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**Appendix I**: Overview of indicators of the local RBF in Tanzania

<table>
<thead>
<tr>
<th>Facility/Team</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dispensaries</td>
<td>Immunization- Diphtheria, Tetanus, Pertussis, Hepatitis B 3 equal or above 80%</td>
</tr>
<tr>
<td></td>
<td>Immunization- Oral Polio Vaccine 0 equal or above 60%</td>
</tr>
<tr>
<td></td>
<td>Deliveries in the health facility equal or above 60%</td>
</tr>
<tr>
<td></td>
<td>Intermittent Presumptive Treatment 2 for pregnant women equal or above 60%</td>
</tr>
<tr>
<td></td>
<td>Quarterly Health Management Information System report timely, complete and accurate 100%</td>
</tr>
<tr>
<td>Health Centres</td>
<td>As for dispensaries</td>
</tr>
<tr>
<td>Hospitals</td>
<td>As for Health Centres</td>
</tr>
<tr>
<td>CHMTs and co-opted</td>
<td>Aggregate performance of council on facility indicators (above)</td>
</tr>
<tr>
<td>members</td>
<td></td>
</tr>
<tr>
<td>RHMTs and co-opted</td>
<td>Aggregate performance of region on facility indicators (above)</td>
</tr>
<tr>
<td>members</td>
<td></td>
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</table>
### Appendix II: Overview of indicators of the donor-funded Pwani Pilot RBF

<table>
<thead>
<tr>
<th>SERVICE CATEGORY</th>
<th>INDICATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Planning, Healthy Timing and Spacing of Pregnancy</td>
<td>Couple Year Protection Rate (CYP)</td>
</tr>
<tr>
<td>Focused Antenatal Care</td>
<td>% of ANC clients receiving IPT2 (Malaria prophylaxis coverage)</td>
</tr>
<tr>
<td>PMTCT</td>
<td>% HIV positive ANC clients receiving ARVs for prophylaxis</td>
</tr>
<tr>
<td>Labour &amp; Delivery</td>
<td>% of facility based deliveries</td>
</tr>
<tr>
<td>Labour &amp; Delivery</td>
<td>% of completely and properly filled partograms</td>
</tr>
<tr>
<td>Newborn Care</td>
<td>% of newborns receiving OPV0 in the first two weeks of life</td>
</tr>
<tr>
<td>Postpartum Care</td>
<td>% of newly delivered mothers attending postnatal clinic within 7 days after delivery</td>
</tr>
<tr>
<td>Child Health</td>
<td>% of Children under one year old receiving Penta Valant 3</td>
</tr>
<tr>
<td>Child Health</td>
<td>% of children under one year old receiving measles vaccines</td>
</tr>
<tr>
<td>Maternal and Newborn Mortality</td>
<td>% of maternal and newborn deaths that are appropriately audited on time</td>
</tr>
<tr>
<td>Health System strengthening</td>
<td>% of facilities reporting stock-outs of either one or more of the tracer medicines in a specified period (&lt; 8 days)</td>
</tr>
<tr>
<td>HMIS strengthening</td>
<td>HMIS monthly reports correctly filled and submitted on time to CHMT (by 7th of the following month)</td>
</tr>
<tr>
<td>HMIS strengthening</td>
<td>% of facilities included in the HMIS monthly reports</td>
</tr>
<tr>
<td>Category</td>
<td>Description</td>
</tr>
<tr>
<td>------------------------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>HMIS strengthening</td>
<td>% of districts included in the HMIS monthly reports exported through DHIS to MoHSW on time (by 21st of the following month)</td>
</tr>
<tr>
<td>Management</td>
<td>Submission to MoHSW of a Semi-Annual Regional Health Profile report, based on DHIS</td>
</tr>
<tr>
<td>Management</td>
<td>% of facilities receiving a copy of a Quarterly District Health Profile report, based on DHIS Overall performance along</td>
</tr>
<tr>
<td>Overall</td>
<td>P4P facility-based indicators</td>
</tr>
</tbody>
</table>
Appendix III: Interview guide for Tanzanian officials

Interview Guide for Tanzanian officials

Question 1
Tanzania is one of many countries in sub-Saharan Africa currently trying out payment for performance. What were the discussions that led to the initiating of P4P in Tanzania, and who was involved in these discussions? At what level were these discussions and were they ideological at all?
- Origins of P4P in Tanzania
- Deferent actors involved, political and civic society
- Discourse on results-based aid in Tanzania
- Perceptions of different actors towards P4P
- State ownership and central planning (Arusha Declaration-Nyerere)
- How do you think P4P will affect the civil service culture in Tanzania

Question 2: Actor in the health basket
The health basket is composed of many actors, what are their different roles? Who sets the agenda in the health basket, and who introduced the idea of P4P in the health basket? How does P4P relate to the principles of the health basket?
- What is the role of the MoHSW
- P4P as a ‘Norwegian thing’
- Earmarking of funds/aid
- Role of Norad and CHAI

Question 3: National P4P roll-out
In 2009 there were some misunderstandings between Tanzania and its development partners in the health basket regarding the “national P4P roll-out”. What were the major divergent views, and what is your opinion on this matter? What lessons were drawn from this experience and in what ways did this contribute to the shaping of the pilot currently in the Coastal region?
- Were the different views based on ideological or practical issues?
- How did the government respond to the reactions of donors
- To what extent does the GoT have ownership of P4P?
- Is P4P sustainable in Tanzania?
- Does P4P risk damaging other areas of the health sector?

Question 4: Launching of P4P in Coast Region
So in 2011 the Pwani region pilot was launched, what has been the experience with this P4P pilot? How does Tanzania benefit from this experience, and what is the opinion in the health baskets on the likelihood of launching a “national P4P”?
- Is the GoT satisfied with how the pilot is going?
- What are the results coming from the pilot?
- What are the general perceptions surrounding the pilot
- How is the pilot going to be scaled-up
- What are the possibilities of P4P to be implemented in the whole public sector

Question 5
Base on your vast experience, in your opinion, do you think implementing P4P is a good idea?

