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

Facility/Team	Indicator
Dispensaries	Immunization- Diphtheria, Tetanus, Pertussis, Hepatitis B 3 equal or above 80%
	Immunization- Oral Polio Vaccine 0 equal or above 60%
	Deliveries in the health facility equal or above 60%
	Intermittent Presumptive Treatment 2 for pregnant women equal or above 60%
	Quarterly Health Management Information System report timely, complete and accurate 100%
Health Centres	As for dispensaries
Hospitals	As for Health Centres
CHMTs and co-opted members	Aggregate performance of council on facility indicators (above)
RHMTs and co-opted members	Aggregate performance of region on facility indicators (above)

Appendix II: Overview of indicators of the donor-funded Pwani Pilot RBF

SERVICE CATEGORY	INDICATOR
Family Planning, Healthy Timing and Spacing of Pregnancy	Couple Year Protection Rate (CYP)
Focused Antenatal Care	% of ANC clients receiving IPT2 (Malaria prophylaxis coverage)
PMTCT	% HIV positive ANC clients receiving ARVs for prophylaxis
Labour & Delivery	% of facility based deliveries
Labour & Delivery	% of completely and properly filled partograms
Newborn Care	% of newborns receiving OPV0 in the first two weeks of life
Postpartum Care	% of newly delivered mothers attending postnatal clinic within 7 days after delivery
Child Health	% of Children under one year old receiving Penta Valent 3
Child Health	% of children under one year old receiving measles vaccines
Maternal and Newborn Mortality	% of maternal and newborn deaths that are appropriately audited on time
Health System strengthening	% of facilities reporting stock-outs of either one or more of the tracer medicines in a specified period (< 8 days)
HMIS strengthening	HMIS monthly reports correctly filled and submitted on time to CHMT (by 7th of the following month)
HMIS strengthening	% of facilities included in the HMIS monthly reports

	exported through District Health Information System (DHIS) to RHMT in timely manner (by 14th of the following month)
HMIS strengthening	% of districts included in the HMIS monthly reports exported through DHIS to MoHSW on time (by 21st of the following month)
Management	Submission to MoHSW of a Semi-Annual Regional Health Profile report, based on DHIS
Management	% of facilities receiving a copy of a Quarterly District Health Profile report, based on DHIS Overall performance along
Overall	P4P facility-based indicators

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 lead 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

Ouestion 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 organization 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

Interview Guide	for Health Workers-RUFI	IJ	

Appendix VI: Topic 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?

	•	Probe: In terms of income, work relations, medical supplies, utilization and quality of services
3.	How h	as your work changed since the introduction of P4P?
	•	Probe: In terms of workload, work relations, medical supplies, utilization and

4. What do you think about P4P now?

quality of services

- 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 appreciates 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

Interview
Date
Place of
Interview
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?

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?
- 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/selfmonitoring.

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. I	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/santions, even when it brings more deliveries is ok?
 - How can this heath 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



National Institute for Medical Research P.O. Box 9653 Dar es Salaam Tel: 255 22 2121400/390 Fax: 255 22 2121380/2121360 E-mail: <u>headquarters@nimr.or.tz</u> NIMR/HQ/R.8a/Vol. IX/1515

Dr. Mwifadhi Mrisho Ifakara Health Institute Ministry of Health and Social Welfare P.O. Box 9083 Dar es Salaam Tel: 255 22 2120262-7 Fax: 255 22 2110986

10th April, 2013

P.O. Box 78373 DAR ES SALAAM

CLEARANCE CERTIFICATE FOR CONDUCTING MEDICAL RESEARCH IN TANZANIA

This is to certify that the research entitled: In search of working practices 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 Rufiji and Mafia districts in Tanzania (Mrisho 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:

- 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.

 Permission to publish the results is obtained from National Institute for Medical Research.
- Copies of final publications are made available to the Ministry of Health & Social Welfare and the National Institute for Medical Research.
- Any researcher, who contravenes or fails to comply with these conditions, shall be guilty of an offence and shall be liable on conviction to a fine. NIMR Act No. 23 of 1979, PART III Section 10(2).

