

**AN ASSESSMENT OF FACTORS AFFECTING THE  
IMPLEMENTATION OF EXEMPTION POLICY AMONG THE  
OLDER PEOPLE A CASE STUDY OF LIGULA REFERRAL  
HOSPITAL - MTWARA - TANZANIA**

**Ramadhani Hamisi**

**MA (Health Policy and Management) Dissertation  
Muhimbili University of Health and Allied Sciences  
October, 2016**

**AN ASSESSMENT OF FACTORS AFFECTING THE  
IMPLEMENTATION OF EXEMPTION POLICY AMONG THE  
OLDER PEOPLE A CASE STUDY OF LIGULA REFERRAL  
HOSPITAL - MTWARA - TANZANIA**

**By**

**Ramadhani Hamisi**

**A Dissertation Submitted in (Partial) Fulfilment of the Requirements for the Degree  
of Master of Arts in Health Policy and Management of  
Muhimbili University of Health and Allied Sciences**

**Muhimbili University of Health and Allied Sciences  
October, 2016**

**CERTIFICATION**

The undersigned certifies that he has read and hereby recommends for acceptance by Muhimbili University of Health and Allied Sciences a dissertation entitled; *“An Assessment of Factors Affecting the Implementation of Exemption Policy among the Older People: A case study of Ligula Referral Hospital-Mtwara-Tanzania”* in (partial) fulfilment of the requirements for the degree of Master of Arts in Health Policy and Management of Muhimbili University of Health and Allied Sciences

---

**Dr. Gasto Frumence**

(Supervisor)

---

Date

**DECLARATION AND COPYRIGHT**

I, **Ramadhani Hamisi**, declare that this **dissertation** is my own original work and that it has not been presented and will not be presented to any other University for a similar or any other degree award.

**Signature**..... **Date**.....

This dissertation is copyright material protected under the Berne Convention, the Copyright Act 1999 and other international and national enactments, in that behalf, on intellectual property. It may not be reproduced by any means, in full or part, except for short extracts in fair dealings, for research or private study, critical scholarly review or discourse with an acknowledgement, without the written permission of the Directorate of Postgraduate Studies, on behalf of both the author and the Muhimbili University of Health and Allied Sciences

## ACKNOWLEDGMENT

This work was made possible because of the contributions and support of many people and institutions. I would like to give my sincere gratitude to everyone but will mention a few of them.

I thank the almighty God for his guidance and giving me power and health throughout the entire process.

I would like to express my sincere thanks to my family for their financial and moral support during the entire period of my studies. I would like to extend my gratitude to the members of the School of Public Health and Social Sciences for their support and contribution in development of this dissertation.

My special thanks and appreciation go to my supervisor Dr.Gasto Frumence of the Department of Development Studies at Muhimbili University of Health and Allied Sciences for his tireless efforts in supportive supervision and guidance towards formulating, planning, developing and executing this dissertation.

Lastly, I would like to extend my appreciation to Mtwara Regional Administrative Secretary office for granting me permission to conduct my study at Ligula Referral Hospital. I also express my deepest gratitude to the research assistants and respondents of this study for their cooperation and support.

**DEDICATION**

The dedication of this dissertation goes to my beloved mother Magdalena Mweri for her encouragement and support. Also the dissertation is dedicated to my loving wife Agnes Passian for love, moral and material support during my study period. Without her support it would not have been possible to complete this dissertation report

## **ABSTRACT**

### **Background**

Universal health coverage mechanism to protect most vulnerable and poor population is not a new thing in most developed and developing countries.

USA initiated Obama Care/Affordable Care Act (ACA) to cover those most vulnerable and poor population. In Africa introduction of free exemption policy is one of the mechanisms to protect most vulnerable groups like older people and poor population from failing to access basic health care services- however the implementation of exemption policy in most African countries including Tanzania is very challenging. Challenges like lack of fund to implement the policy as well as weak monitoring and evaluation system hinder smooth implementation of the policy.

### **Objective of the study**

The aim of the study was to explore factors affecting the implementation of exemption policy among the older people at Ligula Referral Hospital in Mtwara, Tanzania.

### **Methodology**

A study was conducted at Ligula referral hospital-Mtwara-Tanzania. Qualitative study design was employed where by three Focus group discussions (FGDs) and six in-depth interviews(IDIs) from key informants were conducted to explore factors affecting the implementation of exemption policy among the older people at Ligula Referral Hospital. Purposively sampling was employed where by three departments out of seven departments at Ligula Referral Hospital were selected, therefore four units from those three departments were selected to participate in In-depth interview. In Focus group discussion one district from seven districts of Mtwara Region was selected, therefore two wards out of ten wards of Mtwara urban division were selected to participate in FGD. Tape recorder and **interview guide** were used as tools for data collection. All interviews were audio recorded and transcribed, thematic approach was employed to analyse data.

**Findings**

A total of 24 participants in FGDs and 6 key informants participated in the study. The study found that there are various factors affecting the implementation of exemption policy for older people. These included lack of constant supply of drugs, long waiting time, health care staff's negative attitudes towards exemption policy for older people, shortage of fund and denial of health care services to the older people. Other factors affecting the implementation policy include lack of training of health staffs on exemption policy and insufficient funds. Furthermore, the study revealed that awareness on exemption policy among older people was relatively low and there was a communication gap among community leaders and exemption policy implementers at the hospital level which hindered the smooth implementation of exemption policy among the older people at Ligula Referral Hospital.

**Conclusion and Recommendations**

Despite the effort made by the government to put in place exemption policy to exempt older people from paying for health care services, implementation of this policy is still a challenge. Administration at Ligula Referral Hospital should provide on job trainings to the health care workers on exemption policy. The MOHCDGEC should strengthen financial capacity by increasing budget allocation to the Referral Hospitals. Moreover regular public meetings should be used on health promotion and regular meetings between hospitals administration and community leaders specifically to discuss about implementation of exemption policy which in turn can reduce the communication gap between implementers of exemption policy at the hospital level and community leaders.

Furthermore, exemption policy should be familiarised to both health providers and also primary beneficiaries so as to reduce barriers in its implementation.

## TABLE OF CONTENTS

CERTIFICATION .....	ii
DECLARATION AND COPYRIGHT .....	iii
ACKNOWLEDGMENT .....	iv
DEDICATION .....	v
ABSTRACT .....	vi
TABLE OF CONTENTS .....	viii
LIST OF TABLES .....	xi
LIST OF FIGURES .....	xi
ACRONYMS .....	xii
DEFINITIONS OF KEY TERMS.....	xiii
CHAPTER ONE: INTRODUCTION .....	1
1.1 Background.....	1
1.2 Problem Statement.....	3
1.3 Conceptual frame work: Factors Affecting the Implementation of Exemption Policy for Older People.....	4
1.4 Rationale of the Study.....	6
1.5 Research Questions.....	7
1.5.1 Main Research question .....	7
1.5.2 Research Questions .....	7
1.6 Research Objective .....	7
1.6.1 Broad Objective.....	7
1.6.2 Specific Objectives.....	7
CHAPTER TWO: LITERATURE REVIEW .....	8
2.1 Exemption Policy.....	8
2.2 Factors Affecting the Implementation of Exemption Policy .....	9
2.3 Exemption Policy and Older People .....	11
2.4 Call for Research .....	12
CHAPTER THREE: METHODOLOGY .....	13
3.1 Study Design.....	13
3.2 Study Area .....	13

3.3 Study Population.....	13
3.4 Sampling Technique .....	14
3.5 Data Collection Techniques .....	14
3.6 Data Management and Analysis .....	15
3.7 Ethical Considerations .....	16
3.8 Study Limitations and Mitigations .....	16
CHAPTER FOUR: FINDINGS .....	18
4.1 Community Factors Affecting the Implementation of Exemption policy among the older people at Ligula Referral Hospital.....	20
4.1.1 Low Awareness on Exemption Policy among the Older People .....	20
4.1.2 Communication Gap between Community Leaders and Implementers of .....	20
4.2 Experience of Beneficiaries with Regard to Exemption.....	21
4.2.1 Long Waiting Time to Receive Service at Health Facility .....	21
4.3 Institutional Factors Affecting the Implementation of Exemption Policy among the Older People at Ligula Referral Hospital .....	23
4.3.1 Lack of Enough Fund to buy Drugs and Medical Supplies .....	23
4.3.2 Shortage of Trained Personnel .....	23
4.3.3 Negative Staff attitude about Exemption Policy for Older People .....	24
4.3.4 Lack of Sufficient Drugs .....	25
CHAPTER FIVE: DISCUSSION .....	26
5.1 Community Factors Perceived to Affect the Implementation of Exemption Policy among the Older People.....	26
5.1.1 Low Awareness on Exemption Policy among Older People .....	26
5.1.2 Communication Gap between Community Leaders and Implementers of Exemption Policy at the Hospital Level.....	27
5.2 Experience of older people with regard to exemption policy .....	27
5.3 Institutional Factors Perceived to Affect the Implementation of Exemption Policy among the Older People.....	28
5.3.1 Shortage of Trained Personnel on Exemption Policy .....	29
5.3.2 Negative staff attitude .....	30
CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS .....	31
6.1. Conclusion .....	31

6.2 Recommendations.....	31
REFERENCES .....	33
APPENDICES .....	37
Appendix 1: Focus Group Discussion .....	37
Appendix 2: Focus Group Discussion .....	39
Appendix 3: In-depth interview .....	41
Appendix 4: In-depth interview .....	43
Appendix 5: Focus Group Discussion Guide (FDG).....	45
Appendix 6: Mjadala wa kikundi: Mwongozo wa maswala (FGD).....	48
Appendix 7: In-Depth Interview Guide for Unit informants (Inchargeof Units/health care providers).....	51
Appendix 8: In-Depth Interview Guide for unit informants (In charge of units/health care providers) .....	54

**LIST OF TABLES**

Table 4.1: Themes and Sub themes of the Study ..... 18  
Table 4.2: Key Informant Characteristics..... 19  
Table 4.3: Focus group discussion characteristics ..... 19

**LIST OF FIGURES**

Figure 1.1: Conceptual frame work..... 4

**ACRONYMS**

ACA	Affordable Care Act
FGD	Focus Group Discussion
IDIs	In-depth Interviews
MOHCDGEC	Ministry of Health, Community, Development, Gender, Elderly and Children
MSD	Medical Store Department
HPM	Health Policy and Management
PPF	Parastatal Pension Fund
NSSF	National Social Security Fund
ILO	International Labour Organization
NPF	National Provident Fund
HIV	Human Immunodeficiency virus
AIDS	Acquired Immunodeficiency Syndrome).