Other comments
Appendix IV: Interview guide for Norwegian officials

Interview guide for Norwegian Officials

Question 1

What in your opinion are the main trends or thematic priorities in Norwegian aid policy in recent years, and how would you say the idea of results based aid fits into this landscape?

- Origins of the idea of results-based financing (RBF)
- At what level were the discussions on results-based aid (RBA)?
- How was the idea received?- e.g. political actors, Norad, pressure groups
- What are Health related-MDGs, relating to MNCH in particular?
- With experience in RBA and RBF is opinion changing?
- Is funding of RBF shrinking or expanding, in general and in health care?
- How has the activities of Norway in the Health Results Innovation Trust Fund provided an impetus into funding P4P initiatives?

Question 2

So results based aid has been a part of the Norwegian aid landscape for a while. Where did Norway first get familiar with this way of thinking aid? How long has it been a part of the international aid agenda, and which countries or actors have been its main proponents?

- Who are the International players in the RBA and RBF landscape?
- Who are the Major proponents and opponents of RBA and RBF?
- What is Norway’s role in this landscape?
- What is the role of health related MDGs in promoting P4P?
- What are other sectors besides health is Norway funding results-based initiatives?
- What measures are there to make P4P initiatives sustainable?
- What is the role of the financial crisis in promoting results-based aid (RBA)?
- What is the role of the Paris Declaration on aid effectiveness in promoting RBA?
Question 3

The Norwegian-Tanzanian Partnership Initiative (NTPI) which was established in 2007 has been credited for the subsequent introduction of P4P in Tanzania. What has been Norway’s role into this P4P, and what other partners have been influential in this process?

- What is the Origins of the idea of P4P in Tanzania?
- What was the response of other development partners?
- How come P4P is referred to as the ‘Norwegian thing’
- Who are the prominent actors regarding P4P in Tanzania?

Question 4

The introduction of P4P in Tanzania has hardly been a smooth process, what experiences has Norway learnt from this process regarding RBF. How has been Norway’s relationship with the government of Tanzania and other development partners when a national P4P was launched in 2009 by authorities in Tanzania?

- Why did it take that long for an agreed approach?
- To what extent is Norway in control?
- To what extent is the approach (RBF) sustainable?
- Does P4P supports earmarking of funds?

Question 5

Based on the experience from Tanzania, has Norway’s belief in P4P as an instrument increased or decreased?

Other comments
Appendix V: Interview guide for other policy officials

Interview guide for other policy officials

Question 1

What in your opinion are the main trends or thematic priorities in development aid policy in recent years, and how would you say the idea of results based aid fits into this landscape?

- Origins of the idea of results-based aid (RBA)
- At what level were the discussions on results-based aid
- How has MDGs in general promoted results-based financing (RBF), and in particular health related MDGs
- What is the role of the financial crisis in promoting results-based aid (RBA)
- What is the role of the Paris Declaration on aid effectiveness in promoting RBA
- With this kind of experience in results-based aid and results-based financing (RBF) is your opinion changing
- How has been the trend in funding RBFs

Question 2

Where did your organization first get familiar with this way of thinking aid? How long has it been a part of the international aid agenda, and which countries or actors have been its main proponents?

- Who are the international players in the RBA and RBF landscape
- Who are the major proponents and opponents of RBA and RBF
- What is your organization’s role in this landscape
- What plans are there on making P4P sustainable

Question 3

The health basket is composed of many actors, what are their different roles? Who sets the agenda in the health basket, and who introduced the idea of P4P in the health basket? How does P4P relates to the principles of the health basket?

- What is the role of the MoHSW
- What is the role of your organisation
- P4P is referred as a ‘Norwegian thing’ in Tanzania, how do you perceive this way of thinking
- What is your opinion on earmarking of funds/aid, and how do you perceive P4P in relation to earmarking

**Question 4**

The introduction of P4P in Tanzania has hardly been a smooth process, what experiences has your organisation learnt from this process regarding RBFs. How best can you describe the relationship of development partners in the health basket during the discussions, and after introduction of P4P?

**Question 5**

Following the launch of the Pwani region pilot, what has been the experience with this P4P pilot? How is your organisation going to benefit from this experience, and what is the opinion of your organisation on the likelihood of scaling the pilot to national level?

- What are the results coming from the pilot
- What are the general perceptions surrounding the pilot

**Question 6**

Based on your vast experience, in your opinion, is it a good idea to implement P4P?

**Other comments**
Appendix VI: Topic guide for health workers (Rufiji)

Interview Guide for Health Workers-RUFIJI

Research Title: In search of working practices in health systems: The use of result based financing to improve health worker motivation, performance and service utilisation in mother, newborn and child health (MNCH) in Tanzania

Interview
Date...........................................................................................................................
Interview place...........................................................................................................
Informant name/code...............................................................................................
Recording Code.......................................................................................................
Duration of Interview..............................................................................................

Note: The interview is for the collection of information for academic purposes only. All information given will be treated in strict confidence.

Preamble: This research is being undertaken by Victor Chimhutu as part of the requirements for the degree philosophiae doctor (PhD), with the University in Bergen (UiB). The aim of the study is to explore the contributions and consequence of using P4P in health care.
Your cooperation towards the fulfilment of this objective is sincerely appreciated. Your responses will go a long way in the conclusion of this study. The findings of the study might inform the success of future similar programmes. You are assured that your responses will be treated with utmost confidentiality and any information identifying the informant will not be disclosed to anyone under any circumstances. Your participation will be acknowledged in the study.

