RESEARCH TOPIC: Result Based Financing as a strategy to improve maternal health care systems. (Case study of Bindura)
Approval Form
An assessment on the effectiveness of Result Based Financing as a strategy to improve maternal health care system. (A survey for Bindura District Clinics. Ministry of Health Mashonaland Central)

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Abstract
This study assessed Result Based Financing (RBF) as a strategy to improve maternal health care system in Bindura District clinics. A survey research design was used in this study. Some questionnaires were administered to 65 Health Center Committee members who were randomly selected from Bindura District Clinics which has 13 clinics. An interview was also conducted on 3 District Health Executives. The study revealed that, despite the challenges faced to meet the conditions for successful implementation of RBF, it can be noted that the program has been a success due to a number of developments which can be noticed since the implementation of the program in Bindura District Clinics. The development includes building of mother’s waiting shelters, availability of medicines in clinics and reduction in home deliveries. The study recommended that, awareness campaign coordinators must organize public awareness campaigns for example during the World Health Organization day, road shows and workshops at places like schools, markets, business centers and churches. This will enable them to educate all community members of all age groups about recommended maternal and child care practices.
Acknowledgement

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May Lord Sanctify you
Table of Contents

Approval Form.................................................................................................................. i
DECLARATION .................................................................................................................. ii
Abstract ........................................................................................................................... iii
Acknowledgement .......................................................................................................... iv

CHAPTER 1 ....................................................................................................................... Error! Bookmark not defined.

1.0 Introduction ................................................................................................................ Error! Bookmark not defined.
1.1 Background of the study ............................................................................................. Error! Bookmark not defined.
1.2 Statement of the problem ............................................................................................ Error! Bookmark not defined.
1.3 Objectives of the study ............................................................................................... Error! Bookmark not defined.
1.4 Research Questions are: .............................................................................................. Error! Bookmark not defined.
1.5 Significance of the study ............................................................................................ Error! Bookmark not defined.
  1.5.1 Management ........................................................................................................... Error! Bookmark not defined.
  1.5.2 Bindura University of Science Education ............................................................. Error! Bookmark not defined.
  1.5.3 District Health Executive ....................................................................................... Error! Bookmark not defined.
  1.5.4 Other Healthcare stakeholders ............................................................................. Error! Bookmark not defined.
1.6 Assumptions ................................................................................................................ Error! Bookmark not defined.
1.7 Delimitations ............................................................................................................... Error! Bookmark not defined.
1.8 Limitations .................................................................................................................. Error! Bookmark not defined.
1.9 Definition of Terms .................................................................................................... Error! Bookmark not defined.
1.10 Summary ................................................................................................................... Error! Bookmark not defined.

Chapter 2 ......................................................................................................................... Error! Bookmark not defined.

LITERATURE REVIEW ..................................................................................................... 7

2.0 Introduction .................................................................................................................. 7
2.1 Theoretical Framework ............................................................................................... 7
2.1.1 Principle- agent theory ............................................................ 7
2.1.2 Self-Determination Theory (SDT): intrinsic and extrinsic motivation .......... Error! Bookmark not defined.
2.1.3 Maslow’s Hierarchy of Needs .............................................. Error! Bookmark not defined.
2.1.4 Expectancy Theory .............................................................. Error! Bookmark not defined.
2.2 Overview of result based financing ........................................... Error! Bookmark not defined.
2.3 Benefits of Result Based Financing in health sector ........Error! Bookmark not defined.
2.4 Challenges of Result Based Financing in the health sector. Error! Bookmark not defined.
2.5 Strategies to improve maternal Health system through RBF Error! Bookmark not defined.
2.6 Empirical literature ................................................................. Error! Bookmark not defined.
2.7 Justification of the study ......................................................... Error! Bookmark not defined.
2.8 Conclusion ........................................................................... Error! Bookmark not defined.

CHAPTER 3 .................................................................................. 16
Research Methodology .................................................................... 17
3.1 Research Design ...................................................................... 17
3.2 Population ............................................................................. 17
3.3 Sampling Technique/Procedure ............................................. 18
3.4 Stratified Random Sampling ................................................... 19
3.5 Sample size ........................................................................... 19
3.6 Data Collection (Research Instruments) ................................. 19
3.7 Primary Source ....................................................................... 19
3.8 Questionnaire ......................................................................... 20
3.9 Interviews ............................................................................... 20
Village Heads and Chiefs ............................................................... 20
3.10 Secondary data ...................................................................... 21
3.11 Data collection procedure ........................................................................................................ 21
3.11.1 Ethical considerations ........................................................................................................ 21
3.12 Validity and reliability .............................................................................................................. 21
3.12.1 Validity ................................................................................................................................ 22
3.12.2 Reliability ............................................................................................................................. 22
3.13 Data Processing, Analysis and Feedback .................................................................................. 22
3.14 Chapter summary ...................................................................................................................... 23

CHAPTER 4 ...................................................................................................................................... 24
DATA PRESENTATION, ANALYSIS AND DISCUSSION ............................................................... 24
4.0 Introduction ................................................................................................................................. 24
4.1 Response Rate Analysis ............................................................................................................ 24
4.1.1 Questionnaires Response Rate ............................................................................................ 24
4.2 Respondents Profile ................................................................................................................... 26
4.2.1 Respondents of Educational Qualifications Attained ............................................................ 26
4.2.2 Years of Experience ............................................................................................................. 27
4.2.3 Response Rate by Department ............................................................................................. 28
4.2.4 Clinic’s age of operation ........................................................................................................ 29
4.2.5 Number of Employees at Workstation ................................................................................ 29
4.3 Analysis of Questionnaires Response on Assessing the effectiveness of Result Based Financing as a strategy to improve maternal health care system ............................................... 30
4.3.1 Type of Funding used for Maternal Health Care System ....................................................... 30
4.3.2 Funding currently in use for Maternal Health Care system at your clinic ......................... 31
4.3.3 Frequency of Receiving RBF Funding to support Maternal Health Care System ............. 32
4.3.4 Benefits Derived from RBF Funding .................................................................................... 32
4.3.5 Challenges of the RBF Funding ............................................................................................ 33
4.3.6 Improvement of Maternal Health Care System upon adoption of RBF funding........ 34
4.3.7 Strategies to improve maternal health care system ..................................... 35
4.4 Summary ............................................................................................................. 35

CHAPTER 5 .................................................................................................................. 36

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS........................................ 36

5.0 Introduction ......................................................................................................... Error! Bookmark not defined.
5.1 Summary of research findings ............................................................................. Error! Bookmark not defined.
5.2 Conclusion ............................................................................................................ Error! Bookmark not defined.
5.3 Recommendations ............................................................................................... Error! Bookmark not defined.
5.4 Recommendations for future research ............................................................... Error! Bookmark not defined.
1.0 Introduction
This section highlights the background of the study which provides the study area and the need for this investigation to be made. Research questions and objectives that the research aims to achieve are listed in this chapter. The significance of the study is outlined to justify why the research was done. Lastly, the researcher defined terms that were used so as to facilitate the easy understanding of technical jargons by intended users.