## **DEFINITIONS OF KEY TERMS**

**Exemption:** Statutory entitlement that are granted automatically to a person belonging to a certain vulnerable group such as pregnant mothers, children under five, particular disease like TB/Leprosy, HIV/AIDS, and some chronic disease, older people aged 60 and above (Rohregger 2014 )

**Policy :** is defined as a relatively stable, purposive course of action followed by an actor or set of actors in dealing with a problem or matter of concern (Anderson *et al.* 2003)

**Scheme:** Is a plan, programme or officially adopted and followed, as by a government or business (The American Heritage 2002)

**User fees :**are charges levied at the point of use for any aspect of health services(Lagarde & Palmer 2011)

## CHAPTER ONE: INTRODUCTION

### 1.1 Background

The right to access highest standards of health is a human right issue which is recognized in international human rights law. The right to access highest standards of health includes availability of health services and availability of health system that give everyone an equal opportunity to enjoy the highest attainable level of health. However, vulnerable and marginalized groups in the society like older people are less likely to enjoy the right to health(WHO 2008).

Globally,1.3 billion people have no access to effective and affordable health care, and more than 100 million people around the world are pushed into poverty each year because of catastrophic health care expenditure. To overcome this problem, developed countries like USA have established strategies to tackle this problem, including introduction of USA Affordable Care Act (ACA) in 2010. Before the introduction of the Affordable Care Act (ACA) in the USA, 18% of its residents older than 65 years lacked health care services (Bale 2015).

In order to achieve the then Millennium Development Goals (Now Sustainable Development Goals) African countries put efforts on improving health and wellbeing for all including increased immunization coverage and put into place fee exemption policies for the vulnerable like children under 5 years of age, pregnant women and the older people (Kafando *et al.* 2011).

To achieve universal health coverage world leaders adopted 2030 agenda for Sustainable Development Goals on 25<sup>th</sup> September, 2015.This includes goal number three (SDG 3) which ensures good health and well-being for all. SDG 3 focuses to ensure health and well-being for all and aims to achieve universal access to safe and effective medicines for all (United Nations 2015).

During the 1970s, most of the African countries managed to run health care services through their own sources of fund and health care services were free to everyone. But in the end of 1980s, most of African countries including Tanzania had experienced difficulties in running health care services which was caused by the African governments to fail to finance health care services alone(Mubyazi *et al.* 2006).

Like other African countries, in 1993 Tanzania government through the Ministry of Health introduced user fee policy in the health sector with the aim of generating additional revenue for primary health care programmes, which were previously under-funded. To protect the vulnerable groups from user fees the policy also included exemption from paying health services for vulnerable groups (Munishi 2012).

According to the Tanzania government user fees policy guidelines, children under the age of five years and pregnant women are eligible for exemptions from user charges for basic services. Other eligible people include those presenting illnesses associated with diabetes, cancer, meningitis, TB and leprosy, HIV/AIDS, and people attending for family-planning-related services(Mubyazi *et al.* 2006).

Later in 1999, Tanzania government through the Ministry of Health included older people as eligible persons for exemptions from user charges for basic services at government health facilities(Mubyazi 2008).

Older people were included as eligible persons for exemptions from user charges for basic services at government health facilities because older people are among the poorest in the country. It was estimated that less than 5% of those over 60 years and above were covered by any forms of pension which caused them to find themselves in a difficult position to access basic care services including health care services (Tanzania progress report 2007).

Despite the existence of exemption, the design and implementation of these policies suffer from many shortcomings such as lack of fund caused by implementation of exemption policy without conducting pilot studies to determine how to implement the policy (Kafando *et al.* 2011).

Often in many African countries including Tanzania shortcomings in the implementation of exemption policy lead to exemption beneficiaries like older people to be affected by the poor implementation of exemption policy (Maluka 2013).However the shortcomings in the implementation of the exemption policy and how they affect older people in accessing health services is not well documented in Tanzania.

## **1.2 Problem Statement**

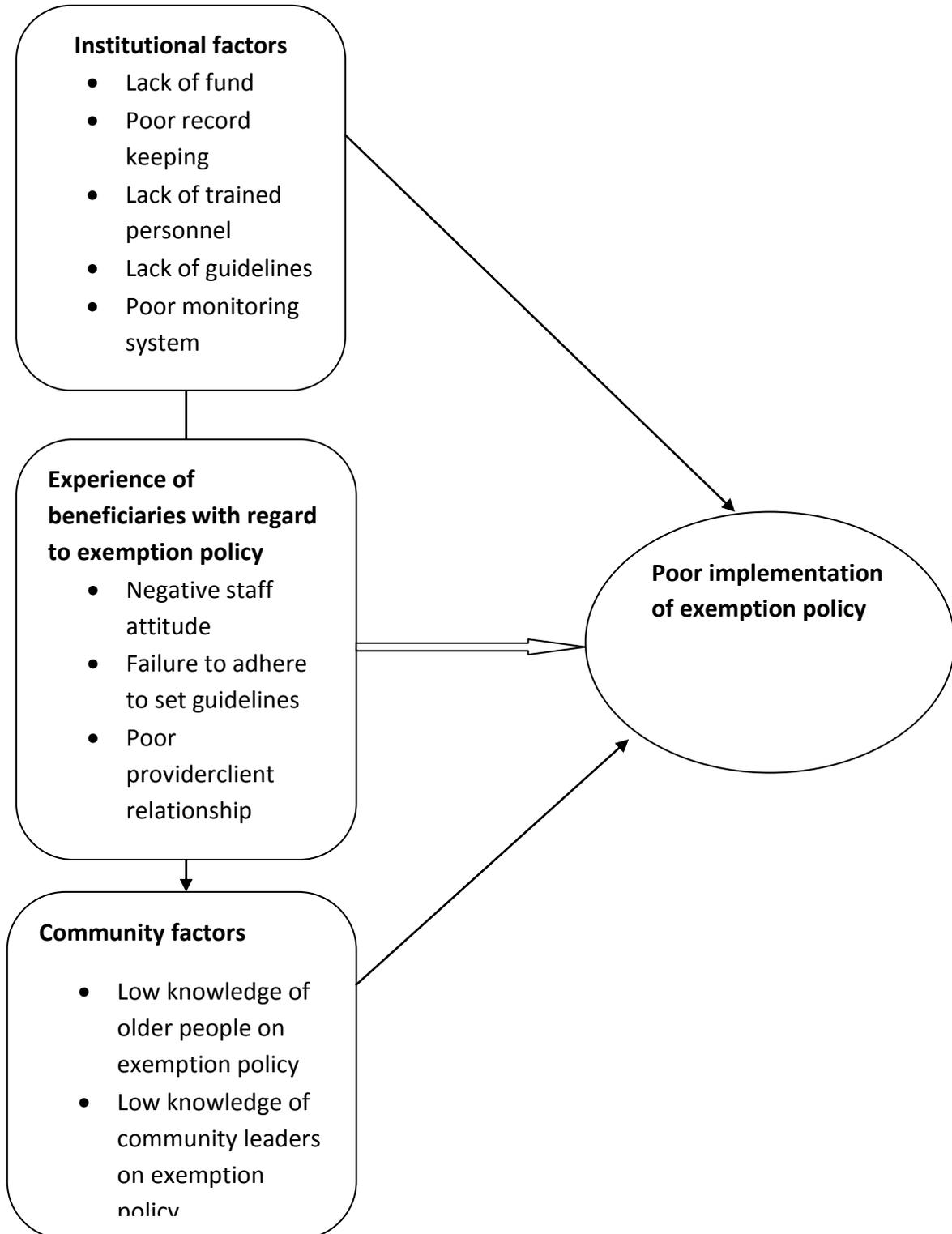
Various documented literature (Help Age International, 2008; Kakawani and Subbarao; 2005) show that when people get older, their health care needs change. On the one hand, the problem becomes more problematic because majority of the older people especially in developing countries like Tanzania experience worsening poverty. Poverty on the other hand exacerbates the degenerative effects of ageing, such as hypertension, malnutrition, anemia, diabetes, osteoporosis, rheumatism, and hearing and eyesight problems.

In Tanzania, the aged population of 60 years and above is 5.6% and 96% of older people do not have a reliable income. The Tanzania national policy on ageing recognizes that various groups of the older people including farmers, fishermen, livestock keepers and unemployed are vulnerable because they are not covered by any kind of social security fund which could support them in meeting their basic needs including health services especially when they can no longer undertake any kind of economic activity. Through parliamentary Act in 1994 the exemption policy was designed to accompany user fees policy as a strategy for ensuring access to health care services for vulnerable groups including older people.

Since its inception, the effectiveness of the exemption policy as a strategy for protecting the vulnerable groups such as older people remains problematic. A number of studies have been conducted to assess the general challenges facing exemption mechanisms in ensuring access to health services for vulnerable groups and indicate that in some instances exemption services are not provided which forces older people to pay for health services.

However these studies especially those on older people have specifically focused on challenges facing older people in accessing health care. There are limited studies focusing specifically on assessing the factors affecting the implementation of exemption policies for older people despite the fact that this is one of the population groups which are highly affected by ill health as a result of the aging. Therefore, this study is an attempt to fill such a knowledge gap.

### 1.3 Conceptual frame work: Factors Affecting the Implementation of Exemption Policy for Older People



**Figure 1.1: Conceptual frame work**

The above conceptual frame work shows interaction and association of various factors that affect the implementation exemption policy among the older people in public health facilities including Ligula Referral Hospital as explained below:

Institutional factors such as lack of fund, lack of trained personnel on exemption policy hinder effective implementation of exemption policy. These factors affect how older people access health services by using the exemption policy.

There are other practices that affect the smooth implementation of the exemption policy. These includes negative staff attitudes and shortage of drugs all of which act as barriers to implementation of the exemption policy. As a result they affect the way older people access health services at Ligula Referral Hospital. Many public health facilities including Ligula Referral Hospital are also facing shortage of drugs which partly hinder various services including exemption since patients including older people do not get prescribed medicines. Also negative staff attitudes towards exemption policy hinder implementation of this policy because health staffs normally think implementation of the exemption policy reduces revenue to the institution because it is provided freely to the beneficiaries.

Also community factors like low knowledge of older people and community leaders about the exemption policy hinders the implementation of the exemption policy. For instance older people do not understand the importance of introduction letter until they get sick. Such a situation greatly affects the smooth implementation of the exemption policy.

#### **1.4 Rationale of the Study**

Introduction of the exemption policy in the health sector especially in public health facilities has brought a positive impact on the health of the majority older people through protecting them from paying user charges(Maluka 2013) Therefore, this study was to ensure smooth implementation of the exemption policy among the older people.

This study which aimed at exploring factors affecting the implementation of the exemption policy among the older people at Ligula Referral Hospital will be used to understand the real situation concerning the factors affecting the implementation of exemption policy among the older people at Ligula Referral Hospital. Moreover the findings of this study will help policy makers to effect necessary measures in order to facilitate the implementation of the exemption policy particularly among the most vulnerable population such as the older people.

The study findings also will help researchers, planners and policy makers to acquire knowledge that will help them during the formulation of other policies and reviewing of policies in other sectors.

## **1.5 Research Questions**

### **1.5.1 Main Research question**

What are the factors affecting the implementation of the exemption policy among the older people at Ligula Referral Hospital?