Thank you

Section A: The self and others, individual motivation, work and social relations

1. Tell me about how you first came to work in this health sector (public/private/faith-based)?
2. What do you like most about your job?
3. What is it that motivates you to carry on with your work?
   • Probe: Motisha and Hamasa
4. What are the main challenges you face in your work?
   • Probe: In your opinion what would be the best way of addressing these challenges?
5. How best can you describe your relationship with patients and the community around?
   • When you think of your patients, what is it that matters most to you in this relationship?
6. How best can you describe your work and social relations with your co-workers across different cadres?

Section B: Areas of priority, changes within facility and new emerging strategies

1. What are the main health concerns in this region?
   • Probe: Do you think all these areas are being prioritized?
2. Do you think your time management and priority setting at work has been changing at this health facility?
   • Probe: If yes, when did you notice this change and what did you consider caused this change?
3. Is MNCH an important priority?
4. How does your health facility encourage mothers and the community to use birth services/health services?

Section C: Expectations of and experiences with P4P

1. What is your understanding of P4P?
2. Looking back to the introduction of the P4P programme, can you remember what your expectations were?
3. How has your work changed since the introduction of P4P?
   - Probe: In terms of workload, work relations, medical supplies, utilization and quality of services

4. What do you think about P4P now?
   - Probe: Are you happy or disappointed?
   - Probe: In what ways do you think P4P is useful?
   - Probe: In what ways do you think P4P is insufficient?
   - Probe: How do you think it benefits/disfavours you?
   - Probe: How do you think it benefits/disfavours the patient?

5. Is there anything that you find disturbing with P4P?
   - Probe: What changes would you like to see with P4P?

6. What do you appreciate most about P4P?

7. If P4P is stopped today, how do you think this will affect your work?

8. Do you consider P4P a model that might work in other areas than the health sector, which are these sectors and why might it work there?

Section D: Biographic information

1. Age..........................................................................................................................

2. Sex..........................................................................................................................

3. Marital Status..........................................................................................................

4. Number of Children..............................................................................................

5. Education...............................................................................................................

6. Job Title................................................................................................................

7. Number of years at Work.....................................................................................

8. Other working experience.......................................................................................

9. Other sources of income.......................................................................................}

10. Religion................................................................................................................
Appendix VII: Interview guide for health workers (Mvomero 2010)

Interview Guide for Health Workers- Mvomero 2010

Research Title: Payment for Performance in Maternal Health in Tanzania: Perceptions, Expectations and Experiences in Mvomero district

<table>
<thead>
<tr>
<th>Interview Date</th>
<th>Place of Interview</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Informant name/Pseudo name

Recording Code

Duration of Interview

Note: The interview is for the collection of information for academic purposes only. All information given will be treated in strict confidence.

Preamble: This research is being undertaken by Victor Chimhutu as part of the requirements for the degree of Mphil in Gender and Development, with the University in Bergen (UiB).
Your cooperation towards the fulfilment of this objective is sincerely appreciated. Your responses will go a long way in the conclusion of this study. The findings of the study might inform the success of future similar programmes. You are assured that your responses will be treated with utmost confidentiality and any information identifying the informant will not be disclosed to anyone under any circumstances. Your participation will be acknowledged in the study.

Thank you

Section A: Expectations and Experiences Related to the Introduction of P4P

1. Looking back to the introduction of P4P programme, can you remember what your expectations were?
   - Probe: In terms of income, workload, work relations, utilisation of services, quality of services

2. To what extent have your expectations been met?
   - Probe: In terms of income, workload, work relations, quality of services

3. What do you think about P4P?
   - Probe: Is P4P an approach that you think is useful? - If yes or no, why?
     Who does it benefit?
     How do you think it benefits/disfavours you?
     How do you think it benefits/disfavours the patient?

4. Is there anything with the implementation of P4P that annoys you that you would have liked to be change?
   Probe: If yes, what would that be?

5. Do you think P4P is the right way of motivating health workers, and what other ways are available to motivate workers?

6. If you were to introduce a P4P programme. How would you do it? What would you try to avoid? What would you stress?
7. How has your work changed since the introduction of P4P?

**Section B: Prioritization of Work within the Health Facility**

1. Has P4P influenced the way you work here at the facility?
   - Probe: in terms of time, workload, work pressure, extra duties

2. What was your work like before the P4P programme?
   - Probe: in terms of time, income, workload, work pressure

3. Do you think the P4P programme should be introduced to other health departments other than RCH?

4. Do you think the P4P programme should be introduced to other hospitals and health centres in Tanzania?

5. Do you think P4P for RCH is diverting attention and resources from other departments and issues?
   - Probe: If yes, what are these departments and issues?

6. Do you think RCH deserves the attention it is getting through the P4P programme?
   - Probe: if yes or no, in what ways?

7. Has the working relationship between the RCH/clinical staff and other workers/non-clinical staff been affected in any way by the introduction of P4P?

**Section C: Health workers’ Perceptions and Experiences of Work And Care Provision**

1. What do you like about your job?
   - Probe:

2. Is there anything you do not like about your job?

3. Do you ever think that you should have chosen a different profession?
   - Probe: if yes, which one and why?

4. If you were to choose your education today. Would you have chosen to become a nurse? If yes, why? If no, why not?

5. Have you ever regretted doing this job?

6. If you are to stop this job today what would you miss?

7. Has your attitude towards patients been affected by the introduction of P4P?
-Probe: If yes, in what ways?

8. What is the most demanding part of your job?

9. What is the most exciting part of your job?

10. If something could be done differently in your work, what could it be?

11. What do those close to you say about your job?
   -Probe: family, friends and colleagues

12. Do you think this is a job someone can do for a lifetime?
   -Probe: if yes or no why?

13. If you have a child, would you like him/her to become a nurse-midwife/health worker?

14. Can you please describe to me in detail your typical day at work?
   -A specific day like yesterday

15. Do you think P4P has introduced some changes in the way you do your job? If yes, what are these changes and do you like or hate these changes?

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Section D: Perceptions about Access, Acceptability and Quality of the Care provided to Women in Childbirth

1. How do you consider women’s access to EmOC in this area? Is it adequate?
   -Probe: If not, what could be the main barriers for that?