1.1 Background of the study

Government funding to the public health system in Zimbabwe reduced considerably due to economic meltdown, as a result many health care workers emigrated and seek for employment in other sectors. The infrastructure dilapidated and maternal mortality rate rose. In July 2011 through a World Bank grant, Zimbabwe commenced Health Transition Fund projects which were aimed at reducing maternal death. The Word Bank together with UNICEF gave Crown Agents the mandate of keeping the Health Transition Funds on Behalf of Ministry of Health and releases it on quarterly bases (after every three month). During the period of Health Transition Fund all Rural Clinics and Hospitals were given equal amount despite the size of the clinic or the size of the community the Health Centre serves. All clinics were given equal amount of $2200.00 per every quarter. There were still poor results in maternal issues even though rural clinics were given maternal financial support through Health Transition Funds. In 2014 Zimbabwe adopted the Result Based Financing Program which was still with the same aim of reducing maternal death. Result Based Financing (RBF) is an innovative approach to health system financing which pays providers for verified outputs in maternal issues. In 2014 Zimbabwe commenced RBF projects so as to improve quality of work in Maternal and child health care.

Abolishment of user fees and also reduction of maternal death is the primary goal of RBF project in Zimbabwe. RBF compensate for income forgone due to the abolishment of user fees. Each quarter, District Health Executive Team (DHE) can conduct some supervisory visits Rural Health Clinics (RHC) and use a standardized quality checklist to assess quality indicators and award scores. Community Based Organizations (CBO) also conduct surveys among health
services users and their responses determine the client perceived quality score for each facility. A facility overall Quality score is then calculated from both the CBO score and DHE scores. Some other researchers like, Davidson (2009) noted that retrogressive rather than progressive policies in Uganda led to the delay of implementation of the RBF program and later produced poor results. In addition to that, Hansen et al (2008) noted that deteriorated infrastructure in Afghanistan and Haiti posed some serious drawbacks during implementation of the result based program. Moreover, there has been exaggeration of results or falsifying of reports by recipients to receive more on the unfinished jobs, Eldridge and Palmer (2009).

No study to date has been carried in Bindura District ministry of health to access the effectiveness off Result Based Financing being funded by multi donor pooled funds hence this brings about the need to the researcher to carry out a study on the effectiveness of Result Based Financing as a strategy to improve maternal health system in Bindura District Ministry of Health.

1.2 Statement of the problem

Health policy makers throughout low- and middle-income countries have been struggling with how to recover the performance of their health employees. From 2011 The Global Fund bond through Crown Agents has been funding the maternal and child care system in Zimbabwe Clinics whilst distributing the same amount across every Clinic regardless of the size of such particular clinic. This kind of funding was called Health Transition Fund. Off late the Crown Agents has adopted new arrangement where a clinic is funded taking in consideration of output measurement (Result Based Financing). Therefore, the essence of this write up was to ascertain the impact or effectiveness of Result Based Financing in the maternal health care system within the ministry of health a case study being Bindura District.
1.3 Objectives of the study

1. To identify the benefits of RBF in maternal health system in Bindura District (MOHCC).

2. To identify the challenges of RBF in maternal health care system in Bindura District (MOHCC).

3. To ascertain whether the maternal health care system has improved after the adoption of RBF in Bindura District (MOHCC).

4. To determine the strategies and recommendations that can be employed to improve performance through RBF

1.4 Research Questions are:

1. What are the benefits of Result Based Financing in the maternal Health Care system in Bindura District?

2. What are the challenges of Result Based Financing in Maternal Health Care system in Bindura District?

3. Has the Maternal Health Care system improved after the adoption of Result Based Financing in Bindura District Ministry of Health and Child care?

4. What are the strategies that can be employed to improve performance through RBF in Bindura District?
1.5 Significance of the study
The study is intended to benefit the following stakeholders:

1.5.1 Management
The study might help the management of Bindura District and the ministry at large on suggesting possible solutions of addressing the challenges that are hindering the Result Based Financing program.

1.5.2 Bindura University of science education
The research might become a data base for Bindura University of Science Education. Those students who may want to undertake similar studies will use the research study as a starting point or reference source, both students and Lecturers may also benefit in a similar manner.

1.5.3 District Health Executive
The research study might also assist the DHE of Bindura District on ascertaining whether the maternal health care has improved due to the adaptation of Result Based Financing. It’s very vital in their decision making specially to assess the effects of the new payment system (result based finance) emerged as compared to the previously used (health transmission fund).

1.5.4 Other Healthcare stakeholders
The study`s findings will be of use to the stakeholders involved in the provision of health care services such as the policy makers at ministry of health level, The District Executive and Global fund which is sponsoring the ministry with funds for RBF.

1.6 Assumptions
- The research is informed by the following set of assumptions:
- That Research sample respondents would cooperate with the researcher and provide accurate and honest responses.
- Most of the respondents were literate so the researcher assumed that truthful answers were provided. Resources were adequate to carry out the study.
1.7 Delimitations
The study was done in all of the 13 clinics that are in Bindura District. Only 5 HCCs members per each clinic were, interviewed. The researcher used a sample size of 65 HCC Members out of 130 HCC members that are in Bindura District Clinics. The study only focused on the effectiveness of Result Based Financing.

1.8 Limitations
The researcher faced challenges of getting clearance to collect data from top management, in Zimbabwe every ministry has its own confidential information but however the researcher clarified some misconception to the DHE as a way of overcoming this problem. It is not allowed to divulge certain information which the management regards as Confidential.

Some of the respondents produced biased information due to fear of victimization by the top management but however the researcher guaranteed the respondents by not disclosing their name so as for them to be free in giving information.

The study was conducted whilst the researcher was on full time employment and was to make use of every opportunity including weekends and use of annual and vacation leave days.

1.9 Definition of Terms
The following terms are to be defined to avoid misinterpretations

Effectiveness- The degree to which objectives are achieved and the extent to which targeted problems are solved (Griffin, 2002). In other words, it means doing the right thing.

Midwife- A person trained to assist at child birth.

T5Form- is a summary form of the whole month`s services done at a clinic.
1.10 Summary
The Research is made up of five chapters which are interlinked and progress logically. The first chapter basically deals with an analysis of the problems. It covers areas such as background of study, statement of the problem, Objectives of the study, Research Questions and the significance of the study. It also highlights the assumptions, delimitations of the study and limitation of the study. In addition to that it includes definition of terms as well as abbreviations. Chapter Two reviewed literature related to the problem under investigation, both from conceptual framework and empirical evidence. Chapter three focused on the research methodology, chapter four deals with data presentation, analysis, interpretation and discussion of finding. Finally, chapter five summarized research findings giving conclusions and recommendations.
CHAPTER 2

LITERATURE REVIEW

2.0 Introduction

The purpose of literature review is to locate the research project, to form its context or background and to provide a sense basing from the previous work (Blaxterrel 2006). This chapter looked at theoretical, conceptual framework as well as previous researches related to the problem investigated. This chapter will describe, summarize, evaluate, clarify and give a theoretical basis for this research and give a sense of direction in the area of interest. More so it embraces provided information and includes the identification and enunciation of relationship between the literature and field of the research.