### **1.5.2 Research Questions**

1. What are the opinions and experiences of community leaders with regard to their role in identifying older people?
2. What are the experiences of beneficiaries with regard to exemptions at Ligula Referral Hospital?
3. What are the experiences of health care providers in the implementation of the exemption policy at Ligula Referral Hospital?
4. What are the institutional factors that affect the implementation of the exemption policy among the older people at Ligula Referral Hospital?

## **1.6 Research Objective**

### **1.6.1 Broad Objective**

To explore factors affecting the implementation of the exemption policy among the older people at Ligula Referral Hospital

### **1.6.2 Specific Objectives**

1. To assess the opinions and experience of community leaders with regard to their role in identifying older people
2. To explore the experiences of beneficiaries with regard to exemptions at Ligula Referral Hospital.
3. To explore experiences of health care providers in the implementation of exemptions at Ligula Referral Hospital
4. To assess institutional factors that affect the implementation of exemption policy among the older people at Ligula Referral Hospital

## CHAPTER TWO: LITERATURE REVIEW

The exemption policy for health services is not new in Africa, like many other African countries, in Tanzania a set of exemption policies is in place aiming at increasing access to basic health care services to vulnerable and poor population. These policies are however, highly ineffective when it comes to operationalization. Unclear national policy recommendations on how to implement the exemption policies provide additional loopholes for abuse and hinder implementation of the exemption policy in health sector (Aboderin & Beard 2015).

A study done in Sub-Saharan Africa (Tien 2002) found that protecting vulnerable group like the older through exemption is commonly stated in policy documents but the definition of those groups is rarely classified. Therefore, developing effective mechanisms for defining and identifying older people who need to be exempted are critical components for successful exemption system.

Nevertheless, in low and middle income countries exemption policies suffer from several implementation challenges including vague policy, inadequate fund, poor management of the policy, poor monitoring of the system, poor record keeping which lead to inefficiencies in implementing the system (Munishi 2012).

### 2.1 Exemption Policy

It is statutory entitlement to free health care services granted to an individual who falls under specified categories which include children under five years, pregnant women, those over sixty years and above and the chronically ill including those suffering from TB, HIV/AIDS and cancer (Kapinga 2012).

African countries have introduced fee exemption policy for vulnerable populations such as children under 5 years, pregnant women, and the older people. Since 2001 nearly 17 African countries have implemented to exempt certain segments of the population from paying all or part of the fees for health services (Kafando *et al.* 2011).

In Tanzania the exemption policy was established in order to soften the effects of user-fees policy, and to guarantee equal access to health services by exempting those groups in

society which face major difficulties in paying for health services or who belong to specific vulnerable groups(Rohregger 2014).

According to the government of Tanzania the exemption policy is targeted to vulnerable groups including pregnant mothers and children under the age of five years. These group categories are in a greater chance of being affected by diseases, especially the communicable ones. These are directed to get free-of-charge medical services on essential reproductive and child health related problems. Also the policy identifies people who are suffering from diseases such as diabetes, HIV/AIDS, leprosy, TB, polio, and cancer, and older people aged 60 years and above as eligible for exemption (Policy document 2006).

## **2.2 Factors Affecting the Implementation of Exemption Policy**

Despite the existence of national exemptions policy in African countries, a large proportion of the deserving poor and vulnerable people do not have adequate access to health care due to poor implementation of the exemption policy(Kapinga 2012).

Likewise, a study done in Cambodia (Annear *et al.* 2008)shows that since 1993 public health services were officially free of charge and subsidized by the government. However, in practice government fund was limited and affected the implementation of the exemption policy and public providers charge patients informal services fees which is done under the table.

A study conducted in Nepal by (Basnet *et al.* 2013)shows that in principles, all citizens across the country then had free access to primary care, with some targeted groups also protected from secondary cost. However, the policy had been undermined by shortfalls in funding.

At the same time Garshong *et al.*(2002) conducted a study in Ghana on exemption policy and they found out that proper identification of the older people had been a very difficult task for health providers. They further state that there is no clear criteria or guidelines available at any study sites on how to define the older people.

Another study done in Ghana by Opuku *et al.*(2015) found out that despite the attempt of the government to establish exemption scheme, it was found out that the problem of

unbalanced distribution of health resources was insignificantly addressed because health care was not readily available for those who needed in most rural areas.

In much the same way the study done in Ghana by Twumasi (1981) indicates that 23% of the population lived in urban areas and 76% of the doctors practiced there.

At the same time Honda's(2006) study in Madagascar indicates that a review of seven countries experience with various types of fee exemptions indicates that those which have carefully designed and implemented exemption systems have had much greater success in terms of benefits than countries that have improvised such systems.

A study done in Zambia shows that in practice, however, exemption policy aims at exempting vulnerable groups from paying user-fees based on age, disease and ability to pay the policy often do not produce the desired results because they lack clear and consistent procedures for implementation and evaluation(Civil Society Health Forum 2011).

At the same time a study conducted in Kenya by (Kamanda 2015)discloses that there is no systematic government monitoring or evaluation of the performance of the exemption policy hence lack of data on coverage of the target group. This is also supported by the studies conducted by Kamanda (2015) and Owino (1998) in which 64.3% of the key informants involved in the study reported that the exemption system was not effective while 80% of inpatients and 86% of out-patients reported to be unaware of the exemption policy.

The study by Bitran & Giedion (2002) shows that staff attitude towards exemptions was usually negative and they had been reluctant to publicize protection mechanism. It was also reported that primary beneficiaries of the exemption policy like older people did not benefit from the exemption policy in the public health facilities(Mubyazi *et al.* 2008).

### **2.3 Exemption Policy and Older People**

Aging in Sub-Saharan Africa causes major challenges for policy makers in social protection and health sector. Ghana is one of the first Sub-Saharan African countries that have launched strategies to reduce poverty and improve health of its citizens through establishment of health insurance care for all and exemption policy (Opuku *et al* 2015).

A study conducted in Ghana by (Garshong *et al.* 2002) shows that the fund allocated to finance exemption policy was not enough compared to the fund budgeted by the health facilities which made the facilities to fail to implement the policy.

Another study conducted in Ghana by (Alatinga & Williams 2014) has shown that actual success in protecting the older people through fee exemption measures appear to be limited, exemption scheme do not appear to have performed well in many cases.

Limited evidence indicates that exemption schemes have not worked well due to difficulties in accurately identifying the older people, limited awareness of exemption scheme among the older people, lack of transparent exemption criteria and procedures.

Help Age International (2001) conducted a study on elder abuse on health care. The study shows that health care workers are not trained enough to provide care to the older people which hinders the smooth implementation of the exemption policy at public health facilities.

A study done in Tanzania by Maluka (2013) on the exemption policy shows that while exemptions were given to a relatively large number of people (Children under five years of age, pregnant mothers and those who suffer from terminal illness such as cancer and HIV/AIDS). Nevertheless, most in need of exemption in health care including older people were not benefiting from such exemption due to shortcomings in its implementation.

Another study conducted in Tanzania by (Bangser 2003) on the exemption policy shows that the shortage of essential drugs and supplies in public health facilities is one of the challenges that hinders smooth implementation of the exemption policy.

#### **2.4 Call for Research**

Based on available literature, it is obvious that there are limited studies that have focused on an evaluation of the implementation of the exemption policy in the health sector particularly among older people. A few studies done used quantitative methods of data collection, therefore there is a need to conduct a qualitative study to explore factors affecting the implementation of the exemption policy among the older people at public health facilities both from the perspective of implementers and beneficiaries

## CHAPTER THREE: METHODOLOGY

### 3.1 Study Design

Qualitative study design was employed using focus group discussion (FGD) and in-depth interviews (IDIs) methods of data collection to explore factors affecting the implementation of exemption policy among the older people at Ligula Referral Hospital. Qualitative research methods (In-depth interview and FGDs) were the most suitable methods for this study because of their emphasis on people's lives experience. Qualitative study design was employed because this is an exploratory research that set out to explore reasons for poor implementation of the exemption policy among the older people and to understand the opinions from the implementers and the beneficiaries of the exemption policy.

According to Miles *et al.*(1994) qualitative methods are considered to be well suited for locating the meanings that people place on the events, process and structure of their lives and their perceptions, presuppositions and assumptions.

### 3.2 Study Area

Ligula Referral Hospital was purposively selected as the area of study due to the fact that it is the only hospital with the highest attendance of patients in Mtwara region serving a population of 1,323,568 people. This includes the older people since there are no district hospitals for Mtwara Municipal and Mtwara Rural district which make people from those two districts to search for medical care at Ligula Referral Hospital.

Ligula hospital also was chosen since it is located in Mtwara region, which is among the regions with the highest proportion of older people (9.5 %) compared to other regions like Dares Salaam ( 3.5% ) and Geita ( 3.7% ) (Planning, 2013).

### 3.3 Study Population

This study involved older people of 60 years of age and above and their relatives (Care takers) who attended Ligula Referral Hospital for medical care. Two wards (Chuno and Chikongola) out of ten wards of Mtwara Urban Division were purposively selected basing on accessibility and availability of the target population to participate in FGDs. Eight participants from each ward were purposively selected basing on their experience regarding the exemption service provision at Ligula Referral Hospital. Six key informants

were involved in IDIs (Community leaders and heads of four units namely Laboratory, Pharmacy, Radiology and Registration Unit at Ligula Referral Hospital) were purposively selected basing on their knowledge and experience of implementing the exemption policy.

### **3.4 Sampling Technique**

For in-depth interview, purposive sampling was employed whereby three departments out of seven at Ligula Referral Hospital were selected. Thereafter the four units from those three departments at Ligula Referral Hospital were purposively selected to participate in the study based on their roles, knowledge and experience of implementing the exemption policy. Heads of four units namely Pharmacy, Laboratory, Radiology and Registration units and community leaders were involved in in-depth interview.

For the focus group discussion, one district council was selected out of seven districts and two wards from this district were purposively selected for this study basing on accessibility and availability of target population to participate in the FGDs. Older people residing in two wards and getting medical care from Ligula Referral Hospital were selected to participate in FDGs. With the help from village leaders, eight participants from each ward were purposively selected basing on their experience on the exemption services provision at Ligula Referral Hospital.

### **3.5 Data Collection Techniques**

Focus group discussion (FGD) and in-depth interview techniques were used as methods of data collection. Focus group discussions were held to explore experience and perceptions of beneficiaries (older people) with regard to implementation of exemptions at public health facilities.

In-depth interview was used to explore experience and knowledge of health care providers and community leaders in the implementation of the exemption policy. Interview guide and tape recorder were used as tools for conducting FGD and IDIs in this study.

Data collection tools (Interview and FGD guides) were developed in English and translated into Swahili to make the communication easier during the interview. FGDs and IDIs were held in cool places which were user friendly academically that provided adequacy and privacy which are conducive to concentration and physically comfortable. IDIs and FGDs

were conducted in Kiswahili language; however, as expected some respondents tended to mix with Makonde language during the FGDs. In addressing this challenge the study employed research assistants who had been trained in two days on how to assist the principal investigator to collect data and they understood both Kiswahili and Makonde languages. FGDs were conducted with the two trained Makonde researchers, the moderator and the note taker.

