Zimbabwe - Health Results-Based Financing Impact Evaluation 2014

Jed Friedman

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Identification

SURVEY ID NUMBER
ZWE_2014_HRBFIE-HH_v01_M

TITLE
Health Results-Based Financing Impact Evaluation 2014

SUBTITLE
Household Survey

COUNTRY/ECONOMY

Name	Country code
Zimbabwe	ZWE

STUDY TYPE
Other Household Survey [hh/oth]

SERIES INFORMATION
The Government of Zimbabwe funds its health sector at a level lower than many other Sub-Saharan African countries.2 As a result, a major financial burden of health care falls on households in the form of out-of-pocket payments, rendering the health system inequitable and inefficient. There is evidence that many poor households have to rely on substandard care or even forgo necessary health care due to their low capacity to pay. In response to this adverse health care scenario, and to operationalize the Results-Based Management Strategy, the Government has been implementing the RBF pilot program through the Health Sector Development Support Project since July 2011. The Government receives grant support from the Health Results Innovation Trust Fund for the RBF program. Cordaid, an international nongovernment organization, serves as a fundholder and provides technical support to the Government to execute RBF functions. The World Bank led the impact evaluation.

ABSTRACT
The program has three components:
(i) results-based contracting;
(ii) management and capacity building; and
(iii) monitoring.

Under the first component, a portion of financing received by health facilities depends on the quantity and quality of services, with a focus on maternal and child health. User fees have also been abolished on a package of services in districts, with the aim of improving access to care.

The impact evaluation was designed to inform several policy questions including the effects of the RBF pilot program on the utilization and quality of maternal and child health services as well as its effects on health system functioning.
The impact evaluation comprised quantitative and qualitative approaches. The evaluation investigated the impact of RBF over a broad range of targeted and non-incentivized services related to maternal and child health services.

KIND OF DATA
Sample survey data [ssd]

UNIT OF ANALYSIS
- Household
- Facility

Version

VERSION DESCRIPTION
v01. Edited, anonymized datasets for public distribution.

Scope

NOTES

The Health Results-Based Financing Impact Evaluation 2014 (Household Survey) covers topics such as:

- Health Care Coverage
- Maternal and neonatal care
- Child health and immunization
- Corollary evidence on health service utilization from administrative data

- Quality of service
- Structural quality
- Process quality
- Corollary evidence on health service utilization from administrative data
- Client satisfaction

- Health systems
- Out-of-pocket expenditures
- Task-shifting and non-incentivized activities
- Facility governance and autonomy
- Human resources: health workers' satisfaction and motivation

Coverage

GEOGRAPHIC COVERAGE

National

UNIVERSE

The 32 districts were purposively sampled from a universe of 64 districts in Zimbabwe and then pair-matched on predetermined, observable characteristics.

Producers and sponsors

PRIMARY INVESTIGATORS

Name	Affiliation
Jed Friedman	The World Bank

PRODUCERS

Name	Affiliation	Role
Ashis Das	The World Bank	Co-Principal Investigator
Ronald Mutasa	The World Bank`	Senior Health Specialist and Task Team Leader

FUNDING AGENCY/SPONSOR

Name	Abbreviation	Role
Health Results Innovation Trust Fund	HRITF	Grant support
Ministry of Finance and Economic Development		Co-Funding

OTHER IDENTIFICATIONS/ACKNOWLEDGMENTS

Name	Affiliation	Role
Marjolein Dielemen	Royal Tropicl Institute, Amsterdam	Senior Advisor

Summit Kane	Royal Tropical Institute, Amsterdam	Health Systems Advisor

Sampling

SAMPLING PROCEDURE

The process evaluation applied a retrospective study design and a theory-based evaluation approach that made use of sequential mixed methods. The retrospective design allowed for classification of observations according to the outcomes of interest and retrospectively assessing their exposure and interaction with specific study factors, e.g., contextual factors and intervention design factors. This is facilitated by the theory-based evaluation approach, which examines the interaction between the context, the actors, and the intervention, and then attempts to explain how this interaction works to produce the outcomes of the intervention by interrogating the intervention's formal theory of change. The theory-driven approach sought to explore the influence of contextual factors on interventions and its outcomes through tracking and validating the program impact pathways.

The DHE (District Health Executives) team members, facility managers, health workers, HCCs and health facility catchment communities within World Bank funded RBF districts constituted the sampling frame from which respondents were purposively drawn to participate in a qualitative inquiry. A multistage sampling approach was used to select the Province, Districts, Facilities and Community Members with each using Purposive Sampling although each had varying "purposes" or specific reasons for selection. The cascade sampling first selected three provinces from the eight rural provinces in which RBF operated. The criteria for selection was based on geographic spread to ensure representation from each geo-region. Then within each of the three selected provinces, one or two districts were selected based on their identification as cases of interest by the project implementing entity. A total of four districts were selected.

Finally, the third stage of sampling involved the selection of one high- and one low-performing facility from each selected district. Of note is that the facilities were in part selected based on performance as defined by their actual earnings relative to expected earnings. The classification of performance therefore entailed initially assessing facility performance using quantitative methods and then proceeding to obtain primary qualitative data. The research team collected primary data through in-depth interviews, focus group discussions, and group interviews. The basic principles of analyzing qualitative data were applied. In particular, the processing of data for each facility made use of a desktop matrix analysis of themes drawn from both the conceptual framework and others emerging from transcripts. A comparison of these qualitative data across facilities enabled the research team to identify trends across facilities and to interpret the findings.