2.1 Theoretical Framework

2.1.1 Principle-agent theory

RBF as a model acquires vigorously from the foremost operator hypothesis. The main operator hypothesis looks to explain how the utilization of money related impetuses may build up the execution of specialist organizations who are not managed by market powers. Arrangement of the interests of the important and the operator it needs when it emerges to the zones to be achieved by an association (Eisenhardt 1990). In such manner, the foremost endeavors to find methods for adjusting the operator's destinations to the objectives of the association. RBF can be viewed as originating from this view, where workers as 'specialists' are given execution rewards by the foremost (boss) so as to accomplish wellbeing yields and results. RBF plots disputably are on three key essential suppositions about human conduct. RBF likewise accept that cash persuades wellbeing laborers, that exertion can be noble and compensated, and that budgetary allurements don't undermine different types of motivations, for instance inborn inspiration. It is
discussed that RBF works is best in associations where specialists embrace work which yield is easy to quantify. Wellbeing specialists can work in a setting where moral expert rules characterize their work, a setting where obligations are intricate, testing to perform and hard to gauge. Folbre (1994) takes note of that the assurance yields and quality in the wellbeing segment is extreme, as the administrations offered are touchy, enthusiastic and individual in nature and along these lines horrendous to name. The foremost specialist hypothesis does not consider non-monetary inspiration.

2.1.2 Self-Determination Theory (SDT): characteristic and extraneous inspiration

To be roused intends to be moved to accomplish something as indicated by Ryan and Deci (2001). Subsequently an individual who minds no impetus or improvement to act is portrayed as unmotivated, though somebody who is excited or actuated toward an end is viewed as propelled". Everybody, either at work or in non-work circumstances, is confronted, for instance, a wellbeing laborer might be profoundly energetic to treat a patient for the reason that helping somebody is characteristically charming, or so as to achieve a specific exhibition focus on that will deliver an outer reward (i.e., sort of inspiration). See that in this model the dimension of inspiration may not really change but rather the concentration and nature unquestionably do. It is imperative for wellbeing specialists, subsequently, to have enough inspiration and the correct concentration so as to give perfection care.

The Self-Determination Theory that is created by Deci and Ryan (2001), makes a qualification among intrinsic and outward inspiration. Characteristic inspiration, which is proposed as the most costly in people and can be clarified as accomplishing something since it is characteristically intriguing or pleasant. Extraneous inspiration can be clarified as accomplishing something since it prompts a distinct result. These sorts of inspiration are not elite of one another. Notwithstanding, how much one is slanted towards any of these issues for one's presentation and the delight in the undertaking. The correct harmony between these two types of inspiration is accordingly imperative at the working environment, as they impact one another. For instance, expanded extraneous inspiration through accessibility of monetary motivators may lessen natural inspiration to perform work environment undertakings.
The SDT proposes three inalienable needs in people for independence, ability and Relatedness. These requirements must be supported at the working environment, for laborers to save characteristic inspiration. These three needs as adjusted to wellbeing specialists, people can't flourish in a domain without getting fulfillment of every one of them, for instance, Ryan and Deci (2001) hypothesizes that, if a working environment bears capability however neglects to support relatedness; the outcome is an impoverishment of prosperity.

2.1.3 Maslow's Hierarchy of Needs

Human inspiration is conceived by the developed unsatisfied requirements one endeavors to fulfill vesting on Abraham Maslow inceptions. Physiological necessities, wellbeing needs, social needs, regard and self-realization are five needs given by Maslow in his Theory. The necessities are recommended from the essential human needs to the more elevated amount needs in the state of a triangle. Physiological and security needs are the ones which can be fulfilled remotely while social, sense of self, and self-completion needs can be fulfilled inside (Robbins, 2003).

The thought under this theory is that when a need is fulfilled other higher requirements develop and right now satisfied need will never again rouses a person. This portrays before one endeavors to fulfill the more elevated amount needs the fundamental dimension needs have need over larger amount needs. This clarifies it is fundamental needs exceed more elevated amount needs in basic leadership at the end of the day they come after essential needs are fulfilled. This sort of conduct won't be advantageous over the long haul and in the end an individual needs to fulfill the fundamental needs, for example, hunger. In a hierarchical setting, even the more elevated amount needs can be fulfilled by offering acknowledgment and development openings and the lower level needs are fulfilled first by reasonable base pay, advantages and stipends offered to the workers (Robbins, 2003).
Individuals have neglected or rising needs which ought to be fulfilled as quickly as time permits and supervisors should endeavor to rouse workers by giving prizes which could fulfill the prevailing needs when they developed (Armstrong and Duncan 2006).

2.1.4 Expectancy Theory

Result delivered by execution vested from the quality and allure of person's desire under Vroom's anticipation hypothesis (Kepner 2001). The engaging quality of expected reward for given information will decide one's persuasive soundness and whether that rewards reacts to person's close to home objectives.

As indicated by Vroom (1964) there are factors coordinating human conduct which are, valence, instrumentality and anticipation. Robbins (2003) "there are three connections which will guide one's conduct, exertion – execution, execution – reward and rewards – individual objectives"

Vroom's Expectancy hypothesis) shows the person's desire towards result. In an association workers are regularly assessed by the execution which is recognized by the administration and representatives endeavor to try their endeavors. This prompts the anticipation that extraordinary exertion will prompt execution which is seen and remunerated. Instrumentality is utilized to clarify the appropriateness of the prizes to execution.

On the off chance that the results (rewards) are comparing to people close to home objectives a constructive enthusiastic mentality towards the result will create. Ramlall (2004) "an individual gauges a result to be emphatically valence once the result is viewed as needed, at the end of the day once the reward coordinates one's close to home objectives".

Hope hypothesis expresses that what persuades representatives is the relatedness of the normal result. One's inspiration can be affected by furnishing rewards which are as per people close to home objectives so they will make valence.
2.2 Overview of result based financing

Results-based financing is a type of subsidizing for task usage or administration arrangement, where the chief, who gives the financing, pays the operator, who actualizes the Project or gives the administration, after accomplishing predefined results. Results-based financing is utilized as an endeavor to take care of the foremost specialist issue. It endeavors to adjust the objectives of the central to those of the operator through setting a money related motivating force for the specialist to seek after the objective of the main as her own objective. In the unadulterated type of results-based financing, the central characterizes precisely and ex-risk which results accomplished by the operator she will pay for, that is she sets execution targets. She will possibly discharge the installment if these predefined results are accomplished (Pearson 2011). On the off chance that the specialist neglects to satisfy the execution focuses on, the installment will be influenced – frequently consequently, without thinking about the explanations behind the disappointment.

Naimoli and Benzel (2009) "Results Based Financing is a money installment or non-fiscal exchange made to a national or sub-national government, director, supplier, payer or purchaser of wellbeing administrations after pre-characterized results have been accomplished and checked." RBF is one instrument that can be utilized by the legislature or contributors to expand inclusion of the populace with effect intercessions, for example, vaccination of institutional conveyances.

Lindsay (2010) "One can include that Result Based Financing alludes to any program that exchanges cash or products to either quiet when they take wellbeing related activities, (for example, having their youngsters vaccinated) or to human services suppliers, when they accomplish execution targets, (for example, inoculating certain level of kids in a given territory)." Since RBF is generally utilized in the field of Health, most scholars include the prefix "wellbeing" consequently the term Health Result Based Financing (HRBF).