2. What could be done to make maternal health services more accessible in this area?

3. Do you think the services offered in maternity ward in general and the delivery room in particular is acceptable to patients?
   -Probe: Do you feel that women are treated with respect?
     Do you feel that the services are culturally appropriate? In terms of birthing position, clothing, relations
   -If no, in what ways?

4. What in your opinion could be done in the maternity ward to improve the acceptability of maternal health services?

5. How in your opinion has the introduction of P4P affected the accessibility, acceptability and quality of care?

6. Do you think that women have adequate access and that the services are acceptable, and of sufficient quality?

7. Do you think P4P has changed the way you interact with patients? Do you use more time with patients now or less and why?
8. If you look back before the introduction of P4P do you miss anything? What is it that you miss and why? And what is it that you do not miss?

**Section E: Monitoring, feedback and verification**

1. Do you like to be monitored when you are doing your job?

2. If you look back before the introduction of P4P, do you see any change in terms of the way your work is monitored?

3. What do you think about getting feedback from your superiors in the work you do? Is this something important for your work?

4. If you are monitored how do you feel, is it a good thing or you feel less trusted/cared for?

5. What is it that motivates you to come for work every day? Do you think this has changed since P4P was introduced?

6. How important are financial reward in your work? What is it that makes you so happy at the end of each day at your work?

7. If people come here to look into your books and how you are doing your work, does that bother you?

8. Does P4P put or take away pressure from your work?

9. If you look at your colleagues do you feel anything has changed in the way they do their work? - interact with patients; interact with co-workers, peer-monitoring/self-monitoring.

**Section F: Biographic Information**

11. Age..................................................................................................

12. Sex..................................................................................................

13. Marital Status.............................................................................

14. Number of Children....................................................................

15. Education....................................................................................

16. Job Title.....................................................................................

17. Number of years at Work............................................................
18. Other working Experience .................................................................
19. Other sources of income ...................................................................
20. Religion ...........................................................................................

THANK YOU FOR YOUR COOPERATION
Appendix VIII: Interview guide for health workers (Mvomero 2011)

Interview guide health workers-Mvomero 2011

Questions

1. Can you tell me what was it like when you started working as a health worker?
   - Do you still think this way or differently, and why?

2. What has kept you going on in this profession?
   - Motisha, hamasa?

3. When we came here last year (2010) a lot of people had some expectations for P4P, were these expectations met?
   - Are you happy meeting/not meeting these expectations, do you think this may affect your work? If yes, in what way, if no, why?

4. What is your experience with P4P so far?
   - Is it a good programme, why?
   - Is it a bad programme why?
   - Should it be continued or discontinued, and why?

5. Do you notice any differences on how work is organized at this facility?
   - Prioritization of work

6. How do you describe your relationship with the community around here and your patients?
   - What is it that matters in this relation to you?
   - Do you think P4P may affect this relationship, if yes or no, why and how?

7. How do you describe your relationship with your co-workers, both from MCH and non-MCH?
   - Work relations, teamwork, social relations

8. When we came here in 2010, health facilities were still waiting for P4P money, were you paid?
   - How much were you paid?
   - How did you feel with what you were given?
   - How did you use the money?

9. Do you think this health facility is going to meet P4P targets and if so, how are you planning to do this?
10. What strategies/ways do you use to meet P4P targets, including the facility birth indicator?
   - The community reported sanctions/threats is it true?
   - Do you know of anyone here who does that?
   - Do you know of any health facility which does that?
   - Do you think using threats/sanctions, even when it brings more deliveries is ok?
   - How can this health facility improve on the P4P indicator on deliveries?
   - Why do you think women in this area are still giving birth from home?

11. What role do you think P4P plays in your relationship with patients and co-workers?
   - Are the relations getting better/worse and why?

12. In your opinion, what role has P4P play in terms of monitoring and feedback, including the relationship with district health authorities?
   - Has it improved, how often you get feedback, is verification for P4P being carried out, when and how?

13. If you are to pick one thing you like/dislike about P4P what would that be and why?

Other comments

Thank you for your kind cooperation
Appendix IX: Topic guide for health workers (Rufiji)

Topic Guide- Health workers

Discussion themes

- Perceptions on care provision as a profession
- Motivation and incentives (financial and non-financial)
- Experiences with P4P
- New strategies emerging since P4P
- Community involvement

Questions

1. Do you like your work?
2. What is important in your work?
3. What are the main challenges in your work?
4. What are the main health concerns in this area that should be prioritized?
5. What kinds of incentives are available in the health sector?
6. What is your understanding of payment for performance (P4P)?
7. How has P4P helped you in your work?
8. How has P4P contributed to your relations with your co-workers and work environment?
9. How do you think P4P bonuses should be distributed at health facilities?
10. What changes would you like to see in the current P4P design and why?
11. In terms of health outcomes, how do you think this district has been doing compared to other districts you know?
12. What role can the community play in P4P?
Appendix X: Research clearance- National Institute for Medical Research (NIMR)

THE UNITED REPUBLIC OF TANZANIA

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Fax: 255 22 2121380/2121360
E-mail: headquarters@nimir.tz
NIMR/HQ/8.8.6/Vol. IX/1515

Dr. Mwelecole Mailele
Chairperson
Medical Research
Coordinating Committee

Ministry of Health and Social Welfare
P.O. Box 9083
Dar es Salaam
Tel: 255 22 2123263
Fax: 255 22 2116986
10th April, 2013

CLEARANCE CERTIFICATE FOR CONDUCTING MEDICAL RESEARCH IN TANZANIA

This is to certify that the research entitled: In search of working practises in health systems: The use of results based financing to improve health worker motivation, performance and service utilization in mother, newborn and child health in Ruliji and Mufindi districts in Tanzania (Mailele M. et al), has been granted ethical clearance to be conducted in Tanzania.