Approval is for one year: 10th April, 2013 to 09th April, 2014.

Name: Dr Mwelecele N Malecela

Signature CHAIRPERSON MEDICAL RESEARCH

COORDINATING COMMITTEE

DMO

CC: RMO Name: Dr Donan Mmbando

Signature ACTING CHIEF MEDICAL OFFICER MINISTRY OF HEALTH, SOCIAL WELFARE

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



INSTITUTIONAL REVIEW BOARD P O BOX 78373 DAR ES SALAAM, TANZANIA Tel +255 (b) 22 2774714, Fus: + 255 (b) 22 2771714 Email: <u>irb@ihi.or.tz</u>

National Institute for Medical Research P O Box 9653 Dar Es Salaam

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11th July, 2012

Victor Chimhutu Dar Es Salaam

IHI/IRB/No: 24 - 2012

INSTITUTIONAL CLEARANCE CERTIFICATE FOR CONDUCTING HEALTH RESEARCH

On 11th July 2012, the Ifakara Health Institute Review Board (IHI IRB) reviewed from study titled: "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" submitted by the Principal Investigator Victor Chimhutu.

The following documents were reviewed:

- Protocol
 Informed Consent Forms
 Budget

Tools
 CVs

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 Ruftji and Marfia districts.

The Principal Investigator of the study must ensure that, the following conditions are fulfilled during or after the 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. All 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 11° July 2013

The IRB reserves the right to undertake field inspections to check on the protocol compliance Algarli Cal IRB Secretary Beverly Msambichaka Baum Chairperson JOYCE K. IKINGURA Rigorna PO Box 1077 Tel: 0282 803655 PO Box 1948 Tel: 0232 333487

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: IEAKARA HEALTH INSTITUTE

S. L. P. 78373 Dar es Salaam

MIKOCHENI

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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.				
agree to participate.				
Name(Interviewee)				
Place				

Appendix XIII: Informed consent form- Swahili

FOMU YA RIDHAA YA MSHIRIKI (ICF)

<u>Katika kuchunguza mazoea ya utendaji kazi katika mifumo afya: Matokeo ya matumizi ya fedha</u> 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.

Utafiti huu unafanywa na Victor Chimhutu, mwanafunzi wa Shahada ya Falsafa Uzamivu katika Chuo

Kikuu Bergen (UiB). Msimamizi Mkuu ni mchunguzi kutoka nje, lakini atakuwa na Msimamizi wa

ndani ya Tanzania kutoka Taasisi ya Afya Ifakara. Lengo la utafiti huu ni kuchunguza michango na

matokeo ya matumizi ya fedha (P4P) katika mifumo afya. Utafiti unalenga katika jaribio la (utafiti wa

awali) la P4P lililofanyika katika mkoa wa Pwani. Walengwa katika utafiti huu watakuwa ni

wahudumu wa afya katika vituo vya tiba vinavyotekeleza mpango wa P4P. Utafiti utatumia

mahojiano na majadiliano kwa vikundi, kama njia kuu za ukusanyaji taarifa. Jumla ya mahojiano 25

na majadiliano kwa vikundi 6 yanatarajiwa kufanyika kwa wahudumu wa afya. Utafiti utafanya

mahojiano na maafisa kutoka watendaji mbalimbali wanaofanya kazi katika mpango wa P4P

wakiwemo wa Wizara ya Afya na Ustawi wa Jamii. Ushiriki katika mahojiano na/au majadiliano kwa

kikundi yatachukua muda wa kati ya saa 1 hadi 2.