Execution Based Contracting (PBC) is another type of RBF where an agreement has a fixed value set for an ideal characterized yield with the expansion of a variable segment.
2.1.2 Self-Determination Theory (SDT): inherent and extraneous inspiration

To be spurred intends to be moved to accomplish something as per Ryan and Deci (2001). Accordingly an individual who minds no impetus or with this type of this RBF, the contracted association or gathering is compensated when it accomplishes certain objectives that remunerated when it accomplishes certain objectives that have been pre concurred. On the off chance that it neglects to accomplish these objectives or if execution does not improve, Pearson and Ellison (2010) exhibits that the agreement may not be expanded or a specific piece of the motivator might be retained from the legally binding wellbeing administrations supplier.

RBF is a technique of financing social insurance conveyance dependent on results (yield, performance), which are estimated through predefined pointers, Soeters and Griffiths (2003). Soeters and Griffiths (2003) further contend that outcomes that are to be accomplished and installments that are to be gotten are set down in authoritative connections between the distinctive on-screen characters in the wellbeing framework and these on-screen characters incorporate the population(patients/communities), policymakers (government, MOHCC) and wellbeing specialist co-ops (medical clinics and facilities).

The term RBF is utilized inside the setting of this exploration, feature that outside funders utilize a scope of various terms connote this sort of financing methodology. These include:

- Performance Based Funding
- Performance Based Financing
- Performance Based Contracting
- Pay for Performance
- Result Based Funding
- Output Based Aid
- Value for cash
2.3 Benefits of Result Based Financing in wellbeing part.

Improvement of staff resolve and advancement of Teamwork. Wellbeing office staff can significantly welcome the group based execution impetuses presented by the RBF program. Wellbeing specialists can take note of that group motivating forces advance aggregate acknowledgment for collaborations by specialist co-ops. Results-based financing plans use impetuses so as to spur suppliers to give wellbeing administrations of good quality and adequate amount to target gatherings (with execution based financing) and to propel people to receive an ideal conduct Incentives are extraneous wellsprings of inspiration. An individual or an association, driven by at least one people, plays out an activity since this activity is a way to accomplishing an esteemed asset (Flodgren et al 2011). A motivating force can be money related or non-fiscal. A money related impetus comprises of giving a money reward to accomplishment of predefined execution targets or of retention reserves if targets are not come to.

Adding to the abovementioned, Result Based Financing is the best apparatus of inspiration in facilities. Individuals are happy to buckle down when they realize that there is a reward for each every yield. Actually, individuals can create better outcomes and buckle down when there is a reward guaranteed to them.

Improves wellbeing office framework, sedate accessibility and gear accessibility. Wellbeing offices can utilize RBF assets for upgrades in the physical structures including the establishment of dependable, clean water supplies associated with conveyance wards, eager moms' havens, buy of medications, working of toilets, redesigns of staff lodging and acquiring of generators and incinerators (Davison 2009).

Indeed, the administration of Zimbabwe nowadays is never again giving satisfactory gifts to the service of wellbeing to purchase drugs however the presentation of RBF can make an exceptionally huge favorable position in the accessibility of medicine in facilities. In the event that facilities can receive the RBF program prescriptions can't be an issue, their drug stores can completely have loaded with Drugs.

Also, there are various upgrades that should be possible in centers that are under outcome based financing. A portion of these upgrades incorporate the fencing of their premises. Notwithstanding that some different facilities can get the chance or shot of fixing their centers
including re-painting of their structures. Some HCC can go similarly as developing of Mother's asylums just as staff houses.

Reinforce connections. Result Based Financing can fortify connections between human services providers and networks and improves access to administrations at the network level. Result Based Financing cultivates responsibility between wellbeing office staff and network delegates in the catchment region. Wellbeing Center Committees (HCCs) assemble networks to get to administrations and express their perspectives and worries to the wellbeing office staff, (Hansen at el 2008).

Free maternal administrations. Before the presentation of Result Based Financing in Zimbabwe ladies used to pay for maternal administrations. Maternal charges were high consequently achieves the issue of debilitating anticipating that moms from going should provincial emergency clinics and Clinics for maternal administrations. Be that as it may, the presentation of RBF can make a major favorable position of getting free maternal administrations.

Improve recipient fulfillment. As per Loevinsohn (2008) customer fulfillment can improve emphatically because of the evacuation of client charges, more noteworthy accessibility of medications and gear of the wellbeing offices and this can likewise improve staff demeanors because of the presentation of RBF.

Decrease of home conveyances. Adding to that, RBF can likewise have an extremely enormous impact in decreasing home conveyances. Since everything can be with the expectation of complimentary home conveyances can reduce. The vast majority of the maternal passings are primarily brought about by Home conveyances. Pregnant moms and their Childs are kicking the bucket because of poor conveyance frameworks that they are presented to in their homes.

Increment in Equipment. Various Clinics can figure out how to purchase medical clinic or facility hardware because of the subsidizing that they can get from Result Based Financing. This grasps better quality administration to client since fundamental gear will be obtained. There are various hardware that can be required in centers a portion of these gear incorporates the X-beam machines. Wellbeing specialists alone can do nothing when they are without gear.
2.4 Challenges of Result Based Financing in the wellbeing

Davidson (2009) noticed that retrogressive instead of dynamic strategies in Uganda prompted the postponement of the execution of the RBF program and later created poor outcomes. The legitimate structure is excessively bureaucratic with both national and nearby specialists this makes it a monotonous activity and can make stages for extortion, remuneration and degenerate exercises among authorities included.

Weather beaten physical foundation and badly prepared emergency clinics because of financial hardships quickened by hyper-expansion made the Zimbabwean government to disregard the social welfare particularly the wellbeing area which progressed toward becoming portrayed by weakened framework and lack of medications among different issues. The emergency clinics are still inadequately prepared to date. Hansen et al (2008) noticed that disintegrated foundation in Afghanistan and Haiti represented some genuine disadvantages amid the execution of the RBF program.

Absence of ability in the wellbeing area, for example, maternity care faculty and specialists because of mind channel can represent a significant issue in the execution of the program since it is one of the conditions by the funder to have sufficient skill for the arrival of the assets to kick begin the program. The mind channel in the open segment particularly the wellbeing area turned into the request of the day in Zimbabwe amid the hyperinflationary period (The Zimbabwe Network for Health 2012).

Debasement and fake exercises have turned out to be widespread in creating nations particularly among the specialist co-ops. Some can utilize open workplaces to steal open assets into their private pockets for individual addition to the detriment of the general population in type of what is designated "Window dressing accounts." Eldridge and Palmer (2009) likewise expresses that there can be misrepresentation of results or distorting of reports by beneficiaries to get more on incomplete employments.

Unavailability or remoteness of most provincial zones where patients need to walk long separations to get to an administration, for example, vaccination or antenatal consideration can make the patients blacklist a portion of the visits to their particular centers (Davidson 2009). Despite the fact that in Zimbabwe there are portable centers, the visits made by the wellbeing
groups in these remote zones ought to be expanded. This unavailability is expanding the quantities of home conveyances just as decreasing the viability of RBF program along these lines maternal and newborn child mortality may not be subsided.