The Principal investigator of the study must ensure that the following conditions are fulfilled:

1. A progress report is submitted to the Ministry of Health and the National Institute for Medical Research, Regional and District Medical Officers after every six months.
2. Permission to publish the results is obtained from National Institute for Medical Research.
3. Copies of final publications are made available to the Ministry of Health & Social Welfare and the National Institute for Medical Research.
4. Any researcher, who contravenes or fails to comply with these conditions, shall be guilty of an offence and shall be liable to conviction to a fine, NIMR Act No. 21 of 1979, PART III Section 18(2).
5. Approval is for one year: 10th April, 2013 to 09th April, 2014

Name: Dr Mwelecole Mailele
Signature
Chairperson
Medical Research
Coordinating Committee

Name: Dr Donan Mnuna
Signature
Acting Chief Medical Officer
Ministry of Health, Social Welfare

CC: RMO
DMO
Appendix XI: Research clearance- Ifakara Health Institute- Institutional Review Board

INSTITUTIONAL REVIEW BOARD
P.O. BOX 78373, DAR ES SALAAM, TANZANIA
Tel: +255 (0) 22 2774714, Fax: +255 (0) 22 2771714 Email: irb@ihi.or.tz

11th July, 2012

Victor Chimbuta
Ifakara Health Institute
P.O. Box 78373
Dar Es Salam

IHH/IRB No: 24 - 2012

INSTITUTIONAL CLEARANCE CERTIFICATE FOR CONDUCTING HEALTH RESEARCH

On 11th July 2012, the Ifakara Health Institute Review Board (the IRB) reviewed a study titled: “In search of working practices in health systems: The use of results-based financing to improve health worker motivation, performance and service utilization in maternal, newborn and child health (MNCH) in Tanzania” submitted by the Principal Investigator Victor Chimbuta.

The following documents were reviewed:
1. Protocol
2. Informed Consent Forms
3. Budget
4. Title
5. CV

The study has been approved for implementation after IRB consensus. This certificate thus indicates that the above-mentioned study has been granted an Institutional Ethics Clearance to conduct the above named study in Ruvu and Masa-Masa districts.

The Principal Investigator of the study must ensure that, the following conditions are fulfilled during or after the implementation of the study:
1. PI should submit a six-month progress report and the final report at the end of the project
2. Any amendment, which will be done after the approval of the protocol, must be communicated as soon as possible to the IRB for another approval
3. Research must stop after the project expiration date, unless there is prior information and justification to the IRB
4. There should be plans to give feedback to the community on the findings
5. Any publication needs to pass through the IRB
6. The approval is valid until 11th July 2015

The IRB reserves the right to undertake field inspections to check on the protocol compliance.

Chairperson

JOYCE K. IGINGURA

Beverly Munguchita

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Appendix XII: Informed consent form- English

INFORMANT CONSENT FORM (ICF)

In search of working practices in health systems: The use of results-based financing to improve health worker motivation, performance and service utilisation in mother, newborn and child health (MNCH) in Tanzania

PI: Victor Chimhutu

PhD Candidate with University in Bergen (UiB)

Contact in Tanzania: IFAKARA HEALTH INSTITUTE

S. L. P.  78373 Dar es Salaam

MIKOCHENI

E-mail: victor.chimhutu@hemil.uib.no, vchimhutu2002@yahoo.com

We would like to invite in this health research on the use of money in improving motivation, performance of health workers, and utilization of services for mothers, infants children and child health in Tanzania.

This study involves research and is being undertaken by Victor Chimhutu a Ph.D candidate with the University in Bergen (UiB). The overall PI is an external investigator but will have a local PI in Tanzania from IFAKARA HEALTH INSTITUTE, Dr Mwifadhi Mrisho. The aim and purpose of the study is to explore the contributions and consequences of using results-based financing (P4P) in health systems. The study is focusing on P4P pilot conducted in the Pwani region. Informants in the research will be health workers in health facilities implementing P4P. The study will use interviews (IDIs) and focus group discussions (FGDs) as main methods for data collection. Up to 25 interviews and 6 FGDs are expected to be conducted with health workers. 6 FGDs with health service users will be conducted. In addition, the study will also conduct interviews with officials from various actors working with P4P including the Ministry of health and social welfare (MoHSW). Participation in interviews and/or focus group discussions will last between 1-2 hours.

Participation in this study is voluntary and no amount of force or coercion will be used in the recruitment procedure of informants. In addition, informants can/or are allowed to withdraw from
the study at any given point if they feel uncomfortable with their participation. Informants are not punished for their withdrawal from the research. The sampling procedure of this study is purposive. However, if information relevant surfaces during the interviews or focus group discussions, if necessary for the aim of study, the PI will follow up the cases. The fieldwork will be carried out in a period of up to six months, starting with a pre-fieldwork phase in September 2012. The pre-fieldwork phase will be used for the selection of health facilities and in conducting explorative interviews with officials working with P4P from MoHSW and different organisations involved in the P4P pilot.

The study is purely for academic purposes and carries no financial rewards for informants. In other words there are no financial benefits for participating in this research. Only compensation in terms of reimbursements in transport fees will be paid in cases where informants travel to the site of interviews or FGDs. The results of this study will be accessible to the public and as such add to the knowledge about the use of incentives in health care. This knowledge might help in improving the implementation of such incentives programmes in Tanzania or elsewhere in the world. Hence the benefits for participating in this study are not directly awarded to informants but the participation can go a long way in generating knowledge around the use of P4P in health systems.

Information received during interviews or focus group discussions will be treated with confidentiality. No information will be disseminated that will directly link informants unless if the informants have given their informed consent, especially information from public officials who can be easily identified. It is the PI's responsibility to make sure all quotes and information that directly relate to informants is left out in the final analysis and presentation of data. In the same regard, the PI can use pseudo names or codes in anonymising data during analysis and presentation. In addition, it is the primary responsibility of the PI to keep any records or data identifying informants in a secure place accessible by the PI only. The PI is responsible for the disposal of all information and data acquired during the fieldwork.

