

ANNUAL REPORT 2021

Strengthening the health system in Jimma and Borana zone (Oromia region) and West Gojam Zone (Amhara Region through Performance Based Financing (2019-2023)

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LIST OF ABBREVIATIONS

ANC	Antenatal Care
AMTSL	Active Management of the Third Stage of Labour
BoFEC	Bureau of Finance and Economic Cooperation
CAC	Comprehensive (Post) Abortion Care
CBHI	Community Based Health Insurance
CSC	Civil Service Commission
DHIS2	District Health Information System 2
EDD	Expected Date of Delivery
EFY	Ethiopian Fiscal Year
EPI	Expanded Program on Immunization
EPSA	Ethiopian Pharmaceuticals Supply Agency
FMOH	Federal Ministry of Health
FGD	Focus Group Discussion
FP	Family Planning
HC	Health Centre
HEP	Health Extension Package
HF	Health Facility
Hgb	Haemoglobin
HMIS	Health Management Information System
HSEP	Health Service Extension Programme
HSTP	Health Sector Transformation Plan
IMNCI	Integrated Management of Childhood Illness
KPI	Key Performance Indicator
LMP	Last Menstrual Period
MNCH	Maternal New-born and Child Health
MoFEC	Ministry of Finance and Economic Cooperation
MRN	Medical Record Number
OPD	Outpatients Department
ORHB	Oromia Regional Health Bureau
PBF	Performance Based Financing
PHC	Primary Health Care
PHCU	Primary Health Care Unit
PIM	Project Implementation Manual
PMTCT	Prevention of Mother to Child Transmission
PNC	Post Natal Care
PPA	Performance Purchasing Agency
SOP	Standard Operating Procedure
TT	Tetanus
USAID	United States Agency for International Development
WHO	Woreda Health Office
ZHD	Zonal Health Department
ZOFED	Zonal Office for Economic Development

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EXECUTIVE SUMMARY

This report outlines the progress made in the implementation of Performance-Based Financing in Borana and Jimma Zone during the year 2021. The regular implementation of PBF in 128 and 48 health facilities in Jimma and Borana respectively was successful during the period under review, on which the results were traceable. Most notably, a lot of foundational work having been done, more tangible results started becoming visible in the course of 2021 and we are observing a considerable progress towards the three interlinked objectives, i.e., *Improved Health Service Delivery*, *Improved Governance of Health Service Delivery*, and *An Enhanced Health Information System*. For the Borana project, May and June were used as an Inception Phase for phase 3 facilities, as the project was expanded to the remaining 06 woredas of Borana Zone as of July 2021. Below we will briefly summarize the main achievements and challenges encountered during the year, as well as the milestones for each of the three Outcome Pathways, including the Borana expansion inception phase.

Looking at the intended outputs under **Outcome 1, Improved Health Service Delivery**, most progress on outputs 1A (approved Project Implementation Manual in place) and 1B (the training of the health workforce in PBF), had already been realized before the start of the year, except for the Borana expansion Inception Phase. For all the other outputs (1C to 1F), the PBF implementation was in full force in both zones. All health facilities developed their business plans and signed their performance agreements and rigorous regular rounds of performance verifications continued. The monthly quantity verifications were conducted by Cordaid Jimma and Cordaid Borana as the PPA in all health facilities (except in health facilities where there was a security problem in Jimma) and quality verifications were conducted for all the quarters (by local health authorities, assisted by Cordaid Jimma and Cordaid Borana) except at health facilities where there were security problems in Jimma. The community verifications (by the recruited CBOs) were also conducted every quarter in Borana and Jimma and feedbacks was shared with the health facilities. Based on the outcomes, all entities received their quarterly performance-based payment timely according to timelines outlined in the PIM.

An improvement with regards to data accuracy in health centres has been observed in most woredas of Jimma zone and more pronounced in the phase 2 woredas but still, an effort is expected on phase 1 woredas as the rate of change should have been better. The overall percentage verified cases in phase 1 woredas slightly improved from 83% during Q4 2020 to 84% in Q4 2021 (Table 7.1), whereas considerable progress was observed on health facilities in phase 2 woredas where it has improved from 2% during the baseline to 78% in the period under review (Table 7.2). The highest percentage of accuracy was recorded in Botor Tolay with an accuracy percentage of 94% and Sokoru with 88% percentage accuracy, from phase 1 and phase 2 woredas respectively (Table 7.1 and Table 7.2).

In Borana, health centres in phase 1 and phase 2 woredas recorded slight decrease from 92% during Q4 2020 to 89% in Q4 2021. Whereas in phase 3 there was significant improvement from 5% to 88%. During baseline quantity verifications in Borana, a high discrepancy was found between declared and verified data. The highest verifiable percentage was recorded in Dillo and Das Woredas both in phase 3. In four of the six phase 3 woredas the percentage of verified data has improved to more than 90% while Das woreda scored 85% followed by least performing woreda which is Dire with score of 69%. The main factor for Dire woreda is that Soda health centre staff who were trained on PBF left the health facility for other employment opportunities. The drought situation in Borana is also contributing as most staff now spend more time focusing on drought related activities in the communities.

The main common reasons for discrepancies across zones included: poor documentation of cases as some of the information is not consistently filled in all the columns of the registers, however the prevalence of such omissions has

significantly reduced. Medical Record Number (MRN) and serial number is sometimes missed in some of the registers. Most of these causes were addressed throughout 2021 verifications through the intensive coaching of staff by the PPA staff. Combination of zero tolerance approach (rigorous and strict verifications) and enthusiasm among the staff of the health facilities has contributed also to the noted improvement as shown. Most health facilities are now using the standardized DHIS 2 registers, properly filling each column based on the guideline and properly reporting of the data in each register. Another contributing factor is that in most health facilities the performance monitoring teams are becoming more active and conduct regular verification of their data before sending the reports to their respective Woreda.

At hospital level in Jimma, there was decline in performance among phase 1 hospitals from 70% to 64% while there was a significant improvement in phase 2 woredas during Q4 2021, where the verified cases improved from 23% during baseline to 67% during Q4 2021. In Phase 1 hospitals, improvement of data quality was recorded specifically on indicators like Cervical Lesion treated, Existing ART Patients, CAC, and New ARV into the acceptable range of >90%, and also they were able to ensure consistency in keeping the proportion of verified cases >90% over the year for indicators like Skilled Delivery, Caesarean Section, Cervical Cancer Screening, Blood Transfusion, and FP-Long term.

In Borana the percentage of verified cases significantly declined from 99% during Q4 2020 to 69% during Q4 2021. Across the various hospital indicators, data accuracy varied across different indicators in Borana Zone. In the phase 1 hospital 34% of indicators are in acceptable range of >90%, while 27% of the indicators were below 90%. This was due to under reporting. In phase 2 hospitals 62% of quantity indicators are in acceptable range which is >90%, while 27% are below 90%. Phase 3 hospitals were contracted during project expansion in Borana zone, from which two of them are only fully functioning and verification has been conducted for the last two quarters of 2021. Despite low volume of cases in those hospitals as they are in infancy phase of functionality, the progress of data quality significantly improved from 1% during baseline to 81% during Q4 2021 and 50% of indicators with reported figures are above 90%.

In Jimma zone there has been an overall increase in quality of services at health centres, from 53% in Q4 2020 to 59% in Q4 2021 in phase 1 woredas, and from 16% in Q4 2020 to 55% during Q4 2021 in phase 2 woredas. This promising improvement has been observed across the majority of the woredas during period under review. Both phases of implementation showed a consistent upward trend except for Q3 2021 for phase 1 facilities where the quality declined to 52%. The current result is attributable to varied reasons and due to; the improved level of ownership of the activities by the regulators, the rigorous coaching by the PPA staff and the status of PBF being the priority agenda in the zone. At the end of 2021, the highest performing woredas from phase 1 woredas were Mencho, Shebe Sombo and Tiro Afeta with a percentage increase of 23%, 22%, and 16%, respectively compared to the same quarter of 2020. Whereas, Omo Beyem, Setema, Botor Tolay, and Omo Nada Woredas has shown some decrease in their quality scores and a remarkable consistent improvement was observed across all phase 2 woredas. The highest improvement was noted in Seka Chekorsa woreda with an overall 50% increase from the fourth quarter of 2020, followed by Dedo (+43%) and Sokorru (+40%). Whereas Limmu Seka and Nono Benja were the least performing woredas with a quality score of 26% and 25% respectively.

In Borana the overall technical quality score for phase 1 health centres increased from 64% during Q4 2020 to 68.8% at end of 2021, while for phase 2 health centres quality scores increased from 58.3% to 73%. Phase 3 facilities which have implemented PBF for two quarters also recorded an increase in quality scores from 19% at baseline (Q2 2021) to 41% by Q4 2021. All phases of implementation had an upward trend except for Q3 2021 and Q4 2021 for phase 1 facilities and Q3 for phase 2 facilities. These quarters saw a decrease in quality scores as there is diverted focus to drought related activities in the communities. The highest performing woreda for phase one was Yabello woreda with average score of 78.4% while Dubluk is the best scoring with average score in phase 2 woreda with average score of 86.6%. The lowest quality score was recorded in Yabello town with 45% average score from phase one while Guchi woreda with 61.7% average score from phase 2 woreda. In phase 3 health facilities the average technical quality score during baseline was 19% and improved to 41% after six-month of PBF implementation. The lowest and highest score during baseline was 5% and 28% while it improved to 28% and 72% respectively at end of fourth quarter 2021.

The overall average performance achievement of hospitals in phase 1 of Jimma zone was 74% at the end of 2021 as compared to 72% same period in 2020, whereas in phase 2 hospitals of the same zone the average quality score at the end of 2021 was 72%, 2% below the phase 1. The best performing hospital was Setema, from phase I woredas, with technical score of 83% and Seka hospital with percentage score of 78% during Q4 2021 evaluation. From the hospitals at both phase woredas, Tiro Afeta has recorded the highest percentage increase of 48% between the fourth quarter of 2020 and the same period in 2021. The performance of both Nada (-10%) and Limmu Genet (-16%) hospitals declined in the last quarter of 2021, despite Nada being the best performing hospitals during the Q4 2020 assessment.

In Borana zone, Yabello General hospital showed notable decline though it remained the highest performing hospital with 81 % compared to 91 % in Q4 2020. Fluctuations in performance were noted in logistics and medicines, laboratory, and surgical department during 2021. In phase 2, Moyale general hospital did not record any change from 56% in Q1 of 2021. The fluctuations in performance during 2021 were due to the poor management of the hospital. The zonal health department took the necessary actions based on quality assessment recommendations. Phase 3 Mega hospital improved from 29% during baseline to 49% during Q4 2021.

Under Outcome 2, the project aims to contribute to Improved Governance of Health Service Delivery:

One of the main activities expected from the zonal and woreda as regulator, which is a key role in improving their governance, is to conduct a regular supportive supervision for HFs. Based on this, integrated supervision and coaching for quality improvement have been conducted for hospitals and health centres by zonal and woreda health offices respectively, although the implementation on the forwarded action point differs. In addition, ownership regarding activities related to quarterly quality assessment by regulators has also been improved starting from checklist preparation to data entry of quality score, as well as objectivity on administering tools during quality assessment, the previously identified weakest side of regulators, had also got improved in the period under review. Unavailability of adequate staff, at least two per HFs, from both WHO and ZHD during the quality assessment was still the main challenge we were facing as a PPA.

During reporting period there has been promising progress from regulator side on developing sense of owner ship. This is be reflected by the full engagement in all activities of the project which is expected from regulator. Quarterly performance evaluations of health regulators have been conducted for both WHO and ZHD during the period under review. Accordingly, most the Woreda Health Office in Jimma and Borana zones had submitted the bi-annual action plan on time (95% for Jimma and 100% for Borana).

To ensure PBF implementation, actors should sign a contractual agreement which is supported by business plan. Accordingly, 21 WHOs and 14 WHOs in Jimma and Borana respectively and two (2) ZHDs were contracted during the period under review. This followed the successful submission of their action plans. Though the quality of action plans has improved, they still need to be further informed by data and the indicator on action plans has been revised accordingly. The action plans still need to be SMARTer. Some of the strategies proposed in the action plans by some WHOs were not very realistic and the responsible people and timelines were not well specified.

During the reporting period one of the indicators at regulator level was auditing of health facilities. To facilitate this, separate contracts were signed with zonal finance office for hospital level auditing and woreda finance office for health centre auditing. During this reporting period contracts were signed with all the 21 and 14 woreda finance offices in Jimma and Borana zone respectively as well as Jimma and Borana zone Finance offices. In addition to the woreda and zonal finance experts, the finance experts from health facilities were trained on PBF and how to monitor subsidies utilization in the health facilities.

As part of the efforts towards institutionalization of PBF in Ethiopia, bi-annual meetings for the PBF regional steering committee were conducted. Cordaid also organised a study tour to Rwanda for decision makers. The objective was for the local government officials to have exposure and take lessons from their counterparts in Rwanda where PBF was

institutionalized successfully. The total of fifteen participants was participated in the tour. High level PBF training was also conducted in March 2021 for high level officials from different ministries like FMOH, Ministry of Finance and Civil Service Commission.

Activities under **Outcome 3** aim at *An Enhanced Health Information System*, to strengthen the health information system that supports data-based decision making at Woreda, Zonal and Regional level. A data base system which is linked to DHIS2 has been successfully developed by Bluesquare. The data system and all necessary tools were implemented successfully in both Jimma and Borana Zones by January 2021. DataViz was also configured for both Jimma and Borana Zones during the period under review. The progress has been satisfactory during the period under review, and they managed to finalize all the components of the PBF data system, including the DHIS 2 DHIS (D2D) connection with FMOH DHIS2 system, during the year 2021. The further training of staff and regulators has been conducted in February 2021 in Borana and in Jimma for the eight (8) new woredas. Invoices for the year 2021 were generated using the system in in both Jimma and Borana. To ensure timely data collection, the tablets were procured for the new verification officers in Jimma and Borana and the regulators from each zone, to be used for data collection for quantity and quality verifications, respectively. Quality verifications are currently being conducted using mobile data collection (ODK).

The DataViz component development started in 2020 and was completed during the period under review. The idea was to get the system up and running perfectly and upgrade the Borana data system and this has been done. Therefore, DataViz component was integrated into the system simultaneously for Jimma and Borana. The platform only shows verified data and quality scores within the PBF scope. Currently, it is possible to visualize both Borana and Jimma PBF data using the following URL: <https://data.pbfethiopia.org>. With regards to outcome 3B, the final progress for Proof of Impact (PoI) was submitted and their contracted ended in June 2021 and Social Finance was contracted to conduct an assessment on the feasibility of having an institution to manage a marketplace for results. The process of setting up the marketplace was then taken over by the Embassy of the Kingdom of the Netherlands (EKN).

PBF expansion in Jimma and Borana: In October 2020, the steering committee approved the geographic expansion of PBF in Jimma from 13 woredas to 21 woredas effective January 2021. In June 2021 again, the PBF steering committee approved geographic coverage expansion in Borana zone from eight (8) woredas to all the fourteen (14) woredas and inclusion of health posts effective from July 2021 onwards.

Overall, the project is very well on track. Despite major challenges posed by COVID 19 during the year under review, all essential implementation processes, including the contracting and verification, as well as the execution of the PBF payments, are taking place according to schedule. As a result, we may expect further improvement in health service delivery, governance, and information systems in 2021.

1 PROJECT BACKGROUND

In Ethiopia, Cordaid started the phase 1 showcase project of Performance Based Financing (PBF) in the arid and pastoralist Borana Zone in 2015 which ended on the 30th of June 2018. As confirmed by an external project evaluation done in November 2018, the project contributed to an increase in both the utilisation and the quality of health care services in Borana. With the success, Cordaid mobilised additional internal funding to implement the second phase of the project which was jointly designed by the Borana Zonal Health Department (ZHD), Cordaid and the Federal Ministry of Health (FMOH) resulting in a scale up from 4 to 8 Borana woredas, from 9 to 25 health facilities and from a catchment population of 125,918 to a population of 488,556.

A consultative meeting was conducted in March 2018 jointly organised by the FMOH and Cordaid to share results and lessons from the Borana case were shared and discussed. The outcome of the meeting was a road map to the development of a four-year proposal to the Embassy of the Kingdom of The Netherlands to scale up PBF to the Jimma Zone in Oromia Region. The implementation of the Jimma phase started on the 1st of April 2019 and will run until the end of 2022. The Netherlands Embassy also offered to Cordaid and the Oromia region to support a Phase III of PBF in the Borana zone running from 2020 to 2022. From January 2021 and July 2021, the project covers 100% of the Health Facilities in Jimma and Borana, respectively. In both Borana and in Jimma zones, the approach has led to substantial improvement in the health service utilization, access to essential services, the quality of those services, and the reliability of the data of 11 Hospitals, 165 Health Centres and 737 Health Posts, with a total population of 4,480,329.

Based on the success in Jimma and Borana, the Embassy of the Kingdom of the Netherlands (EKN) in consultation with FMOH both at federal and regional level, requested Cordaid to expand PBF to North Achefer (West Gojjam zone), Amhara region in November 2021 covering eight health centres, one primary care hospital and 260,000 beneficiaries.

The overarching objective of PBF in Ethiopia:

“Improved availability and accessibility of good quality healthcare at primary and secondary level in the implementation areas, and a stronger Ethiopian health system at large, which supports the progressive realization of Universal Health Coverage (UHC) (SDG 3.8).”

The three (inter-related) targeted Outcomes are:

1. Improved Health Service Delivery in the selected woredas of project implementation, reflected in:
 - A. Increased utilization of good quality services
 - B. Increased equity in access
2. Improved governance of health service delivery through:
 - A. Increased capacity at the level of Woreda Health Offices and Zonal Health Department to perform their regulatory tasks and provide supportive supervision
 - B. Institutionalisation of PBF in the Ethiopian health system
3. An enhanced health information system that supports:
 - A. Data based decision making at Woreda, Zonal and Regional level
 - B. Additional financing potential for the health system through enhanced transparency

This report describes the progress of PBF projects implemented by Cordaid with funding from EKN in 2021, against the Theory of Change (ToC) and the Logical Framework. One chapter is dedicated to each of the three outcomes, in which results are reported per output.

