

Impact evaluation of Zimbabwe's health results based financing project

Submission date 30/10/2014	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 05/12/2014	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 25/06/2020	Condition category Other	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

Plain English summary of protocol

Background and study aims

This study will evaluate the impact of results based financing (RBF) on priority maternal (mother) and child health services in rural districts of Zimbabwe. RBF is an output based financing mechanism where the health providers receive financial incentives to provide a pre-agreed set of services designed to help people in poor countries to live healthier lives. The objective of the Zimbabwe RBF impact evaluation is to inform policy regarding the effectiveness of the RBF model and support the government with additional evidence for potential scale up. The primary research question is – “What is the causal effect of results based financing with suspension of user fees on priority population health utilization and outcome measures in intervention districts?”

Who can participate?

Participating health facilities come from the selected 16 rural districts for implementation of RBF.

What does the study involve?

The government has selected 16 districts to implement RBF with two in each rural province of the country. All health facilities in these 16 districts will receive RBF incentives every 3 months based on a set of indicators related to maternal and child health. The facilities receive incentives on quantity (volume of services), quality (adherence to national standards of care), and client satisfaction. All participating health facilities receive RBF resources according to their level of service provision (primary, secondary or hybrid, i.e. primary plus secondary) and remoteness. The comparison districts have been selected within each province with pair-matching on geographical accessibility (i.e. rural and remoteness), type and level of health facilities, average facility catchment population, proportion of staff in position, presence of key staff such as the District Medical Officer, health services utilization rates such as antenatal care coverage, postnatal care coverage, institutional delivery and immunization rates. The facilities in comparison districts will not receive any RBF incentives (business-as-usual).

What are the possible benefits and risks of participating?

The health facilities will benefit from the financial resources tied with performance. There are no side effects or risks of this intervention.

Where is the study run from?

There are 356 health facilities from 16 rural districts participating in this study. The implementing agency is the Ministry of Health and Child Care, Zimbabwe.

When is study starting and how long is it expected to run for?

March 2012 to March 2015.

Who is funding the study?

Governments of Norway and the UK through the Health Results Innovation Trust Fund administered by the World Bank

Who is the main contact?

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Contact information

Type(s)

Scientific

Contact name

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Contact details

The World Bank

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United States of America

20433

Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

N/A

Study information

Scientific Title

The effects of results based financing on maternal and child health access and utilization in rural Zimbabwe: Impact Evaluation of Zimbabwe's Health Results Based Financing Project

Acronym

Zimbabwe RBF IE

Study objectives

Results based financing increases access to and utilization of maternal and child health services in rural Zimbabwe

Ethics approval required

Old ethics approval format

Ethics approval(s)

Medical Research Council of Zimbabwe, 29/11/2011, ref. MRCZ/A/1648

Study design

Controlled before and after study; quasi-experimental study

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Other

Study type(s)

Quality of life

Participant information sheet**Health condition(s) or problem(s) studied**

Maternal and child health

Interventions

Health facilities within RBF districts will receive incentives every quarter based on attaining

1. Quantity (volume of services)
2. Quality (adherence to national standards of care)
3. Client satisfaction

Health facilities in the control districts receive no incentives (business-as-usual).

Intervention Type

Other

Primary outcome measure

Health utilization indicators:

1. Antenatal care
2. Institutional delivery
3. Postnatal care
4. Immunization
5. Outpatient consultations
6. Referral
7. Adoption of family planning methods
8. ARV prophylaxis

Household level indicators:

1. Household health seeking behavior
2. Out-of-pocket healthcare expenditure
3. Satisfaction on the service provider

These will be measured through a household survey at the end of the intervention

Secondary outcome measures

Health facility infrastructure indicators:

1. Drug stockout rates
2. Availability of drugs
3. Availability of clinical protocols
4. Availability of equipment
5. Updated records

Quality of care indicators:

1. Counseling and client interaction
2. Waiting time
3. Physical examination

Equity indicators:

1. Utilization of health care and quality of care indicators vis-à-vis clients' socio-economic and residence status

Health worker indicators:

1. Health worker training status
2. Knowledge
3. Motivation
4. Job satisfaction

These will be measured through a health facility survey at the end of the intervention

Overall study start date

01/03/2012

Completion date

01/03/2015

Eligibility

Key inclusion criteria

1. Health facilities within the selected 16 rural districts and matched control districts
2. Health facilities contracted under RBF project

Participant type(s)

Patient

Age group

Other

Sex

Both

Target number of participants

All health facilities in participating rural districts (n=356)

Key exclusion criteria

1. Health facilities outside the selected 32 rural districts
2. Health facilities not contracted under RBF project

Date of first enrolment

01/03/2012

Date of final enrolment

01/03/2015

Locations**Countries of recruitment**

United States of America

Zimbabwe

Study participating centre

The World Bank

Washington, D.C.

United States of America

20433

Sponsor information**Organisation**

Health Results Innovation Trust Fund, World Bank (USA)

Sponsor details

The World Bank

1818 H St NW

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United States of America

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Sponsor type

Government

ROR

<https://ror.org/00ae7jd04>

Funder(s)

Funder type

Government

Funder Name

Health Results Innovation Trust Fund, World Bank (USA)

Results and Publications

Publication and dissemination plan

Not provided at time of registration

2017 thesis in <https://doi.org/10.17037/PUBS.04539376> (added 25/06/2020)

Intention to publish date**Individual participant data (IPD) sharing plan****IPD sharing plan summary**

Not provided at time of registration