If at any point during the research period, questions regarding the study arise, it is the sole responsibility of the PI to answer such questions. In the same regard, the IRB and other regulatory authorities in Tanzania have a right at any point during the fieldwork to monitor the progress of the research. However the PI reserves the right and takes responsibility for the overall progress of the research with consideration to rules and regulations governing research practice in Tanzania.

Informants have a right to receive all information relevant for their participation in the study. This information is offered during the period of the research. The PI will make sure that the main
objective of the research is not radically transformed during the course of or after the research period. If such changes do happen, the participants reserve the right to be informed about these changes.

In case you have any questions, we will be happy to respond to you.

Do you agree to participate?

I have understood information of this study, what is needed from me, and the outcomes of my involvement. My questions concerning the study have been answered by _____________________ (Name of interviewer). I understood that I can withdraw any time from participating in this study without giving any reasons and affecting my work performance and management of the study. I agree to participate.

Name(Interviewee)........................................Signature..........................Date..........................
Place.........
Appendix XIII: Informed consent form- Swahili

**FOMU YA RIDHAA YA MSHIRIKI (ICF)**

Katika kuchunguza mazoea ya utendaji kazi katika mifumo afya: Matookeo ya matumizi ya fedha katika kuboresha hamasa na utendaji wa wahudumu wa afya na matumizi ya huduma kwa akina mama, watoto wachanga na afya ya mtoto (MNCH) katika Tanzania

**Msimamizi Mkuu: Victor Chimhutu**

Mwanafunzi wa Shahada ya Falsafa ya Uzamivu (PhD), Chuo Kikuu Bergen (UiB)

Mawasiliano katika Tanzania: TAASISI YA AFYA IFAKARA

S. L. P. 78373, Dar es Salaam.

MIKOCHENI

Barua pepe: victor.chimhutu@hemil.uib.no, vchimhutu2002@yahoo.com

Tunapenda kukualika katika utafiti wa afya kuhusu matumizi ya fedha katika kuboresha hamasa, utendaji kazi wa wahudumu wa afya, na matumizi ya huduma za akina mama, watoto wachanga na na afya ya mtoto katika Tanzania.


Ushiriki katika utafiti huu ni hiari, na hakuna kiwango chochote cha nguvu kitakachotumika katika utaratibu wa kupata washiriki. Aidha, washiriki wanaweza/ wanaruhusiwa kujitaa kutoka katika utafiti wa wakati wowote, endapo hawatajisikia vyema kwa ushiriki wao. Washiriki hawataadhibiwa kwa kujitaa kwao kutoka katika utafiti. Utaratibu wa upatakanaji sampuli katika utafiti huu ni wa Kukusudia (Purposive). Hata hivyo, endapo taarifa muhimu zitaibuka wakati wa mahojiano au
majadiliano kwa kikundi, ikiwa ina umuhimu kwa utafiti, **Msimamizi Mkuu** atafuatilia taarifa hiyo. Kazi ya utafiti ifakani katika kipindi cha haki mizizi, kwa kuanzia na awamu ya mwanzo kabla ya utafiti, mwezi September 2012. Awamu ya mwanzo kabla ya utafiti itatumika katika kuchagua vituo vya tiba na mahojiano ya uchunguzi na maafisa wanaofanya kazi katika mpango wa P4P kutoka Wizara ya Afya na taasisi tofauti zinazoshirikishwa katika utafiti wa awali wa P4P.

Utafiti huu ni maalum kwa malengo ya kitaaluma na hauna malipo ya fedha kwa washiriki. Kwa maneno mengine, hakuna faida ya kifedha kwa kushiriki katika utafiti huu. Malipo wawili kwa namna ya fidia ya wasafiri yatalipwa tu, endapo washiriki watasafiri katika eneo la utafiti kwa ajili ya mahojiano au mahojiano kwa vihinduni. Matokeo ya utafiti huu yatapatikana kwa ajili ya umma na kuongeza ujuzi/ufahamu kuhusu matumizi ya marupuru/kujifuta jasho katika huduma za afya. Ujuzi huu utachangia unaweza kusaidia katika kuendeleza ujuzi katika utafiti kwa ajili ya mahojiano au maafisa wanaofanya kazi katika mpango wa P4P kutoka Wizara ya Afya na taasisi tofauti zinazoshirikishwa katika utafiti wa awali wa P4P.

Taarifa zitakazopokelewa wakati wa mahojiano au majadiliano kwa kikundi zitakuwa ni siri. Hakuna taarifa itakayotolewa ambayo itawahusisha washiriki, vinjinevyo washiriki wawe wametooa ridhaa, hasa taarifa kutoka kwa maafisa wa umma ambao wameshemu kutambuliwa kwa ukweli. Ni jukumu la **Msimamizi Mkuu** kuwahusisha wa nuku na taarifa zote ambazo zinahusiana moja kwa moja na washiriki, zinaachwa katika uchambuzi na uwasilishaji wa mwisho wa taarifa. Katika hali hiyo, **Msimamizi Mkuu** anaweza kutumia majina bandia au alama katika kuficha taarifa wa washiriki katika uchambuzi na uwasilishaji. Aidha, ni jukumu la msingi la **Msimaizi Mkuu** kutunza kumbukumbu zinazoendelee wa taarifa zinazotambuliwa kwa washiriki, katika mahali salama na inayofikiwa na **Msimamizi Mkuu**. **Msimamizi Mkuu** anaweza kutumia majina bandia au alama katika kuficha taarifa wa washiriki katika uchambuzi na uwasilishaji. Aidha, ni jukumu la msingi la **Msimaizi Mkuu** kutunza kumbukumbu zinazoendelee wa taarifa zinazotambuliwa kwa washiriki.