2 OUTCOME 1: IMPROVED HEALTH SERVICE DELIVERY

The focus of this outcome is to ensure increased utilization of good quality services and increased equity in access. Health care services utilisation and quality continued to improve during the year 2021. PBF further seeks to improve equitable access to health care by categorising health facilities under five equity categories as outlined in the Project Implementation Manual (PIM). This chapter will describe in detail the general progress made and gives a comparison (of both quantity and quality performance) between Q4 2020 and Q4 2021.

An improvement with regards to data accuracy has been observed at woredas of Jimma zone and more pronounced at the second phase woredas. The overall percentage of cases verified¹ in phase I has slightly improved from 83% during the Q4 2020 to 84% in Q4 2021, whereas a considerable progress was observed on HFs in phase 2 woredas where it has improved from 2% during the baseline to 78% in the Q4 of 2021. Our results show that service utilization has increased (both declared and verified figures) in all Borana phase 1 and phase 2 woredas except Moyale and Guchi woredas. The two (2) woreda`s performance was affected by security situation at different periods which affected the movement of vehicles and patients. This situation also affected Cordaid`s ability to provide the needed coaching and mentorship. Borana Zone show an overall decrease of verified data from 92% to 89% which is observed during Q4 2021. The significant decrease was observed in Gomole, Wachile and Yabello woredas and this was attributed to the prevailing drought during this period which in some cases shifting health worker activities to other community-based relief activities.

The regular quarterly quality verification of health facilities in Jimma zone in the last quarter of 2021 revealed an overall woreda average quality score increase of 6.7% and 31.7% in Phase 1 and Phase 2 woredas, respectively. The increase in technical quality of care is attributed to the improved level of ownership by the regulators, the provision of rigorous coaching and technical assistance by the PPA staff, and the incentive nature of PBF which encourages performance by providing financial incentives for better performance. A remarkable improvement was recorded in most thematic indicators and the highest performing indicator was found to be Referral services with 90% score during Q4 2021. However, outreach services were the least performing indicators with 26%, though a 15% increase from Q4 2020 is noted. In Borana the overall woredas average for quality recorded some increase of 5%, 3.9% and 22.4% for Phase 1, Phase 2, and Phase 3, respectively. During period under review for Borana, most indicators improved except three indicators namely general appearance, administration and Finance and infection prevention. The highest scores were obtained from under-five OPD, logistics and medicines, referral, and nutrition, while maternity, antenatal care department, EPI and growth monitoring, emergency service and laboratory services did not improve compared to previous year. Despite being affected by the drought, health facilities in Borana zone have shown an endurance in maintaining quality of health care achieved prior to the drought.

Fund Holder (Cordaid Ethiopia) made timely payments for all quarters to all contracted 165 health centres (121 in Jimma and forty-four in Borana) and 11 Hospitals (7 in Jimma and 4 in Borana). In Jimma, a total of 103,259,364 ETB was paid for health centres with an annual average of 853,383 ETB while total amount of 13,485,774 ETB was paid to hospitals with annual average of 1,926,539 ETB. In Borana, a total of 20,461,128 ETB was paid for health centres with annual average of 853,383 ETB while total amount of 4,056,272 ETB was paid to hospitals with annual average of 1,866,198 ETB.

¹ These are cases which were verified and met the criteria according to verification guidelines.

2.1. PIM Review

In the year 2021 the series of PIM review meetings were conducted in both Jimma and Borana to gather the views from Health Facilities (HFs) staff and regulators on the positives, negatives, challenges, and areas of improvement on the PBF project. All the findings were analysed and discussed by Cordaid technical team and consolidated for discussion at the regional steering committee. PIM review meetings were held in July and December 2021 with the steering committee and the proposed changes were approved. All relevant stakeholders participated in the review process.

The main approved changes to the PIM were:

- Increased scope (expansion in Borana from 08 to 14 Woredas)
- Health post indicators for Borana
- Changes to WHO and ZHD indicators
- Addition of new separate contract for auditing indicator for Woreda and zone finance and economic cooperation office.
- Additional sanctions at regulator level

2.2. Capacity Building and progress review

Several trainings were conducted in the year to build the capacity of health care providers and regulators. In Borana representatives from health facilities, which were to be contracted under the expansion, were trained on PBF. The focus of the training was to have staff understand PBF as a Health Systems Strengthening approach, to understand the indicators (both quantity and quality), the associated processes (such as business planning, performance agreements & community verification by CBOs, and the way in which verification are conducted. Above all the training clearly highlighted how the PBF project fits withing the existing Ethiopia's Health Sector Transformation Agenda (HSTP-II).

In Jimma, an annual review meeting was conducted at zonal level by involving 172 participants from HFs, woreda and zonal regulators, of which 11 (6%) were females. Particularly the participants were PHCU directors, Hospital CEOs, WorHO vice head and quality focal as well as from Jimma ZHD quality staff. The progress review meeting was conducted with the aim of reviewing the progress by identifying successes, challenges, and solutions to improve the HFs performance especially among phase 1 woredas. The review meeting was also comprised of sessions where the health facilities were equipped with skills to develop a comprehensive business plan, which has been one of the weaknesses for most of the HFs in the past. Performance increase in Phase 2 HFs was one of the identified positives. However, inefficient use of subsidies, lack of ownership, the non-functionality of performance monitoring teams (PMTs), and misalignment of activities with the business plans was the main challenge discussed during the meeting. Accordingly, corrective measures were taken on HFs with misconduct based on severity. Based on this, subsidies for nineteen health centres and eight (8) WorHO in Q3_2021 were suspended and released later after complying with the suggested feedback. These entities recorded a significant improvement thereafter.

PBF training for finance experts was provided for a total of 105 finance experts from the Woreda Finance Office, HFs, and ZoFED. The training was given with the objective of introducing PBF to the above-mentioned stakeholders and highlighting the importance of their involvement in the implementation of PBF project in Jimma zone. Fundholder and stakeholders developed key elements of auditing checklist to maintain uniformity across the woredas and HFs during the annual financial auditing.

In Borana during the last two quarters of 2021, a total of 77 participants from regulators and health facilities were trained on PBF, the participants were 68 males and 9 females. The first meeting was a progress review meeting on the performance of PBF project. It was conducted with health facilities directors and heads of Woreda Health Offices. The focus of the review meetings was to understand reasons for low performances, best practices, gather challenges and areas that need to be

revised in the PIM from each entity under PBF. Detailed discussions were conducted, and participants went through the different PBF tools and recommended some changes which we used as input for the revised PIM. The second training was provided by Borana zonal BOFEC, and its focus was on grant management in concepts of existing health care financing guideline. Basic concepts of PBF principles, Business planning and managements of 70% and 30% proportion was also discussed clearly. A total of 151 participants disaggregated as 125 males and 26 females were trained in PBF between January and December 2021.

2.3. Business planning and contracting

176 health facilities were contracted to implement PBF both in Borana and Jimma Zones with business planning being a pre requisite for contracting (see Annex 1, Annex 2, and Annex 3 for a full list of contracted health facilities). The PPA staff, in collaboration with the WHOs, managed to assist the HFs to develop their business plans for all the quarters in 2021. Health facilities are demonstrating improvement on quality of business plans and the planning process with the full participation of individual staff members and based on feedback from community verification results. The HFs were able to identify their key priorities to focus on based on findings of quarterly quality assessments and community perceived quality feedbacks, including infrastructure rehabilitation, waste management, clean and safe environment, procurement of medical supplies and running costs.

The level of Health Facilities equity bonus (among others based on their remoteness) were determined using the equity-bonus criteria defined in the PIM. The equity bonus continued to be applicable to the health centres only and not to the hospitals. Based on its geographic, socio-demographic, and infrastructural context, a health centre might be entitled to an equity subsidy additional to their general PBF subsidy. This subsidy/bonus is measured by the size of a HC's catchment population, its distance from the nearest hospital, the state of the access roads, and the availability (or non-availability) of both public transportation and communication. The equity determination tool (included in the PIM) uses detailed criteria to determine the eligibility for an equity bonus. Based on these criteria a health centre can fall into one of the following categories as outlined in the table:

Equity Bonus Categories	
Sr. No	Category
1	Total score of 0-2 points on these indicators: 0% equity bonus
2	Total score of 3-4 points on these indicators: 10% equity bonus
3	Total score of 5-6 points on these indicators: 20% equity bonus
4	Total score of 7-8 points on these indicators: 30% equity bonus
5	Total score of 9-10 points on these indicators: 40% equity bonus

Determining equity scores for each health centre is a collaborative process between the Performance Purchasing Agency (PPA) staff and Woreda Health office representatives. During the year under review 37 out of 121 (30.5%) HC fall in the 0% equity bonus category in Jimma Zone, 39 HCs (32%) are in the 10% category, 24 HCs (20%) are in the 20% category, 17 HCs (14%) are in the 30% category, and while 04 HCs (3%) are in the 40% category. Whereas in Borana 10 out of 44 facilities fall in the 0% equity bonus category, 03 HCs are in the 10% category, 07 HCs are in the 20% category, 11 HCs are in the 30% category, and 13 HCs are in the 40% category. Those HCs that were inaccessible and with poor infrastructure will therefore earn minimum of 10% to the maximum of a 40% equity bonus based on equity assessment criteria.

Table 1: Number of health centres per equity category

Zone	Category 0%	Category 10%	Category 20%	Category 30%	Category 40%	Total
Jimma	37	39	24	17	4	121
Borena	10	3	7	11	13	44
Total	47	42	31	28	17	165

2.4. Quantity of Service Delivery

We analysed the trends in the service utilization for the various indicators from December 2020 to December 2021 using both declared and verified data. There was a general increase in both declared and verified cases across all indicators in both Borana and Jimma zones. The tables below show the summary quantity results by zone and implementation phase for Health Centres and Health Post respectively, detailed results per Woreda and health facility are shown in Annex 4 to Annex 10.

Table 2: Total declared and verified cases and percentage verified at HC level

ZONE/PHASE	Q4 2020 DECLARED	Q4 2020 VERIFIED	Q4 2020 % VERIFIED	Q4 2021 DECLARED	Q4 2021 VERIFIED	Q4 2021 % VERIFIED
Jimma/Phase 1	339,894	280,981	83%	428,185	360,827	84%
Jimma/Phase 2	104,320	1,784	2%	337,325	263,107	78%
Borana/Phase 1 and 2	72,248	66,457	92%	84,110	74,910	89%
Borana/Phase 3	20,461	1,068	5%	73,413	64,649	88%

An improvement with regards to data accuracy has been observed in Jimma woredas and more pronounced in the phase 2 woredas but lot of effort is still expected from phase 1 woredas as the trend should have improved better. The overall percentage of cases being verified in phase 1 has slightly improved from 83% during Q4 2020 to 84% in Q4 2021, whereas considerable progress was observed on HFs in phase 2 woredas where it was improved from 2% during the baseline to 78% during the period under review. The highest percentage of accuracy between the declared and verified figures was recorded in Botor Tolay with an accuracy percentage of 94% and Sokoru with 88% percentage accuracy, from phase 1 and phase 2 woredas, respectively. Moreover, almost 53% of the woredas in the first phase of project implementation recorded an acceptable range of percentage accuracy which was greater than 90%.

In Borana phase 1 and phase 2 woredas recorded slight decrease from 92% during Q4 2020 to 89% Q4 2021. Whereas in phase 3 there was significant improvement from 5% to 88%. During baseline quantity verifications in Borana, a high discrepancy was found between declared and verified data. The highest verifiable percentage was recorded in Dillo and Das Woredas both in phase 3. In four of the six phase 3 woredas the percentage of verified data has improved to more than 90% while Das woreda scored 85% followed by least performing woreda which is Dire with score of 69%. The main factor for Dire woreda is that Soda health centre staff who were trained on PBF left the health facility for other employment opportunities.

Table 3: Total declared and verified cases and percentage verified at Health Post level

ZONE/PHASE	Q4 2020 DECLARED	Q4 2020 VERIFIED	Q4 2020 % VERIFIED	Q4 2021 DECLARED	Q4 2021 VERIFIED	Q4 2021 % VERIFIED
Jimma/Phase 1	53,326	12,468	23%	57,754	23,414	41%
Jimma/Phase 2	48,228	825	2%	50,104	28,377	57%
Borana				82,460	849	1%

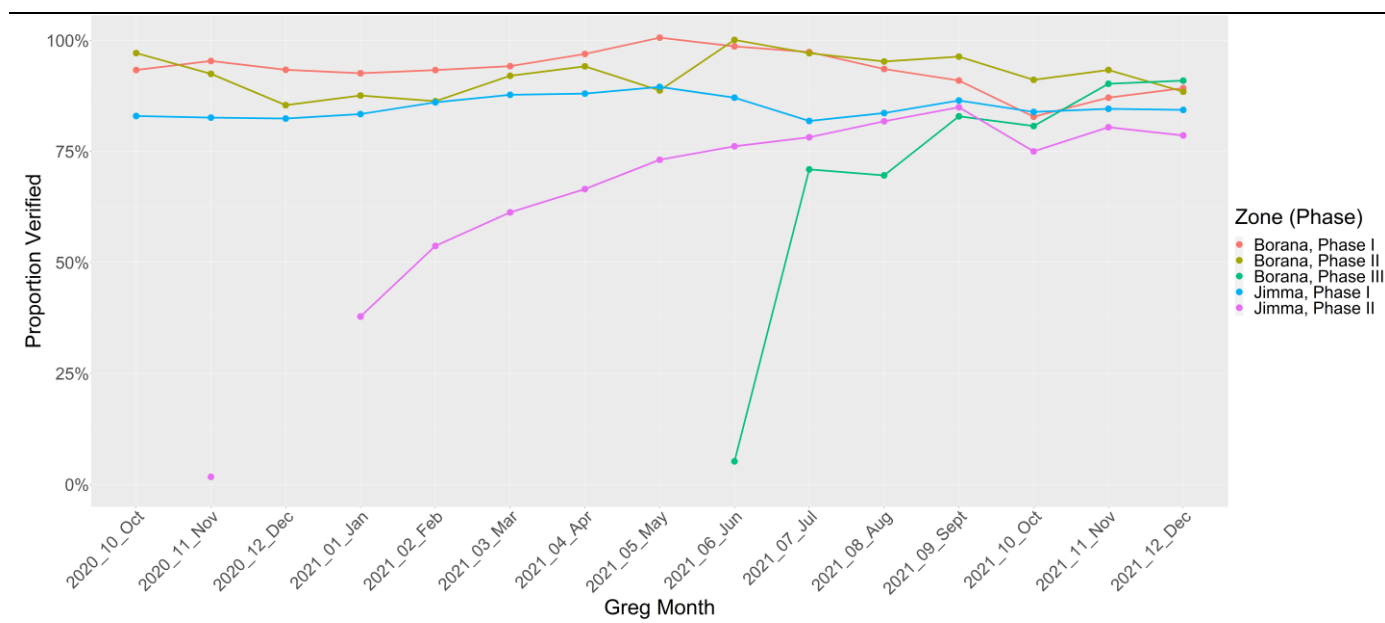
At health posts in Jimma phase 1 lot of work is needed to speed up the rate of change. The proportion of verified cases increased from 23% to 41% between Q4 2020 and Q4 2021 for phase 2 woredas. The proportion of verified cases increased from 2% to 57% between baseline and Q4 2021 for phase 2 woredas. The highest accuracy percentage was recorded in Sokoru woreda with 74% and Agaro recorded the lowest percentage of 0% since there are no standardised registers or CHIS cards and the HEWs use health facility registers or locally. The number of health posts that are found in the town are 21 and 16 in Jimma and Borana, respectively. The slow progress in phase 1 HPs compared to phase 2 HPs in Jimma was explained by the relative remoteness of the phase 1 woredas, and inaccessibility of HPs, which have limited the frequency of visits by the PPA and availing of CHIS cards at the HCs for verification.

In Borana zone health posts verification was introduced in October 2021 following approval of verification guidelines. However due to absence of up-to-date registers in both October and November 2021, hardly any verified case met the standard. The PPA provided technical support to the Woreda health offices and zonal health department which resulted in

registers being distributed to all woredas by December 2021, from which highest cases were reported from Dhas and Guchi woredas.

During the period under review the main reasons for discrepancies between declared and verified data at health centres included: poor documentation of cases as some of the information is not consistently filled in all the columns of the registers. However, the prevalence of such omissions has significantly reduced compared to previous reporting periods. Medical Record Number (MRN) and serial number are often missed in the registers. Most of these causes were addressed throughout 2021 verifications via the intensive coaching of health facilities staff by the PPA staff. Combination of zero tolerance approach (rigorous and strict verifications) and enthusiasm among the staff of the health facilities has contributed also to the noted improvement as shown. Compared to the year 2020 it was noted that most health facilities started using the standardized DHIS 2 registers, properly filling each column based on the guidelines and properly reporting of the data in each register. Another contributing factor is that in most health facilities the performance monitoring teams are becoming more active and conduct regular verification of their data before sending the reports to their respective Woreda. Figure 1 below show the trends in proportion of services verified between October 2020 and December 2021.

Figure 1: Trends in proportion of services verified at HC level (oct 2020 – dec 2021)



In Jimma, the length of duration on the implementation of PBF in phase 1 woredas was supposed to contribute to a slight increase the proportion of verified data but the rate of change has become very slow partly due to some transfers of staff. Phase 2 woredas saw a significant improvement in accuracy of data from baseline (1%) until September 2021 (85%). However, the period October 2021 to December 2021 saw a decline in accuracy of data reported for phase 2 woredas to 78.6%. For phase 1 woredas, indicators with the highest verified percentage during Q4 2020 have remained within the acceptable range of accuracy (90%) during Q4 2021, these include long term family planning, skilled deliveries, and postnatal care with percentage accuracies of 93%, 97% and 96% respectively. The proportion of indicators within the range of greater than or equal to 90% of accuracy has increased from 29% in Q4 2020 to 33% during Q4 2021. During the period under review, the least performing indicators were Diabetic patients treated, Hypertensive patients treated and PMTCT Option B+.

