present negative effects. On the main, however, health user-fee exemptions are said to increase health facility deliveries (Witter et al., 2010; African Progress Panel, 2010; Hatt et al., 2013); healthcare-seeking behaviour and healthcare utilization (Abdu et al., 2004; Ridde & Morestin, 2011); as well as substantial reduction of costs: all of which result in large increase in the use, reduction of financial burden on maternal mothers, reduction of mortality and impoverishment, and the growth of equity (Hatt et al., 2013). On the other hand, exemption policies on maternal health result in the shortage of drugs; increase in waiting time, mortality rates, post-operative infection rates and the use of pantographs; increase in the cost of services and treatment of obstetrics (APP, 2010; Ajaegbu, 2013); and lowers the quality of care (Erim et al., 2012). Others are mode of transportation to and from the health facilities (Perry & Gesler, 2000; APP, 2010); insufficient counselling during clinic visits (Obasi, 2013); and pervasive attitudes towards women that frequently stop them from accessing maternal health services (APP, 2010).

2.2 Empirical Review

Penfold et al. (2007) studied the impact of user-fee exemption policy for delivery care at public and mission facilities in two regions of Ghana after the policy had been in place for two years. The findings showed a significant increase of 5% points and 12% points, respectively, in recalled rates of deliveries in a health facility compared to the period before and after implementation of the policy. De Allegri et al. (2012) studied the effects of the government providing 80% subsidy for facility-based deliveries in one district of Burkina Faso, two years before and after the policy implementation. The findings indicated that, over the five years, the proportion of facility-based deliveries increased from 49% to 84%. McKinnon, Harper and Kaufman (2015) studied the impact of user-fee exemption policies on maternal mother healthcare service delivery in ten Sub-Saharan African states.

The study found that the policy led to an increase in facility deliveries by 5%, and a reduction in neonatal mortality rate by 9%. Moreover, in its study on the effects of the user-fees exemption policy on maternal mothers in Tanzania, the UNICEF (2016) found that facility deliveries in Tanzania increased from 47% in 2005 to 63% in 2015. Similarly, a study by Leon et al. (2016) in Nigeria, Ghana, Burkina Faso, Zambia and Cameroon noted that the exemption policy improved facility delivery, with a 0.7% increase among people from low socio-economic class, less educated persons and the poor. Also, a study by Kauzaure (2018) on the impact of user-fees exemption for maternal care in Ghana found that it increased facility-based delivery, as well as caesarean sections.

Manthalu et al. (2016) studied the effect of user-fees exemption on the utilization of maternal healthcare at mission health facilities in Malawi. The findings showed that the user-fee exemption brought about 15% increase of maternal mothers who visited health facilities during pregnancy. Further, Kauzaure (2018) noted that the user-fee exemption policy in Ghana increased the number of antenatal care visits. Jacobs et al. (2007) investigated whether exemption from user-fees meant free access to health services in Cambodian hospitals. The study results showed that providing health care services free at the point of delivery stimulated health-seeking (behaviour) as indicated by significant higher proportions of free-exempted patients (27-45%) that consulted health facilities before going to hospital, compared with fee-paying patients (12-19%). However, the study results showed that although people were exempted from paying user-fees, indirect costs were inevitable. It was learned that fee-exempted patients borrowed at a ratio of 3.4:1 compared to 0.74:1 for fee-paying patients.

El-khoury et al. (2012) studied the effects of user-fees exemption and equity in access to caesarean section in Mali. The study results revealed that the policy improved equity on access to healthcare services to all women as it reduced access inequality between the rich and poor. Ridde and Diarra (2009) evaluated user-fees abolition for maternal mothers and children under-five years in two districts in Niger (West Africa). The findings showed that the abolition of user-fees produced peace of mind, and encouraged pregnant mothers to attend health centres.

Boudreaux et al. (2014) assessed the effect of the elimination of user-fees for service delivery in Laos, in 2009. The study results after two years of implementation revealed that user-fees associated with delivery at health facilities still acted as a serious deterrent to care-seeking. Galadanci et al. (2010) reported increased workloads on health facilities after user-fees for deliveries were lifted in state hospital in Kano State, Nigeria. Further, there was neither an increase in remuneration to the existing workers nor in the number of health workers, resulting in reported decrease in the morale and performance of staff. Studies by Dalinjog and Laar (2012) and Ganle et al. (2014) in Ghana revealed that the exemption policy for maternal mothers increased workloads, which in turn

influenced health workers' attitudes towards maternal mothers. Additionally, maternal mothers experienced long waiting times and discrimination by health workers as payments for their (maternal mothers) services were not immediately received (Dalinjog & Laar, 2012; Ganle et al., 2014).