Endapo katika hatua yeyote katika kipindi cha utafiti, maswali kuhusiana na utafiti yataibuka, ni jukumu la msingi la **Msimamizi Mkuu** kuwahusisha wa nuku na katika hatua yeyote katika utafiti, maswali kuhusiana na utafiti yataibuka, ni jukumu la msingi la **Msimaizi Mkuu** kutunza kumbukumbu zinazoendelee wa taarifa zinazotambuliwa kwa washiriki, katika mahali salama na inayofikiwa na **Msimamizi Mkuu**. **Msimamizi Mkuu** anaweza kutumia majina bandia au alama katika kuficha taarifa wa washiriki katika uchambuzi na uwasilishaji. Aidha, ni jukumu la msingi la **Msimaizi Mkuu** kutunza kumbukumbu zinazoendelee wa taarifa zinazotambuliwa kwa washiriki, katika mahali salama na inayofikiwa na **Msimamizi Mkuu**.
halibadilishwi kwa kiasi kikubwa wakati utafiti ukiendelea au baada ya kipindi cha utafiti. Ikiwa mabadiliko hayo yatatokea, washiriki watakuwa na haki ya kupata taarifa kuhusu mabadiliko haya.

Kama una maswali yoyote, tutafurahi kujibu.

Je, unakubali kushiriki?

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Nimeelewa maelezo ya utafiti huu, kinachohitajika kutoka kwangu, na matokeo ya ushiriki wangu.

Maswali yangu kuhusiana na utafiti huu yamejibiwa na ___________________________ (jina la mhojaji).

Ninaelewa kwamba ninaweza kujitoa muda wowote kushiriki katika utafiti huu bila kutoa sababu na bila kuathiri utendaji wangu wa kazi pamoja na uongozi wa utafiti huu. Ninakubali kushiriki.

Jina.............................................Sahihi....................Tarehe.......................... Mahali.............................

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<th>Year</th>
<th>Name</th>
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<tr>
<td>1980</td>
<td>Allen, H.M.</td>
<td>Dr. philos.</td>
<td>Parent-offspring interactions in willow grouse (Lagopus L. Lagopus).</td>
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<td>1982</td>
<td>Svebak, S.</td>
<td>Dr. philos.</td>
<td>The significance of motivation for task-induced tonic physiological changes.</td>
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<td>1983</td>
<td>Myhre, G.</td>
<td>Dr. philos.</td>
<td>The Biopsychology of behavior in captive Willow ptarmigan.</td>
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<td></td>
<td>Eide, R.</td>
<td>Dr. philos.</td>
<td>PSYCHOSOCIAL FACTORS AND INDICES OF HEALTH RISKS. The relationship of psychosocial conditions to subjective complaints, arterial blood pressure, serum cholesterol, serum triglycerides and urinary catecholamines in middle aged populations in Western Norway.</td>
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<td></td>
<td>Værnes, R.J.</td>
<td>Dr. philos.</td>
<td>Neuropsychological effects of diving.</td>
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<td>1984</td>
<td>Kolstad, A.</td>
<td>Dr. philos.</td>
<td>Til diskusjonen om sammenhengen mellom sosiale forhold og psykiske strukturer. En epidemiologisk undersøkelse blant barn og unge.</td>
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<td>Løberg, T.</td>
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<td>1985</td>
<td>Hellesnes, T.</td>
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<td>Læring og problemløsning. En studie av den perseptuelle analysens betydning for verbal læring.</td>
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<td>Psykoterapi: relasjon, utviklingsprosess og effekt.</td>
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<td>Hagtvet, K.A.</td>
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<td>The construct of test anxiety: Conceptual and methodological issues.</td>
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<td>Migraine and tension headache: Psychophysiology, personality and therapy.</td>
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Mykletun, R.J., Dr. philos.  Teacher stress: personality, work-load and health.

Havik, O.E., Dr. philos.  After the myocardial infarction: A medical and psychological study with special emphasis on perceived illness.

1989  Bråten, S., Dr. philos.  Menneskedyaden. En teoretisk tese om sinnets dialogiske natur med informasjons- og utviklingspsykologiske implikasjoner sammenholdt med utvalgte spedbarsstudier.

Wold, B., Dr. psychol.  Lifestyles and physical activity. A theoretical and empirical analysis of socialization among children and adolescents.

1990  Flaten, M.A., Dr. psychol.  The role of habituation and learning in reflex modification.

1991  Alsaker, F.D., Dr. philos.  Global negative self-evaluations in early adolescence.


Endresen, I.M., Dr. philos.  Psychoimmunological stress markers in working life.

Faleide, A.O., Dr. philos.  Asthma and allergy in childhood. Psychosocial and psychotherapeutic problems.

1992  Dalen, K., Dr. philos.  Hemispheric asymmetry and the Dual-Task Paradigm: An experimental approach.

Bø, I.B., Dr. philos.  Ungdoms sosiale økologi. En undersøkelse av 14-16 åringers sosiale nettverk.

Nivison, M.E., Dr. philos.  The relationship between noise as an experimental and environmental stressor, physiological changes and psychological factors.

Torgersen, A.M., Dr. philos.  Genetic and environmental influence on temperamental behaviour. A longitudinal study of twins from infancy to adolescence.

1993  Larsen, S., Dr. philos.  Cultural background and problem drinking.

Nordhus, I.H., Dr. philos.  Family caregiving. A community psychological study with special emphasis on clinical interventions.

Thuen, F., Dr. psychol.  Accident-related behaviour among children and young adolescents: Prediction and prevention.

Solheim, R., Dr. philos.  Spesifikke lærevansker. Diskrepanskriteriet anvendt i seleksjonsmetodikk.

Johnsen, B.H., Dr. psychol.  Brain asymmetry and facial emotional expressions: Conditioning experiments.

1994  Tønnessen, F.E., Dr. philos.  The etiology of Dyslexia.

Kvale, G., Dr. psychol.  Psychological factors in anticipatory nausea and vomiting in cancer chemotherapy.
Asbjørnsen, A.E., Dr. psychol. Structural and dynamic factors in dichotic listening: An interactional model.