Within the period under review, there was a significant improvement in data quality in Borana Phase 3 and Jimma Phase 2 while Borana Phases 1 & 2 showed slight decrease in data quality from May 2021 despite maintaining high quality of data (>80%). Indicators with the highest verified percentage during Q4 2020 have remained within the acceptable range of

accuracy (90%) during Q4 2021, these include short term family planning, skilled deliveries and adult OPD with percentage accuracies of 93%, 96% and 95% respectively. The proportion of indicators within the range of greater than or equal to 90% of accuracy has decreased from 44% in Q4 2020 to 28% during Q4 2021. During the period under review, the least performing indicators were TB cases diagnosed, TB cases treated and cured and PMTCT Option B+.

A stagnation of performance was observed in Health Posts in phase 1 woredas regarding their data accuracy. Child fully immunised indicator performed better with an accuracy percentage of 43%, while indicator long term FP recorded the least with 34%. An overall improvement of data accuracy was observed at phase 2 woredas on which they have recorded a percentage increase of 43% during the period. With Child fully immunised indicator recorded the highest accuracy percentage of 58% while indicator long term FP recorded the least with 55%.

The tables below show the declared and verified cases for all indicators at HC and HP levels.

Table 4: Total declared and verified cases and percentage verified at HC level per indicator, Jimma (phase 1)

Indicator	Q4 2020 DECLARED	Q4 2020 VERIFIED	Q4 2020 % VERIFIED	Q4 2021 DECLARED	Q4 2021 VERIFIED	Q4 2021 % VERIFIED
FP Short Term	8,506	7,029	83%	8,554	8,263	97%
Skilled Delivery	7,761	7,302	94%	10,423	10,059	97%
PNC	7,763	7,315	94%	10,425	10,002	96%
Malaria	2,150	1,975	92%	1,434	1,363	95%
ANC First	6,011	5,515	92%	6,528	6,187	95%
FP Long Term	5,786	5,440	94%	7,554	7,055	93%
Immunization	4,512	3,660	81%	5,088	4,723	93%
Referrals	3,375	2,679	79%	4,335	3,922	90%
STI	621	474	76%	546	484	89%
Testing for HIV	51,562	48,322	94%	52,010	46,073	89%
Inpatient	1,611	1,160	72%	3,198	2,800	88%
Growth Monitoring	24,540	16,098	66%	31,025	26,631	86%
Vitamin A	24,219	17,910	74%	30,769	25,692	83%
OPD Adult	138,589	115,629	83%	193,794	161,163	83%
ANC Four	5,722	3,831	67%	6,655	5,023	75%
OPD under five	42,029	33,150	79%	52,880	39,812	75%
CAC	0	-		236	149	63%
SAM	1,252	568	45%	866	485	56%
Hypertensive treated	3,327	2,659	80%	1,479	819	55%
TB Diagnosed	227	64	28%	173	58	34%
TB Treated	133	46	35%	137	43	31%
Diabetic treated	191	153	80%	71	21	30%
HIV+ PMTCT	6	1	17%	3	-	0%
New-born Management	1	1	100%	2	-	0%
TOTAL	339,894	280,981	83%	428,185	360,827	84%

The table above indicates that in phase 1 health centres, percentage of verified cases that met the criteria slightly improved from 83% to 84%. Number of indicators within the green category increased from seven (7) during last quarter of 2020 to eight (8) during last quarter of 2021. There was no change in the number of indicators in yellow category while there was also no change in the red category from ten (10). The top three best performing indicators were, FP short term, skilled deliveries, and PNC while diabetic treatment, HIV+ PMTCT and New-Born management remained the least performing indicators. Main challenges with regards to these least performing indicators are the failure to follow the appropriate protocol during registering of cases, which resulted from lack of technical skills, in which the rare incidence of both cases has its own limitation in the provision of technical assistance and coaching based on gaps identified during verification. The lower performance in diabetic treatment was attributable to the revision on the verification model for the indicator, which the clinicians were not immediately adapted to.

Table 5: Total declared and verified cases and percentage verified at HC level per indicator, Jimma (phase 2)

Indicator	BASELINE DECLARED	BASELINE VERIFIED	BASELINE % VERIFIED	Q4 2021 DECLARED	Q4 2021 VERIFIED	Q4 2021 % VERIFIED
ANC First	1,374	10	1%	4,663	4,389	94%
Malaria	402	0	0%	919	856	93%
FP Long Term	2,043	38	2%	5,215	4,713	90%
PNC	2,613	0	0%	7,078	6,341	90%
Skilled Delivery	2,648	0	0%	7,109	6,362	89%
Referrals	743	6	1%	4,337	3,879	89%
Testing for HIV	6,367	17	0%	32,725	28,657	88%
Vitamin A	8,308	0	0%	17,810	14,603	82%
Immunization	1,006	0	0%	2,837	2,255	79%
Inpatient	52	98	188%	1,624	1,254	77%
Growth Monitoring	8,563	0	0%	21,647	16,534	76%
CAC		0		288	214	74%
OPD Adult	51,071	1,336	3%	180,712	133,952	74%
STI	139	0	0%	600	435	73%
OPD under five	10,738	222	2%	34,324	23,881	70%
FP Short Term	3,662	57	2%	7,820	10,921	140%
Hypertensive treated	412	0	0%	1,510	826	55%
ANC Four	2,601	0	0%	4,995	2,685	54%
SAM	922	0	0%	767	270	35%
Diabetic treated	58	0	0%	68	21	31%
TB Diagnosed	124	0	0%	131	38	29%
New-born Management	5	0	0%	18	5	28%
TB Treated	88	0	0%	128	16	13%
HIV+ PMTCT	381	0	0%	0	0	
TOTAL	104,320	1,784	2%	337,325	263,107	78%

In phase 2 health centres, the best-performed indicators during Q4 2021 were ANC first and Malaria with an average accuracy percentage of 94% and 93%, respectively. The total percentage of verified cases has improved from 2% in the baseline to 78% during Q4 2021. The Number of indicators within the green category increased from nothing) during last quarter of 2020 to six (6) during last quarter of 2021. Four (4) indicators in the red category during Q4 2020 changed to yellow in Q4 2021 and three (3) changed from red to green showing improvement in accuracy. While no change was recorded in fifteen (15) indicators in terms of being in the red category during Q4 2020 (Table 5), there notable improvement in accuracy.

Table 6: Total declared and verified cases and percentage verified at HC level per indicator, Borana (phase 1 & 2)

Indicator	Q4 2020 DECLARED	Q4 2020 VERIFIED	Q4 2020 % VERIFIED	Q4 2021 DECLARED	Q4 2021 VERIFIED	Q4 2021 % VERIFIED
HIV+ PMTCT	6	5	83%	3	3	100%
Skilled Delivery	1,999	1,977	99%	1,828	1,780	97%
OPD Adult	26,383	26,383	100%	32,490	31,529	97%
ANC First	966	924	96%	1,229	1,178	96%
FP Short Term	1,222	1,204	99%	1,700	1,601	94%
FP Long Term	1,339	1,323	99%	1,506	1,385	92%
Testing for HIV	13,692	13,331	97%	13,903	12,700	91%
STI	1,008	955	95%	1,321	1,197	91%
PNC	2,002	1,826	91%	1,831	1,650	90%
Malaria				94	82	87%
ANC Four	1,090	953	87%	1,431	1,200	84%
Growth Monitoring	5,340	3,624	68%	5,985	4,866	81%
OPD under five	9,072	9,009	99%	10,457	8,435	81%
New-born Management	5	3	60%	10	8	80%

CAC				124	94	76%
Immunization	929	692	74%	1,111	839	76%
Vitamin A	5,849	3,251	56%	6,164	4,544	74%
Referrals	136	0	0%	554	408	74%
Hypertensive treated	467	305	65%	804	561	70%
Diabetic treated	22	19	86%	21	14	67%
Inpatient				1,316	751	57%
SAM	59	31	53%	75	41	55%
TB Treated	41	39	95%	41	14	34%
TB Diagnosed	44	31	70%	112	30	27%
Minor Surgery	577	572	99%			
TOTAL	72,248	66,457	92%	84,110	74,910	89%

The table above indicates that in Borana phase 1 & 2 health centres, percentage of verified cases that met the criteria slightly decreased from 92% to 89%. Number of indicators within the green category decreased from eleven (11) during last quarter of 2020 to nine (9) during last quarter of 2021. The number of indicators in yellow category increased from three (3) during Q4 2020 to five (5) during Q4 2021 while those in the red category increased from eight (8) to ten (10). The top three best performing indicators were PMTCT Option B+, skilled deliveries and OPD Adults while Severe Acute Malnutrition, TB treated, and TB diagnosed were the least performing indicators. Main challenges with regards to these least performing indicators are lack of laboratory serial number as most of TB cases are diagnosed at hospital level. In addition to this since this indicator is verified once in quarter there is a chance from service provider making an error while recording and reporting.

Table 7: Total declared and verified cases and percentage verified at HC level per indicator, Borana (Phase 3)

Indicator	BASELINE DECLARED	BASELINE VERIFIED	BASELINE % VERIFIED	Q4 2021 DECLARED	Q4 2021 VERIFIED	Q4 2021 % VERIFIED
Malaria	153	0	0%	451	449	100%
Testing for HIV	2,270	31	1%	12,369	12,457	101%
Skilled Delivery	613	0	0%	1,876	1,794	96%
CAC	17	0	0%	80	76	95%
OPD Adult	9,638	842	9%	30,005	27,894	93%
FP Short Term	375	0	0%	1,102	996	90%
ANC First	130	0	0%	1,143	1,032	90%
STI	102	2	2%	1,019	910	89%
OPD under five	3,201	98	3%	9,620	8,585	89%
PNC	588	0	0%	1,874	1,657	88%
Diabetic treated	7	0	0%	61	51	84%
FP Long Term	266	0	0%	1,402	1,148	82%
Referrals	57	0	0%	469	374	80%
Growth Monitoring	1,453	64	4%	4,577	3,234	71%
Inpatient	164	0	0%	738	469	64%
New-born Management	0	0		8	5	63%
Immunization	112	0	0%	441	266	60%
ANC Four	405	0	0%	1,273	739	58%
SAM	7	0	0%	73	41	56%
Hypertensive treated	29	0	0%	344	182	53%
Vitamin A	795	31	4%	4,286	2,237	52%
HIV+ PMTCT	1	0	0%	8	3	38%
TB Diagnosed	39	0	0%	127	40	31%
TB Treated	39	0	0%	67	10	15%
TOTAL	20,461	1,068	5%	73,413	64,649	88%

The table above indicates that in Borana phase 3 health centres, percentage of verified cases that met the criteria improved significantly from a baseline of 5% to 88% by Q4 2021. All indicators were in red category at baseline and seven (7) indicators improved to green category while five (5) improved to yellow category. The top three best performing indicators were Malaria, HIV testing and skilled deliveries while TB treated, TB diagnosed and PMTCT Option B+ were the least

performing indicators. Main challenges with regards to these least performing indicators are lack of laboratory serial number at health centre level as most of TB case are diagnosed at hospital level and over reporting for PMTCT option Indicator.

Table 8: Total declared and verified cases and percentage verified at health post level indicator, Jimma (Phase 1)

Indicator	Q4 2020 DECLARED	Q4 2020 VERIFIED	Q4 2020 % VERIFIED	Q4 2021 DECLARED	Q4 2021 VERIFIED	Q4 2021 % VERIFIED
Immunization	9,056	2,549	28%	10,966	4,749	43%
FP Short Term	33,616	8,280	25%	34,437	14,450	42%
FP Long Term	10,654	1,639	15%	12,351	4,215	34%
TOTAL	53,326	12,468	23%	57,754	23,414	41%

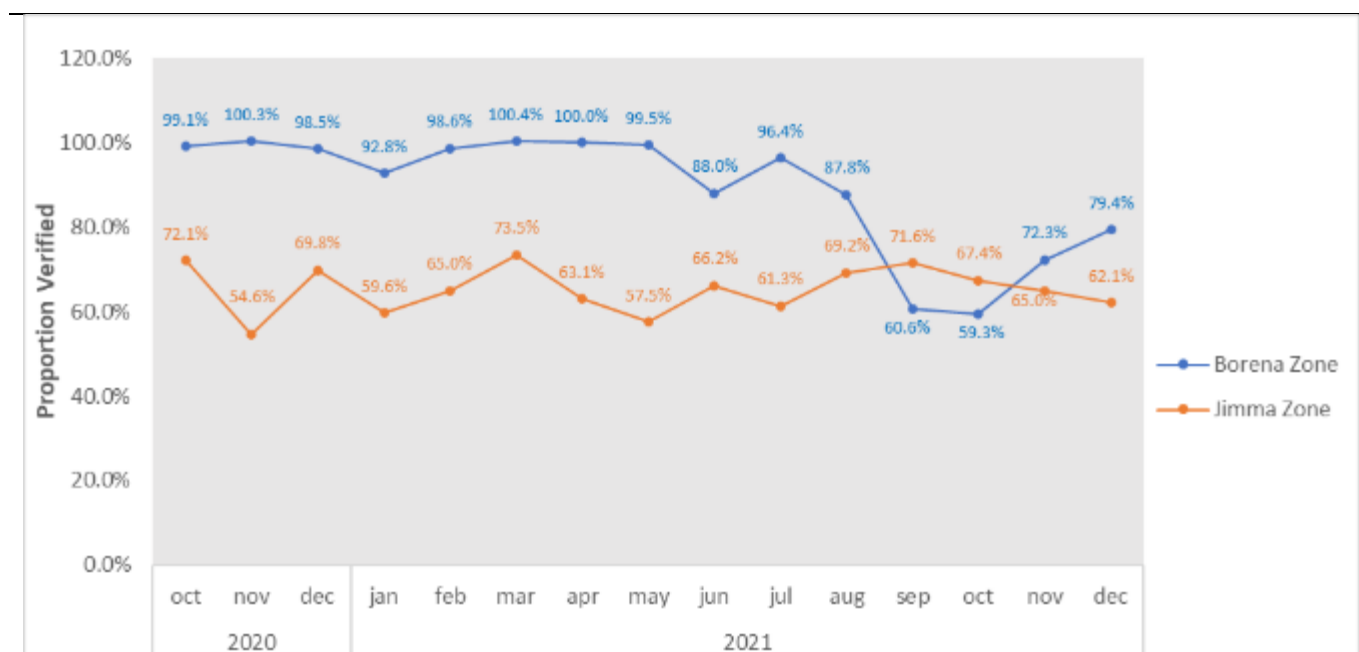
The table above indicate that in Jimma phase 1 health posts, the percentage of verified cases that met the criteria improved from 23% to 41% between Q4 2020 and Q4 2021. All three indicators still fall in the red category. Main challenges with regards to the health post poor performance are related to the unavailability of CHIS cards at the PHCU, and lack of the necessary skills to register and report cases based on protocol. The poor commitments of woreda health office to facilitate a short-term training based on gaps has also aggravated the poor performance of the HPs.

Table 9: Total declared and verified cases and percentage verified at health post level per indicator, Jimma (phase 2)

Indicator	BASELINE DECLARED	BASELINE VERIFIED	BASELINE % VERIFIED	Q4 2021 DECLARED	Q4 2021 VERIFIED	Q4 2021 % VERIFIED
Immunization	10,261	188	2%	9,573	5,513	58%
FP Short Term	29,533	420	1%	31,420	17,840	57%
FP Long Term	8,434	217	3%	9,111	5,024	55%
TOTAL	48,228	825	2%	50,104	28,377	57%

The table above indicate that in Jimma phase 2 health posts, the percentage of verified cases that met the criteria improved from 2% to 57% between Q4 2020 and Q4 2021. All three indicators fall in the red category. Main challenges with regards to the health post deficient performance are the unavailability of CHIS cards, reporting of cases without documentation, which was revealed during HP visit and lack of the necessary skills on how to use the CHIS cards.

Figure 2: Trend in proportion of services verified per zone (hospital) (Oct 2020 – Dec 2021)



The overall performance of hospitals in Jimma on data accuracy was not appealing as it has shown a declining trend from the Q4 2020 performance. The proportion of verified data was 69.8% in December 2020 and declined to 62.1% in

December 2021. Specifically, declines were recorded in the months of January, April, May, July, and October to December 2021. The highest accuracy level of 73.5% was recorded in the month of March 2021, while May was a month on which the least accuracy level of 57.5% was recorded. The current declining trend was explained by the increase in patient flow followed by staff turnover, where it would be difficult to maintain the data quality as per the standard. The decline can also be attributed to phase II hospitals where 53.3% of indicators are still under the acceptable range of verified proportion, >90%. However, phase II Hospitals managed to show a significant improvement between baseline assessment and Q4 2021. The best performing indicators during Q4 2021 was Cervical Lesion Treated and Existing ART for phase I Hospitals, whereas for phase II the best performing indicators were Blood Transfusion, Caesarean Section, Major Surgery, TB treated, Cervical Screening and Skilled Delivery, representing a 100% of verified proportion. The table below shows the summary of the results for Jimma and Borana hospitals by phase of implementation.