Low people group investment and inclusion in the RBF program can cause an extraordinary obstruction in the usage of RBF, it isn't just absence of association however protection from change can likewise cause a few issues that can impede RBF advance. This was noted in DRC and Uganda where religious convictions in connection to specific cliques and orders that are as yet drilled by some network individuals ruin accomplishment of results (Toonen and Jurrien 2010). In any case, the networks themselves including the focused on recipients ought to be sharpened of the program to decrease opposition and invigorate a feeling of proprietorship and duty towards the program. This can make the networks to acknowledge the started program which is promptly on the ground.

Low extra bundles likewise prevented advancement in DRC and Uganda as specialist co-ops were not inspired to give the best outcomes (Toonen 2009). Indeed, if the prizes are not agreeable this can likewise upset or cause a downside particularly in the execution of the specialist organizations. Motivators ought to be sufficiently satisfactory in order to rouse representatives from buckling down.

The political condition in many creating nations can prompt absence of political responsibility in supporting RBF program. Notwithstanding that, in Zimbabwe Politicians now and again can guarantee that they are the funders of the structures that are worked by RBF support so with respect to them to increase political mileages? Some government official can go similarly as debilitating neighborhood individuals from supporting RBF program by saying that they are western subsidized.
CHAPTER 3

Research Methodology

The previous chapter looked at the literature review. This chapter focused on research methodology component. It covered the research design, the population and sample size. It also discussed the data collection methods and described the procedures followed by the researcher in collecting data. Procedures for data presentation and analysis are also included in this chapter

3.1 Research Design

A survey research design was used in this study. According to Saunders, Lewis and Thornhill (2009), surveys allow the collection of large amount of research information from a sizeable number of people in a way that is very economical. This design fits very well within this research considering the geographical locations of the clinics in Bindura District and also the measurement of attitudes, behavior and views of employees covering allowances offered by Crown Agents.

3.2 Population

The target population comprised of all the Health Centre Committee (HCC) members which amounts to 130 for all the 13 clinics in Bindura District for which, each clinic has a minimum of 10 HCC members. The population in this study included the following; Nurses, Environmental Health Technicians, HCC Chairpersons, HCC Treasurers and District Health Executive Members as they are involved directly or indirectly in the day to day operations of these clinics. Table 3.1 below shows the various clinics in the Bindura District.
Table 3.1 Clinics in Bindura District

<table>
<thead>
<tr>
<th>Name of Clinic</th>
<th>Number of HCC Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rusununguko</td>
<td>10</td>
</tr>
<tr>
<td>Foothills</td>
<td>10</td>
</tr>
<tr>
<td>Takunda</td>
<td>10</td>
</tr>
<tr>
<td>Manga</td>
<td>10</td>
</tr>
<tr>
<td>Katanya</td>
<td>10</td>
</tr>
<tr>
<td>Glamorgan</td>
<td>10</td>
</tr>
<tr>
<td>Rutope</td>
<td>10</td>
</tr>
<tr>
<td>Nyava</td>
<td>10</td>
</tr>
<tr>
<td>Mpandira</td>
<td>10</td>
</tr>
<tr>
<td>Manhenga</td>
<td>10</td>
</tr>
<tr>
<td>Muonwe</td>
<td>10</td>
</tr>
<tr>
<td>Chiveso</td>
<td>10</td>
</tr>
<tr>
<td>Chiriseri</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total Population</strong></td>
<td><strong>130</strong></td>
</tr>
</tbody>
</table>

*Source: Primary Data (2019)*

3.3 Sampling Technique/Procedure

As Saunders (2005) put it, whatever one’s research questions or objectives, there will arise a need to collect data to answer the questions but it is often impractical for the researcher to survey the entire population hence the need for sampling. Sampling is a process of selecting a representative subset of observations from a population to determine the characteristics of the random variables (Wegner, 2005). The sampling frame used all the health Centre committee members in Bindura District Clinics.
3.4 Stratified Random Sampling
According to Pratt and Loizos (2003), stratified random sampling is used when one knows in advance that the population in question contains a number of groups. He defined stratified random sampling as a probability sampling technique in which study objects are first divided into groups before simple random sampling is done. The groups are called strata and variables used to divide study objects into strata are termed stratification variables. Stratified random sampling was applied dividing the population into relevant and significant strata or segments based on the 13 clinics within Bindura District. A random sample was then drawn from each segment/clinic augmenting it with convenient sampling since this study needed knowledgeable respondents especially in the field of maternal health care system. This method of sampling has the advantage of representativeness and it also ensures that proportionate numbers are within a sample.

3.5 Sample size
A sample size of 65 out of a total population of 130 was used. This represents 50 percent of the total population under study. Patton (1990) suggests that there are no rules for sample size in qualitative inquiry, but a larger sample size generally 50% leads to increased precision when estimating unknown parameters.

3.6 Data Collection (Research Instruments)
In this research, primary sources were used to collect data. Questionnaires and interviews were mainly used. According to Miles and Huberman (1954), several tools can be used for data collection, because there is no universal tool that can be used for data collection. In this research, the self-administered questionnaires were preferred to allow respondents to answer the questionnaires in their spare time. Interviews improved the response rate because the researcher did not leave the questionnaire with the respondents. In order to increase validity, the researcher made sure that research instrument content reflects the topical issue under study. Pre-testing of the instrument was done as well.

3.7 Primary Source
In this research, primary data was collected through the use of self- administered semi-structured questionnaires and interviews. Primary data sources provide deep rich data because the researcher met with the respondents and collected first- hand information relevant to the study.
Moorhead and Griffin (2002) put forward that primary source of data provides a direct description of the study by person who actually carried it out. The data is first hand gathered from respondents or subjects, therefore it is reliable.

3.8 Questionnaire
Self-administered questionnaires were used to collect primary data. A list of preset questions was distributed to solicit information from respondents on the effectiveness of Result Based Financing as a strategy to improve maternal Health system.

Questionnaires have some advantages. Large amounts of information were collected from the subjects in a short period of time and in a relatively cost effective way because most of the respondents reside within the Clinic premises. More so, the results of the questionnaires were quickly and easily quantified by both the researcher and specific computer packages which included Microsoft Excel and Statistics Package of Social Sciences (SPSS). Questionnaires elicit data sometimes hidden within the minds and feelings of respondents, thus the questionnaire is an important and useful method of collecting data (Leedy 1993).

However, this instrument has the disadvantage that some respondents might choose to exaggerate or lie to impress the researcher. Some of the respondents are new appointees, so they provided wrong information because they are not yet familiar with the RBF allowances currently being provided. To make up for the weaknesses of the questionnaire, the researcher made use of interviews to improve the validity of the data that was be generated by the questionnaires.

3.9 Interviews
A semi-structured interview guide was used to gather data. It has some advantages to this study. Facial expressions or body languages on respondents were easily observed and analyzed. Also interviews allowed further probing where questions were not clear or incomplete. Furthermore, interviews were useful for obtaining detailed information about the effectiveness of RBF.

Another advantage of interviews to the study was that, they promote high response rate, as the interviewee provided answers instantly as questions were asked.

