**The role of partners in negotiating pre payment for maternal and child health services**

Introduction

For years, there has been poor cooperation in preparation for accessing health services in a number of communities in developing countries. A number of influencing scholar looking on ways to improve quality and behavior change that will facilitate utilization of maternal health services advocated the need to in cooperate man on reproductive health.

From 2010 the national health insurance fund (NHIF) implemented a program covering heath services for pregnant women and later covers a family of a women with community health fund (CHF) for a year in district of Tanga and Mbeya region. The intension was to rise women purchasing power when seeking maternal and child health services during pregnant, delivery and after delivery. The program was designed to involve a man in accessing health services and later advocate the CHF enrolment.

Methodology

The study team performed indepth interview with male partner, focus group discussion with female partner who benefited from maternal and child health pre paid insurance. Also the team conducted group discussion with health providers at community (CHW), at dispensary (facility incharge and nurses) at health centre with facility incharge and nurses working on reproductive and child health unit, at hospital with nurses working on reproductive and child health unit and at management level the team conducted group discussion with district health management team, regional management team and national health insurance team responsible on implementation of the program.

Result

The result depict that the all pregnant women at a time of the program were enrolled. Not all women were able to receive the CHF card on time. The reason behind is most of them were not aware that they were enrolled in a program offering a free services at a time they are pregnant, during delivery and after delivery her household is covered by CHF for a year. For those who were aware, some failed to have the CHF as they did not brought pictures for their family on time and others were single mothers, so they did not see motive to enroll other members.

 A number of male claimed that they were not aware of the program and if their wife were enrolled in the program.

Conclusion

There is a need to intensify community sensitization on the implementation of the programs. Partners involvement negotiating maternal health services pre payment and utilization increases commitment and motives of males partner on their wives and newborns.