The overall performance of hospitals in Borana on data accuracy was not appealing as well as it also shows a declining trend from the Q4 2020 performance. The proportion of verified data was 98.5% in December 2020 and declined to 79.4% in December 2021. Good performance was noted during the first and second quarters of the year Q4 2021, where facilities managed to bring the quality of verified cases on indicators such as Cervical Lesion treated, Existing ART Patients, CAC, and New ARV in to the acceptable range of >90% (Annex 11 and Annex 12). Borana hospitals were able to ensure consistency in keeping the proportion of verified cases >90% over the year for indicators like Skilled Delivery, Caesarean Section, Cervical Cancer Screening, Blood Transfusion, and FP-Long term. However, in the second half of the year, a huge decline was recorded between June and October 2021 before accuracy started to increase again from November 2021. The current declining trend was explained a decrease in verified proportion of cases was recorded on Treated DM and Hypertensive cases and is attributable to the revised verification guidelines of the indicator where our previous cases of interest was the total number of patients put on drug treatment irrespective of assessing if the case was newly diagnosed or on follow ups.

Table 10: Total declared and verified cases and percentage verified at hospital level

INDICATOR	Q4 2020 DECLARED	Q4 2020 VERIFIED	Q4 2020 % VERIFIED	Q2 2021 DECLARED	Q2 2021 VERIFIED	Q2 2021 % VERIFIED	Q4 2021 DECLARED	Q4 2021 VERIFIED	Q4 2021 % VERIFIED
Jimma (Phase 1)	53,306	37,275	70%				58,059	36,943	64%
Jimma (Phase 2)	6,703	1,543	23%				30,895	20,629	67%
Borana (Phase 1 & 2)	12,175	12,090	99%				29,415	20,152	69%
Borana (Phase 3)				793	8	1%	6,193	4,993	81%

As depicted in the above table, there was a decline in performance among phase 1 hospitals from 70% to 64% while there was a significant improvement in phase 2 hospitals during Q4 2021, where the verified cases improved from 23% during baseline to 67% during Q4 2021. In Phase 1 hospitals, improvement of data quality was recorded specifically on indicators like Cervical Lesion treated, Existing ART Patients, CAC, and New ARV into the acceptable range of >90%, and also they were able to ensure consistency in keeping the proportion of verified cases >90% over the year for indicators like Skilled Delivery, Caesarean Section, Cervical Cancer Screening, Blood Transfusion, and FP-Long term. A decrease in verified proportion of cases was recorded on treatment of diabetes and hypertensive cases and is attributable to the revised verification guidelines where previously the definition of the two indicators was covering both newly diagnosed and follow ups but now the indicator is only focusing on new cases. A lot is expected from hospitals to improve the quality on verified proportion of TB cases, new-born management and PMTCT, both adult and Under 5 OPD as well as major surgery as they are among indicators which are waived. This was one of the main reasons for the lower proportion of verified cases.

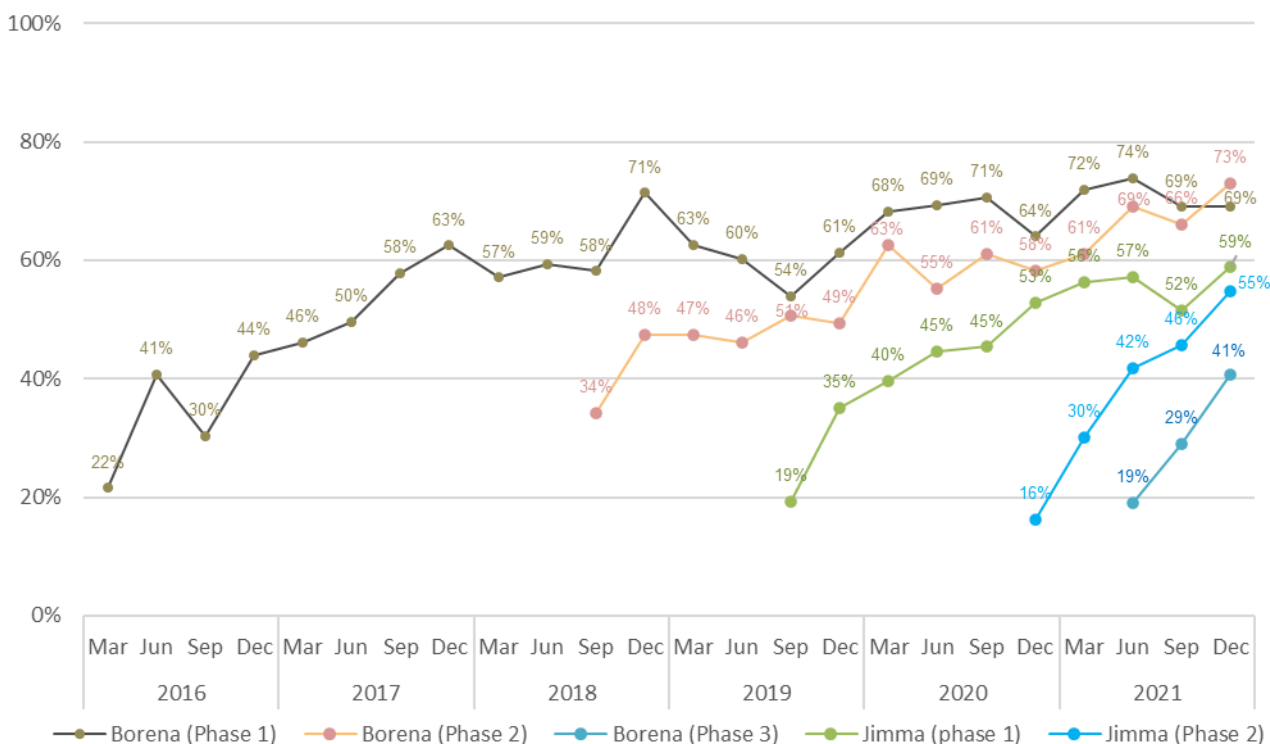
In Borana the percentage of verified cases significantly declined from 99% during Q4 2020 to 69% during Q4 2021. Across the various hospital indicators, data accuracy varied across different indicators in Borana Zone. In phase 1 hospital 34% of indicators are in acceptable range of >90%, while 27% are below 90%. This was due to under reporting. In phase 2 hospitals

62% of quantity indicators are in acceptable range which is >90%, while 27% are below 90%. Indicators managed to have the proportion of verified cases being >90% were Caesarean section, cases of diabetic patient treated, new antiretroviral case enrolled to chronic care, skilled deliveries, comprehensive abortion care, HIV seropositive clients on follow up, blood transfusion, major surgery, and management of HIV exposed new-born. Screening cervical cancer and comprehensive post abortion care were newly added indicators following alignment of PBF Borana and Jimma at hospital level and the observed progress for both indicators was promising when CAC reached acceptable level 90% and screening cervical cancer is below 90% range. However, no treated case was reported and verified from both hospitals in Borana zone during reporting period. This was due to absence of patient with cervical cancer lesion from screened clients.

There were 3 hospitals which were contracted during project expansion in Borana zone, from which two of them only fully functioning and verification conducted for the last two quarters of 2021. Despite of low volume of cases to those hospitals as they are in infancy phase of functionality the progress of data quality was significantly improved from 1% during base line to 81% during Q4 2021 and 50% of indicators with reported figures are above 90%. Number of indicators with declared figures increased from 5 to 14 while number of indicators with verified figures increased from 1 to 14 over the last six months. The major finding during baseline is that reporting was not evaluated by performance monitoring teams for reported elements and the registers were all outdated version which did not match with HMIS System. Currently all registers for all services are updated in these hospitals and PMTs are actively evaluating reports before uploading to system.

2.5. Quality of Service Delivery in Health Centres

Figure 3: Average technical quality of care scores by implementation phase



The above figure demonstrated that baseline findings of the quality of services in Jimma were not satisfactory in both phase 1 and phase 2 woredas: facilities on average obtained only 19% and 16% of the total quality score, from phase 1 and phase 2 woredas, respectively. In phase 1 woredas, this improved during Q4 2021 to 59% after two years of implementation, whereas improved to 55% in phase 2 woredas after one year of implementation. The probable reason for the increase in phase 2 woredas was due to the higher commitment and ownership by the health facilities and woreda regulators, as well as the proximity of the HFs to the woreda health offices, which in return favours frequent supportive supervision.

The average quarterly quality scores for health facilities in Jimma zone increased from 53% during Q4 2020 to 59% during Q4 2021 in phase 1 and from 16 % to 55% in phase 2 woredas. A promising improvement has been observed in quality of services in Jimma Zone health centres across majority of the woredas between the fourth quarter of 2020 and fourth quarter of 2021 data. Both phases of implementation showed a consistent upward trend except for Q3 2021 for phase 1 facilities where the quality declined to 52%. The current result is attributable to varied reasons and due to; the improved level of ownership of the activities by the regulators, the rigorous coaching by the PPA staff and the status of PBF being the priority agenda in the zone. At the end of 2021, the highest performing woredas from phase 1 woredas were Mencho, Shebe Sombo and Tiro Afeta with a percentage increase of 23%, 22%, and 16%, respectively compared to the same quarter of 2020. Whereas, Omo Beyem, Setema, Botor Tolay, and Omo Nada Woredas have shown a minimal decrease in their quality score. A remarkable consistent improvement in the provision of good quality of care has been observed across all the woredas of the phase 2 woredas. The highest improvement was noted in Seka Chekorsa woreda with an overall 50% increase from the fourth quarter of 2020, followed by Dedo (+43%) and Sokorru (+40%). Whereas Limmu Seka and Nono Benja were the least performing woredas with a quality score of 26% and 25% respectively.

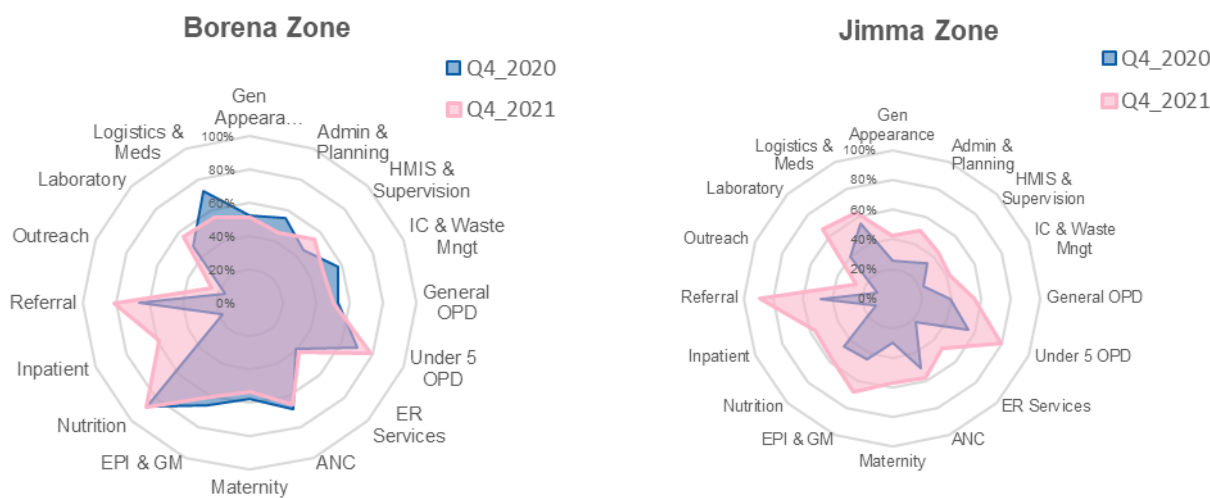
In Borana the overall technical quality score for phase one health facilities increased from 64% during Q4 2020 to 68.8% at end of 2021, while for phase 2 facilities quality scores increased from 58.3% to 73%. Phase 3 facilities which have implemented PBF for two quarters registered an increase in quality scores from 19% at baseline (Q2 2021) to 41% by Q4 2021. All phases of implementation had an upward trend except for Q3 2021 and Q4 2021 for phase 1 facilities and Q3 for phase 2 facilities. These quarters saw a decrease in quality scores. The highest performing worada for phase one was Yabello worada with average score of 78.4% while Dubluk is the best scoring with average score in phase 2 worada with average score of 86.6%. The lowest quality score was recorded in Yabello town with 45% average score from phase one while Guchi worada with 61.7% average score from phase 2 worada. In phase 3 health facilities the average technical quality score during baseline was 19% and improved to 41% after six-month of PBF implementation. The lowest and highest score during baseline was 5% and 28% while it improved to 28% and 72% respectively at end of fourth quarter 2021. Most of the health facilities in Dillo, Taltalle and Arero woreda with Mega health centre in Dire woreda can improve by 100% from baseline. Dhas and Miyo woredas need special attention due to poor basic infrastructure contributing to slow progress on technical quality improvement.

Improvements have been observed in the quality of services in Jimma Zone health centres across most of the indicators as shown in the figures below. The highest performing indicators were Referral Services and Under 5 OPD with 90% and 79% respectively. The least performing indicators were Outreach Services and Infection Control & Waste management with 26% and 42% respectively. The current improvements are attributable to several reasons and due to the rigorous coaching by the PPA staff and the status of PBF being the priority agenda in the zones. The main challenges with least performing indicators are due to the failure to coordinate outreach services by the PHCU director, which was further worsened by the unavailability of transportation to the HPs. The main challenge for the poor performance in Infection Control and Waste Management was due to the below standard construction of incinerators, and the unavailability of septic tank for solid wastes. Currently, health facilities were managing issues of standardization in close consultation with the zonal health department where the planning, monitoring and evaluation unit in the department was responsible to provide standards.

There has been improvement in indicator performance for Borana. All quality indicators have at least showed increase from the level of Q4-2020 except three indicators, general appearance, administration and Finance and infection prevention. The two highest performing indicators were under-five OPD, and antenatal care for phase 2 woreda with average score of 93% and 80% respectively. Laboratory and under-five OPD were the best scoring indicators for phase 1 health facilities with average score of 86 and 82.6% respectively. Maternity, EPI and Growth monitoring, emergency service and nutrition service were able to maintain the same level of the previous year quality score. The least performing indicators were outreach and admin and finance with 43% and 62% respectively for both phase 1 and 2 woreda. Affected by the drought in Borana zone the observed progress on improving quality of health care and maintaining the previously achieved level of quality of care were promising as service utilization is increased which induce shortage of essential medicine and

lack of water in health facilities. In addition to this most of health facility staffs were regularly deployed to community-based service which led to compromised quality of service at facility level.

Figure 4: Comparison of average quality score per service area at HC level



General appearance category:

Overall general appearances of facilities in phase one woredas of Jimma zone improved by 7% and 27.3% in HFs of the second phase, when compared to same quarter of 2020. The Q4 2021 quarterly quality evaluation on general appearance category has shown that Mencho and Shebe Sombo woredas were high performers with 25% and 20% increase, respectively. Whereas a significant increase was recorded in all HFs of the second phase woredas of which both Sokoru and Gera woredas recording increase of 38% during period under review. The progress of the respective indicator can be further explained by the transformation that is happening on the appearances of buildings. Gates were modified to the standards, functional doors and windows have been maintained, clean environments, staff dress code (professional dress code has been assured), availability of water has been improved by installing water line in majority of the HFs, solar and generator were purchased in most of the HFs to ensure the availability of electricity, and many other tasks were executed to lift the general appearance up to the standards.

In phase one and two HF of Borana zone quality score on General appearance domain has improved compared to end of 2020. The highest average increase was in Yabello (22%), Gomole (15%) and Moyale (12%) woredas, respectively. Despite difference in percentage change on scores the status of external and internal facility buildings, staff dressing codes, sustainable source of water and electricity and functional communication system has been improved in all facilities. The woreda with decrease on this indicator was Wachile which is due to lack of substantiable source of water and lack of firefighting system

Relative to the baseline in phase 3, positive improvements were noted at Dillo, Taltalle and Arero woredas. With differences among districts, gaps still exist in some health facilities with main challenges being that most of the health centre blocks need renovation, as walls are not painted, the roof is not intact, and there were broken windows and doors that cannot be locked, plus unavailability of a fire extinguisher, Electricity is available for 24/7 in most facilities in delivery, OPD, inpatient room, and cold chain but back up system and at least 50 liters of fuel is not available. A water reservoir is available at health centres but there were no sustainable water sources with at least 20,000 litres. In some cases, the health facilities do not have fence and it is rare for the grass to be cut and some litter, waste, dangerous objects are sometimes found in the courtyards of some health facilities.

Administration and finance category:

The Jimma overall average quality score for this domain during the Q4 2020 was 40% in phase 1 woredas and has improved to 49% in Q4 2021, whereas HFs in phase 2 woredas have shown a remarkable progress from 9% during baseline to 49% in Q4 2021. The highest performing woredas for this category during Q4 2021 was Mencho with an average of 83% from phase 1 woredas and Dedo with an average score of 71% from phase 2 woredas. Although the overall average score of the indicator is still below 50%, it is due to the inappropriate and poor documentation of activities as the content of the indicator assess documents. Sigmo and Setema are one of those woredas whose score on the respective indicator has not improved. On HFs where an improvement has been noted, job descriptions of staff were easily accessible, planning, and financial documents can easily be retrieved and one can easily understand the catchment profile from the catchment area epidemiology. One of the challenges in this domain is lack of trained finance personnel in health facilities. PPA and Zonal finance office organized a short training to HFs finance officers on necessary financial handling procedures. Non-functionality of the HC governing bodies is still a challenge across many health facilities.

In Borena, the quality score for this domain in phase 1 and phase 2 health facilities is improving. The highest average increase was recorded in Dubluk (90%), followed by Yabello woreda (70%) and yabello town (70%) woreda, respectively. The least performing woredas being Guchi and Gomole with 35% and 40% respectively. The overall score of this domain in phase three health facilities is 27 % which was 21% during base line. Among phase 3 woredas the highest score was recorded in Dillo (50%) followed by Taltalle (35%). The lowest score was recorded in Dire and Arero woreda with 15% each. The main challenge is duty rosters which are not planned to reflect daily duties.