The Moderator was responsible for guiding the discussion while the note taker was responsible for taking notes, ensuring that the tape recorder was functioning well and noted all non-verbal signs.

FGDs involved older people aged 60 years and above who fell under exemption policy and attended at Ligula Referral Hospital for health care services. Each FGD took 60 to 90 minutes and consisted of between 8 participants who share the same characteristics particular age and health facilities where they receive treatment. FGDs involved 24 participants of which 10 were females and 14 were males.

IDIs were conducted by two researchers (Principal investigator) and one research assistant and they lasted between 30-45 minutes. IDIs were recorded and short notes were taken as the interview was on progress.

Qualitative data were presented based on the structure of the presentation of the research themes. Themes were presented in sections with relevant sub-sections. Quotes are used to demonstrate and support findings.

### **3.6 Data Management and Analysis**

Data were obtained through FGDs and IDIs and analysed using thematic approach. It was performed through the process of coding in six phases to create established, meaningful patterns with the aim of identifying themes within the data, first familiarization with data was done where by the principal investigator read and re-read materials and did the note taking so as to transcribe the data into written form. The principal investigator and the research assistants created a start list of potential codes. The second phase involved data reduction while the third phase entailed searching for themes among codes after having a list of themes.

The focus was to find out broad patterns in the data, combining coded data with the proposed themes, also it examined how relationships are formed between codes and themes and between different levels of existing themes. The fourth phase was to review the themes which involved the searching for data that supported or refuted the proposed objectives. This allowed a further expansion and revision of the themes as they developed.

The fifth phase involved defining and naming themes, this involved defining and refining existing themes that were presented in the final analysis, and the last phase involved the writing of final report (Snape and Spencer 2003).

### **3.7 Ethical Considerations**

Ethical clearance was sought from Muhimbili University of Health and Allied sciences (MUHAS) institution Review Board. Permission to conduct the study was sought from the office of Regional Administrative Secretary as well as Ligula Regional Referral Hospital. All the participants were informed about the purpose of this study and an informed consent to participate was obtained from all the participants. All measures to maintain human rights including right to privacy and confidentiality and right to prevention from any type of harm were put into consideration. This included treatment of information that participants disclosed in relationship to trust with the expectation that the information will not be revealed to others without permission

### **3.8 Study Limitations and Mitigations**

This study had two limitations: They include:

1. Language barrier: This study was conducted in Mtwara region where Kiswahili language was expected to be used in the data collection but in the field both Kiswahili and Makonde languages were used during the interview and discussion. This situation could affect the quality of collected data as some Makonde vocabularies and Kiswahili words may not have direct meaning in English. However, this was managed by having well trained research assistants who were Makonde by origin and were familiar with the study objectives and data collection methods, and language used by the residents (community).
2. Unwillingness of health care providers at Ligula Referral Hospital to participate in the study especially to be taped. This was a problem as many key informants at Ligula

Referral Hospital were afraid of being recorded. However, this was managed by ensuring them confidentiality whereby information provided will not be revealed to others without permission from the participants.

## CHAPTER FOUR: FINDINGS

The analysis of the findings for this study has generated three main themes and a number of sub-themes as shown in the table below:

**Table 4.1: Themes and Sub themes of the Study**

Sub-themes	Themes
Long waiting time to receive services at health facility	Experience of beneficiary with regard to exemption
Exemption policy denying older people's access to health services	
Negative Staff attitude about exemption policy for older people	Institutional Factors affecting the implementation of exemption policy among the older people
Lack of enough fund to buy drugs and medical supplies	
Lack of sufficient drugs	
and Shortage of trained Personnel	
Low awareness on exemption policy among the older people	Community factors affecting the implementation of exemption policy among the older people
Communication gap between community leaders and implementers of exemption policy at the hospital level	

### **Characteristics of study population**

#### **Unit level (Ligula Referral Hospital)**

Four key informants from four units of the Ligula Referral Hospital were involved in this study. These units were Radiology, Pharmacy, Registration and Laboratory; they were selected because they were responsible in the implementation of the exemption policy at the hospital level.

### Community Level (Community Leaders)

Two key informants who were community leaders from Chikongola and Chuno wards were involved in this study.

**Table 4.2: Key Informant Characteristics**

Code	Title	Unit/Ward	Education
KIU-1	Incharge	Radiology	Degree level
KIU-2	Incharge	Pharmacy	Diploma level
KIU-3	Incharge	Registration	Diploma level
KIU-4	Incharge	Laboratory	Diploma level
KIC-1	Community Leader	Chikongola	Diploma level
KIC-2	Community Leader	Chuno	Diploma level

KIU-Key informant at unit level ( Ligula Referral Hospital)

KIC-Key informant at community level

### Focus Group Discussion Participants

Focus group discussion involved 24 beneficiaries of the exemption policy of which 10 were female and 14 were male. Three FGDs were conducted, each consisted of 8 participants. Participants had similar characteristics of the study interest which included age and experiences with regard to the exemption services provided at Ligula Referral Hospital.

**Table 4.3: Focus group discussion characteristics**

Code	Number of Participants	Age	Area
FGD-1	8	60 yrs and above	Ligula B
FGD-2	8	60 yrs and above	Chuno
FGD-3	8	60 yrs and above	Tandika

FGD-Focus group discussion

#### **4.1 Community Factors Affecting the Implementation of Exemption policy among the older people at Ligula Referral Hospital**

A number of key informants who work as community leaders were interviewed to explore community factors that affect the implementation of exemption policy among the older people at Ligula Referral Hospital. The findings from key informants revealed two key factors that hindered the smooth implementation of the exemption policy. These factors are referred here as subthemes and they include low awareness on the exemption policy among the older people and the communication gap between community leaders and implementers of exemption at the hospital level.

##### **4.1.1 Low Awareness on Exemption Policy among the Older People**

The findings of the study show that knowledge of the older people on the issue concerning the exemption policy was low. Many older people did not know where to start when trying to access health care services through exemption policy. For instance the findings indicate that some of the older people did not know that they needed to have introduction letters from the village chairman and others did not know where to find those introduction letters, one key informant said;

*“There is a challenge of awareness among the older people.*

*Sometimes they don't know that they are supposed to have Introduction letters until they reach at the health centre” [KIC-2]*

The findings show that older people became aware of the procedures needed to access the exemption policy including the importance of having introduction letters when they became sick.

*“Older people don't bother to have identification letters until they get sick”[KIC-2]*

##### **4.1.2 Communication Gap between Community Leaders and Implementers of**

###### ***Exemption Policy at the Hospital level***

The key informants for this study who worked as community leaders reported that there was lack of communication between community leaders and implementers of the policy at the hospital level. The findings show that community leaders failed to understand who was really responsible for writing identification letters to the older people. Others failed to

understand which format of writing identification letters to the older people was correct, the ones which were written by hands or the printed one:

*“The problem is that our fellows at the hospital didn’t communicate with us to educate us on procedures and format for writing identification letters to the older people, on the other hand the older people don’t know whether they should go to ward executive officers or to the village chairmen”*[KIC-2]

#### **4.2 Experience of Beneficiaries with Regard to Exemption**

It has been reported that older people experience many challenges when trying to access health care services at Ligula Referral Hospital using the exemption policy. Almost, all participants in the FGDs said that they encountered challenges when trying to access health services at Ligula Referral Hospital. These challenges included long waiting time to receive health services at the health facility and exemption policy may deny older people’s access to health services.

##### **4.2.1 Long Waiting Time to Receive Service at Health Facility**

Participants reported to spend many hours until they got treated/consulted older people were ignored in terms of services provision as compared to other categories like privately sponsored clients and other patients groups. Most of the older people reported to spend almost 3-4 hours to get service at the facility.

*“We have to wait for many hours, sometimes other patients come and enter into the consultation room and leave you in the queue. Other patients are called by their names despite the fact that they found us in the queue. Sometimes you find the doctor goes out and leaves you there waiting for the treatment”*

[FGD-2, participants VII]

Another participant added that;

*“One day I spent almost 45minutes in the queue waiting to enter into the consultation room. I didn’t know if the service provider was inside or not, I decided to get in and found the doctor was busy with the phone”*[FGD-2, Participants VIII]

The findings of this study reveal that older people when accessing health care services at Ligula Hospital they were asked to stand in the queue waiting for services like other patients. Health care providers did not show any concern to the older people who stood in the queue for long hours waiting for health care services. One participant said;

*‘We are not given any priority we stand in the queue for many hours despite the fact that we are too weak to stand for long hours therefore we are forced to go back home expecting to be attended to the next day. We need prioritization we need to be recognized as the special group that require immediate treatment’* [FGD-3, participant I]

The study findings reported that older people wait for long hours until they receive health services. It is reported that even young people who went to Ligula Hospital for treatment did not give first priority to older people, they cared for themselves and went back home without assisting older people in getting the services.

*‘We are not given any priority rather than standing in the queue for many hours meanwhile they know that we don’t have the ability to stand for long hours’*[FGD-3, participant I]

#### **4.2.2 Exemption Policy deny Older People access to Health Services**

The study participants reported that older people were denied health care services if they did not have money to pay for their treatments. One participant from the FGD said;

*‘We don’t get free services as we expected, you need to have money to pay for it’* [FGD-2, participant II]

Furthermore, it was reported that older people normally used out of pocket payment to access health care services at Ligula Referral Hospital and others did not want to use exemption services due to challenges they faced when trying to access health care services.

*‘I personally prefer using out-of pocket payment for health care services because when you go there asking for exemption services they tell you there is no fund for exemption services’*[FGD-3, participant V]

### **4.3 Institutional Factors Affecting the Implementation of Exemption Policy among the Older People at Ligula Referral Hospital**

A number of key informants (health care providers) were interviewed to explore institutional factors that affect the implementation of the exemption policy among the older people at Ligula Referral Hospital. The findings from key informants revealed four key factors that hindered the smooth implementation of the exemption policy. These factors which are referred here as sub-themes include lack of enough fund to buy drugs and medical supplies, shortage of trained health personnel on the exemption policy, negative staff attitude about exemption policy for older people and lack of sufficient drugs.