Bertone (2011) studied the impact of the sudden removal of user-fees at health centres and hospitals in Burundi for all under-five children and women giving birth in health facilities. The study revealed that the removal of user-fees resulted in the depletion of stock, reduced quality, disruption of the referral system and reduced motivation of health workers. Witter et al. (2007) found that the implementation of a user-fee exemption policy for maternal mothers in Ghana led to the loss of revenue at health facilities, which in turn led to stock-out of drugs and supplies. Likewise, Barbara et al. (2012) found that user-fees exemption for maternal healthcare services compromised the financial revenues not only of the health facilities, but also of the government.

Amo-Adjei et al. (2016) investigated whether health insurance subscription to maternal mothers in Ghana reduced user-fees. The findings revealed that out-of-pocket expenses still existed despite the implementation of free maternal healthcare services, resulting in reduced quality of services rendered to free-use card-bearers. Belaid's study (2015) in Burkina Faso reported of maternal mothers complaining of paying user-fees for some drugs that were supposed to be provided free of charge, and other illegal charges. Studies by Koroma (2017) in Sierra Leon, Owiti et al. (2018) in Kenya, Belaid and Ridde (2015) in Burkina Faso, and Kuwawenaruwa et al. (2019) in Tanzania: all revealed that maternal mothers were faced with ill-attitudes from health workers, especially verbal abuse and poor reception, when seeking health care, as the health workers thought that free maternal health insurance was meant for the poor (Koroma, 2017).

In sum, the literature review indicates that user-fees exemption policies for maternal mothers have had both positive and negative outcomes. While there is plenty of information on the impact of exemption policies on maternal mother's access to health service delivery in some countries such as Ghana and Nigeria, very little is known about the same in Tanzania. This study was designed to fill in this gap of knowledge, using experience of Iringa Municipality in Iringa Region. The following section presents the methodology used in the study.

3. Methods

3.1 Location of the Study

The study was conducted in Iringa Municipality, in Iringa. The municipality is in the southern part of Tanzania, situated at latitude of 7.77* S and longitude 35.69* E, covering an area of 176.987km², largely bordered by Iringa Rural District, and Kilolo District to the South East (URT, 2004); and has 151,345 inhabitants (URT, 2013). It was chosen for the study because it had adequate number of health facilities and reliable data regarding maternal mothers.



Figure 1: Map of Iringa Municipality

3.2 Research Design

The study employed a descriptive cross-sectional design involving both qualitative and quantitative approaches. It was descriptive: intended to describe the existing state of performance of the exemption policy. The use of quantitative and qualitative approaches was intended to enhance the validity of the study findings through triangulation (Creswell & Clark, 2007).

3.3 Sample Size

The study involved a total of 74 respondents drawn from the municipality. These were 48(64.9%) maternal mothers who were the primary target population and beneficiaries of the maternal healthcare services exempted from payment; 18(24%) health workers as suppliers of health services; 1(1.4%) Municipal Medical Officer responsible for managing health facilities in the municipality; 1(1.4%) Community Development Officer responsible for community development, 3(4%) health facility governing committee chairpersons as community representatives, and 3(4%) health facility managers. These were considered to possess relevant information about the study, and therefore ensuring the credibility of the results (Rubin & Rubin, 2005).

3.4 Sampling Procedures and Justification

A multi-stage sampling technique was adopted as it allowed more than one sampling technique to be used (Bailey, 1998). Simple stratified sampling was used to recruit respondents for questionnaire administration, while purposive sampling was used to recruit respondents for individual in-depth interviews, who were considered capable of providing rich information on the study (Sandelowski, 2000).

First, the Municipal Medical Officer and Community Development Officer were purposively selected for in-depth interviews as they were in-charge of the performance of the health sector in the municipality and the welfare of the community, respectively. Secondly, three health facilities that provided maternal health services in the study area were selected through a simple stratified sampling technique. These were Frelimo Hospital, Ngome Health Centre, and Ipogolo Health Centre. Thirdly, researchers were issued with letters of introduction to ward executive officers (WEOs) who subsequently introduced them to the health facilities selected for the study. Fourthly, the researchers purposively contacted health facility managers to make appointments for interviews with the same and chairpersons of health facility governing committees. Fifthly, 16 maternal mothers and 6 health workers were selected in each health facility through simple stratified sampling to fill in questionnaires. In this stage, the calculated sample of 48 maternal mothers and 18 health workers was shared equally across the study health facilities as the study population was homogenous.