HMIS and supervision category:

In Jimma, the overall average quality score for this category during the Q4 2020 assessment was 49% in phase 1 woredas and declined to 47% during Q4 2021 while in phase 2 it has improved from 15% baseline to 36%. The highest performing woredas for this category during Q4 2021 was Chora Botor from phase 1 woredas with 87% average and Seka Chekorsa from phase 2 woredas with an average of 52%. The lowest performing woredas were Gumay with 27% and Gomma with 31% average score from phase 1 and phase 2, respectively. The best performing HCs in Jimma are Begge Health Centre from Chora Botor Woreda, Hasanuphe HC in Mencho woreda, and Sombo HC in Shebe Sombo woreda (100%), all from phase 1, whereas from phase 2 woredas, Gera and Sheki HC from Dedo, and Beke Gudo HC from Seka Chekorsa are best performer with 70% score in the respective indicator category.

More than 60% of the woredas recorded in this category which could be explained by the weak performances of performance monitoring teams of the health centres in reviewing the HMIS data as well as failing to capture minutes of the discussions. Most of the HC failed to conduct self-assessment on quarterly basis and the woreda health offices have given no or minimal support to the HCs which has worsened their performance in activities related to this. Availability and utilization of MPI boxes was also one of the areas they need to improve on as the availability of MPI cards will only be significant when the boxes are properly used. On the other hand, both the monthly and quarterly HMIS/DHIS2 reports were being submitted within the specified time frame, as well as the availability of new patient folder, appointment cards, standard formats like lab requests, prescription papers, ANC follow up cards and partographs were the observed areas of improvement on this indicator.

In Borana zone the overall score for this category is 67.5% and 71.4% for phase 1 and phase 2 health facilities while it improved from 31% to 38% for phase 3 health facilities since the base line. Six of the eight phase 1 and phase 2 woredas scored an average increase of >20%, from the score of 2020 Q4. The highest score was recorded in Guchi and Gomole woreda with 85% and 80% respectively. The lowest score was recorded in Yabello town and Elwoye woreda with 50% and 62% respectively. Among phase 3 woreda the highest score was recorded in Dillo and Taltalle with 67.7 and 62% respectively while Dire, Das and Arero score 20% each. The major reasons for failure to improve were completeness of

monthly and quarterly service delivery report, internal quality assessment activity, functionality of performance monitoring team which was not supported by regular meeting minutes and clear action on observed gaps during their meeting.

Infection control and waste management category:

Poor management of medical waste can cause serious public health issues to the health care providers, patients and to the public and thus, it is important to be given due attention. The Jimma Q4 2021 average quality score increased by 7.7% in phase 1 woredas and 26% in phase 2. Gumay (+38%) and Omo Beyem (-28%) were the woredas with the highest and lowest performing HCs, respectively. A remarkable increase was observed in HFs from phase 2 woredas with Gomma and Sokoru being highest and lowest, respectively. This category is one of the difficult for most health facilities since majority of items in the indicator are of infrastructural nature and requires higher investment. During the Q4 2020 assessment, majority of the HCs were with no or unstandardized incinerators, placenta pits, solid waste septic tank, and latrines but during the period under review there was some satisfactory progress.

Infection prevention is one the indicators with best score in Borana zone in both phase 1 and phase 2 health facilities. Highest scores were recorded in Moyale, Yabello woreda and Dubluk health woreda health facilities. Building of new placenta pits and incinerators in Moyale, Guchi and Dubluk woreda, fencing of new and existing infectious area of health facilities with strong metal (to ensure sustainability), renovation of standard latrines and purchase of autoclaves, and procuring of three bin system in all service unit of all health facilities were some of the major activities performed by health facility staffs to bring this improvement. Bringing improvement on infection control and waste management need behavioural change on daily practice of each health care worker. To improve scores on this indicator it needs both investment and change in daily practice of health workers and due to their insignificant amount of subsidy during first quarter of PBF period the observed change was not satisfactory.

Adult and Under 5 Out-Patient Department category:

The Jimma overall average quality score for this category during the Q4 2020 was 57% in HFs in phase 1 woredas and declined slightly to 55% during Q4 2021 while it has significantly improved from 19% to 47% in Phase 2 woredas. The highest performing woreda for this category during Q4 2021 was Mencho with 74% average and Dedo with 72% in phase 1 and phase 2 woredas, respectively. The lowest performing woreda was Omo Beyem with a score of 44% in Q4 2021 (a 15% decrease from the Q4 2020) and Gomma woreda from phase 2 with average increase of 28%. The best performing health centres with 100% performance in Jimma was Ofole and Beke Gudo HCs from Dedo and Seka Chekorsa woredas. The overall average quality score for under 5 OPD was 79% in Jimma phase 1 HCs during Q4 2020 and remained unchanged in Q4 2021, whereas in phase 2 HCs a remarkable change was recorded from 30% in the baseline score to 78% during the Q4 2021. The highest performing woreda for this category during Q4 2021 was Agaro with 100% average from phase 1 and Mana with 90% average score from Phase 2 woredas.

During Q4 2021 there was remarkable improvements across all woredas in Jimma phase 2 HCs, whereas only seven woredas recorded an increase in phase 1 on this regard during the period under review. The highest increase in percentage of 18% was recorded in Botor Tolay woreda while Omo Beyem woredas has recorded the highest decrease in percentage of 18%. From phase II woredas, Mana was the top in percentage increase in 65% while Nono Benja remain the least with only 26% increase from the Q4 2020 assessment. Due to the high volume of client flow resulted from the present initiation of CBHI scheme and improved quality of services through PBF, health centres are overloaded with patients beyond their capacity which was hindering the provision of a quality service. To alleviate the situation, additional below standard consultation rooms with limited medical equipment were being used in some health facilities. Service providers were not able to capture history, main complaint, diagnosis, appropriate investigations, and treatment for clients accordingly. On the other hand, the current performance of phase 2 woredas has improved compared to baseline which is attributable to the improved commitment at different level of the woreda structure

Phase 1 and phase 2 health facilities in Borana zone showed significant improvement in adult OPD during the period under review. Health facilities in Dubluk, Guchi, Moyale Gomole and Yabello woreda contributed to the significant improvement recorded on this indicator. This was due to the focus given during business planning on purchase of medical equipment and furniture by health facilities. The main challenges are lack of process of client's diagnosis, inconsistency in history taking, physical examination, investigation, treatment, and non-functionality of most of medical equipment around Outpatient department. In most of the phase 3 health facilities in Borana zone there was an improvement as compared to baseline. Most pronounced change was found in health facilities of Taltalle woreda, Dillo woreda, and Dire woredas and Arero woreda, due to procurement of medical equipment using subsidies they earned and adherence to standard guidelines as well as improvement in hand washing practice, fulfilling of IEC material in OPD waiting Area. However, there was no significant change in Miyo woreda health Facilities, due to a lack of standard guidelines and shortage of furniture and medical equipment.

Under 5 OPD was also improved in all woreda except Dubluk woreda (from the phase 2 woredas), that showed decrease in Q4 2021, and Das woreda (from the new woredas) that showed no change in performance from baseline. From phase I and II the highest increase was seen in Gomole and Yabello rural woredas 38% for both woredas while the least increase has been seen in Elwaye woreda that showed 6% increase due to lack of the availability of ORT corner equipment's continuously and lack of some medical equipment in consultation room like otoscope. The average quality score of this indicator decreased in Dubluk woreda due to some of the ORT corner equipment's, basic examination equipment's and water not available. In phase III the highest increase was seen in Dillo woreda that showed 32% from baseline while Dire woreda showed the least increase due to the <5 OPD consultations of their health centres were not well equipped with some necessary materials that needed for <5 OPD. All phase I and II health centres improved quality scores for under 5 OPD, especially health facilities found under Wachile, Yabello rural and Gomole woredas that score 100% in Q4 2021. They have a well-equipped ORT corner, basic examination equipment's, examination couch in good order, cover not torn and screen around the couch, water in consultation room and IMNCI chart booklet. The privacy of the patients has been ensured in all health facilities.

Emergency services category:

In Jimma phase 1 the Q4 2021 overall average quality score for this indicator was 57%, which is a 16% increase from the Q4 2020 score. A promising improvement was also noted in phase 2 woredas where the increase was 32%. During Q4 2021 Agaro woreda was the highest performing with overall average of 92%, whereas Tiro Afeta was the least performing with 37% average quality score. Sokoru woreda in phase 2 woredas was highest with average score of 56% while Nono Benja, having been verified only twice due to security issues, was the least performer with 8% average score. The reason for minimal progress was due to lack of some instruments in emergency room like minor surgical sets, instrument trolley, and sensitive tape which are difficult to find in the market according to the health centres feedback. Some of the achievements so far are the presence of separate emergency rooms, the availability of equipment (though some were non-functional during assessment), and the availability of emergency drugs.

The quality of emergency services was improved in most woredas of phase 1 and phase 2 except Moyale woreda. Guchi and Wachile woredas recorded the highest increase of 50% followed by Yabello rural with 44% increase. There was no improvement in Moyale woreda due to lack of some necessary emergency drugs in emergency room and of some instruments in the minor surgery set. Dubluk woreda scored the highest percentage among phase 1 and phase 2 woredas with 88% in Q4 2021 followed by Wachile woreda 83% while the least performing woreda was Gomole with 33%.

The average quality score for phase 3 health facilities was 0% during baseline and improved in Q4 2021 to 15%. The highest improvement of 33% was in Dillo woreda while the least improvement of 3% was in Miyo woreda. The reason for low performance was lack of adequate dressing sets, lack of mosquito forceps and skin retractor in minor surgical set, non-separation of minor surgical set and dressing set as well as lack of standard shelf for storage of emergency medicines.

ANC category:

This is the category where the performances of HCs in phase 1 woredas was hugely affected between Q4 of 2020 and 2021. The overall average decreased from 68% in Q4 2020 to 56% in Q4 2021, while an average of 27% increase was observed in phase 2 woredas. A better performance was recorded in Chora Botor and Mana woreda with averages of 69% and 67% respectively. Agaro and Gera are the two (2) woredas that were the least performing with 42% and 14% respectively. Dedo, one of the phases 2 woredas, was at the top during the Q4 2021 assessment in gaining the highest percentage of increase of 42%. The decline in performance was related to the unavailability of some laboratory tests like, Haemoglobin, VDRL, Urine test for infection and protein for the visiting mothers due to lack of laboratory, or sometimes unavailability of kits or reagents at the market level, for instance HIV test kit. However, the performance in Q4 2021 was more pronounced in phase 2 woredas compared to their baseline and was closer to the level of performance attained by the phase 1 woredas, in the last quarter of 2020.

In Borana, the quality of ANC services improved in phase 1 and phase 2 woredas during Q4 2021 except Elwoya and Wachile woredas that decreased in Q4 2021. Gomole and Guchi woredas recorded the highest quality increase from Q4 2020 to Q4 2021 with 38% increases for both woredas while the average quality score of health centres under Moyale woreda showed the least increase of 1%. Reasons for decline include ANC providers who do not conduct full physical examination and failure to refer ANC mothers for laboratory test when indicated, non-functional laboratories and sometimes lack of laboratory technicians. Health facilities in phase 3, showed progressive improvement with highest woreda being Arero with 70% while Das woreda was least with 27.5%. Challenges noted include failure to adhere to standard guidelines for focused antenatal care as well as use of appropriate ANC tools like antenatal care card, shortage of midwives, like of knowledge about danger signs during pregnancy, lack of laboratory services in some facilities, and in few facilities, there was shortage of ANC cards.

Maternity services category:

Improvements were observed in maternity services in Jimma woredas from both phases, except Botor Tolay, Chora Botor and Omo Beyem woredas. The overall average quality score for phase 1 woredas for this category was 49% during the Q4 2020 and has improved to 61% in Q4 2021, whereas in phase 2 woredas, a significant improvement of 39% was noted. The highest performing phase 1 woreda for this category was Shebe Sombo with an average score of 76% (a 47% increase) and Seka Chekorsa from phase 2 woredas with a 72% (67% increase compared to baseline). The best performing HC in Jimma zone was Seka HC with 100% achievement followed by Kishe and Shebe Sombo, both at 94.4% level.

Though the level of performance was progressive, it was not proportional to the high level of financial investments being made. Since the introduction of partograph utilization indicator in the checklist, an improvement in knowledge and practice of using partograph during labour have been noted, however proper utilization is still an issue. In areas where there is an accessible water source, water line installation was done to maintain availability of water in delivery rooms. In some of HFs like Seka HC, renovations of delivery rooms were done. The revision of assessment checklists to assess the availability and utilization of mosquito nets only in malaria endemic sites was also one of the reasons for the better performances of HCs. A failure to follow the appropriate storage procedure for certain drugs and the presence of some expired drugs on the emergency tray was also one of the gaps noted during the period under review. The performance of maternity services improved in all woredas of Borana zone and the average quality scores of all woredas showed increase in Q4 2021 from 66% to 74%. From phase 1 and phase 2 woredas the highest increase was seen in Wachile woreda with 19% increase in Q4 2021 followed by Guchi woreda with 17% while the least of 6% was recorded in Yabello rural and Elwaye woredas.

The delivery rooms of all health facilities were equipped with at least two (2) delivery beds that are in good condition, privacy is ensured for all clients, the partographs were properly filled and used for monitoring labour, new-born care corner

for resuscitation of new-born equipped with necessary equipment. There is also improved availability of guidelines/protocols on MNCH care, availability of supplies and basic equipment, hand washing facilities as well as clean post-natal room that equipped with necessary medical equipment and supplies. Gaps still exist with shortages of some equipment like refrigerator for proper storage of oxytocin, lack of some emergency drugs in delivery rooms, lack of anti-shock garment (non-pneumonic anti shock garment (NASG), and non-functionality of toilets for maternity near the labour ward due to shortage of water. Regarding the availability of clean pre-natal ward that are equipped with beds and other medical equipment's there is no pre-natal room in all health centres.

The performance of phase 3 health centres improved from average of 5.5% during baseline to 38.5%. The highest performing worada was Taltallee with 55.6% and the least performing worada was Das with 20.8%. The improvement could be due to coaching provided during verifications. Some health facilities have started the utilization of partographs to properly monitor women in labour, procurement of essential medical equipment, improving infection prevention practices and improving availability of essential medicines as well as ensuring the availability of necessary guidelines and protocols.

The improvements noted are partly due to staff awareness in obstetric care, availability of essential medical equipment, infection prevention personal protective equipment and essential drugs in Emergency room. There is appropriate utilization of partographs for monitoring women in labour. Poor performance was attributed to poor documentation in cards, shortage of examination coaches and privacy of clients, stock outsome essential drugs, absence of infant corner, scarcity of water, beds in PNC not covered with mosquito nets, absence of latrine and bath service in maternity room, lack of bin and stock cards, shortage of protective equipment's for professional working in maternity room missing of standard guideline in health facilities. Health facilities are advised to keep prioritizing these elements in their business plans.

EPI and growth monitoring category

The overall average quality score for this category during Q4 2020 evaluation was 68% in Jimma, phase 1 woredas and improved to 75% during Q4 2021 while it has improved from 17% during baseline to 55% in phase 2 woredas. Slower rate of improvement observed in the phase 1 woredas indicate the need for additional attention and intensive coaching by both PPA and regulators. Among the highest performing phase 1 woredas for this category was Mencho with 87% average and Seka Chekorsa from phase 2 with 74% average score. During Q4 2021 there was remarkable improvements across all phase 2 woredas in Jimma compared to baseline although a lot more improvement is still needed. Botor Tolay has recorded the worst decrease among the phase 1 woredas by 13%, while Limmu Seka woreda was the least performing from the phase 2 woredas with a score of 29%. Challenges included absence of forms for case investigation of EPI targeted diseases, outdated EPI outreach schedule, failing to act during alarming of the fridge tag, and absence or unclear plan of action during power interruption to maintain the cold chain and prevent the vaccine damage.

In Borana phase 1 and phase 2, the average score for all woredas in these two phases was 68% in Q4 2020 slightly declining to 66% during Q4 2021. There was no improvement in four (4) woredas namely Wachile, Elwaye, Gomole and Guchi woredas while moderate improvement was seen in Yabello and Dubluk woredas. The average scores of health centres under Wachile, Elwaye, Gomole and Guchi woredas decreased during Q4 2021. The highest performing woreda was Yabelo with 85% while Arero was the least with 29%. Main reasons for low performance include failure to provide immunization services on daily bases, monthly average consumption for EPI accessory and vaccines not calculated. Also, there was lack of wastage monitoring charts, vaccine order forms, adverse event following immunization (AEFI) form and failure to use stock control cards for antigens.

The performance of phase 3 woredas improved from 17 % during baseline to 55% during Q4 2021. Dillo woreda scored the highest percentage change of 49% followed by Dire and Taltalle woredas with 44% and 43% increase respectively while Das woreda recorded the lowest percentage change of 17%. All health facilities have sufficient EPI accessories like vaccine

carrier, cold box, scissors, and EPI modules that are available and accessible to the staffs. But there is lack of vaccine order forms, failure to use vaccine stock cards, adverse effect investigation forms and case investigation forms for EPI targeted diseases. Temperature monitoring charts in some health centres were not filled two (2) times per day including weekends and holiday. However, all health centres have plan of action for the preparedness during power interruption for safety of the antigens.

Nutrition services category

In Jimma, 30.7% of the woredas from phase 1 recorded a decrease in average score in nutrition services when compared to Q4 2020. Same percentage of woredas recorded no change while 40% improved by range of +3% to +27%. More improvement was recorded in phase 2 woredas with a percentage increase of 22% compared to 3% for phase 1 woredas. Health centres in Agaro woreda were the highest performing with average of 80%, while Dedo woreda was the best performing woreda from phase 2 with an average of 73%. Tiro Afeta and Setema in phase 1 were the least scoring woredas for this indicator with 48% while both Gera and Sokoru in phase 2 woredas were the least with 43%. The main challenge so far in both woredas was unavailability of stabilization centres due to shortage of rooms and it was one of the points on which health centres were failing to score better in this category. Whereas indicator on knowledge assessment of health workers on OTP case admission and discharge criteria performed well.