Ushiriki katika utafiti huu ni hiari, na hakuna kiwango chochote cha nguvu kitakachotumika katika

utaratibu wa kupata washiriki. Aidha, washiriki wanaweza/ wanaruhusiwa kujitoa kutoka katika

utafiti wakati wowote, endapo hawatajisikia vyema kwa ushiriki wao. Washiriki hawataadhibiwa

kwa kujitoa 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, **Msimamizii Mkuu** atafuatilia taarifa hiyo. Kazi ya utafiti itafanyika katika kipindi cha hadi miezi sita, 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 kwa namna ya fidia ya usafiri yatalipwa tu, endapo washiriki watasafiri katika eneo la utafiti kwa ajili ya mahojiano au mahojiano kwa vikundi. Matokeo ya utafiti huu yatapatikana kwa ajili ya umma na kuongeza ujuzi/ufahamu kuhusu matumizi ya marupurupu/kifuta jasho katika huduma za afya. Ujuzi huu utachangia unaweza kusaidia katika kuboresha utekelezaji wa mpango huo wa marupurupu katika Tanzania au popote Ulimwenguni. Kwa kuwa faida za kushiriki katika utafiti huu hazitolewi moja kwa moja kwa mshiriki, lakini ushiriki unaweza kwenda mbali zaidi kwa kuendeleza ujuzi katika matumizi ya mpango wa P4P katika mifumo afya.

Taarifa zitakazopokelewa wakati wa mahojiano au majadiliano kwa vikundi zitakuwa ni siri. Hakuna taarifa itakayotolewa ambayo itawahusisha washiriki, vinginevyo washiriki wawe wametoa ridhaa, hasa taarifa kutoka kwa maafisa wa umma ambao wanaweza kutambuliwa kwa urahisi. Ni jukumu la **Msimamizi Mkuu** kuhakikisha kwamba nukuu na taarifa zote ambazo zinahusiana moja kwa moja na washiriki, zinaachwa katika uchambuzi na uwasilishaji wa mwisho wa taarifa. Katika hali hiyo hiyo, **Msimamizi Mkuu** anaweza kutumia majina bandia au alama katika kuficha taarifa wakati wa uchambuzi na uwasilishaji. Aidha, ni jukumu la msingi la **Msimaizi Mkuu** kutunza kumbukumbu zozote au taarifa zinazotambulisha washiriki katika mahali salama **na** inayofikiwa na **Msimamizi Mkuu tu. Msimamizi Mkuu** anawajibika na uondoshwaji wa taarifa zote zilizopatikana wakati wa utafiti.

Endapo katika hatua yeyote katika kipindi cha utafiti, maswali kuhusiana na utafiti yataibuka, ni jukumu la msingi la Msimamizi Mkuu kujibu maswali hayo. Katika hali hiyo hiyo, Bodi ya Maadili ya Taasisi (IRB) na Mamlaka zingine za Udhibiti katika Tanzania, zina haki katika hatua yeyote wakati wa utafiti, kusimamia maendeleo ya utafiti. Hata hivyo, **Msimamizi Mkuu** ana haki na wajibu kwa maendeleo ya jumla ya utafiti kwa kuzingatia sheria na taratibu zinazosimamia kazi za utafiti katika Tanzania.

Mshiriki ana haki ya kupata taarifa zote zinazohusu ushiriki wao katika utafiti huu.. Taarifa hii hutolewa katika kipindi cha utafiti. Msimamizi Mkuu atahakikisha kwamba lengo kuu la utafiti huu

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 kukujibu.				
Je, unakubali kushiriki?				
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 Mahali Mahali				