#### **4.3.1 Lack of Enough Fund to buy Drugs and Medical Supplies**

The study findings indicate that sometimes the hospital did not have adequate fund to buy drugs and other medical supplies. According to one key informant (health staff) the lack of fund to buy drugs partly contributed to failure of the health facility to provide better health services for the older people as remarked by one of the key informants:

*“It is true that the policy was passed by the government but the challenge is the fund released by the government is not enough”* [KIU-2]

Another participant added that;

*“There is no fund provided by the government to run the exemption policy and there are many older people who come for health care service”* [KIU-4]

#### **4.3.2 Shortage of Trained Personnel**

According to the key informants of this study there were shortages of trained personnel on the matter concerning the exemption policy at Ligula Referral Hospital. It was only few people who had training on the exemption policy issue and priority was not given to the matter concerning the exemption policy

*“I did not attend any short course training concerning the exemption policy at Ligula Hospital”* [KIU-2]

It was also reported that it was a normal thing for the older people who went for health care services at Ligula Referral Hospital during the weekend to go back home without

getting any treatment since the Social Welfare officer who had training on the exemption policy did not come to work during weekends as explained by one KIIs;

*“One weekend an old man came for treatment, but the social worker was absent.*

*This caused inconveniences because such situations made the older people to suffer the consequences including not getting the free health services”[KIU-1]*

#### **4.3.3 Negative Staff attitude about Exemption Policy for Older People**

The study participants reported that the older people encountered negative attitudes from the health providers when accessing health care services at Ligula Referral Hospital. This is because health care providers believed that the exemption policy for the older people consumed a lot of drugs and other medical equipment without any economic gain in return. In the FGDs, one participant said:

*“When you reach the reception and show your identity card, they tell*

*You that the Municipality didn't bring funds here.I have to pay myself for treatment”[FGD-1, participant II ]*

Another participant added that;

*“We are supposed to get free health services at Ligula Hospital but when*

*We arrived there they told us to wait and sometimes asked us to go back home claiming that there was no budget for free services.*

*This is very embarrassing”[FGD- 3, participant III]*

It was reported that due to the negative attitude of health staffs towards older people, almost all the older people who participated in the study said that they normally stayed at home when they got sick instead of going to Ligula Referral Hospital. Furthermore, it was reported that negative staff attitude towards older people was a normal thing at Ligula Referral Hospital, health staffs normally told older people that exemption services caused a loss to the hospital because they treated many older people.

*“They normally told us that exemption brings loss to the hospital because they treated many elders”*[FGD-1, Participant VIII]

#### **4.3.4 Lack of Sufficient Drugs**

Study findings show that the older people did not get all the prescribed drugs because in most cases the hospitals lacked enough drugs. Many older people bought drugs prescribed by doctors at the pharmacy found outside the hospital. In the FGD, one participant had this to say;

*“The drug we get is Panadol only, all essential drugs are not available so we incur extra costs to buy drugs and sometimes spend transport fare on buying prescribed medicines which were supposed to be given freely at Ligula Hospital”*  
[FGD-3, participant IV]

Another participant added that;

*“One day I went to Ligula and doctors prescribed me with eye drugs. When I reached the dispensing room where they provide drugs they told me there are no drugs so it is better to go to Huruma hospital with your money where you can get better treatments”*  
[FGD-2, participant VI]

## **CHAPTER FIVE: DISCUSSION**

The purpose of this study was to explore the factors affecting the implementation of the exemption policy among the older people at Ligula Referral Hospital. The study was done through conducting Focus Group Discussion to explore the factors affecting the implementation of the exemption policy among the older people. IDIs from key informants were carried out to explore factors affecting the implementation of the exemption policy among the older people at Ligula Referral Hospital. The views expressed in this study are reflective of real experience with regard to the exemption policy.

The presentation of the discussion chapter is based on the three main themes emerged from this study. These themes include experience of beneficiaries (older people) with regard to the exemption policy, Institutional factors and community factors that affect the implementation of the exemption policy among the older people.

### **5.1 Community Factors Perceived to Affect the Implementation of Exemption Policy among the Older People**

The study findings reveal that low awareness on the exemption policy among older people and the communication gap between community leaders and the implementers of exemption at the hospital level were the community factors that hindered the smooth implementation of the exemption policy for the older people at Ligula Referral Hospital.

#### **5.1.1 Low Awareness on Exemption Policy among Older People**

The findings in this study reveal that most of the older people had low awareness on the exemption policy. The older people were not aware of the exemption procedures such as the collection of letters from the village leadership indicating that they were eligible for the exemption from paying for health services. These results are similar to the findings in the study done by Munish (2012) who found that exemption procedures were not well understood by the older people. According to Munishi the older people were only aware that exemption services were granted at the health care facilities but they failed to explain the procedures that needed to be followed at the community level. Awareness of exemption procedures to the older people was important because the older people would be able to follow the procedures and demand the exemption since they knew all the procedures but if they were not aware it would be difficult for them to demand the exemption and asking for

it. The findings are in agreement with the findings from another study by Rohregger (2014) which show that low awareness on the part of the beneficiaries about their rights to exemption and application procedures were the reason of high exclusion of the older people from accessing free health services. Similar findings were reported in another study by Mubyazi (2004) which show that low awareness on exemption policy among older people hindered them from accessing free health care services since they had low knowledge on the procedures for presenting their claims. This study findings are similar to the findings in the study done by (Jica 2005) which show that limited awareness on the exemption policy among the beneficiaries including the older people hindered the smooth implementation of the exemption policy at the public health facilities.

### **5.1.2 Communication Gap between Community Leaders and Implementers of Exemption Policy at the Hospital Level**

The study found that the communication gap between community leaders and implementers of the exemption policy at the hospital level hindered the smooth implementation of the exemption policy at Ligula Referral hospital. The study reveal that there was no communication between the community leaders and the implementers of the exemption policy at the hospital level. The study revealed that there is no formal meetings between community leaders and implementers of exemption policy at the hospital level to discuss about the implementation of the exemption policy. This hindered the smooth implementation of the exemption policy because the community leaders lacked information on new guidelines and procedures of implementing the exemption policy at the community level. There are no studies that have reported similar findings on the same challenge.

### **5.2 Experience of older people with regard to exemption policy**

The study found that the older people had experienced two challenges when accessing health care services at Ligula Referral Hospital. Those challenges included long waiting time before they received treatments, and that the exemption policy itself denied older people's access to health services.

### **5.2.1 Exemption Policy deny Older People's Access to Health Services**

Access to free health care services for older people was still a challenge; the study reveals that the exemption policy for the older people had itself become the challenge because they (older people) were denied health care services at Ligula Referral Hospital when they fell sick just because they had been claiming that they deserved free health services as per the national policies. The older people reported to a face challenge of accessing free health services when looking for it using the exemption policy at the public health facilities. According to older people, it was easy to get health service if one paid out of his or her pocket than using the exemption policy. Similar findings are revealed by Mubyazi (2004) whereby older people claimed that they were denied access to health care services at the public health facilities because they had no money to pay, this study shows that community leaders sometimes wrote letters to the health facility management to recommend free health services to special groups including older people but in most cases the public health facilities did not approve such letters.

### **5.2.2 Long Waiting Time to Receive Service at Health Facility**

The study findings reveal that long waiting time to receive services at the health facility acted as an obstacle to the older people when trying to access health care services at the public health facilities. This study reveal that the older people spent almost 3 up to 4 hours to get services at the health facility. Similar finding are reported in a study done by Help Age International (2010) which show that long waiting time was identified as a barrier to accessing services among the older people at the public health facilities.

### **5.3 Institutional Factors Perceived to Affect the Implementation of Exemption Policy among the Older People**

The study findings reveal that despite the effort made by the government to improve health services among the older people including the introduction of the exemption policy still the older people were faced with challenges when accessing health care services. This study reveal that some older people opted to stay at home instead of going to Ligula Referral Hospital to avoid those challenges that they would face when trying to access health care services. Lack of enough fund to buy drugs and medical supplies, lack of sufficient drugs, shortage of trained personnel and negative staff attitude about the exemption policy for the

older people were reported as institutional barriers to the older people towards accessing health care services.

A study by Garshong *et al*(2002) reports similar findings showing that the main factors affecting the implementation of the exemption policy range from institutional level to community levels and these include negative staff attitude, lack of sufficient drugs, shortage of trained personnel on the exemption policy, lack of fund to implement the policy and insufficient knowledge among the older people. Furthermore, Garshong's study shows that health care providers perceived that there was no need to provide exemption services to the older people since they had enjoyed the world and had little or nothing at all to do in this world

According to Garshong and his colleagues, financial burdens of implementing the exemption policy by providing free drugs to elders was one of the main challenges that hindered the smooth implementation of the exemption policy because drugs were expensive and the government did not provide funds for purchasing specific drugs for the exemption policy implementation(Garshong *et al.* 2002)

The findings from this study show that the lack of fund to implement exemption policy such as buying drugs was still a hindrance for the smooth implementation of the exemption policy. The findings are in agreement with the findings from Kapinga (2012)study which assessed the implementation of the exemption policy at Ocean Road Cancer Institute and found out that inadequate funding from the government had largely contributed to challenges facing the implementation of the exemption policy in Tanzania. Similar findings were reported in the study conducted in rural Zambia which shows that the lack of fund to implement the exemption policy prevents the smooth implementation of exemption policy. The findings from this study show that funds from the central government declined each year which put health facilities in difficult position to implement the policy(Oxfam 2011).

### **5.3.1 Shortage of Trained Personnel on Exemption Policy**

The shortage of trained personnel is still a challenge in health sector, this study reveals that there was a shortage of trained personnel especially on issues related to exemption services. Few trained personnel were the ones who had knowledge on social work or

sociology. The study findings show that the trained personnel were not available during the weekend days which prevented the older people who came for health care services from obtaining the services, similar findings were reported in the study done by Munishi (2010) which shows that the shortage of skilled personnel in health facilities had implications for the ability of the facility to serve the patients. Our study reveals further that health staffs are not trained on the matter concerning exemption. The findings are in agreement with another findings from a study conducted in Ghana on factors affecting the implementation of the exemption policy which shows that the shortage of trained staff to carry out the role of providing exemption services hindered the implementation of the exemption policy. In addition the study shows that sometimes skilled staff had to assist other units in the implementation of the exemption services such as recording of exemption(Garshong *et al.* 2002).

### **5.3.2 Negative staff attitude**

The study found that negative staff attitude towards the exemption policy for the older people prevented the smooth implementation of the exemption policy at Ligula Referral Hospital. The study reveals that despite the government effort to enable the older people to get free health services, still negative staff attitude acted as a barrier to them in accessing free health care services. This study shows that the negative staff attitude towards exemption policy for the older people made the older people to decide to stay at home or opt to go to private hospitals and pay for health care services instead of going to Ligula Referral Hospital when they fell sick. Negative staff attitude towards exemption policy for the older people was seen as a barrier towards accessing free health care services for the older people. These findings are similar to the study done by Garshong *et al.*(2002) which shows that negative staff attitude acted as barrier to the smooth implementation of the exemption policy because some health staff believed that exemption policy should be provided to children under five years of age only and leave out other beneficiaries of the exemption policy. This findings are in agreement with the findings from a study conducted in Zambia by Help Age International (2010)which shows that the older people were told by the health staff that they had lived their time and should not finish the medicine that the young could use.

## **CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS**

### **6.1. Conclusion**

In conclusion, the study shows that there are a number of factors affecting the implementation of the exemption policy among the older people in the public health facilities. These factors range from institutional to community level.