However, there were chances of bias by the interviewee in order to please, create false personal image, or end the interview quickly. In addition, interviews were relatively costly because the
researcher traveled to respondents who were in the community like Village Health Workers, Village Heads and Chiefs.

3.10 Secondary data

Secondary data were also used. Data was extracted from text books, company reports and journals to have a broad literature on the study. Trochim (2000) defines secondary data as data which already exists and might have been collected for other purposes other than that of the research at hand.

3.11 Data collection procedure

3.11.1 Ethical considerations

Saunders (2003) define ethics as the appropriateness of the researcher’s behavior in relation to rights of those who become your subjects or are affected by it. Before carrying out the research, the researcher sought for permission from DMO’s office to approach Bindura District HCC Members in all the clinics concerned. Again the researcher sought informed consent from the participants to ensure voluntary participation. The covering letter assured that the information given was only used for academic purposes. The Clinic authorities were assured that the results of the study will be communicated to them. Anonymity was also guaranteed and maintained in order to allow free expression of ideas without fear. Furthermore, participants were made aware of the benefits of the study and were encouraged to participate. The questionnaires were distributed by hand to participants. To make sure that the response rate was high some follow ups were made to respondents who took long with the questionnaires. Furthermore, appointments were made for interviews to selected individuals like, Village Health Workers, Village Heads and chiefs.

3.12 Validity and reliability

Reliability and validity of data collected is very essential. In that bid, firstly, pre-testing of research instruments was used and secondly, terms in the questionnaire was stated clearly in an unambiguous term to try and ensure that respondents would have the same meaning or interpretation with the researcher. The researcher also gave guidance on how to complete the
questionnaire leading to a convincing completion rate as well as accuracy of information obtained from the respondents. Below is a detailed explanation of validity and reliability.

3.12.1 Validity
Babbie and Rubin (ibid) define validity as the extent to which an empirical measure adequately reflects the real meaning of the concept under consideration. Validity is about the appropriateness of an item on whether it measures or describes what it is supposed to describe. In other words, it focuses on the degree to which the study accurately reflects or assesses the specific concepts that the researcher is attempting to measure. The researcher made sure that the instrument content reflected the objective of the study. Pre-testing of the questionnaire using a small sample helped on alterations to ambiguous questions.

3.12.2 Reliability
Bell (1987) defines reliability as the extent to which a test or procedures produces similar results under constant conditions in all occasions. A pilot study was conducted using few respondents at Rusununguko Rural health center to ensure reliability of the instruments. This helped to make the research instrument consistency and to measure what it intended to measure. The study was qualitative hence reliability is necessary.

3.13 Data Processing, Analysis and Feedback
The researcher adopted the framework developed by Milles and Hurberman (1994) in data analysis which involved; data reduction, data display, conclusion drawing and verification. Firstly, the mass of data collected was organized and somehow meaningfully reduced or reconfigured. Data display is a model of qualitative data analysis which allows analysts to extrapolate from the data and also to begin to discern systematic patterns and interrelationships. Data was analyzed in order of the questionnaire and interpreted using a Microsoft excel and statistical software analysis package called SPSS Version 20. The statistical principles like tables, charts, graphs and percentages were used in this regard. The type of presentation enhanced the explanation of the data. The analysis of this presentation was mainly based on qualitative. This data was analyzed to come up with conclusions of the research and consequent recommendations.
3.14 Chapter summary
This chapter explained the research methodology that was used by the researcher in carrying out the research. It covered the research design, population and sample size as well as sampling techniques. It also explained the research instrumentation, data collection, and presentation and analysis procedures. Chapter 4 which is coming next will focus on data presentation, analysis, interpretation and discussion.
CHAPTER 4

DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.0 Introduction
This chapter presents and analyse the findings of the research on the effectiveness of result based financing as a strategy to improve maternal health care system in Bindura District Clinics between 2015 and 2017. Presentations of results are in the form of tables, charts and graphs based on the objectives and methodology of the study outlined in chapter I and III. Qualitative approach was used for content analysis. The chapter winds up with a summary, which highlights matters of concern or major issues raised during the research.

4.1 Response Rate Analysis
This represents the response rate obtained from the questionnaires and interviews held.

4.1.1 Questionnaires Response Rate
From the sample size of sixty-five as indicated in chapter III, questionnaires and personal interviews were used as primary research instruments. Since the research was conducted to a large geographical area, a total of sixty-five questionnaires were administered to all the 13 clinics in the Bindura District, distributed equally among the thirteen clinics in Bindura District. Of the sixty-five, fifteen questionnaires were not returned and it gave an effective response rate of 77%. Table 4.1 below shows the questionnaire response analysis.
Table 4.1: Questionnaire and Interviews Response Analysis

<table>
<thead>
<tr>
<th>Name of Clinic</th>
<th>Administered</th>
<th>Responded</th>
<th>Not Responded</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rusununguko</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>80%</td>
</tr>
<tr>
<td>Foothills</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>80%</td>
</tr>
<tr>
<td>Takunda</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>60%</td>
</tr>
<tr>
<td>Manga</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>40%</td>
</tr>
<tr>
<td>Katanya</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>40%</td>
</tr>
<tr>
<td>Glamorgan</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>Rutope</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>60%</td>
</tr>
<tr>
<td>Nyava</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>Mpandira</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>60%</td>
</tr>
<tr>
<td>Manhenga</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>Muonwe</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>Chiveso</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>80%</td>
</tr>
<tr>
<td>Chiriseri</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Total Population</strong></td>
<td><strong>65</strong></td>
<td><strong>50</strong></td>
<td><strong>15</strong></td>
<td><strong>77%</strong></td>
</tr>
</tbody>
</table>

Source: Primary Data (2019)

Table 4:1 reveal a 77% response rate on the questionnaires distributed and also a 100% interviews conducted. According to Mugenda (2003) a high response rate is crucial for it reflects reliability of results. In this study, the high response rate achieved means that the data gathered was adequate enough to establish the effectiveness of result based financing as a strategy to improve maternal health care system in Bindura District Clinics.
4.2 Respondents Profile

4.2.1 Respondents of Educational Qualifications Attained

Table 4.2: Educational Qualifications of Respondents

<table>
<thead>
<tr>
<th>Level of education</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Secondary</td>
<td>15</td>
<td>30.0</td>
</tr>
<tr>
<td>Certificate/diploma</td>
<td>32</td>
<td>64.0</td>
</tr>
<tr>
<td>Degree/higher</td>
<td>3</td>
<td>6.0</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Primary Data (2019)

The research results shown above on Table 4.2 reveal that 64% of the respondents which accounts for the majority have attained certificate or diploma, 30% has attained secondary education and 6% attained degree or higher. There were no respondents received from those who attained primary education. The level of education of respondents may give an indication of the knowledge the employees may have regarding the area of study which requires a greater understanding of maternal health care system.
4.2.2 Years of Experience

The researcher also sought to know the number of years that the respondents have worked on their respective clinics. The table and figure below show the responses to this effect.