<u>Doctoral Theses at The Faculty of Psychology,</u> <u>University of Bergen</u>

1980	Allen, H.M., Dr. philos.	Parent-offspring interactions in willow grouse (Lagopus L. Lagopus).
1981	Myhrer, T., Dr. philos.	Behavioral Studies after selective disruption of hippocampal inputs in albino rats.
1982	Svebak, S., Dr. philos.	The significance of motivation for task-induced tonic physiological changes.
1983	Myhre, G., Dr. philos.	The Biopsychology of behavior in captive Willow ptarmigan.
	Eide, R., Dr. philos.	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.
	Værnes, R.J., Dr. philos.	Neuropsychological effects of diving.
1984	Kolstad, A., Dr. philos.	Til diskusjonen om sammenhengen mellom sosiale forhold og psykiske strukturer. En epidemiologisk undersøkelse blant barn og unge.
	Løberg, T., Dr. philos.	Neuropsychological assessment in alcohol dependence.
1985	Hellesnes, T., Dr. philos.	Læring og problemløsning. En studie av den perseptuelle analysens betydning for verbal læring.
	Håland, W., Dr. philos.	Psykoterapi: relasjon, utviklingsprosess og effekt.
1986	Hagtvet, K.A., Dr. philos.	The construct of test anxiety: Conceptual and methodological issues.
	Jellestad, F.K., Dr. philos.	Effects of neuron specific amygdala lesions on fear- motivated behavior in rats.
1987	Aarø, L.E., Dr. philos.	Health behaviour and sosioeconomic Status. A survey among the adult population in Norway.
	Underlid, K., Dr. philos.	Arbeidsløyse i psykososialt perspektiv.
	Laberg, J.C., Dr. philos.	Expectancy and classical conditioning in alcoholics' craving.
	Vollmer, F.C., Dr. philos.	Essays on explanation in psychology.
	Ellertsen, B., Dr. philos.	Migraine and tension headache: Psychophysiology, personality and therapy.
1988	Kaufmann, A., Dr. philos.	Antisosial atferd hos ungdom. En studie av psykologiske determinanter.

	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 spedbarnsstudier.
	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.
	Kraft, P., Dr. philos.	AIDS prevention in Norway. Empirical studies on diffusion of knowledge, public opinion, and sexual behaviour.
	Endresen, I.M., Dr. philos.	Psychoimmuniological 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 assymetry 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 hospitale staff.
	Braathen, E.T., Dr. psychol.	Prediction of exellence 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, IK., 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.
1997	Knivsberg, Ann-Mari, Dr. philos.	Behavioural abnormalities and childhood psychopathology: Urinary peptide patterns as a potential tool in diagnosis and remediation.
	Eide, Arne H., Dr. philos.	Adolescent drug use in Zimbabwe. Cultural orientation in a global-local perspective and use of psychoactive substances among secondary school students.
	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.
1998 V	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.
Н	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.
1999 V	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 wellbeing.
	Friestad, Christine, Dr. philos.	Social psychological approaches to smoking.

	Ekeland, Tor-Johan, Dr. philos.	Meining som medisin. Ein analyse av placebofenomenet og implikasjoner for terapi og terapeutiske teoriar.
Н	Saban, Sara, Dr. psychol.	Brain Asymmetry and Attention: Classical Conditioning Experiments.
	Carlsten, Carl Thomas, Dr. philos.	God lesing – God læring. En aksjonsrettet studie av undervisning i fagtekstlesing.
	Dundas, Ingrid, Dr. psychol.	Functional and dysfunctional closeness. Family interaction and children's adjustment.
	Engen, Liv, Dr. philos.	Kartlegging av leseferdighet på småskoletrinnet og vurdering av faktorer som kan være av betydning for optimal leseutvikling.
2000 V	Hovland, Ole Johan, Dr. philos.	Transforming a self-preserving "alarm" reaction into a self-defeating emotional response: Toward an integrative approach to anxiety as a human phenomenon.
	Lillejord, Sølvi, Dr. philos.	Handlingsrasjonalitet og spesialundervisning. En analyse av aktørperspektiver.
	Sandell, Ove, Dr. philos.	Den varme kunnskapen.
	Oftedal, Marit Petersen, Dr. philos.	Diagnostisering av ordavkodingsvansker: En prosessanalytisk tilnærmingsmåte.
Н	Sandbak, Tone, Dr. psychol.	Alcohol consumption and preference in the rat: The significance of individual differences and relationships to stress pathology
	Eid, Jarle, Dr. psychol.	Early predictors of PTSD symptom reporting; The significance of contextual and individual factors.
2001 V	Skinstad, Anne Helene, Dr. philos.	Substance dependence and borderline personality disorders.
	Binder, Per-Einar, Dr. psychol.	Individet og den meningsbærende andre. En teoretisk undersøkelse av de mellommenneskelige forutsetningene for psykisk liv og utvikling med utgangspunkt i Donald Winnicotts teori.
	Roald, Ingvild K., Dr. philos.	Building of concepts. A study of Physics concepts of Norwegian deaf students.
Н	Fekadu, Zelalem W., Dr. philos.	Predicting contraceptive use and intention among a sample of adolescent girls. An application of the theory of planned behaviour in Ethiopian context.
	Melesse, Fantu, Dr. philos.	The more intelligent and sensitive child (MISC) mediational intervention in an Ethiopian context: An evaluation study.
	Råheim, Målfrid, Dr. philos.	Kvinners kroppserfaring og livssammenheng. En fenomenologisk – hermeneutisk studie av friske kvinner og kvinner med kroniske muskelsmerter.
	Engelsen, Birthe Kari, Dr. psychol.	Measurement of the eating problem construct.
	Lau, Bjørn, Dr. philos.	Weight and eating concerns in adolescence.
		V