WEIGHTING

Household wealth is estimated using a wealth index, calculated using data on households' ownership of selected assets, materials used for housing construction, and types of water access and sanitation. The full list of variables used to construct this index and their weights is given at http://www.dhsprogram.com/programming/wealth%20index/Zimbabwe%20DHS%202010-11/zimbabwe%202010-11.pdf. Households are weighted using the DHS sampling weights.

Data Collection

DATES OF DATA COLLECTION

Start	End	Cycle
2011-12	2012-02	Baseline
2014-05	2014-08	Follow Up

DATA COLLECTION MODE

Face-to-face [f2f]

DATA COLLECTION NOTES

Data were collected at household and facility levels at baseline and at midline from 32 districts serving as the total study sample for the impact evaluation, comprising 16 districts of the 18 districts implementing RBF and 16 control districts not conducting RBF. The 32 districts were purposively sampled from a universe of 64 districts in Zimbabwe and then pair-matched on predetermined, observable characteristics. The matched pairing sought to improve the power of inference and assure balance on observable district and facility characteristics. Additionally, administrative data were extracted to cover the entire study period. Qualitative process monitoring data (from health worker interviews and direct observations) were

also collected.

DATA COLLECTORS

Name	Abbreviation	Affiliation
Ministry of Health and Child Care	MOHCC	Government of Zimbabwe

Questionnaires

QUESTIONNAIRES

Zimbabwe's Health Results-Based Financing Impact Evaluation (Household Survey) 2014 has two structured questionnaires (available in English and downloadable under the "Resources" tab):

1. Woman Questionnaire
a. Cover page
b. Table of contents
c. Consent
d. Knowledge on maternal health
e. Reproduction
f. Contraception
g. Trust in health services
h. HIV/AIDS and other
i. Pregnancy and postnatal care
j. Maternal mental health
k. Interviewer's Observations

2. Household Questionnaire
a. Cover page
b. Table of contents
c. Consent form
d. HH roster
e. Economic activities
f. HH characteristics
g. Health status and utilization
h. Growth monitoring
i. Child immunization, health and nutrition
j. Weight, height and MUAC measurement
k. Interviewer's observation

Access policy

CONTACTS

Name	Affiliation	Email
Jed Friedman	The World Bank	jfriedman@worldbank.org

CITATION REQUIREMENTS

Use of the dataset must be acknowledged using a citation which would include:
- the Identification of the Primary Investigator
- the title of the survey (including country, acronym and year of implementation)
- the survey reference number
- the source and date of download

Example:

Jed Friedman, World Bank. Health Results-Based Financing Impact Evaluation 2014, Household Survey (HRBFIE-HH). Ref. ZWE_2014_HRBFIE-HH_v01_M. Dataset downloaded from [URL] on [date].

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DISCLAIMER
The user of the data acknowledges that the original collector of the data, the authorized distributor of the data, and the relevant funding agency bear no responsibility for use of the data or for interpretations or inferences based upon such uses.

Metadata production

DDI DOCUMENT ID
DDI_ZWE_2014_HRBFIE-HH_v01_M_WB

PRODUCERS

Name	Abbreviation	Affiliation	Role
Development Economics Data Group	DECDG	The World Bank	Documentation of the DDI

DATE OF METADATA PRODUCTION
2021-06-21

DDI DOCUMENT VERSION
Version 1 (June 2021)

Data Dictionary

Data file	Cases	Variables
anthropometry_final_HHpages35_36 Section C200 - Weight, Height and MUAC Measurement	2474	36
contraception_final_cleaned Section W300 - Contraception	2031	114
contraception_final_WOMpages8_10 Section W300 - Contraception (Pages 8-10)	2197	98
cover_page	1836	25
growthmonitoring_final_HHpages28 Section C600 - Growth Monitoring	2564	45
hiv_final_cleaned_full_roster Section W900 - HIV/AIDS and Other	1676	72
hiv_final_WOMpages12_13 Section W900 - HIV/AIDS and Other (Pages 12-13)	2106	58
household_schedule_final_HHp4_5 Household Schedule	9641	50
housing_final_HHpages7_10 Household Characteristics	1836	78
immunisation_final_HHpages30_34 Section C500 - Child Immunisation, Health and Nutrition	2564	205
immunisation_hh_final_HHpage34 Section C500 - Child Immunisation, Health and Nutrition (Page 34)	1836	58
inpatient_fees_final_HHp22_27 Section H200 - Health Status & Utilization	1856	60
inpatient_final_HHpage20 Section H200 - Health Status & Utilization (Page 20)	9630	39
inpatient_hh_final_HHpage21 Section H200 - Health Status & Utilization (Page 21)	1836	40
knowledge_final_WOMpage5_6 Section W100 - Knowledge on maternal health	2128	110
labour_final_HHpage6 Section R200 - Economic Activities	9641	36
maternal_final_WOMpages14_22 Section W400 - Pregnancy and Postnatal Care	2115	264
mental_final_WOMpage23 Section W500 - Maternal Mental Health	2134	54
mental_health_final_cleaned	1626	67
outpatient_final_HHpages11_13 Section H200 - Health Status and Utilisation	9672	49
outpatient_final_HHpages14_19	662	59
reproduction_final_cleaned Section W200 - Reproduction	2135	59
reproduction_final_WOMpage7 Section W200 - Reproduction	2135	56

trust_final_WOMpage11 Section W600 - Trust in Health Services	2207	58