**Figure 4.1: Respondents Work Experience**

*Source: Primary Data (2019)*

As shown in the figure 4.1 above, 54% of the respondents have worked in their respective clinics for years ranging from 11-15 years, 18% for those who have worked for 6-10 years and 16 and above years while 10% have worked in their respective clinics for 5 years and below. This shows that there is greater number of respondents with vast experience in their clinic workstations.
4.2.3 Response Rate by Department

The researcher sought to ascertain the responses from different existing departments in the clinics in question. The figure below showed the responses from these respective departments.

![Figure 4.2: Response rate by Department](image)

**Source: Primary Data (2019)**

As shown in the figure 4.2 above, 60% of the respondents work in the nursing department. Both environment and administration have 14% each, 10% of the respondents work in the other departments and while 2% is for nutrition department. This study shows that the nursing department has dominated all the departments, giving an impression that they are knowledgeable in assessing the effectiveness of Result based financing as a strategy to improve maternal health care system in Bindura District Clinics.
4.2.4 Clinic’s age of operation
The researcher also sought to find the age of the clinics in Bindura District from which data is being gathered. The responses are captured in the following table.

Table 4.3: Clinic’s age of operation

<table>
<thead>
<tr>
<th>Age of operation</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>less than 2 years</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2 to 3 years</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>4 to 5 years</td>
<td>15</td>
<td>30</td>
</tr>
<tr>
<td>above 5 years</td>
<td>25</td>
<td>50</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Primary Data (2019)

As shown in the table 4.3 above, 50% of the clinics have been operating for more than five years, 30% have been operation for 4-5 years and while 20% were for 2 to 3 years. Clinics which have been in operation for more than 5 years may be the right clinics that can provide relevant information regarding the research study of ascertaining the effectiveness of result based financing as a strategy to improve maternal health care system.

4.2.5 Number of Employees at Workstation
The researcher sought to find the number of employees in each clinic. The results of the study are depicted in the following table and figure.
Table 4.4: Number of Employees in Organisation

<table>
<thead>
<tr>
<th>Number of employees</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>less than 5 employees</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>6 to 10 employees</td>
<td>45</td>
<td>90</td>
</tr>
<tr>
<td>11 to 15 employees</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>above 15 employees</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100.0</td>
</tr>
</tbody>
</table>

*Source: Primary Data (2019)*

As shown in the table 4.4 above, 90% of the clinics have employees between 6-10 and while 10% of the clinics have employees that are 5 and below. No clinic has employees who are more than 10 at each respective clinic. The results from respondents may suggest that most of the clinics are understaffed to be able to qualify or meet the RBF indicators.

4.3 Analysis of Questionnaires Response on Assessing the effectiveness of Result Based Financing as a strategy to improve maternal health care system.

4.3.1 Type of Funding used for Maternal Health Care System

![Type of Funding mostly used for Maternal Health Care System](image)

*Figure 4.3: Type of Funding mostly used for Maternal Health Care System*

*Source: Primary Data (2019)*
As shown in the figure 4.3 above, the funding modalities for maternal health care system in Bindura District Clinics is dominated by Result based financing with 48% followed by Health Transition fund with 40%, other funding has 8% and lastly there is Health services fund coupled with Government Funding which has 2% each. It therefore depicts that Result based and Health transition financing are the sole financers of maternal health care system with a collective percentage of 88%.

4.3.2 Funding currently in use for Maternal Health Care system at your clinic

As shown in the figure 4.4 above, the current maternal health care system in use is Result Based Financing with 80% of the respondents agreeing to the same fate, 10% were for Health Transition fund, 4% was each for Health services fund and Government funding and 2% was for other funding.

Figure 4.4: Funding currently in use for maternal health care system

Source: Primary Data (2019)

As shown in the figure 4.4 above, the current maternal health care system in use is Result Based Financing with 80% of the respondents agreeing to the same fate, 10% were for Health Transition fund, 4% was each for Health services fund and Government funding and 2% was for other funding.
4.3.3 Frequency of Receiving RBF Funding to support Maternal Health Care System

As shown in the figure 4.5 above, 70% of the respondents were of the view that the funding reaches them semi-annually, 20% quarterly and while 10% receives the money annually. It is the view of the researcher that the money takes too long to be put in the hands of the recipients, thereby delaying maternal health care services at stake.

4.3.4 Benefits Derived from RBF Funding

As shown in the figure 4.6 above, 30% of the respondents were of the view that the funding reaches them semi-annually, 10% quarterly and while 20% receives the money annually. It is the view of the researcher that the money takes too long to be put in the hands of the recipients, thereby delaying maternal health care services at stake.
As shown in the figure 4.6 above, the collective dominant benefits derived from the funding are reduction of home deliveries and maternal deaths (40%), medication availability and free maternal services (30%), motivation or staff incentive (20%), while structural and equipment improvements have 10%.

4.3.5 Challenges of the RBF Funding

![Graph showing the percentage of challenges](attachment:image.png)

**Figure 4.7: Challenges of the Funding**

As shown in the figure 4.7 above, the dominant challenges of the funding are anchored on red tape in plans approval and funds disbursements (40%), staff shortage and inexperienced midwifery personnel (20%), corrupt and abuse of funds (18%), vexing and too many verification variables/indicators (12%) and while undue influence from politicians hijacking RBF projects constitutes 10% of the respondents.
4.3.6 Improvement of Maternal Health Care System upon adoption of RBF funding.

As shown in the figure 4.8 above, 70% of the respondents alluded to the fact that the adoption of the funding has brought improvement to the maternal health care system, 20% of the same respondents alluded that the funding has partly improved the maternal health care system and while 10% thought this has not improved the system.

Figure 4.8: Improvement of Maternal Health Care System upon adoption of RBF funding

Source: Primary Data (2019)
4.3.7 Strategies to improve maternal health care system

As shown in the figure 4.9 above, the strategies to improve maternal health care system are as follows; eradication of corrupt tendencies (70%), increase staff and train more midwifery personnel (20%) and the eradication of red tape in plans approval and funds disbursements.

4.4 Summary

This chapter was able to present, analyse and interpret the research study findings from what the respondents answered in the questionnaire and from the interviews that were held. This was achieved through the use of tables, charts and graphs. The next chapter will summarise the study, conclude and recommends the assessment of the effectiveness of result based financing as a strategy to improve maternal health care system.
CHAPTER 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This part closed the examination and is a summation of the discoveries found in the exploration on an evaluation on the viability of Result Based Financing as a technique to improve maternal wellbeing framework in Bindura District Ministry of wellbeing.