2002		
V	Ihlebæk, Camilla, Dr. philos.	Epidemiological studies of subjective health complaints.
	Rosén, Gunnar O. R., Dr. philos.	The phantom limb experience. Models for understanding and treatment of pain with hypnosis.
	Høines, Marit Johnsen, Dr. philos.	Fleksible språkrom. Matematikklæring som tekstutvikling.
	Anthun, Roald Andor, Dr. philos.	School psychology service quality. Consumer appraisal, quality dimensions, and collaborative improvement potential
	Pallesen, Ståle, Dr. psychol.	Insomnia in the elderly. Epidemiology, psychological characteristics and treatment.
	Midthassel, Unni Vere, Dr. philos.	Teacher involvement in school development activity. A study of teachers in Norwegian compulsory schools
	Kallestad, Jan Helge, Dr. philos.	Teachers, schools and implementation of the Olweus Bullying Prevention Program.
Н	Ofte, Sonja Helgesen, Dr. psychol.	Right-left discrimination in adults and children.
	Netland, Marit, Dr. psychol.	Exposure to political violence. The need to estimate our estimations.
	Diseth, Åge, Dr. psychol.	Approaches to learning: Validity and prediction of academic performance.
	Bjuland, Raymond, Dr. philos.	Problem solving in geometry. Reasoning processes of student teachers working in small groups: A dialogical approach.
2003 ∀	Arefjord, Kjersti, Dr. psychol.	After the myocardial infarction – the wives' view. Short- and long-term adjustment in wives of myocardial infarction patients.
	Ingjaldsson, Jón Þorvaldur, Dr. psychol.	Unconscious Processes and Vagal Activity in Alcohol Dependency.
	Holden, Børge, Dr. philos.	Følger av atferdsanalytiske forklaringer for atferdsanalysens tilnærming til utforming av behandling.
	Holsen, Ingrid, Dr. philos.	Depressed mood from adolescence to 'emerging adulthood'. Course and longitudinal influences of body image and parent-adolescent relationship.
	Hammar, Åsa Karin, Dr. psychol.	Major depression and cognitive dysfunction- An experimental study of the cognitive effort hypothesis.
	Sprugevica, Ieva, Dr. philos.	The impact of enabling skills on early reading acquisition.
	Gabrielsen, Egil, Dr. philos.	LESE FOR LIVET. Lesekompetansen i den norske voksenbefolkningen sett i lys av visjonen om en enhetsskole.
Н	Hansen, Anita Lill, Dr. psychol.	The influence of heart rate variability in the regulation of attentional and memory processes.
	Dyregrov, Kari, Dr. philos.	The loss of child by suicide, SIDS, and accidents: Consequences, needs and provisions of help.