On the part of institutional factors negative staff attitude among the workers towards the exemption policy for the older people, inadequate funding, lack of drugs and other medical supplies and lack of enough trained personnel on the exemption policy hindered the smooth implementation of the exemption policy in the delivery of health services for the older people in the public health facilities. On the part of community factors low awareness among the older people and the communication gap between the community leaders and the implementers of the exemption policy at the hospital level hindered the smooth implementation of the exemption policy among the older people at the public health facilities. Other factors included long waiting time and exemption policies itself deny the older people access to health services.

### **6.2 Recommendations**

1. The MOHCDGEC should strengthen financial capacity by increasing budget allocation to the referral hospitals. This will help referral and other public hospitals to be able to buy drugs and other medical equipment on time which are key resources in the implementation of the exemption policy and other health services at public health facility.
2. Ligula Referral Hospital and other public health facilities should make efforts of training its staffs on the exemption services, since many health care providers seem to have little knowledge on the exemption policy, there is a need for the administration at Ligula Referral Hospital in collaboration with the RAS office to see the importance of training health staff on the matter concerning with the exemption policy.

3. There is a need of designing mechanisms such as the use of village as ssembly through which the public health facility management can educate community members including the older people about the exemption policy
4. There is a need of using regular public meetings on health promotion and regular meetings between the hospitals administration and the community leaders specifically to discuss about the implementation of exemption policy such as meetings at villages, wards and district levels.

## REFERENCES

Aboderin, I., 2011. Understanding and advancing the health of older populations in sub-Saharan Africa: Policy perspectives and evidence needs. *Public Health Reviews*, 33(2), pp.357–376.

Aboderin, I.A.G. & Beard, J.R., 2015. Older people's health in sub-Saharan Africa. *The Lancet*, 385(9968), pp.e9–e11. Available at: [http://dx.doi.org/10.1016/S0140-6736\(14\)61602-0](http://dx.doi.org/10.1016/S0140-6736(14)61602-0).

Anderson *etal.* 2003. Policy Making, Published by M, Company

Alatinga, K.A. & Williams, J.J., 2014. development policy planning in ghana : the case of health care provision. , 10(33), pp.359–382.

Annear, P.L. *et al.*, 2008. Providing access to health services for the poor: health equity in Cambodia. *Health and social protection: experiences from Cambodia, China and Lao PDR social protection*, pp.189–226.

American Heritage, 2002 Stedman's Medical dictionary published by Houghton Mifflin

Bale, H.E., 2015. Improving Access to Health Care for the Poor, Especially in Developing Countries. *Global Economic Symposium*.

Basnet, R. *et al.*, 2013. Universal health coverage in a regional Nepali hospital: who is exempted from payment? *Public health action*, 3(1), pp.90–92.

Bitran, R. & Giedion, U., 2002. Waivers and exemptions for health services in developing countries. , (October), p.97. Available at: <http://siteresources.worldbank.org/socialprotection/Resources/SP-Discussion-papers/Safety-Nets-DP/0308.pdf>.

Burns, M. & Mantel, M., 2006. Tanzania Review of Exemptions and Waivers. , (February).

Duku, S.K.O., 2014. Does Health Insurance Premium Exemption Policy for Older People Increase Access to Health Care Evidence from Ghana - *Journal of Aging & Social Policy* - Volume 27, Issue 4.

Garshong, B. *et al.*, 2002. A study on factors affecting the implementation of the exemption policy in Ghana. *Bulletin of Health Information*, 1(2&3), pp.22–31.

Help age international,2010,the-right-to-health-in-old-age-unavailable-inaccessible-and-unacceptable,A case study of Africa countries

Honda, A., 2006. *User fees policy and equitable access to health care services in Low- and Middle-Income countries with the case of Madagascar*, Available at: [http://jica-ri.jica.go.jp/IFIC\\_and\\_JBICI-Studies/english/publications/reports/study/topical/policy/pdf/policy.pdf](http://jica-ri.jica.go.jp/IFIC_and_JBICI-Studies/english/publications/reports/study/topical/policy/pdf/policy.pdf).

Kafando, Y. *et al.*, 2011. Maternal health fee exemptions 1. , pp.1–5.global health governance

Kamanda, A.M., 2015. Factors that Hinder Effectiveness in the Management of the Waiver System: A case study of Kapsabet Hospital in Kenya. , 3(2), pp.559–576.

Kapinga, F. Clemence, 2012. *Assessing performance of the exemption scheme:a case study of ocean road cancer institute.*

Lagarde, M. & Palmer, N., 2011. The impact of user fees on access to health services in low- and middle-income countries. *Cochrane database of systematic reviews (Online)*, p.70.

Maluka, S.O., 2013. Why are pro-poor exemption policies in Tanzania better implemented in some districts than in others ? , pp.1–9.International journal for equity in health

Miles, M.B., Huberman, A.M. & Saldaña, J., 1994. *Qualitative Data Analysis*.

Mtei, G., 2007. Community Health Funds in Tanzania: A literature review. , (January).Ifakara health institute

Mubyazi, G. *et al.*, 2006. User charges in public health facilities in Tanzania: effect on revenues, quality of services and people's health-seeking behaviour for malaria illnesses in Korogwe district. *Health services management research: an official journal of the Association of University Programs in Health Administration hsmc, aupha*, 19, pp.23–35

Mubyazi, G.M. *et al.*, 2008. Implementing Intermittent Preventive Treatment for Malaria in Pregnancy : Review of Prospects , Achievements , Challenges and Agenda for Research. , pp.92–100.

Mubyazi, G.M., 2004. practice as compared with other developing countries : evidence from Godfrey Martin Mubyazi. , 1(1), pp.1–10.

Mubyazi, G.M., 2008. The Tanzania policy on Health care fee waivers and exemptions in practice as compared with other developing countries:Evidence from recent local studies and international literature. *Revista Colombia Médica*, 39(2), pp.74–79. Available at: <http://www.bioline.org.br/request?rc08009>.

Munishi, V., 2012. *Implementation of exemption and Waiver mechanism in Tanzania*.Cape Town Univerity

Oxfam, 2011. making free health care work for all zambians: will this election deliver.Civil Society Health Forum

Planning, D., 2013. The United Republic of Tanzania Population Distribution by Age and Sex united republic of tanzania , administrative boundaries.

Public, J.E., Houghton, B. & Company, M., 2003. Anderson, J. E. (2003).

Rohregger, D., 2014. Targeting for Exemption : Pro-poor Policy and Practice in the Health Sector in Tanzania An Assessment Report of Five Districts in Lindi Region , South Tanzania final draft report 20 may 2014. *final draft report*, (May).

Sanga, G. severine, 2013. *Challenges facing elderly people in accessing health services in Governmrnt Health Facilities in Moshi Municipality Area*.Open University of Tanzania

Tien, M., 2002. Literature Review and Findings : Implementation of Waiver Policies Prepared by Abt Associates Inc.

WHO,2008,The right to health,published by United Nations

## APPENDICES

### Appendix 1: Focus Group Discussion

FACTORS AFFECTING THE IMPLEMENTATION OF EXEMPTION POLICY AMONG THE OLDER PEOPLE AT LIGULA REFERRAL HOSPITAL:

A qualitative study

School of public health, Muhimbili University of health and allied sciences

#### CONSENT FORM

ID NO.....

You are asked to participate in a research study on factors affecting the implementation of exemption policy among the older people at Ligula Referral Hospital. The objective of the study is to explore factors that affect the implementation of exemption policy among the older people at Ligula Referral Hospital.

If you volunteer to participate in this study, we would ask you about the factors that affect the implementation of exemption policy among the older people at public health facilities. The interview will take about 60-90 minutes of your time and you may find some of the questions asked are sensitive in nature.

#### **Confidentiality**

I assure you that all the information collected from you will be kept confidential. Only people working in this research study will have access to the information. We will not put your name or other identifying information on the records of the information you provide.

#### **Benefits**

The information you provide will help in providing recommendations mainly to policy makers as well as other implementing partners and stakeholders in addressing this problem and come up with effective interventions to help in solving challenges that affect the implementation of exemption policy and create better ways of implementing exemption policy

**Potential Risks**

I assure you that there is no risk involved in participating in this study and that your contribution is very important

**Rights to withdraw and alternatives**

Taking part in this study is completely your choice. If you choose not to participate in the study or if you decide to stop participating in the study you will not get any harm. You can stop participating in this study at any time, even if you have already given your consent.

**Contacts**

If you ever have questions about this study, you should contact the principal investigator, Ramadhani Hamisi, Muhimbili University of Health and Allied Sciences (MUHAS), P.O.Box 65001, Dar es Salaam, Mobile phone no: 0717-360427

If you ever have questions about your rights as a participant, you may call Prof. S. Aboud Chairman of the Senate Research and Publications Committee, P. O. Box 65001, Dar es Salaam. Tel: 2150302-6

I \_\_\_\_\_ have read/listened to the contents in this form. I agree to participate in this study.

Signature of the respondent \_\_\_\_\_

Thumb print (for those who cannot read and write) \_\_\_\_\_

Signature of Principal Investigator \_\_\_\_\_

Date of Signed consent \_\_\_\_\_

## **Appendix 2: Focus Group Discussion**

KUCHUNGUZA SABABU ZINAZOATHIRI UTEKELEZAJI WA SERA YA MSAMAHA MIONGONI MWA WAZEE KATIKA HOSPITALI YA RUFEE YA LIGULA

Shule ya afya ya jamii, Chuo kikuu cha afya na sayansi za tiba Muhimbili

FOMU YA MARIDHIANO YA USAILI

Namba ya Utambulisho.....

Unaombwa kushiriki katika utafiti wenye lengo la kuchunguza sababu zinazoathiri utekelezaji wa sera ya msamaha miongoni mwa wazee katika Hospitali ya Rufaa ya Ligula. Kama utajitolea kushiriki katika utafiti huu, tutakuuliza maswali kuhusu sababu zinazoathiri utekelezaji wa sera ya msamaha miongoni mwa wazee katika Hospitali ya Rufaa ya Ligula. Mahojiano yatachukua kati ya dakika 60 mpaka 90 ya muda wako, pia maswali mengine yanaweza gusa hisia zako.

### **Usiri**

Taarifa zitakazokusanywa kutoka kwako zitakua ni za siri na zitatumika kwa ajili ya utafiti tu, watu wanaofanya kazi katika utafiti huu tu ndiyo wanaweza kuziona taarifa hizi. Hatutaweka jina lako au taarifa yoyote ya utambulisho kwenye kumbukumbu za taarifa utakazotupa

### **Faida za kushiriki katika utafiti**

Taarifa utakazotupatia zitasaidia kutoa mapendekezo kwa watunga sera wa nchi pamoja na wadau mbaimbali katika kutatua tatizo hili kama kupanga mikakati ambayo itaangalia kwa makini tatizo hili na kusaidia kutatua changamoto zinazoathiri utekelezaji wa sera ya msamaha kwa wazee katika vituo vya afya vya uma na kutafuta njia bora za kutekeleza sera ya msamaha.