3.5 Data Collection

The study collected both quantitative and qualitative data. The former was collected through questionnaires administered during health facility surveys, while qualitative data was collected through individual in-depth interviews, and documentary reviews. A pre-tested validated questionnaire was administered to 66 respondents; whereby 48(72.7%) were maternal mothers and 18(27.3%) were health workers. The questionnaire guide covered information about respondents' awareness of the exemption policy and its positive and negative impacts on maternal mothers. Questions were structured; and all questionnaires were completed in the presence of researchers.

Eight (8) in-depth interviews were conducted with the Municipal Medical Officer, Municipal Community Development Officer, health facility managers, and chairpersons of health facility governing committees. The in-depth interview guide covered respondents' awareness of user-fee exemption on maternal healthcare services, and its positive and negative impacts. Before starting the interview, the purpose of the study was explained; and interviewees were informed that participation in the study was voluntary, and

that any participant was free to withdraw from the interview at any point in time. The interviews were conducted in Kiswahili and then transcribed into English; and were tape-recorded except for those (few) respondents who declined to be recorded. Field notes were also taken to complement the tape-recorded responses. The interviews lasted for 30 to 35 minutes.

Document review involved both published and unpublished documents relevant to the exemption policy and access to maternal healthcare. Data from the documents was on the number of maternal mothers and deliveries in the health facilities, lists of maternal mothers who visited health facilities for treatment, and information on the achievements and drawbacks. The document review helped in verifying the data collected through the interviews and questionnaires.

3.6 Data Analysis

Quantitative data was analysed using SPSS, Version 20. The process started by entering the data into the SPSS programme that helped in generating frequencies and percentages for cross-tabulation. These were then presented in tables and graphs. Qualitative data was analysed through thematic content analysis, which involves data reduction, data display, and conclusions and verifications (Miles & Huberman, 1994). First, the data was studied, recorded, and then transcribed verbatim in Kiswahili, except the quotes that were translated from Kiswahili to English. Then, the researchers went through the transcripts to understand the depth and breadth of the dataset; assigned each statement a code number to develop a list of initial codes, and then set up the codebook based on the objectives of the study (Guest et al., 2006; Kamau, 2006). Researchers coded the data manually as per the identified codes, while other themes that emerged during the coding process were added inductively. To ensure trustworthiness, responses from different respondents and across different health facilities involved in the study were compared, while data from the in-depth interviews was triangulated with those from questionnaires and summary of document reviews (Thomas, 2002). Lastly, the data was summarized and synthesized to make the key expressions of the respondents as illustrative cases.

4. Results and Discussion

The study looked at both positive and negative impacts of user-fee exemptions on maternal mothers to identify strengths and areas of improvement in the process of the implementation of the policy. This section presents the findings and discussions on the positive and negative impacts of user-fees exemption policy.

4.1 Positive Impacts of User-fees Exemption

Table 1 summarises the positive outcomes of the user-fees exemption policy.

Table 1: Positive Outcomes of the Exemption Policy

Positive outcomes	Frequency				Total	
	Maternal Mothers		Health Workers		N	%
	N	%	N	%	66	100.0
Increased equity in access to health services among maternal mothers	48	72.7	18	27.3	66	100.0
Increased number of deliveries in health facilities	40	60.6	18	27.3	58	87.9
Reduced number of maternal deaths	43	62.2	18	27.3	61	92.4
Reduced uncertainty of delivery for maternal mothers	45	68.2	18	27.3	63	95.4
Improved chances of survival and overall health of mothers and their babies	48	72.7	18	27.3	66	100.0

Source: Field Findings, 2016

As Table 1 shows, the study found that removal of user-fees increased equity in access to health services among maternal mothers, though no equity analysis was conducted to confirm this. This was indicated by all 66(100%) respondents who participated in the health facility survey; that is, 72.7% maternal mothers and 27.3% health workers. The move helped reduce the gap of access to maternal services between the haves and have-nots as the exemption policy focuses on all maternal mothers regardless of one’s economic status. This view was shared by health facility managers who said that the removal of user-fees from maternal healthcare complied with human rights, International Standards of World Health Organization, and the Constitution of the United Republic of Tanzania Article 12, which declares equality of all human beings, either rich or poor. Equity is a situation whereby everyone should, in practice, be able to access and use appropriate health services, and such health services should not only be for the dominant population group (Healy & Mckee, 2004). The introduction of user-fees exemption policy in Tanzania is aimed at improving the quality and quantity of health services, and increasing equity in health accessibility and utilization by protecting the poor and other vulnerable groups, including maternal mothers who are unable to pay user-fees (Mujinja & Kida, 2014). This finding is similar to the study results by El-khoury et al. (2012) in Mali, which established that the user-fees exemption policy in the country improved equity in access to healthcare services to all women.