Nutritional services are one of the better performing indicators in Borana. During fourth quarter of 2021, the average quality scores of nutritional services of all Phase 1 and Phase 2 woredas remained stagnant at 92% as compared with Q4 2020 score. The highest performing woredas were Dubluk, Gomole, Moyale, and Wachile with 100% Score and the least scoring were Guchi and Yabelo Town with 80%. Elwaye woreda average score remained the same and the average quality scores of health facilities under Guchi and Yabello rural decreased from 100% to 80% and from 94% to 87% respectively.

The average quality scores for nutrition services for all phase 3 health centres showed improvement from baseline except health centres under Dire woreda. Taltalle woreda showed the highest improvement from 30% during baseline to 90% in Q4 2021 while the lowest performing woreda was Dire woreda which declined from 73% to 53% during same period. Main gaps included shortage of medicines like mebendazole, folic acid and gentamycin. Otherwise, all health facilities, had separate rooms for nutritional stabilization centre for severe acute malnourished children with medical complications.

Inpatient services category:

Considerable progress was observed in Jimma zone in all woredas of both phases. The average percentage score for phase 1 woredas improved from 20% in Q4 2020 to 67% in Q4 2021 and similar trend of improvement was also noted at phase 2 woredas their average improved from 0% during baseline to 42% in Q4 2021. Agaro and Shebe Sombo were the highest performing woredas with 100% while Setema (phase 1) and Nono Benja (phase 2) were the least performing woredas with 36% and 20% respectively. Nono Benja have been verified only twice since the start of project implementation in the zone due to security situation.

The better performance of health facilities on this indicator could be attributed to the routine monthly quantity verification of in-patient registers where they are coached in-line with verification guidelines. One of the reasons could also be due to the revisions made on quality checklist after the Q4 2020 verifications where it was assessed considering the presence of separate in-patient ward for both male and females, but in the Q4 2021 assessment separation of wards was not considered.

Inpatient services indicator was one of the lowest performing indicators in Borana, both in phase 1 and phase 2 health centres during Q4 2020. However, there was improvement during Q4 2021, especially in health centres of three woredas, Yabello rural, Dubluk and Guchi woredas. Same reason of adjustment of checklist cited in Jimma also applies to Borana. The highest improvement was recorded in Guchi woreda from 0% in Q4 2020 to 100% in Q4 2021 showed 100% increase while Dubluk and Yabello rural recorded 75% and 60% increase, respectively. The least performance was in Yabello town

with 40% due to the in-patient room that was not well equipped with necessary equipment needed in inpatient room like beds and mosquito nets.

The quality of inpatient services in all phase3 health centres improved during Q4 2021 compared to baseline study in Q2 2021 except health centres under Miyo woreda. Dillo woreda showed highest improvement of 100% from 0% during baseline followed by Taltalle woreda that showed 75% increase from 10% during baseline. The average quality scores for this indicator were under 50% in two woredas namely Das and Dire woredas that scored 30% and 47% respectively in Q4 2021 and showed less improvement compared to other phase 3 woredas due to lack of mosquito nets and sheets especially in health centres under Dire woreda. However, these are already included in the business plans.

Referral services category:

The overall average quality score for this indicator in Jimma phase 1 woredas improved from 64% in Q4 2020 to 90% during the Q4 2021 but the progress was more pronounced in phase 2 woredas that recorded increase of 54% from their baseline assessment score. The highest average score of 100% was recorded by Mencho, Omo Beyem, Setema, Dedo, Seka Chekorsa and Sokoru woredas, while Agaro (phase 1) and Limmu Seka (phase 2) were the least performing woreda with average score of 67% and 50% respectively.

One of the challenges health facilities were facing during Q4 2020 assessment on this category was the failure to present referral feedback received from hospitals, a situation which was not measuring their performance and was beyond their control. This was revised to focus on proper completion of referral slips and documenting all pre-referral management. This contributed to the increase of scores. Besides this, adequate standard referral forms were available, proper filling of referral registers was being practiced, and a mobile phone number to call for ambulance service was posted in majority of the HCs except a health facility where renovations were being done.

In Borana, the service quality of referral services was good especially in phase 1 and phase 2 health centres and the average quality scores of health centres under all woredas in Q4 2021 were good and above 80% except Surupha health centre. Yabello rural and Dubluk woredas showed the highest performance for referral services 100% and 88% in Q4 2021, respectively. There was no change in Surupha health centre under Gomole woreda. The least performing woreda was Moyale with 83%. This was due to poor documentation in referral register and failure to fill in the referral slips completely. The quality of referral services showed improvement and the average quality scores increased in all phase 3 woredas. The highest performing woreda was Arero with 100% from 17% during baseline. The average quality score of this indicator was least and under 50% during Q4 2021 only in Das woreda with 42% due to same reasons highlighted under phase 1 and phase 2 above.

Outreach and health post supervision category:

Health facilities need to be highly engaged in the provision of regular supervision of the satellite health posts, hold community meeting at each kebele per quarter, and conduct health promotion and health education both at an outreach and at the facility level. Comparing performances of HCs in Q4 2020 with the Q4 2021 revealed that a minimal progress was recorded with overall average increase from 19% to 27% in phase 1 and from 1% to 19% in phase 2 woredas. This performance is not proportional to the duration of project implementation, as the average score for the woredas is still far below 50%. Sigo and Seka Chekorsa were the highest performing woredas with overall percentage score of 45% and 42% respectively. Mencho woreda recorded a better improvement of 33 % during the Q4 2021 while the worst decrease of performance was recorded at Botor Tolay woreda with a percentage decrease of 38%.

The challenging geographical locations of health facilities in Omo Beyem woredas appeared to hinder the provision of frequent outreach activities for which they have scored only 13% and security issues of the area at both Limmu Seka and

Nono Benja woreda was the possible explanation for their unexpected performance on this category. Health promotion activities were not at the expected level regardless of the implementation level, the outcomes of client satisfaction surveys were being discussed at the community meeting though it was not consistent across woredas while health education sessions were effectively implemented at health centre level.

The performance of health facilities in Borana in implementing of outreach activities was poor compared to other quality indicators but the average quality scores of phases 1 and phase 2 health centres improved significantly from 12% in Q4 2020 to 40% Q4 2021 except Moyale woreda which decreased from 33% to 30%. The highest improvement has been seen in Gomole woreda that improved from 0% to 50% and least performance was recorded in Yabelo woreda with a score of 25%. The quality of outreach services in Phase 3 health centres was low and even some woredas showed decline from their baseline scores. The average quality scores of health centres under Dillo and Dire woredas decreased by 17% in both woredas from their baseline score and Miyo woreda decreased from 10% to 5%.

In general, outreach activities still need special attention. Regarding the availability of health promotion (outreach) plan at health centres, all health centres have it, but the detailed reports are never available. Another gap is lack of regular supervision of the satellite health posts. Even though organizing meetings with community by health facility for each kebele per quarter is important to mobilize community for health services and help health workers to identify health issues and plan with community, some health centres could not organize meeting in all kebeles under them once per quarter. In addition, most health centres did not include the outcomes of the community verification surveys feedback they received from CBO quarterly in the agendas of the meeting minute. Health centres have no regular health education schedule and there were lack of reports of daily health education sessions.

Laboratory services category:

The performances of HCs on this category have been promising during the Q4 2021 in both phases of Jimma woredas and the average percentage score was above 60%. The average score for this category in phase 1 woredas improved from 54% in Q4 2020 to 67% in Q4 2021 while phase 2 woredas improved from 27% during baseline to 61% during Q4 2021. Shebe Sombo (phase 1) and Seka Chekorsa as well as Dedo woreda, both from phase 2 were the highest performing woredas with average score of 75% and 69%, respectively. Mencho and Seka Chekorsa woreda recorded the highest percentage increase of 42% and 53%, respectively. Botor Tolay woreda has recorded the worst decrease of -7% compared to Q4 2020. Sigmoid HC in Sigmoid woreda was the best performing facility in Q4 2021 from Jimma zone with 92.3%.

Laboratory service was available in most of the Health Centers in Jimma zone, but they lacked some of the monitoring and evaluation tools, the laboratory performance and workload as well as QA activities, some laboratory equipment like full blood count machine, reagents and failed to maintain stock balance for reagents. A positive progress was recorded on the availability of items like SOPs for all tests and equipment, parasites demonstrations, and microscopes. Additionally, most of the HCs have ensured the availability and functionality of laboratory services for emergencies after working hours, transparency was also ensured in displaying lists of laboratory services with its prices.

Laboratory service indicator have been low performing in most of phase 1 and phase 2 woredas in Borana. The average score was 72.4% in Q4 2021 compared to 47.8% in Q4 2020. Some improvements were recorded in Dubluk woreda. The highest performing woreda was Gomole with 92.3% while the least performing was Guchi with 43.2%. Some health centres do not have laboratory professionals and do not provide these services while others also lacked some devices like centrifuges, alarms, and safety guidelines and laboratory reagents. In phase 3 woredas the average score of laboratory indicator was 34.4% during base line and improved to 41.2% at end of 2021. The highest performing woreda was Dilo with 61.5% while least performing was Arero with 26.9%. In some of the health centres which provide the services there are no chemistry analysis machines, fume cupboards and incubators. The other gap is that staffs are not maintaining stock cards of laboratory reagents which should show minimum and maximum stock levels to ensure the availability of essential reagents.

Logistics, medicines, and supplies services category:

This is one of the poorly performing categories in phase 1 woredas of Jimma zone where the average percentage score for the woreda has dropped with 11%, whereas percentage increase of 20% was recorded in phase 2 woredas. During the Q4 2021, phase 1 woredas have achieved an overall score of 66% while phase 2 woredas achieve 52% on average. Gumay (80%) and Sokoru (75%) were the best performing woredas from the zone, whereas Sigmo and Limmu Seka woredas had recorded the lowest performance score of 15% and 50% respectively during Q4 2021. The worst decrease in average percentage score was observed at Gera and Sigmo woreda, a 17% decline.

One of the mechanisms to strengthen the demand and supply of medicines is through ensuring the existence and the functioning of the medicines request mechanism at all levels, but in our case at HC level, the system was not strong enough to trace medicines. A proper medicine request mechanism was not being followed during requisition of medicines for internal departments, to HPs and even to EPSA Jimma hub. The new Last Mile project is intended to complement PBF and contribute to addressing this challenge. The increase in client flow has also contributed to the essential medicines being out of stock which could be the potential reason for the declined performances of health centres. The increase in client flow may be due to the complementary effect of both PBF and CBHI, however this demand is not responded to by both interventions as there are delays in CBHI payments resulting in health centres PBF coffers being overwhelmed. Besides this, the daily dispensing registers were being recorded and managed appropriately, model 19 and model 22 was also used during receiving and issuing drugs as well as the availability of adequate anti-TB drugs were ensured. Proper storage of drugs has been given a priority concern and an improvement was observed though maintaining of stock cards was still an issue at some of the HFs.

This is one of the fairly performing domains in Borana where all woredas recorded remarkable improvement though one woreda (Guchi) slightly declined in performance. During period under review, the overall average quality score for this category improved from 67.8% to 76.4%. The highest average score was recorded in Gomole with 90% and the lowest Yabello town with 60% average. Main challenges resulting in low scores are lack of cleanliness in the pharmacy stores, lack of lockable cupboards, poor storage of medicines in pharmacy stores, poor management of expired drugs in some health centers, failure to update the stock balance as such stock cards do not match the actual physical counts and shortage of essential medicines.

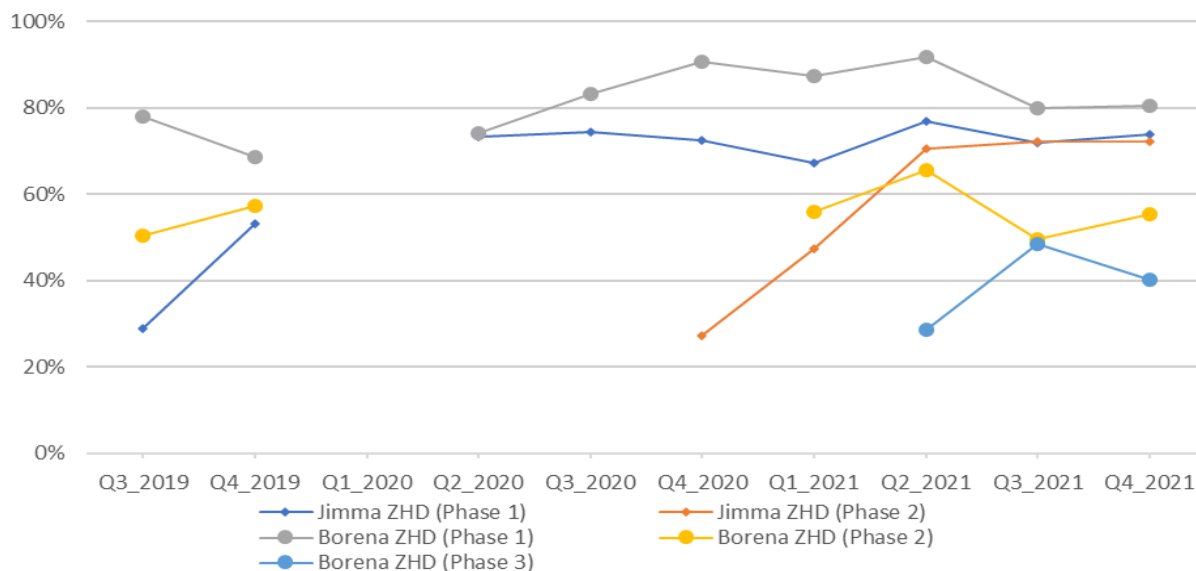
The average score for phase 3 woreda was improved from 22.4% during base line to 50.5% at the end of 2021. The highest average score was recorded in Dilo woreda with 66.7% while lowest scored in Das with 27.5%. The most challenging aspect for low performance on this category was the management of essential drugs where the Monthly Average Consumption (MAC) was not properly calculated. Additionally, most Health Centres do not register drugs dispensed and the VEN analysis column of dispensary registration properly. This analysis enables the health facilities to compute their consumption rate weekly and continuously update their supply chain management plans accordingly. In phase 3 health facilities of Borana zone all facilities are improving in this indicator except Das woreda, which shows no improvement due to stockout of essential drugs, no lockable shelves, not labelling all shelves with drug category and not filling Average minimum consumption on bin card and missing of internal requesting and reporting format.

2.6. Quality of Service Delivery in Hospitals

The overall average performance achievement of hospital in phase I woredas of Jimma zone was 74% at the end of 2021 as compared to 72% same period in 2020, whereas in phase II hospitals of the same zone the average quality score at the end of 2021 was 72%, 2% below the phase I. The best performing hospital was Setema, from phase I woredas, with technical score of 83% and Seka hospital from phase II, with a percentage score of 78% during Q4 2021 evaluation. From the

hospitals at both phase woredas, Tiro Afeta recorded the highest percentage increase of 48% between the fourth quarter of 2020 and the same period in 2021. The performance of both Nada (-10%) and Limmu Genet (-16%) hospitals declined in the last quarter of 2021, despite Nada being the best performing hospitals during the Q4 2020 assessment.

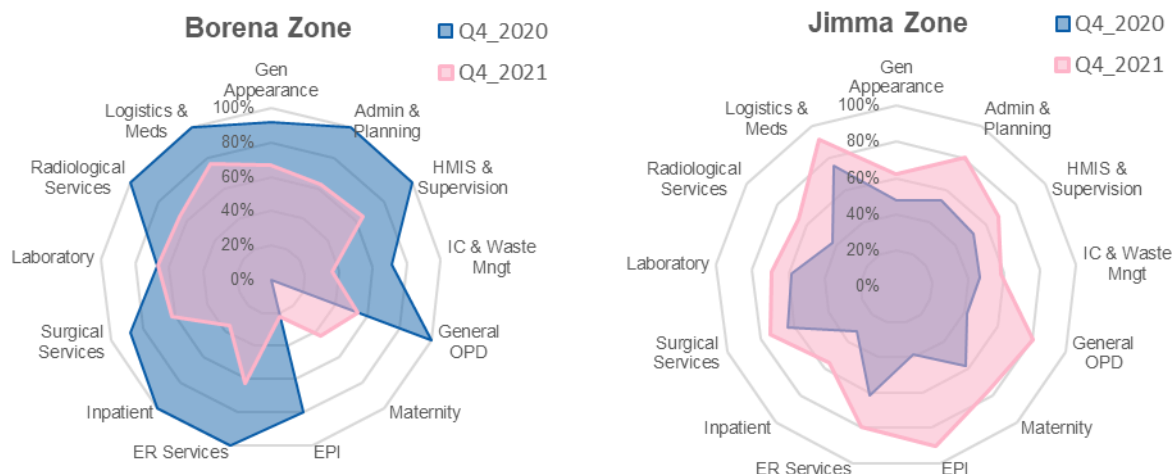
Figure 5: Trends in average quality score by implementation phase at Hospital level



The first explanation for the decrease in the technical quality at some hospitals (as is the case with some of the HCs) is the fact that the increasing demand for health services due to demand generation initiatives has somehow overwhelmed the health system, coupled with existing supply chain issues especially human resources. Some hospitals are finding it difficult to cope with the increasing demand for health services. The above was demonstrated at Nada hospital which dropped in performance due to poor sanitation in the latrines and unburnt waste in the incinerators observed during quality assessments. Though frequent use of the above facilities can be attributed to high demand for services, complacency of staff cannot be overruled due to decreasing motivation. At Limmu Genet hospital, we noted a diversion of priority from the usual quality of care focus at the hospital to the Model Community Pharmacy as the hospital management were engaged in ensuring the completion of the pharmacy which has since been inaugurated. In addition, Limmu Genet hospital was affected by the shortage of water that has been a problem in the town.