### **Athari**

Nakuhakikishia kwamba hakuna athari yoyote inayoweza kutokea kwasababu ya kushiriki katika utafiti huu na ushiriki wako ni wa muhimu sana.

**Haki ya kujitua na mambo mbadala**

Ushiriki wako katika utafiti huu ni wa hiari na endapo utaamua kutoshiriki au kusimamisha kushiriki hutopata madhara yoyote. Unaweza kusimamisha kushiriki katika utafiti huu kwa muda wowote hata kama ulisharidhia kushiriki.

**Mawasiliano**

Endapo utakuwa na swali lolote kuhusu utafiti huu unaweza kuwasiliana na mtafiti mkuu Ramadhanani Hamisi, Chuo Kikuu cha Muhimbili, S.L.P 65001, Dar es Salaam, namba ya simu 0717-360427.

Kama utakuwa na maswali yoyote kuhusu ushiriki wako unaweza kupiga simu kwa mwenyekiti wa kamati ya chuo ya utafiti na machapisho **Prof. S.Aboud**, S.L.P 65001 Dar es Salaam

Mimi.....nimesoma/nimesikiliza yaliyomo katika hii fomu na nimekubali kushiriki katika utafiti huu.

Sahihi ya mshiriki \_\_\_\_\_

Dole gumba (Kwa wote wasiojua kusoma na kuandika \_\_\_\_\_

sahihi ya mhojaji \_\_\_\_\_

Tarehe ya kuweka sahihi \_\_\_\_\_

**Appendix 3: In-depth interview****FACTORS AFFECTING THE IMPLEMENTATION OF EXEMPTION POLICY AMONG THE OLDER PEOPLE AT LIGULA REFERRAL HOSPITAL:**

A qualitative study

You are asked to participate in a research study on factors affecting the implementation of exemption policy among the older people at Ligula Referral Hospital. The objective of the study is to explore factors that affect the implementation of exemption policy among the older people at Ligula Referral Hospital. If you volunteer to participate in this study, we would ask you about the factors that affect the implementation of exemption policy among the older people at Ligula Referral Hospital. The interview will take about 30-45 minutes of your time and you may find some of the questions asked are sensitive in nature.

**Confidentiality**

I assure you that all the information collected from you will be kept confidential. Only people working in this research study will have access to the information. We will not put your name or other identifying information on the records of the information you provide.

**Benefits**

The information you provide will help in providing recommendations mainly to policy makers as well as other implementing partners and stakeholders in addressing this problem and come up with effective interventions to help in solving challenges that affect the implementation of exemption policy and create better ways of implementing exemption policy.

**Potential Risks**

I assure you that there is no risk involved in participating in this study and that your contribution is very important.

### **Rights to withdraw and alternatives**

Taking part in this study is completely your choice. If you choose not to participate in the study or if you decide to stop participating in the study you will not get any harm. You can stop participating in this study at any time, even if you have already given your consent.

### **Contacts**

If you ever have questions about this study, you should contact the principal investigator, Ramadhani Hamisi, Muhimbili University of Health and Allied Sciences (MUHAS), P.O.Box 65001, Dar es Salaam, Mobile phone no: 0717-360427. If you ever have questions about your rights as a participant, you may call Prof. S.Aboud, Chairman of the Senate Research and Publications Committee, P. O. Box 65001, Dar esSalaam. Tel: 2150302-6.

I \_\_\_\_\_ have read/listened to the contents in this form. I agree to participate in this study.

Signature of the respondent \_\_\_\_\_

Signature of Principal Investigator \_\_\_\_\_

Date of Signed consent \_\_\_\_\_

#### **Appendix 4: In-depth interview**

KUCHUNGUZA SABABU ZINAZOATHIRI UTEKELEZAJI WA SERA YA MSAMAHA MIONGONI MWA WAZEE KATIKA HOSPITALI YA RUFAA YA LIGULA

Shule ya afya ya jamii, Chuo kikuu cha afya na sayansi za tiba Muhimbili

#### FOMU YA MARIDHIANO YA USAILI

Namba ya Utambulisho.....

Unaombwa kushiriki katika utafiti wenye lengo la kuchunguza sababu zinazoathiri utekelezaji wa sera ya msamaha miongoni mwa wazee katika Hospitali ya Rufaa ya Ligula. Kama utajitolea kushiriki katika utafiti huu, tutakuuliza maswali kuhusu sababu zinazoathiri utekelezaji wa sera ya msamaha miongoni mwa wazee katika Hospitali ya Rufaa ya Ligula. Mahojiano yatachukua kati ya dakika 30 mpaka 45 ya muda wako, pia maswali mengine yanaweza gusa hisia zako.

#### **Usiri**

Taarifa zitakazikusanywa kutoka kwako zitakua ni za siri na zitatumika kwa ajili ya utafiti tu, watu wanaofanya kazi katika utafiti huu tu ndiyo wanaweza kuziona taarifa hizi. Hatutaweka jina lako au taarifa yoyote ya utambulisho kwenye kumbukumbu za taarifa utakazotupa.

#### **Faida za kushiriki katika utafiti**

Taarifa utakazotupatia zitasaidia kutoa mapendekezo kwa watunga sera wa nchi pamoja na wadau mbaimbali katika kutatua tatizo hili kama kupanga mikakati ambayo itaangalia kwa makini tatizo hili na kusaidia kutatua changamoto zinazoathiri utekelezaji wa sera ya msamaha kwa wazee katika vituo vya afya vya uma na kutafuta njia bora za kutekeleza sera ya msamaha.

#### **Athari**

Nakuhakikishia kwamba hakuna athari yoyote inayoweza kutokea kwasababu ya kushiriki katika utafiti huu na ushiriki wako ni wa muhimu sana.

**Haki ya kujitua na mambo mbadala**

Ushiriki wako katika utafiti huu ni wa hiari na endapo utaamua kutoshiriki au kusimamisha kushiriki hutopata madhara yoyote. Unaweza kusimamisha kushiriki katika utafiti huu kwa muda wowote hata kama ulisharidhia kushiriki.

**Mawasiliano**

Endapo utakuwa na swali lolote kuhusu utafiti huu unaweza kuwasiliana na mtafiti mkuu Ramadhanani Hamisi, Chuo Kikuu cha Muhimbili, S.L.P 65001, Dar es Salaam, namba ya simu 0717-360427.

Kama utakuwa na maswali yoyote kuhusu ushiriki wako unaweza kupiga simu kwa mwenyekiti wa kamati ya chuo ya utafiti na machapisho **Prof. S. Aboud**, S.L.P 65001 Dar es Salaam

Mimi.....nimesoma/nimesikiliza yaliyomo katika hii fomu na nimekubali kushiriki katika utafiti huu.

Sahihi ya mshiriki

---

sahihi ya mhojaji

---

Tarehe ya kuweka sahihi

---

## Appendix 5: Focus Group Discussion Guide (FDG)

(I am)..... From..... (Moderator)

(I am)..... From..... (Note-taker)

- Introduce group using first name
- General purpose of the study
- For FGD: To explore factors that affect the implementation of exemption policy among the older people
- Expected duration: 60 to 90 minutes
- Why the participant's cooperation is important
- What will happen with the collected information and how the participant/target group will benefit)
- Ground rules:
- Only one person talks at a time).
- It is important for us to hear everyone's ideas and opinions. There is no right or wrong answers to questions – just ideas, experiences and opinions, which are all valuable).
- (It is important for us to hear all sides of an issue – the positive and the negative).
- Turn cell phones off).
- Confidentiality is assured), issue that will be discussed in this room should not be disclosed to anyone else
- (Any questions?
- Consent
- Note-taker turns the digital recorder on. Before beginning the FGD, the moderator notes the date and time, activity to be conducted, the name of the study community and re-affirms that all participants present have consented to participate in the discussion which will be recorded

### **QUESTIONS TO EXPLORE EXPERIENCE WITH REGARDS TO EXEMPTIONS AMONG THE BENEFICIARIES (OLDER PEOPLE)**

1. How do you get health services when you are sick?
2. What do you understand by exemption policy?
  - Probe if exemption policy is common in this community
3. What is your experience in exemption policy for older people like you?
  - Probe if he/she is exempted for all types of health services or he/she normally look for it
  - Probe if there are any services which are not exempted for older people
  - Probe if there are exempted services, was he/she able to pay?
  - Probe: if he/she was unable to pay, who paid for the services?
  - Probe if there was no one paid for the services, did he/she receive the treatment/services
  - Probe if he/she did not receive the services, was there an alternative way of getting health services (such as going to traditional healers)?
4. Generally what do you think about the services you receive under exemption policy?
  - Probe about the quality of services in terms of
  - How service providers receive them (customer care) waiting times, language used by service providers if there are special attention/treatment given by the facility for older people
5. How can you explain the service providers' attitude towards exemption policy to the sick older people?
  - Probe if they have positive or negative attitudes
  - Probe how service providers portray such attitudes when providing health services to the older people

6. In your opinion, what are the most important things to consider when implementing exemption policy?
7. In your opinions, what factors do you think hinder smooth implementation of exemption services at the health facility which you normally visit?
8. What are your opinions regarding the improvement of implementation of exemption services in general?
9. Do you think there is anything that we have not explored on the exemption policy implementation?

**Thanks the participant for his/her time and information, assure him/her about the confidentiality of the information given**

## Appendix 6: Mjadala wa kikundi: Mwongozo wa maswala (FGD)

Utangulizi

Naitwa.....Kutoka .....(Mwezesaji)

Naitwa.....Kutoka.....(Mchukua taarifa)

Tambulisha kundi kwa kutumia jina la kwanza

- Lengo la utafiti
- Mjadala huu wa kikundi unalenga kuchunguza sababu zinazoathiri utekelezaji wa sera ya msamaha miongoni mwa wazee
- Muda wa mahojiano: takribani saa moja mpaka moja na nusu
- Umuhimu wa ushirikiano wa washiriki
- Nini kitatokea kwa taarifa zilizokusanywa na namna ambavyo washiriki/walengwawatakavyonufaika
- Kanuni
- Mtu mmoja tu ataongea kwa wakati.
- Ni muhimu kwetu kusikia mawazo na mapendekezo ya kila mmoja. Hakuna jibu la kweli ama la uongo katika maswala haya ni mawazo,uzoefu na maoni, ambayo yote ni muhimu.
- Ni muhimu kwetu kusikia pande zote za swala hili mazuri na mabaya
- Zima simu ya mkononi
- Tunawahakikishia usiri. Tutakachozungumza leo hapa kitabaki hapa hapa
- Kuna swali lolote?
- Ridhaa
- Mchukua taarifa awashe kinasa sauti. Kabla ya kuanza majadiliano ya vikundi mwezesaji aandike tarehe, muda na kazi itakayofanyika, jina la sehemu ya utafiti na kuhakikisha kwamba washiriki wote wameridhia kuhojiwa na sauti zao kurekodiwa.