The study also found that the user-fees exemption policy on maternal healthcare service delivery in the municipality increased the number of health facility deliveries as reported by 87.9% of the respondents, whereby 60.6% were maternal mothers and 27.3% were health workers. This view was also held by health facility managers. These findings resemble results from studies by Penfold et al. (2007) in Ghana; De Allegri et al. (2012) in Burkina Faso; McKinnon et al. (2015) in Sub-Saharan African states; UNICEF (2016) in Tanzania; and Leon

et al. (2016) in Nigeria, Ghana, Burkina Faso, Zambia and Cameroon, which noted that exemption policies in all these countries increased facility-based deliveries. This suggests that there is a positive relationship between a user-fees exemption policy and the utilization of health services. The study found that 92.4% of the respondents were grateful for the introduction of the exemption policy as it substantially reduced the number of maternal deaths. Maternal mothers' attendance to clinics enabled health workers to monitor the progress of pregnancies, while providing necessary assistance when maternal mothers seemed to face pregnancy or delivery complications. This view was also shared by health facility managers and municipal council leaders. A review of documents also showed that the maternal death rate in the municipality decreased from 26 in 2014 to 20 in 2015, as indicated in Table 2.

Table 2: Maternal Live Birth and Death Rate

Year	Live births	Death births
2014	8582	26
2015	8070	20

Source: Iringa Municipal Council, 2016

The reduction of uncertainty of delivery for maternal mothers was another positive effect of the user-fees exemption policy as reported by 95.5% of the respondents, whereby 68.2% were maternal mothers and 27.3% were health workers. It was reported that before the introduction of the exemption policy, once a woman conceived, she had to start thinking of where to get money to pay for delivery services. But after the introduction of the exemption policy, such tension and worries by maternal mothers were minimized as healthcare services were then provided free of charge.

The removal of maternal mothers' user-fees improved chances of survival of the new-born and health of both mother and baby. This was reported by all 66(100%) respondents. They explained that exempting payment for maternal healthcare services motivated maternal mothers in all corners of the country to visit health facilities for consultations and check-ups. This gave infants a greater chance of survival and healthy growth. Maternal mothers were required to participate in seminars during clinic visits where they were coached how to take care of themselves and their babies. One health worker had this to say: "Currently, the number of maternal mothers who visit health facilities to receive maternal health care services has risen." The municipal council leaders said that in many rural areas there were limited financial resources, so without the exemption policy, women in these areas could be prone to maternal deaths. The increase in the number of maternal mothers' visit to health facilities, and hence improvement of the chances of survival of the new-born and health of both mothers and babies, was also reported by the health facility managers.

4.1 Negative Impacts of User-fees Exemption

Although the user-fees exemption policy is a significant step towards increasing access to maternal healthcare services, it is not without some negative outcomes. Table 4 presents a summary of the negative impacts of the exemption policy.

Table 4: Negative Outcomes of the Exemption Policy

Negative Outcomes	Frequency		Total	
	Maternal Mothers	Health workers	No	%
Rising of unlawful payments	30	0	30	45.5
Increased dependency on the government	0	12	12	18.2
Increase of municipal expenditure	0	10	10	15.2
Inadequate skilled health workers	27	10	37	56.1
Inadequate number of beds	30	18	48	72.7
Inadequacy of drugs	22	18	40	60.6
Indirect cost	30	0	30	45.5

Source: Field Findings, 2016

From the findings, 45.5% of the respondents (all being maternal mothers) indicated that exemption from the payment of user-fees of maternal healthcare services promoted ‘unrecorded’ and therefore unlawful payments, especially by patients who wanted to be attended better and faster rather than follow the formal procedures. Informal payments to medical staff are not only illegal but also immoral and unethical as they prevent maternal mothers from getting the required health services free of charge as expected. Findings on illegal payments in Tanzania were also reported by Lwelamira and Safari (2012) and Mubyazi et al. (2010) who considered illegal payments as one of the acute problems regarding the use of maternal healthcare services.