In Borana zone, Yabello General hospitals showed notable decline though it remained the highest performing hospital with 81 % compared to 91 % in Q4 2020. Fluctuations in performance were noted in logistics and medicines, laboratory, and surgical department during 2021. In phase 2, Moyale general hospital did not record any change from 56% in Q1 of 2021. The lack of increase in performance was due to the poor management of the hospital. The zonal health department took the necessary actions based on the PPA recommendations. The previous hospital poor management resulted in low performance in maternity service, logistics and medicines, laboratory service and infection prevention and control, in addition to no immunization services being offered whilst satisfactory performance was only noted in the areas of financial and planning and general appearance. Phase 3 Mega hospital improved from 29% during baseline to 49% during Q4 2021.

Figure 6: Comparison of average quality score per service area at Hospital level



During 2021, three new hospitals were added to PBF program, however only two of them were fully functioning by the end of 2021. From those two hospitals Mega hospital was evaluated two times while Arero hospital was evaluated only once. The overall score of Mega hospitals improved from 20% at baseline to 49 % at end of 2021. The best scoring indicators were maternity, logistics and medicine, infection prevention and control, EPI ad GM, general appearance and administration and finance, while radiology, laboratory service and surgical department needs further investment as there are shortage of major infrastructure. Arero primary hospital`s quality passement was conducted during fourth quarter of 2021, when the facility became fully functional, scoring 33%. The hospital lacked a lot of facilities and key among them essential medical equipment which contributed to the low score obtained.

General appearance and safety category per hospital:

In hospitals where PBF started to be implemented earlier, the overall average quality score for this category during Q4 2020 was 58% and have declined to 52% in Q4 2021, whereas improvement was observed at hospitals in phase 2 wordas where a percentage increase in Q4 2021 was 42% from the fourth quarter of 2020. In Q4 2021, Seka Chekorsa was the highest performing hospital for this category in Jimma zone with 92% score and Limmu Genet hospital recorded the worst decrease in percentage score of -25% from Q4 2020 and was the poorly performing hospital in the zone with average score of 33% during the fourth quarter of 2021. Seka Chekorsa and Agaro hospitals recorded the highest positive percentage changes of 50% and 25%, from phase II and I wordas, respectively.

The highest score in Seka Chekorsa hospital was explained by the increased motivation and enthusiasm of the hospital CEO and the staff in general. Beside this, the progression of activities under the reception indicator, the installation of fire protection system, and a maintaining of the standard staff dress code has played a role in their Q4 2021 evaluation score. On the other hand, the presence of unfunctional fire protection system, unclear evacuation diagrams and the poor cleanliness of courtyards were reasons for Limmu Genet hospital`s worst decrease in addition to the factors explained in the introduction section of this hospital quality section.

In Borena Zone, the overall average quality score for the category general appearance and safety during Q4 2020 was 92% in Yabello hospital, phase 1 and improved to 100% during Q4 2021. Moyale hospital was a Covid-19 treatment centre in Q4 2020 and only started routine health service delivery again in 2021. In Q1 2021 its general appearance and safety quality score was 58% while a similar level of performances was achieved in the fourth quarter 2021. Mega hospital in phase 3 was the least performing with 50% with no improvement compared to baseline.

Administration, financial management, HRM & planning category per hospital:

The overall average quality score for this category in Q4 2020 was 67% in Jimma for phase 1 hospitals and improved to 81% during Q4 2021. Average score of 81%, was also achieved by phase 2 hospitals during Q4 2021, an increase of 41% from the baseline. The highest performing hospitals for the Administration, financial management, HRM & planning category during Q4 2021 were Agaro and Dedo with a 100% score, whereas Tiro Afeta hospital had the lowest percentage score though the facility is improving over time. Omo Nada hospital recorded the worst decline in percentage score of 25% and this was due to the failure of the facility to conduct quarterly hospital board meeting in the last quarter of 2021.

Borana zone hospitals (except for Mega hospital) have shown a decrease in performance of administration, financial management, HRM and planning category. Yabello hospital which scored 100% in Q4 2020 decreased to 75% in fourth quarter of 2021. This is due to failure to conduct monthly staff meetings and weekly public health emergency management report not fully available while Moyale hospital scored 92% in Q1 2021, and their score decreased to 50% due to failure to conduct monthly staff meetings and update their catchment population by age and failure to produce monitoring graphs in this specific quarters. Additionally, Moyale hospital`s annual, operational, and monthly plans were not signed by hospital management. Mega hospital scored 25% on the baseline assessment and increased to 50% in fourth quarter 2021 under the administration, financial management, HRM & planning category.

HMIS and supervision category per hospital:

A decrease of performance by 5% was recorded on this category at hospitals within the first phase woredas of Jimma zone, whereas a remarkable improvement was noted in hospitals from phase 2 woredas where the overall average score of 13% during the baseline assessment improved to 60% in the fourth quarter of 2021. Agaro hospital scored 100% during Q4 2021 evaluation, while Limmu Genet recorded the lowest score of 40%, which was not only the least from the first phase woredas, but also from the zone in general. The worst decrease of percentage score by 20% was recorded in Omo Nada hospital due to decrease in motivation of staffs and weakened documentation system of the hospital. In Limmu Genet hospital, the distortion of rooms for renovations and painting during the assessment, the failure to conduct the quarterly quality assurance activities and unavailability of PMT logbook, and the failure to conduct monthly supervision to HCs was amongst the reasons for their poor performance in Q4 2021.

A decrease in the quality score of HMIS and supervision was seen in all hospitals in Borana zone except Mega hospital. Yabello Hospital quality score for HMIS and supervision was 100% in the fourth quarter of 2020 and decreased to 90% in fourth quarter of 2021 due to failure to conduct quality assurance using self-assessment checklist. In addition, the facility failed to follow up on actions and proposed solutions. Moyale hospital quality score on HMIS and supervision category decreased from 90% in fourth quarter of 2020 to 60% in the last quarter of 2021 due to failure to supervise health centres under their catchment area and inability to audit all deaths that occurred in the hospital during the last quarter of 2021. Mega primary hospital in phase 3 improved from a baseline score of 0% to 70% in Q4 2021.

Infection control and waste management category per hospital:

A decline in the overall average performance of hospitals was observed at the phase 1 hospitals in Jimma zone for this category where the average score declined from 67% in Q4 2020 to 57% during Q4 2021, a 10% negative change. On the other hand, improvements were observed in hospitals in phase 2 hospitals and the overall average score for this category has shown an increase of 41%, from 19% in the baseline to 60% during the quality assessments of fourth quarter 2021. The highest performing hospital for this category in the Jimma zone during Q4 2021 was Seka Chekorsa Hospital with 100% score, whereas Limmu Genet hospital performed poorly with score 38% and has also recorded the worst decrease in performance score from the Q4 2020 with a percentage of -29%. Setema was the best performing hospital from phase 2 hospitals. The outstanding performance of Seka Chekorsa hospital can be explained by the execution of different activities, of which, renovation and standardization of both incinerator and latrine as well as the construction of normal waste

disposal sites were the focus based on their bi-annual business plan. The declining performance of Limmu Genet Hospital could be attributed to poor performance on maintaining the functionality and deterioration of standards on certain services like, incinerator, placenta pit, and latrine.

In Borena zone, Moyale hospital showed a slight increase in quality score of infection control and waste management from 33% Q1 2021 to 38% in Q4 2021. Yabello hospital showed similar performance in Q4 2020 and Q4 2021. But as a pioneer hospital still the management committee should act on the gaps to have good and sustainable scores. Mega hospital in phase 3 also has shown no improvement during period under review with a stagnant score of 29%. This indicator still needs attentions in both Moyale and Mega hospitals because they miss scores due to failure to have three bin system in emergency, operation theatre and maternity. In addition, incinerators found in both health facilities are not fenced and did not have proper gates.

Out-patient department services category per hospital:

This is one the fairly performing indicators in both phases in Jimma zone and a maximum of 100% performance on this category was recorded in Setema hospital during Q4 2021 quality assessment, a consistent level of improvement from Q4 2020. An overall average quality score of 92% was achieved in phase 1 hospitals in Q4 2021, a +34% increase from Q4 2020, whereas in phase 2 hospitals the overall average was 67% during Q4 2021, a +48% rise from Q4 2020. Although all the hospitals have shown a remarkable performance improvement during Q4 2021, Limmu Genet with percentage score of 82% (58% increase) and Dedo with 58% showed the least performance in this category, each from first and second phase woredas, respectively.

The current trends on performance of hospitals in this category was opposite to the trends at the HC level, where the latter has appeared to be affected by the high volume of people utilizing the HFs which has created the option to use additional sub-standard room as discussed on the HCs section. However, the hospitals were not affected due to the minimized flow of clients following the current direction that unless referred, clients cannot simply go to hospitals and seek services, but instead should visit the nearby HCs first. Beside this, in many of the hospitals a designated nurse triages were initiated, equipment in consultation rooms were fulfilled, and Post Exposure Prophylaxis (PEP) kits were also made available.

In Borana, all hospitals except Mega (phase 3) have shown significant decrease in their quality score for outpatient department services. Yabello hospital (phase 1) scored 100% in Q4 2020 and decreased to 58% in Q4 2021 due to failure to document vital signs on patient cards, TB, and ART guidelines not available at outpatient departments. Moreover, post exposure prophylaxis (PEP) kit is not found at some outpatient departments of Yabello hospital. Moyale hospital have scored 58% in Q4 2020 and declined to 50% in Q 42021 due to failure to document vital signs and unavailability of some basic equipment in OPDs. Mega hospital in phase 3 shows promising progress from baseline performance of 17% to 33% in the fourth quarter of 2021 but needs to show more significant increase and sustainable performance in the next quarters.

Maternity service category per hospital:

This is the category with the highest total points (more weight) in the hospital checklist. The overall average quality score for this category has shown an increase during Q4 2021 evaluation in phase 2 hospitals, whereas performance decline was observed at the phase 1 hospitals. In phase 1 hospitals, the average score declined from 78% in Q4 2020 to 73% during Q4 2021 while in phase 2, it improved from 32% to 81%. The most recent quarterly evaluation of hospital's quality of care in Jimma zone has revealed that Tiro Afeta hospital in phase 1 was the highest performer with quality score of 90% in this category, while Dedo hospital in phase 2 was the most improved (+57%) during the period under review. During Q4 2021 quality assessment, a reduction of 27% was recorded by Limmu Genet hospital from the Q4 2020 assessment score.

The performance of phase 2 hospitals was remarkable and it can be mainly explained by the availability of a standard delivery room, full delivery sets and episiotomy set and different instruments, clean pre/post-natal room,

guidelines/protocols on MNCH, and the health care providers in the department possess a good knowledge on new-born resuscitation and management of bacterial sepsis in neonate, but they still need to improve more. These hospitals were being equipped with the necessary supplies and emergency trays in the delivery rooms, improving sanitation of the bathrooms, and proper utilization of partograph during labour. Deterioration on quality of the delivery room, poor hygiene practice in pre/post-natal room, and failure to utilize partographs during labour were the main reasons for the decline of performance in most hospitals.

Overall quality score of maternity service shows significant decrease in all hospitals in Borana except Yabello during period under review. Q4 2021. Moyale hospital in phase 2 have shown worrying decrease from 73% at Q1 2020 to 23% in Q4 2021 due to failure to avail IEC materials in maternal waiting area. Their delivery room has no sufficient (100 litres) amount of water for hand washing and one of their delivery beds is not in good state. Furthermore, equipment's like tape measure and lockable trolley are unavailable at the delivery room. In addition to these Moyale hospital has some rusty episiotomy sets and only one standing light and IV stands were available in their delivery room. On top of that some basic MNCH protocols are not available in this service room, and they do not have blankets for new-born, and they are also not managing their stock using Bin card. Besides, prenatal, and post-natal rooms need to have hand washing basin and both rooms should be cleaned on a regular basis. Hospital management teams should stick to the quality standards. Equipment and instruments should be made available in all delivery rooms, not only allowing staff to bring their knowledge into practice but also it also needs serious action from management committee of the hospital. Mega hospital in phase 3 showed slight decline from baseline score of 23% to 20% because new-born drugs and vaccinations were out of stock during the last month of the Q4 2021.

Expanded program on immunization category per hospital:

This indicator performed well in hospitals in Jimma found in both phases and a maximum of 100% performance was recorded in both Limmu Genet and Seka Chekorsa hospitals during Q4 2021. An overall average quality score of 90% was achieved in both phases during Q4 2021 from a score of 60% and 10%, respectively during Q4 2020. Though most of the hospitals have shown a remarkable performance improvement during Q4 2021, both Setema and Tiro Afeta in phase 1 were the least performing with 80% in both hospitals. A 90% increase from Q4 2020 score was recorded by Dedo hospital in phase 2 during the Q4 2021.

A lot has been done in most of the hospitals to improve service quality of the Expanded Programme on Immunization (EPI) and mainly: almost all of the EPI accessories were availed; the presence of different forms for vaccine order, AEFI and case investigation and wastage monitoring was observed; monitoring of the staff on following Multi Dose Vial Policy (MDVP) was also noted; and a clear plan of action were developed, and staffs were oriented. Lastly, recommendations and coaching were given for Setema and Dedo hospitals where proper storage of vaccines was an issue and for Agaro hospital on ways to keep the vaccines in a refrigerator of temperature between +2 and +8 degree Celsius.

In Borana, the quality score for this category in Yabello general hospital decreased by 10% from 80% to the current 70% score. This drop occurred due to improper VVM status found on vaccines and not having a clear plan of action for power interruption. Otherwise, an incredibly good consistent performance was noted in this category during period under review. It is still disappointing that Moyale primary hospital has not yet started providing immunization service for the community. They have been citing lack of professionals as the main challenge and the zonal health department has been engaged to address the issue urgently. The quality score achievement for the category of immunization at Mega primary hospital (phase 3) showed an increase of 20% from 0% at baseline to the current 20% score. This slight improvement occurred due to following multidose vial policy and having a clear plan of action for power interruption. Otherwise, the other elements in this indicator need close attention and a consistent hard work to attain better results.

Emergency services category per hospital:

The overall average quality score in Jimma for this category during Q4 2020 and Q4 2021 was 80% in phase 1 hospitals, while it improved from 38% during baseline to 79% during Q4 2021 in phase 2, a 41% increase. The highest performing hospitals for this category during Q4 2021 were Setema from phase 1 with 100% and Dedo hospital from phase 2 with 88% score. From phase 1 hospitals, Agaro recorded the highest percentage increase of +31% compared to Q4 2020 score, whereas from phase 2 Tiro Afeta hospital had the highest percentage increase of +56%. A decline in percentage score of -50% was recorded in Limmu Genet hospital (phase 1) and it was due to lack of adequate essential equipment and supplies in emergency room.

In Borana, the quality score for emergency services at Yabello general hospital recorded a decrease of 19% from 100% to current 81% score. This significant drop occurred due to lack of a tracheotomy set. Otherwise, the other emergency room indicators show a commendable consistency. Moyale general hospital showed a significant increase of 44% from 38% in Q4 2020 to 81% in Q4 2021. This significant improvement occurred due to the ability to fulfil all the necessary requirements like equipment and supplies/medicines in emergency room, availing the necessities on the emergency OPD tray, and the emergency service providers can correctly state protocols for poisoned and seizing patients and explain the standard precautionary measures. Otherwise, the other emergency room indicator elements (Consultation room materials and Ambulance service) need be improved further. Mega primary hospital in phase 3 showed an increase of 13% from 25% during baseline to 38% score. This increase occurred due to the emergency service provider correctly stating protocols for poisoned and seizing patients and explain the standard precautionary measures. Although there are improvements seen in the other categories here, they need to further work on the few indicators they lost regarding the emergency room.

In-patient services category per hospital:

Although the overall average score of hospitals in Jimma in this category in both phases was greater than 50%, it is still one of the poorly performing indicators with a lot of tasks to be prioritized and implemented. The overall average quality score for this category during Q4 2020 was 43% in phase 1 hospitals and improved to 57% during Q4 2021, while it improved from 19% to 54% in phase 2 hospitals. During Q4 2021 the highest performing hospitals for this category from the phase 1 hospitals were Omo Nada and Setema with a score of 83% and Tiro Afeta with 72% from phase 2. During Q4 2021 there were remarkable improvements at Setema Hospital with highest percentage increase of 61% while Limmu Genet Hospital recorded a decrease in percentage score of 17% and remained to be the least performer in the zone. From phase 2 hospitals, Seka Chekorsa has a lot to do in this category as it performed poorly with a percentage score of 39%.

Some of the improvements observed at both Omo Nada and Setema Hospitals were the availability of a standard separate ward for children and adult, the presence and functionality of inpatient pharmacies, and following the appropriate patient management, where majority of the hospitals has failed to show improvement on and was due to the accommodation of more clients beyond their capacity.

Yabello general hospital (phase 1) in Borana recorded a significant drop from 100% to 33% score. This significant decrease occurred due to lack of shower and toilet at male, female, and children's wards. Otherwise, the other necessities at the in-patient services have been consistently fulfilled throughout the reporting period. Moyale general hospital in phase 2 improved from 22% to 39% score. This increase was a result of having separate wards for male, female, and children, keeping information on patient registers well and a commendable patient management. Further work is still needed though to improve the other in-patient service aspects. Mega primary hospital in phase 3 did not improve from the previous score of 39%. This implies that this hospital needs to work harder to further improve their performance for this indicator.

Surgical services category per hospital:

The overall average score in Jimma phase 1 hospitals declined from 93% in Q4 2020 to 81% during Q4 2021, a 12% decrease. On the other hand, improvement was observed in phase 2 hospitals and the overall average score for this category has shown an increase of 40% from Q4 2020 to Q4 2021. The highest performing hospitals for this category during Q4 2021 were Agaro and Setema both in phase 1 and Dedo in phase 2 each scoring 88%, whereas Tiro Afeta Hospital (phase 1) performed poorly with 24 % score and Dedo was the most improved with increase of 59% compared to baseline. The declining performances of hospitals at phase 1 woredas can be explained by their failure to avail the basic equipment and emergency surgical pack required in the room for the service. In most of the hospitals the instruments were available but not organized in a way that enable the clinicians to use it comfortably. On the other hand, the presence of a standard operation table was ensured, but automatic door has not been installed. The presence of a full package theatre clothing, an improved documents storage, the improved understanding of nurses on the protocol for patient transfer from operation theatre to in patient ward, and the status of post-operative death and infections being below 2% were the areas on which a progress was observed. The coaching is ongoing to assist them in prioritizing activities in the business plans.