Tuanze mjadala wetu

## MASWALI KUCHUNGUZA UZOEFU WA MATUMIZI YA HUDUMA YA MSAMAHA KWA WANUFAIKA-WAZEE

1. Jinsi gani unapata huduma za afya pindi unapoumwa?
2. Unaelewa nini kuhusu sera ya msamaha?
  - Dodosa kujua kama sera ya msamaha ni kitu cha kawaida katika jamii hii
3. Nini uzoefu wako wa kutumia huduma ya msamaha kwa mzee kama wewe?
  - Dodosa kujua kama huwa anapata msamaha kwa huduma zote za afya
  - Dodosa kujua kama kuna huduma ambazo hazitolewi kwa msamaha
  - Dodosa kujua kama hakuna huduma za msamaha je nani huwa anagharamia gharama zake za matibabu?
  - Dodosa kujua kama hakuna anayemgharamia gharama za matibabu,je huwa anapata huduma za afya?
  - Dodosa kujua kama akikosa huduma ya afya,njia gani mbadala huwa anatumia?( Kwenda kwa waganga wa kienyeji)
4. Kwa kawaida unafikiri nini kuhusu huduma za matibabu unazopata kupitia sera ya msamaha?
  - Dodosa kuhusu ubora wa huduma unazopata kwa kuangalia
  - Jinsi gani wahudumu wa afya wanawapokea
  - Muda wa kusubiri huduma
  - Lugha inayotumiwa na watoa huduma
  - Je kuna vipaumbele mahalumu mnapewa na kituo cha afya
5. Unaweza vipi kuelezea mitazamo ya watoa huduma za afya kuhusu sera ya msamaha kwa wagonjwa wazee?
  - Dodosa kama wana mtazamo chanya au hasi
  - Dodosa jinsi gani watoa huduma ya afya wanaonyesha huo mtazamo wao pindi wanapotoa huduma za afya kwa wazee
6. Kwa maoni yako ni kitu gani cha muhimu cha kuzingatia pindi sera ya msamaha inapotekelezwa?
7. Kwa mtazamo wako ni sababu unafikiri zinaathiri utekelezaji wa sera ya msamaha katika kituo cha afya ambacho kwa kawaida huwa unakwenda?

8. Nini maoni yako kuhusu maboresho ya utekelezaji wa sera ya msamaha kwa ujumla?
9. Unafikiri ni kitu gani hatujagusia kuhusu utekelezaji wa sera ya msamaha?

**Shukrani, Asante kwa kushiriki, asante kwa muda na taarifa ulizozitoa.  
Nakuhakikishia kuwa taarifa zako zitabaki kuwa siri**

## **Appendix 7: In-Depth Interview Guide for Unit informants (Incharge of Units/health care providers)**

*Introduction:*

*I am \_\_\_\_\_ (from) \_\_\_\_\_*

*(Use purposive sampling to select the participants; the key participants will be selected on the basis of their role, knowledge and experience in implementing exemption policy)*

- *(Explain the general purpose of the study: To explore factors that affect the implementation of exemption policy among the older people at public health facilities)*
- *(Expected duration: 30 to 45 minutes)*
- *(Why the participant's cooperation is important)*
- *(What will happen with the collected information and how the participant/target group will benefit)*
- *(Confidentiality)*
- *(Any questions?)*
- *(Consent)*
- *(The moderator turns on the digital recorder and, for the record, notes the date and time, activity to be conducted, the name of the study, and re-affirms that the participant has consented to be interviewed.)*

## **QUESTIONS TO EXPLORE EXPERIENCE WITH REGARDS TO EXEMPTIONS AMONG THE HEAD OF UNITS/HEALTH CARE PROVIDERS**

### **Part 1: DEMOGRAPHIC DATA**

1. Name of department.....
2. Section.....
3. Job title.....
4. Position.....
5. Education level.....
6. Age.....Sex.....

### **Part 2: EXPERIENCE OF IMPLEMENTING EXEMPTION POLICY**

7. How long have you been in this position?.....
8. How many years have you worked with this hospital?.....
9. How do you understand exemption policy in the health sector?
  - Probe if he/she understand the aim of the exemption policy
  - What are the categories of patients who get health services under exemption policy?
10. What challenges do you face when implementing exemption policy?
  - Probe specific challenges when providing health services to the older people under exemption policy in terms of:
    - Institutional/Administrative challenges
    - Infrastructural related challenges
    - Financial related challenges
    - Human resource related challenges
    - Training about exemption policy related challenges
    - Community related challenges
    - Older people's individual challenges

11. What efforts/strategies are employed by the health facility in resolving these challenges?
  - Probe if the health facility gets any support from higher authority including regional administration/Ministry of health?
  - Probe: the kind of support given
12. From your experience, do you think community members including older people are aware of exemption services?
13. How do you perceive exemption policy for vulnerable populations such as older people?
14. What are your opinions about exempting older people from paying health services?
15. Have you ever been trained on exemption policy issues?
  - If yes probe the contents of the training
  - If no, probe if he/she thinks it is important to have such kind of training and why
16. In your opinion, what are the most important things to consider when implementing exemption policy?
17. Do you think there is anything that we have not explored on the exemption policy implementation?

**Thanks the participant for her time and information, insure him/her the confidentiality of the information given**

## **Appendix 8: In-Depth Interview Guide for unit informants (In charge of units/health care providers)**

Utangulizi

Naitwa)\_\_\_\_\_ kutoka)\_\_\_\_\_

- *(Elezea malengo ya jumla ya utafiti: Kuchunguza sababu zinazoathiri utekelezaji wa sera ya msamaha miongoni mwa wazee*
- *(Nategemea kutumia muda kati ya dakika 30 mpaka 45)*
- *( Kwa nini ushirika wa wahusika ni muhimu?)*
- *(faida za ushiriki)*
- *(Usiri)*
- *(swali lolote?)*
- *(ridhaa)*
- *(Msaili awashe dekoda kwa ajili ya kurekodi, aandike tarehe na muda wa kazi inayofanyika, pia aandike jina la mradi. Hakikisha mshiriki amekubali kushiriki)*

**MASWALI KUCHUNGUZA UZOEFU WA WATOA HUDUMA ZA AFYA/WAKUU WA VITENGO KUHUSU UTEKELEZAJI WA SERA YA MSAMAHA**

**SEHEMU YA KWANZA:TAHARIFA BINAFSI**

1. Jina la Kitengo.....
2. Jina la idara.....
3. Jina la kazi.....
4. Nafasi.....
5. Kiwango cha elimu.....
6. Umri.....Jinsia

**SEHEMU YA PILI:UZOEFU KATIKA KUTEKELEZA SERA YA MSAMAHA**

7. Ni muda gani umefanya kazi katika nafasi hii?.....
8. Kwa miaka mingapi umefanya kazi katika hospitali hii?.....
9. Unaelewa nini kuhusu sera ya msamaha wa kutolipia matibabu?
  - Dodosa kujua Kamaanaelewa malengo ya Sera ya msamaha?
  - Dodosa kujua ni wagonjwa wa aina gani huwa wanapata huduma ya msamaha wamatibabu

Ni changamoto gani huwa unapata pale unapotekeleza sera ya msamaha?

Dodosa kujua ni aina gani ya changamoto

- Changamoto za kiutawala
- Changamoto zinazohusiana na miundo mbinu
- Changamoto zinazohusiana na fedha
- Changamoto zinazohusiana na mafunzo ya sera ya msamaha
- Changamoto za kijamii

10. Ni jitihada gani ambazo hospitali imefanya kutatua changamoto hizi?
  - Dodosa kujua, kama hospitali inapata msaada kutoka katika uongozi wa juu ikijumuhisha ofisi ya katibu tawala na Wizara ya afya
  - Dodosa kujua ni msaada gani
11. Kwa uzoefu wako unafikiri jamii ukijumuhisha na wazee wanaelewa kuhusu sera ya msamaha?
12. Nini mtazamo wao kuhusu sera ya msamaha?
13. Nini mtazamo wako kuhusu kuwapa msamaha wa matibabu wazee?
14. Umeshawahi kupata mafunzo kuhusu masuala ya msamaha wa matibabu?
  - Kama ndio dodosa kuhusu mambo yaliyomo katika mafunzo hayo
  - Kama hapana dodosa kujua kama ni muhimu kwake kupata mafunzo hayo
15. Je unadhani ni jambo gani la kuzingatia katika utekelezaji wa sera ya msamaha?
16. Unafikiri ni kitu gani hatujagusia katika utekelezaji wa sera ya msamaha?

**Shukrani, Asante kwa kushiriki, asante kwa muda na taarifa ulizozitoa.  
Nakuhakikishia kuwa taarifa zako zitabaki kuwa siri**

**QUESTIONS TO COMMUNITY LEADERS TO FIND OUT THEIR OPINIONS AND EXPERIENCE OF IMPLEMENTING EXEMPTION POLICY**

**PART 1: DEMOGRAPHIC DATA**

1. Job title.....
2. Position.....
3. Education level.....
4. Sex.....Gender.....

**PART 2: QUESTIONS TO FIND OUT OPINION AND EXPERIENCE OF IMPLEMENTING EXEMPTION POLICY**

5. How long have you been in this position?
6. What do you understand by exemption policy?
7. What challenges do you face in implementing exemption policy?
8. Is it common in this community?
9. From your experience, do you think community members including older people are aware of exemption services?
10. From the government perspective do you think the government put much effort to make sure there is smooth implementation of exemption policy?
11. What do you think the government should do?
12. Do you think there is anything that we have not explored on the exemption policy implementation?

**Thanks the participant for her time and information, insure him/her the confidentiality of the information given**

**MASWALI KUJUA MAONI NA UZOEFU WA VIONGOZI WA KIJAMII  
KUHUSU UTEKELEZAJI WA SERA YA MSAMAHA**

**SEHEMU YA KWANZA:TAHARIFA BINAFSI**

1. Jina la kazi.....
2. Nafasi.....
3. Kiwango cha elimu.....
4. Umri.....Jinsia.....

**SEHEMU YA PILI: MAONI NA UZOEFU KATIKA KUTEKELEZA SERA YA  
MSAMAHA**

5. Ni muda gani umefanya kazi katika nafasi hii?.....
6. Unaelewa nini kuhusu sera ya msamaha?.....
7. Ni changamoto gani unazokumbana nazo wakati wa kutekeleza sera ya msamaha?.....
8. Je ni kitu cha kawaida katika jamii yenu?
9. Kwa uzoefu wako unafikiri jamii na wazee wanaelewa kuhusu huduma ya msamaha?
10. Kwa upande wa Serikali,unafikiri Serikali imeweka jitihada za kutosha kuhakikisha utekelezaji rahisi wa sera ya msamaha?
11. Unafikiri serikali ifanye nini?
12. Je unadhani kuna kitu atujakizungumzia kuhusu sera ya msamaha?

**Shukrani, Asante kwa kushiriki, asante kwa muda na taarifa ulizozitoa.  
Nakuhakikishia kuwa taarifa zako zitabaki kuwa siri**