Bru, E., Dr. philos. The role of psychological factors in neck, shoulder and low back pain among female hospital staff.

Braathen, E.T., Dr. psychol. Prediction of excellence and discontinuation in different types of sport: The significance of motivation and EMG.

Johannessen, B.F., Dr. philos. Det flytende kjønnet. Om lederskap, politikk og identitet.

1995

Sam, D.L., Dr. psychol. Acculturation of young immigrants in Norway: A psychological and socio-cultural adaptation.

Bjaalid, I.-K., Dr. philos Component processes in word recognition.

Martinsen, Ø., Dr. philos. Cognitive style and insight.

Nordby, H., Dr. philos. Processing of auditory deviant events: Mismatch negativity of event-related brain potentials.

Raaheim, A., Dr. philos. Health perception and health behaviour, theoretical considerations, empirical studies, and practical implications.

Seltzer, W.J., Dr.philos. Studies of Psychocultural Approach to Families in Therapy.

Brun, W., Dr.philos. Subjective conceptions of uncertainty and risk.

Aas, H.N., Dr. psychol. Alcohol expectancies and socialization: Adolescents learning to drink.

Bjørkly, S., Dr. psychol. Diagnosis and prediction of intra-institutional aggressive behaviour in psychotic patients.

1996

Anderssen, N., Dr. psychol. Physical activity of young people in a health perspective: Stability, change and social influences.

Sandal, Gro Mjeldheim, Dr. psychol. Coping in extreme environments: The role of personality.

Strumse, Einar, Dr. philos. The psychology of aesthetics: explaining visual preferences for agrarian landscapes in Western Norway.

Hestad, Knut, Dr. philos. Neuropsychological deficits in HIV-1 infection.

Lugoe, L.Wycliffe, Dr. philos. Prediction of Tanzanian students’ HIV risk and preventive behaviours

Sandvik, B. Gunnhild, Dr. philos. Fra distriktsjordmor til institusjonsjordmor. Fremveksten av en profesjon og en profesjonsutdanning

Lie, Gro Therese, Dr. psychol. The disease that dares not speak its name: Studies on factors of importance for coping with HIV/AIDS in Northern Tanzania

Øygard, Lisbet, Dr. philos. Health behaviors among young adults. A psychological and sociological approach

Stormark, Kjell Morten, Dr. psychol. Emotional modulation of selective attention: Experimental and clinical evidence.
Einarsen, Ståle, Dr. psychol. Bullying and harassment at work: epidemiological and psychosocial aspects.


Sørensen, Marit, Dr. philos. The psychology of initiating and maintaining exercise and diet behaviour.

Skjæveland, Oddvar, Dr. psychol. Relationships between spatial-physical neighborhood attributes and social relations among neighbors.

Zewdie, Teka, Dr. philos. Mother-child relational patterns in Ethiopia. Issues of developmental theories and intervention programs.

Wilhelmsen, Britt Unni, Dr. philos. Development and evaluation of two educational programmes designed to prevent alcohol use among adolescents.

Manger, Terje, Dr. philos. Gender differences in mathematical achievement among Norwegian elementary school students.

Lindstrøm, Torill Christine, Dr. philos. «Good Grief»: Adapting to Bereavement.

Skogstad, Anders, Dr. philos. Effects of leadership behaviour on job satisfaction, health and efficiency.

Haldorsen, Ellen M. Håland, Dr. psychol. Return to work in low back pain patients.

Besemer, Susan P., Dr. philos. Creative Product Analysis: The Search for a Valid Model for Understanding Creativity in Products.

Winje, Dagfinn, Dr. psychol. Psychological adjustment after severe trauma. A longitudinal study of adults' and children's posttraumatic reactions and coping after the bus accident in Måbødalen, Norway 1988.

Vosburg, Suzanne K., Dr. philos. The effects of mood on creative problem solving.

Eriksen, Hege R., Dr. philos. Stress and coping: Does it really matter for subjective health complaints?

Jakobsen, Reidar, Dr. psychol. Empiriske studier av kunnskap og holdninger om hiv/aids og den normative seksuelle utvikling i ungdomsårene.

Mikkelsen, Aslaug, Dr. philos. Effects of learning opportunities and learning climate on occupational health.

Samdal, Oddrun, Dr. philos. The school environment as a risk or resource for students' health-related behaviours and subjective well-being.

Friestad, Christine, Dr. philos. Social psychological approaches to smoking.
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<td>2000</td>
<td>Ekeland, Tor-Johan, Dr. philos.</td>
<td>Meining som medisin. Ein analyse av placebofenomenet og implikasjoner for terapi og terapeutiske teorier.</td>
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<td>Saban, Sara, Dr. psychol.</td>
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<td>Dundas, Ingrid, Dr. psychol.</td>
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<td>2000</td>
<td>Hovland, Ole Johan, Dr. philos.</td>
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<td>Diagnostisering av ordavkodingsvansker: En prosessanalytisk tilnæringsmåte.</td>
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<td>Skinstad, Anne Helene, Dr. philos.</td>
<td>Substance dependence and borderline personality disorders.</td>
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<td>Binder, Per-Einar, Dr. psychol.</td>
<td>Individet og den meningsbærende andre. En teoretisk undersøkelse av de mellommenneskelige forutsetningene for psykisk liv og utvikling med utgangspunkt i Donald Winnicotts teori.</td>
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<td>Building of concepts. A study of Physics concepts of Norwegian deaf students.</td>
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<td>Predicting contraceptive use and intention among a sample of adolescent girls. An application of the theory of planned behaviour in Ethiopian context.</td>
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<td>Ihlebæk, Camilla, Dr. philos.</td>
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<td>Rosén, Gunnar O. R., Dr. philos.</td>
<td>The phantom limb experience. Models for understanding and treatment of pain with hypnosis.</td>
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<td>Fleksible språkrom. Matematikk læring som tekstutvikling.</td>
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