5.1 Summary of research findings

The examination uncovered that, the centers in Bindura District are still ineffectively prepared. There is no satisfactory maternal hardware henceforth achieves poor maternal wellbeing framework. Adding to that the analyst additionally discovered that, there is absence of ability in Bindura District facilities. The greater part of the centers is Bindura District are going by Primary Care Nurses (PCN) there are not many birthing assistants thus this trade offs the maternal wellbeing framework in the District. Debasement and fake exercises has additionally added to traded off outcomes in maternal offices. Debasement particularly when tenders are being granted to providers. Staff enhanced themselves through degenerate delicate methodology. Notwithstanding the above there has been embellishment of results or misrepresenting of reports by beneficiaries to get more on incomplete occupations. Unavailability and remoteness of the greater part of the country zones in Bindura District was likewise a noteworthy test, Patients are strolling long separations to get to wellbeing administrations, for example, antenatal
consideration henceforth this wound up causing boycotting of certain patients visiting their individual facilities. Low people group support and inclusion in the RBF program in Bindura District has caused a major downside or hindrances. It isn't just absence of association yet protection from change was seen as one of the issues that frustrated advancement. This was noted in Marange individuals who are littered all over Bindura District where religious convictions in connection to specific cliques and organizations that are as yet rehearsed by some network individuals prevented accomplishment of results. Moreover, low extra bundles additionally frustrated advancement in Bindura District particularly in facilities that are situated in regions where there are few individuals or little populace; specialist co-ops were not roused to give their best outcomes. Additionally, Politicians were not willing to prepare individuals to accomplice and bolster the program in nearby facilities because of political definitions that the program was made structure the west which has concealed motivation of satisfying political orders. Adding to the over the examination likewise uncovered that, the monetary turndown combined with swelling which is being knowledgeable about Zimbabwe has additionally made a stop the achievement of Result based financing.

5.2 Conclusion

In spite of the difficulties looked to meet the conditions for fruitful usage of RBF, it very well may be noticed that the program has been an effective because of various advancements which can be seen since the execution of the program in Bindura District. These improvements incorporate working of maternity homes or holding up mother's asylums. Seven mother's safe houses were built in various centers in Bindura District and boreholes were likewise bored for safe water to use in facilities. Every one of these improvements are because of RBF and the specialist co-ops (for example medical caretakers and EHTs) are getting assets after foreordained outcomes have been accomplished. RBF programs make wellbeing frameworks progressively responsible by moving the concentration from contributions to results. Connecting installments to execution reinforces the administration of the framework and permits continuous checking of the outcomes that legislature and accomplice assets are 'purchasing'. There is solid proof that
connecting financing to results creates preferable results over comparable financing without the connection to results.

5.3 Recommendations

5.3.1. Confirming whether targets are met, following outcomes or what should be changed and assessing the impact of the picked methodology are basic for any execution motivator program and surely, a large number of the potential entanglements can be moderated with watchful checking and supervision.

5.3.2. HCC must sort out open mindfulness battles for instance amid the World Health Organization day, street shows and workshops at spots like schools, markets, business focuses and chapels. This will empower them to instruct all network individuals from all age bunches about suggested maternal and youngster care rehearses.

5.3.3. There is requirement for working of progressively rustic wellbeing focuses combined with mother's safe houses in regions closer to the networks, for instance recently resettled famers in Bindura are situated to guarantee accommodation and security of the pregnant ladies. In certain zones individuals live a long way from wellbeing focuses, they walk a separation of 15 to 20km to the closest wellbeing focus. This could put the lives of the pregnant ladies in danger particularly when they are expected for conveyance

5.3.4. There is a basic need to address the issue of staff deficiency in Bindura District. Government and neighborhood specialists should offer alluring and focused bundles to hold the talented workforce left the division to search for greener fields. This is essentially the talented nursing staff particularly birthing assistants who left to look for better business openings amid
the financial downturn from the year 2000 to 2008. Solidifying of posts by the legislature of Zimbabwe ought to be reevaluated particularly for basic posts, for example, the wellbeing staff as wellbeing focuses are being kept an eye on by Primary Care Nurses and understudy attendants.

5.4 Recommendations for future research

The scientist recognizes the way that the investigation was done at a little scale so there is have to complete further research at a more extensive scale so as to sum up the discoveries of the case
REFERENCES


Appendix 1

Questionnaire for Health center committee members

NB. Please Tick in the appropriate box or fill in the spaces provided.

PART A RESPONDENT PROFILE

1) What highest level of education did you attain?

Primary [ ] Secondary [ ] Certificate/Diploma [ ] Degree/Higher [ ]

2. For how long have you been working at this organization?

0-5 [ ] 6-10yrs [ ] 11-15yrs [ ] 16and above [ ]

3. In which department do you work in your organization?

Nursing [ ] Nutrition [ ] Environment [ ] Admin /Account [ ]

Other specify ……………………………

Part B

6. Which types of funding are currently used at your clinic to support maternal health care system [tick as many as possible].

HTF [ ] HSF [ ] RBF [ ] GOZ [ ]

Others specify ……………………………

8. How often do you receive the RBF funding to support maternal health care system at your clinic?
Quarterly □ ½ yearly □ annually □ beyond annually

9. What benefits do you derive from using the RBF funding?

………………………………………………………………………………………………………
………………………………………………………………………………………………………
………………………………………………………………………………………………………

10. What are the challenges of RBF funding in use?

………………………………………………………………………………………………………
………………………………………………………………………………………………………
………………………………………………………………………………………………………

11. In your opinion has the maternal health care system improved after the adoption of RBF funding?

………………………………………………………………………………………………………
………………………………………………………………………………………………………
………………………………………………………………………………………………………

12. What strategies can be used to improve maternal health care performance through RBF funding?

………………………………………………………………………………………………………
………………………………………………………………………………………………………
………………………………………………………………………………………………………

13) How effective is RBF funding method in use to support maternal health care system.

Very effective □ effective □ ineffective

14) What positive change has RBF funding brought in the material health care system?

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43
15) Do you recommend the continuation of RBF funding?

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Appendix 2

Interview Guide to the Interviewer

An assessment on the effectiveness of Result Based Financing as a strategy to improve maternal health system in Bindura District.

1. Title of the Interviewee

2. Which types of funding is currently used to support maternal health system at your clinic?

3. How often do you receive RBF funding to support maternal health system at your clinic?

4. How often do you receive the RBF funding?

5. What benefits do you drive from using RBF funding?

6. What are the challenges of RBF funding?

7. In your opinion has the maternal health system improved after the adoption of RBF?

8. Do you recommend the continuation of RBF funding?
Appendix 3

Introductory Letter

I B1542573 a student at Bindura University of Science Education pursuing a Bachelor of Commerce Honors Degree in Banking and Finance. I am carrying out a study on the Result Based Financing as a Strategy to improve maternal health care system in Bindura District clinics.

The information obtained in this study is purely for academic purposes and your responses will be classified as private and confidential.

Your assistance and support will be appreciated.
Appendix 4

Cover letter to seek permission.

BINDURA

21 January 2019

The District Medical Officer

Bindura District Ministry of Health

Box 26

BINDURA

Dear Sir/ Madam

REQUEST FOR PERMISSION TO CARRY OUT A RESEARCH ON ASSESSMENT ON THE EFFECTIVENESS OF RESULT BASED FINANCING AS A STRATEGY TO IMPROVE MATERNAL HEALTH SYSTEM IN BINDURA DISTRICT CLINICS.

I B1542573 a student at Bindura University of Science Education. I am requesting for your permission to carry out an academic research at Bindura District Clinics on the topic stated above. The research is a requirement in partial fulfillment of my Bachelors of Commerce Honors Degree in Banking and Finance.

Kindly be assured that the information gathered will be exclusively for academic purposes and will be treated with the confidentiality it deserves. The researcher promises to give feedback on the results of the research. Your usual support is greatly appreciated.

Yours faithfully

B1542573