As the number of maternal mothers attending health facilities increased, the health expenditure of the municipal council also rose as mentioned by 15.2% of the respondents. This was reported to affect other sectors such as agriculture and infrastructure. Further, since the number of maternal mothers attending health facilities was non-deterministic, the budget for health services in the health facilities was also uncertain. This trend had also been reported by Barbara et al. (2012) in Zambia, and Witter et al. (2007) in Ghana. Furthermore, according to Maluka (2013), given that local government authorities in Tanzania are financially dependent on the central government, the implementation of the exemption policy means the exempted population has to be subsidized by the government, thus altering the expenditures of local governments.

Inadequacy of beds, as another outcome of the policy, forced maternal mothers to share beds; or made those who came from delivery sleep on the floor to let their infants share beds. This inadequacy of beds in health facilities was

mentioned by 72.7% of the respondents: 45.5% by maternal mothers, and 27.2% by health workers. Further, sometimes patients had to be discharged before they fully recovered to give space for those who were waiting to be attended. For instance, during the time of this study, the labour ward at the Frelimo Hospital, which is also a district hospital, had 40 beds only, although it sometimes received up to 60 patients a day. As noted in the study by OECD (2017) and Ravaghi et al. (2020) on the number of persons per hospital bed in Iringa Municipality, there was an increase in the number of hospital beds from 156 in 2002 to 444 in 2012, as shown in Table 3. Such data is important because bed capacity, including bed occupancy and ratio of beds to population, are key indicators in determining the availability and quality of in-patient care.

Table 3: Hospital Bed Status 2002-2012

Items	Years	
	2002	2012
Total Population	106,371	151,345
Total Number of Beds	156	444
Average Population per Bed	682	341

Source: URT (2013)

Having inadequately skilled health workers was reported as yet another outcome of the exemption policy, as it was mentioned by 56.1% of the respondents; whereby 40.9% were maternal mothers, and 15.2% were health workers. The respondents informed that the Maternal Health Care Department had several sections, with each requiring an attendant. However, due to an increased number of maternal mothers, the department experienced a shortage of staff as each health worker had to attend patients in more than one section to recording weight, blood pressure and HB; check foetal heartbeat, offer counselling, and administer vaccinations. This was considered to affect the quality of care to maternal mothers in the study area. Similar observations were established by Galadanci et al. (2010) in Kano State in Nigeria, and by Dalinjog and Laar (2012) and Ganle et al. (2014) in Ghana. According to the WHO (2006), while 11% of the world's population and 24% of the global burden of diseases are found in the Sub-Saharan Africa region, the continent has only 3% of the world's health workers. This illustrates the relationship between the ratio of health workers to population. Hence, as the number of health workers decline, the survival of maternal mothers also declines proportionately (ibid.).

Insufficient drugs in the health facilities for maternal mothers and other patients was mentioned as another outcome of the policy by 60.6% of the respondents; whereby 33.3% were maternal mothers, and 27.3% were health workers. It was found that insufficient drugs in the health facilities forced some

maternal mothers and other patients to buy medicine from private pharmacies. This became more challenging to maternal mothers who did not have money to buy drugs from such private pharmacies. A similar problem was also reported by Bertone (2011) in Burundi, and Witter et al. (2007) in Ghana, where the removal of user-fees resulted in drug shortages and other supplies; which further reduced the quality of services, and disrupted referral systems.

5. Conclusion and Policy Recommendations

This study explored perceptions of the exemption policy on maternal mothers' healthcare service delivery in Iringa Municipality. The perceptions were sought from maternal women themselves, health workers and few key informants linked to health services delivery. The results showed that the policy was beneficial as it increased equity in access to maternal health services, the number of health facility deliveries, and chances of survival to mothers and infants; reduced mother and infant mortality, as well as uncertainties on access to maternal services. However, the study results also indicated that the policy had brought some negative effects, including increased illegal payments, increased municipal expenditures, inadequate hospital beds, and a shortage of drugs and skilled health workers: all of which also resulted into a myriad of indirect costs as well.

Based on the findings, there is no objection that user-fees exemption policies are instrumental in increasing access to health services for maternal mothers. However, policy makers should link policies with broader perspectives to improve maternal healthcare by ensuring adequate availability of drugs and other medical supplies in health facilities, and ensure that such health facilities are within reach to avoid unnecessary costs of transportation. Further, governments should design mechanisms that will eradicate illegal payments and indirect costs that will *de facto* reduce the quality of care provided to maternal mothers. Disloyal health workers should be punished accordingly, and the central government should provide subsidies to local government authorities and health facilities. Moreover, incentivizing health workers will raise their motivation. Lastly, deliberate efforts should be made by the government, policy makers and implementers to articulate the importance of implementing user-fees exemption policies to both the supply and demand sides, especially in areas where people are still hesitant about the reliability of the policy.

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