ISRCTN14332616 https://doi.org/10.1186/ISRCTN14332616

Impact evaluation of Zambia Health Results-Based Financing Pilot

Submission date
04/11/2014

Recruitment status
No longer recruiting

Registration date
12/12/2014

Overall study status
Completed

Last Edited
13/08/2020

Condition category
Other

[_] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol
Background and study aims
This study will evaluate the impact of results-based financing (RBF) on priority maternal and child health services in rural districts of Zambia. RBF is an output-based financing mechanism where the health providers receive financial incentives on achieving a pre-agreed set of services upon verification of the achieved results. The overall objective of the HRBF is to increase access to, and the use of, key maternal and child health interventions. The impact evaluation will generate valuable evidence to determine whether this goal is attainable under the proposed policies. In addition, the impact evaluation will contribute to the government's intentions to strengthen Central and Province-level capacities for evidence-based policy and program management for improving maternal and child health (MCH).The study will address the following three primary research questions: (a) What is the causal effect of the Zambian HRBF on the population health indicators of interest specifically on maternal and child health? (b) Do higher incentive payments in rural/remote areas result in increased health outcomes and greater retention of staff? (c) How does the likelihood of audit/external verification of results affect the accuracy of reported data?

Who can participate?
Participating health facilities from 30 rural districts triplet-matched on key health systems and outcome indicators and randomly allocated to three arms with ten districts per arm.

What does the study involve?
This study tests the effectiveness of RBF in comparison with input (equivalent) financing, and business-as-usual. Within each rural province, a triplet of districts with similar characteristics has been selected. Thus, 30 rural districts (10 triplets) have been selected from all rural provinces in the country. Within each matched triplet, districts have been randomly allocated to implement one of the three interventions (RBF, equivalent financing or business-as-usual). All health facilities (excluding private-for-profit) in these 30 districts participate in this study. Health facilities within the RBF intervention will receive RBF incentives every quarter conditional on their performance on a set of indicators related to maternal and child health. The facilities will receive incentives on achieving quantity (volume of services) and quality (adherence to national standards of care). Remote facilities in addition will receive a remoteness bonus. Health facilities within the equivalent financing intervention will receive resources matching with the RBF

incentives. However, these resources will not be conditional on performance. Health facilities within the business-as-usual intervention will not receive any additional resources or inputs. The study measures the outcomes of the interventions at the population and health facility levels. The outcomes will be measured through two rounds of surveys involving health facilities and households within the catchment areas of these facilities selected for this intervention. The first round of survey was completed before the interventions were implemented and the second round of survey will be undertaken after the completion of the implementation. The study will also employ qualitative surveys and cost-effectiveness analysis.

What are the possible benefits and risks of participating?
Health facilities in the RBF intervention and the equivalent financing groups will benefit from financial resources tied with performance and not conditional on performance, respectively. There are no adverse effects or risks of this intervention.

Where is the study run from?
There are 523 health facilities from 30 rural districts participating in this study. The implementing agency is the Ministry of Health, Zambia.

When is study starting and how long is it expected to run for?
The intervention started in April 2012 and is expected to continue until July 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?
Ashis Das
adas8@worldbank.org

Contact information

Type(s)
Scientific

Contact name
Dr Jed Friedman

Contact details
1818 H St NW
Washington, D.C.
United States of America
20433

Additional identifiers

Study information

Scientific Title
Assessing the impact of results-based financing in health on maternal and child health access and utilization: Impact evaluation of Zambia's Health Results-Based Financing Pilot

Acronym
Zambia RBF IE

Study objectives
Results based financing increases access to and utilization of maternal and child health services in rural Zambia

Ethics approval required
Old ethics approval format

Ethics approval(s)
Humanities and Social Sciences Research Ethics Committee, University of Zambia, 23/06/2011

Primary study design
Interventional

Study design
Randomized controlled trial

Study type(s)
Quality of life

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)
Health facilities within equivalent financing districts will receive resources every quarter similar to the health facilities under their matching RBF district
Health facilities within business-as-usual districts will receive no additional resources or inputs.

Intervention Type
Other

Primary outcome(s)
Health utilization indicators:
1. Antenatal care
2. Institutional delivery
3. Postnatal care
4. Immunization
5. Adoption of family planning methods

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

Key secondary outcome(s)

Health facility infrastructure indicators:
1. Drug stockout rates
2. Availability of drugs
3. Availability of equipment
4. 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

Completion date
01/06/2015

Eligibility

Key inclusion criteria
Health facility inclusion criteria:
1. Health centers and health posts (public and faith-based) within the selected 30 rural districts
2. Health centers and health posts contracted under RBF project
3. All public and faith-based health centers and health posts in input financing and business-as-usual districts

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Other

Sex
All

Key exclusion criteria
Health facility exclusion criteria:
1. Health centers and health posts outside the selected 30 rural districts
2. Private-for-profit health centers and health posts

Date of first enrolment

01/04/2012

Date of final enrolment
01/06/2015

Locations

Countries of recruitment
United States of America

Zambia

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)

ROR
https://ror.org/00ae7jd04

Funder(s)

Funder type
Government

Funder Name
Health Results Innovation Trust Fund, World Bank (USA)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/11/2018	13/08/2020	Yes	No