2004 V	Torsheim, Torbjørn, Dr. psychol.	Student role strain and subjective health complaints: Individual, contextual, and longitudinal perspectives.
	Haugland, Bente Storm Mowatt Dr. psychol.	Parental alcohol abuse. Family functioning and child adjustment.
	Milde, Anne Marita, Dr. psychol.	Ulcerative colitis and the role of stress. Animal studies of psychobiological factors in relationship to experimentally induced colitis.
	Stornes, Tor, Dr. philos.	Socio-moral behaviour in sport. An investigation of perceptions of sportspersonship in handball related to important factors of socio-moral influence.
	Mæhle, Magne, Dr. philos.	Re-inventing the child in family therapy: An investigation of the relevance and applicability of theory and research in child development for family therapy involving children.
	Kobbeltvedt, Therese, Dr. psychol.	Risk and feelings: A field approach.
2004 H	Thomsen, Tormod, Dr. psychol.	Localization of attention in the brain.
	Løberg, Else-Marie, Dr. psychol.	Functional laterality and attention modulation in schizophrenia: Effects of clinical variables.
	Kyrkjebø, Jane Mikkelsen, Dr. philos.	Learning to improve: Integrating continuous quality improvement learning into nursing education.
	Laumann, Karin, Dr. psychol.	Restorative and stress-reducing effects of natural environments: Experiencal, behavioural and cardiovascular indices.
	Holgersen, Helge, PhD	Mellom oss - Essay i relasjonell psykoanalyse.
2005 V	Hetland, Hilde, Dr. psychol.	Leading to the extraordinary? Antecedents and outcomes of transformational leadership.
	Iversen, Anette Christine, Dr. philos.	Social differences in health behaviour: the motivational role of perceived control and coping.
2005 H	Mathisen, Gro Ellen, PhD	Climates for creativity and innovation: Definitions, measurement, predictors and consequences.
	Sævi, Tone, Dr. philos.	Seeing disability pedagogically – The lived experience of disability in the pedagogical encounter.
	Wiium, Nora, PhD	Intrapersonal factors, family and school norms: combined and interactive influence on adolescent smoking behaviour.
	Kanagaratnam, Pushpa, PhD	Subjective and objective correlates of Posttraumatic Stress in immigrants/refugees exposed to political violence.
	Larsen, Torill M. B. , PhD	Evaluating principals` and teachers` implementation of Second Step. A case study of four Norwegian primary schools.
	Bancila, Delia, PhD	Psychosocial stress and distress among Romanian adolescents and adults.

2006 V	Hillestad, Torgeir Martin, Dr. philos.	Normalitet og avvik. Forutsetninger for et objektivt psykopatologisk avviksbegrep. En psykologisk, sosial, erkjennelsesteoretisk og teorihistorisk framstilling.
	Nordanger, Dag Øystein, Dr. psychol.	Psychosocial discourses and responses to political violence in post-war Tigray, Ethiopia.
	Rimol, Lars Morten, PhD	Behavioral and fMRI studies of auditory laterality and speech sound processing.
	Krumsvik, Rune Johan, Dr. philos.	ICT in the school. ICT-initiated school development in lower secondary school.
	Norman, Elisabeth, Dr. psychol.	Gut feelings and unconscious thought: An exploration of fringe consiousness in implicit cognition.
	Israel, K Pravin, Dr. psychol.	Parent involvement in the mental health care of children and adolescents. Emperical studies from clinical care setting.
	Glasø, Lars, PhD	Affects and emotional regulation in leader-subordinate relationships.
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	Hetland, Jørn, Dr. psychol.	The nature of subjective health complaints in adolescence: Dimensionality, stability, and psychosocial predictors
	Kakoko, Deodatus Conatus Vitalis, PhD	Voluntary HIV counselling and testing service uptake among primary school teachers in Mwanza, Tanzania: assessment of socio-demographic, psychosocial and socio-cognitive aspects
	Mykletun, Arnstein, Dr. psychol.	Mortality and work-related disability as long-term consequences of anxiety and depression: Historical cohort designs based on the HUNT-2 study
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	Janvin, Carmen Ani Cristea, PhD	Cognitive impairment in patients with Parkinson's disease: profiles and implications for prognosis

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	Eichele, Tom, PhD	Electrophysiological and Hemodynamic Correlates of Expectancy in Target Processing
	Børhaug, Kjetil, Dr.philos.	Oppseding til demokrati. Ein studie av politisk oppseding i norsk skule.
	Eikeland, Thorleif, Dr.philos.	Om å vokse opp på barnehjem og på sykehus. En undersøkelse av barnehjemsbarns opplevelser på barnehjem sammenholdt med sanatoriebarns beskrivelse av langvarige sykehusopphold – og et forsøk på forklaring.
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	Vinje, Hege Forbech, PhD	Thriving despite adversity: Job engagement and self-care among community nurses
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