In Borana, surgical services at Yabello general hospital in phase 1 recorded a decrease of 17% from 88% in Q4 2020 to the current 71% score. This drop was due to lack of automatic doors at the operation theatre, lockable drug trolleys, and pedal or elbow tap with disinfection device at the scrub area. Otherwise, the other necessities at the surgical services rooms have been consistently fulfilled throughout the reporting period. In Moyale general hospital in phase 2, there was no change from the previous score of 88%. This implies that this hospital needs to keep this consistency and further improve their performance for this indicator. Mega general hospital in phase 3 showed a significant increase of 35% from 53% during baseline to the current 88% in Q4 2021. This improvement occurred due to improvement documentation in patient registers, inpatient pharmacy, and patient management. The other elements under this indicator need serious attention to further improve their performance.

Laboratory services category per hospital:

The performance of Jimma phase 2 hospitals in this category was promising during the Q4 2021 and the average score was improved from 33% during the baseline to 67% in Q4 2021. The overall average score for this category in phase 1 hospitals was declined from 77% in Q4 2020 to 71% during the Q4 2021, where three hospitals, Omo Nada, Setema, and Agaro performed consistently to the level they were performing during Q4 2020, while. Limmu Genet hospital was the only hospital which recorded a percentage decrease of 25% which resulted from their failure to capture and update the Monthly Average Consumption (MAC) of reagents and the lack of a functioning chemistry analyser machine. Omo Nada Hospital was still the highest performing hospital in the zone with quality score of 83%, while Tiro Afeta hospital has recorded the highest percentage increase of +50% during the period under review.

The commencement of additional laboratory services and improvement on the type of quality of service, being managed by the qualified laboratory professionals, the improved availability of procedure manuals, guidelines as well as monitoring and evaluation tools to assess activities, and presence of functional microscopes were some of the areas on which satisfactory progress was noted. Laboratories were functional and open 24/7 and a staff duty roster was displayed in an appropriate place. The stagnant performance of phase 1 hospitals was attributed to failure to maintain stock balance, mismatching of stock record with available reagents, non-functioning of chemistry machine analyser and unavailability of fume cup board.

In Borana, Yabello general hospital in phase 1 increased from 67% to 83% during the period under review. This improvement was seen due to improving all elements in the laboratory except lack of fume cupboards which is the only element they missed. Moyale general hospital in phase 2 increased from 58% to the 75% during Q4 2021. Mega primary hospital in phase 3 increased from 42% during baseline to 75% in Q4 2021. This improvement was due to improving all elements in the laboratory except differentiating weekend and night duty activities in the laboratory register and lack of an incubator and fume cupboard.

Radiology category per hospital:

In Jimma, the failure to conduct the annual safety assessment of the radiology department by the responsible government or private bodies was the main explanation for the decrease of performances in phase 1 hospitals. Feedback from the respective hospitals indicates that a request for inspection was submitted to the regional health department but only two of the hospitals, Seka Chekorsa and Tiro Afeta, were able to be inspected. With this, the overall average quality of hospitals in this category in phase 1 hospitals declined from 75% during Q4 2020 to 65% in Q4 2021, whereas a significant improvement was observed in phase 2 hospitals where the average quality score on this category improved from 0% during baseline to 67% during Q4 2021. The highest performing hospital for this category during Q4 2020 was Setema hospital, from phase 1 with a quality score of 80%, and both Dedo and Seka Chekorsa hospital from phase 2 woredas scored a higher percentage of 70%.

The main identified gaps in most of the hospitals in the second phase woredas was lack of policy/guidelines on handing over critical clients, and the Thermo-luminescent Dosimeter (TLD) not being functional. On the other hand, an improved understanding of the proper use of protocols by the Radiology attendants was observed. Some hospitals failed to put in place all necessary safety precautions as per the National Radiation Protection Authority. In addition, the quality control program covering the inspection, maintenance and calibration of all equipment was not followed. In Borana, the quality score for radiology services at Yabello general hospital in phase 1 remained 100% during period under review. Moyale general hospital in phase 2 showed a significant increase of 30% from 50% to 80% during Q4 2021. This improvement was seen due to improving all elements in the radiology department except lack of some radiation protection equipment, which is the only element they missed. Mega primary hospital in phase 3 recorded a significant increase of 50% from 30% during baseline to 80% score.

Logistics, medicines, and supplies category per hospital:

In Jimma, there was performance improvement in most of the phase 1 hospitals where the overall average quality slightly improved from 93% in Q4 2020 to 95% during Q4 2021. The overall average for phase 2 hospitals increased from 52% to 88% during the period under review. From Jimma zone, Agaro and Setema hospitals performed better on this category on which both scored 100% and Tiro Afeta was the least performing hospital with 80% score. The highest performing hospitals from phase 2 were Dedo with score of 95%, they managed to improve their performance by a +50% increase during Q4 2021. Whereas Omo Nada and Limmu Genet hospitals have shown a 10% decrease of performance during Q4 2021, and this happened due to the poor ventilation system of the store which compromises the proper storage of drugs. The outstanding performances at Agaro and Setema hospitals was attributable to; the commitment made in making sure that essential medicines are available for the past 3 months, the attention given in maintaining the stock control cards updated and available, and the existence and applicability of drug requesting mechanism.

In Borana, Yabello general hospital in phase 1, showed a decrease of 20% from 100% to 80% score. This drop occurred due to failure to maintain stock cards for both essential medicines and anti-TB drugs. The quality score achievement for logistics, medicines, and supplies services at Moyale general hospital in phase 2 increased from 60% during Q4 2020 to 95% in Q4 2021. This improvement occurred due to improving all elements in this department except inventory register which they need to work harder on. Mega primary hospital in phase 3 showed a significant improvement of 55% from what was 25% during baseline to 80% in Q4 2021. This increase is due to improving all elements in this department except maintaining stock cards for both essential medicines and anti-TB drugs. This requires a close attention and immediate action from this department staffs although the noted improvement is good.

2.7. Community Verification (Patient Satisfaction Surveys)

One of the main activities of the PBF project is to measure the perceived quality of service from customer/end user of health care service. During the quarters of 2021, the community satisfaction surveys were conducted by the 112 contracted Community Based Organizations (CBO) for the 121 health facilities in Jimma zone. From each contracted health facilities twenty-five (25) sample of clients were collected from registers and given to the CBOs to trace them to confirm existence and to measure client satisfaction. The level of patient satisfaction was assessed through face-to-face interview with each sampled patient, focusing on the six (6) areas of the community scorecard component namely, waiting time, behaviour of health providers in providing caring, respectful, and compassionate service to users, availability of drugs, equipment, supplies, infrastructure, and availability of ambulance.

The performance of HFs regarding perceived quality of services in Q4 2021 (76%) was almost consistent with the result back in Q4 2020 (74%) and is due to the lesser level of improvement observed at HFs, especially on those phases 1 woredas. During Q4 2021 an improvement was observed in all the perceived quality measurements and the highest satisfaction score of 80% was recorded on the cleanliness and attractiveness of the HFs, which could be explained by the continuous investment being made by the HFs to improve the general appearances of the compound. The level of satisfaction on Ambulance service was 71% in Q4 2020 and improved to 76% during Q4 2021. A slight improvement was also recorded in health workers attitude, availability of basic infrastructures, and waiting time. However, the availability of drug and supplies has not shown an improvement, which is attributable to the lesser investment on the indicator secondary to the shortage of drugs that was resulting from the delay in reimbursing CBHI payment to the HFs enrolment.

There were twenty-three community-based organization in Borana zone while an additional twenty-one were recruited during project expansion to additional six woredas. The recruitment and training of twenty-one (21) CBOs was conducted for new Woredas under expansion. Majority of the Health Facilities are on average level regarding score on community verification. HFs were in the range of 70% to 90% regardless of the weaknesses identified by CBOs and there have been some improvement noted in client satisfaction scores in Borana during period under review. Strengths identified by CBOs in most health facilities were that most of the clients/patients contacted rated the attitude of the health staff (they are caring, respectful and compassionate) as either good or very good, majority of the clients are not complaining about their waiting time at the HFs, and adequacy and availability of basic infrastructure is the other indicator the clients were happy about. Attractiveness and cleanliness of the HFs were on a promising progress and that is why clients were satisfied, according to the CBO report.

But identified weaknesses of health facilities were due to several reasons, ambulance services given were usually criticized by the clients. The number of ambulances the woreda has can determine the service it can give, and these days referral cases will not match the available ambulances. There are some HFs with inaccessible road which the ambulance could not reach. Unavailability of some medical equipment, drugs and supplies surely is the area that the clients have raised their concern about, and this could be due to the limited resources allocated from the government side. Though it is improving now (as they earn subsidy from PBF), the clients could not stop criticizing on this indicator as a shortage can exist at some point in the pipeline. This is further worsened by the increased demand due to CBHI but no proportional increase in financial resources to balance the supply side with growing demand.

Figure 7: Trends of average community verification score per zone (Q4 2020 – Q4 2021)

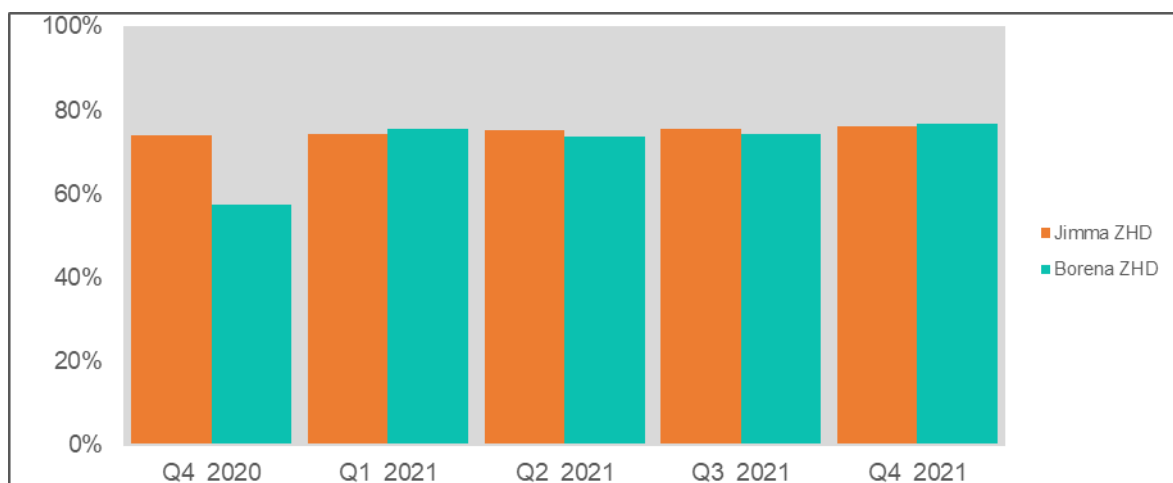
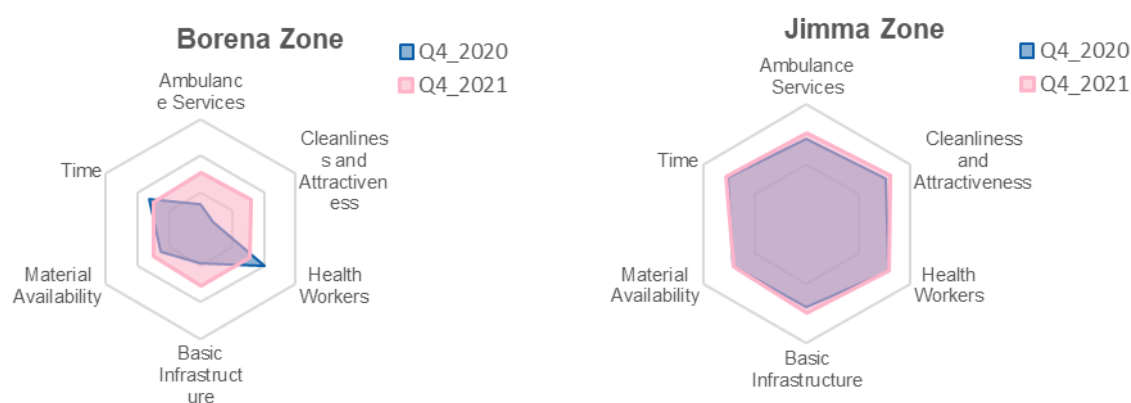


Figure 8: Comparison of average community verification score indicator between Q4 2020 and Q4 2021



2.8. Quarterly PBF invoicing and timely payments to the health facilities

The invoicing process was done timely to ensure timely disbursements of subsidies to all the contracted health facilities. During the reporting period budget adjustment was done and approval was also obtained from EKN for Borana expansion. €925,000 was allocated from Jimma to Borana for the expansion of the Borana PBF project to cover the entire zone. The reallocation amount was obtained from exchange rate gains throughout the year. With this budget allocation, we managed to successfully cover all health facilities in Borana since July 2021.

In the year 2021, a total of 116,734,277 ETB was paid to health facilities in Jimma zone. A significant improvement in terms of subsidy earning from previous year by 80%. It was noted over the quarters, where it was around 22,559,739 ETB during Q1 2021 and has improved to 33,276,573 ETB in the last quarter of 2021. The possible explanations for the increased in subsidy earning was due to the expansion of the project to all facilities in Jimma zone facilities and the improvement in service utilization accompanied by improved service quality and data quality. At the woreda level, Kersa was the highest earning woreda from phase 1 woredas with a total subsidy of 12,336,696 ETB, which is attributable to the higher number of inhabitants in the woreda (246,895), as well as due to the improved data accuracy which was enhanced after implementing PBF. From phase 2 woredas, Gomma was the highest earning woreda with a total subsidy of 7,320,315 ETB during the year 2021 and was explained by a higher number of inhabitants in the woreda: 320,173, the most populous in

Jimma zone, besides the improvement in data recording and reporting. Nono Benja and Limmu Seka woredas have recorded the lowest subsidy earning of 176,138 ETB and 936,079 ETB, respectively and it was explained by the interruption of verification activities for three consecutive quarters of 2021 in the area due to security reasons, and payment based on projection was made to ensure the continuation of initiated activities and to keep the staff motivation as high as possible.

During the reporting period, a total of 27,002,124 (twenty-seven million two thousand one hundred twenty-four ETB) was paid for all health facilities in Borana zone, which is a 54% increase from previous year earnings. The yearly average subsidy paid for health centers in phase one and phase two health facilities was 666,726 ETB. The highest paid health facility among health centers, were Dikale (1,046,934 ETB) and Elwaye (892,589 ETB) from Phase one and Dubluk (1,347,869 ETB) and Moyale (848,642 ETB) from Phase II health facilities. The lowest paid health centre was Yabello town from phase one and Gofa HC from Phase two health facilities. While Yabello General hospital took 70% of the total subsidy paid to hospitals from Phase one and two.

Phase 3 health facilities showed significant improvement during fourth quarter of 2021. The total subsidy paid for those facilities was 1,679,472 ETB in Q3 2021 while it became 3,446,970 ETB during fourth quarter of 2021, with an average per health centre of 244, 246 ETB. The hospitals in this category were paid 323,876 ETB, with an average of 161,938 ETB. This was because all hospitals in this phase were in their infancy phase of functionality.

Figure 9: Total PHCU Subsidies by Woreda (2021)

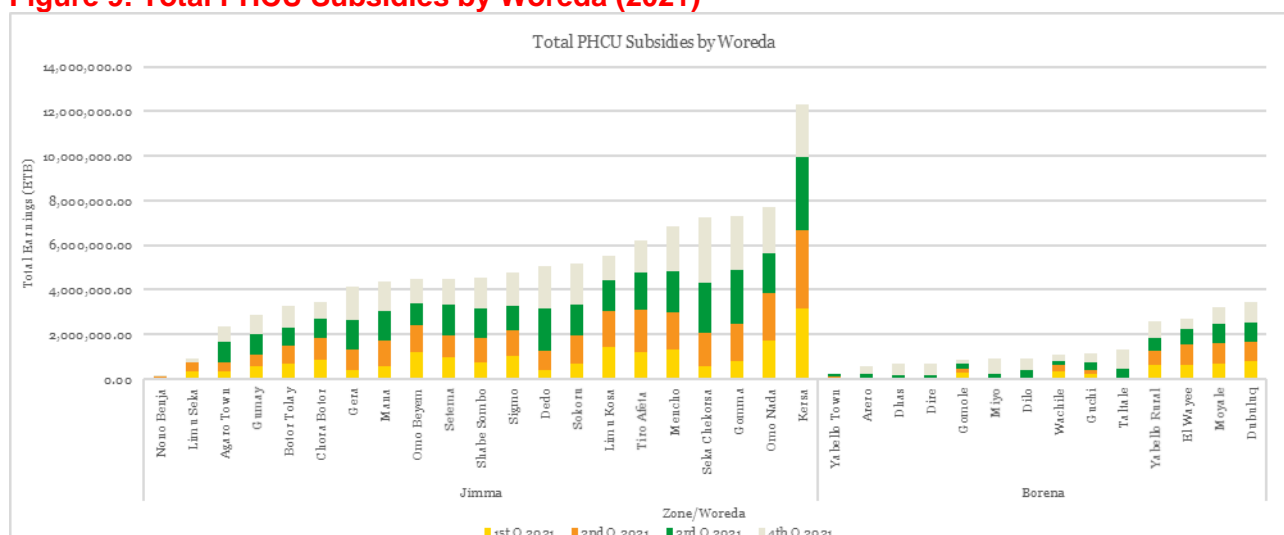
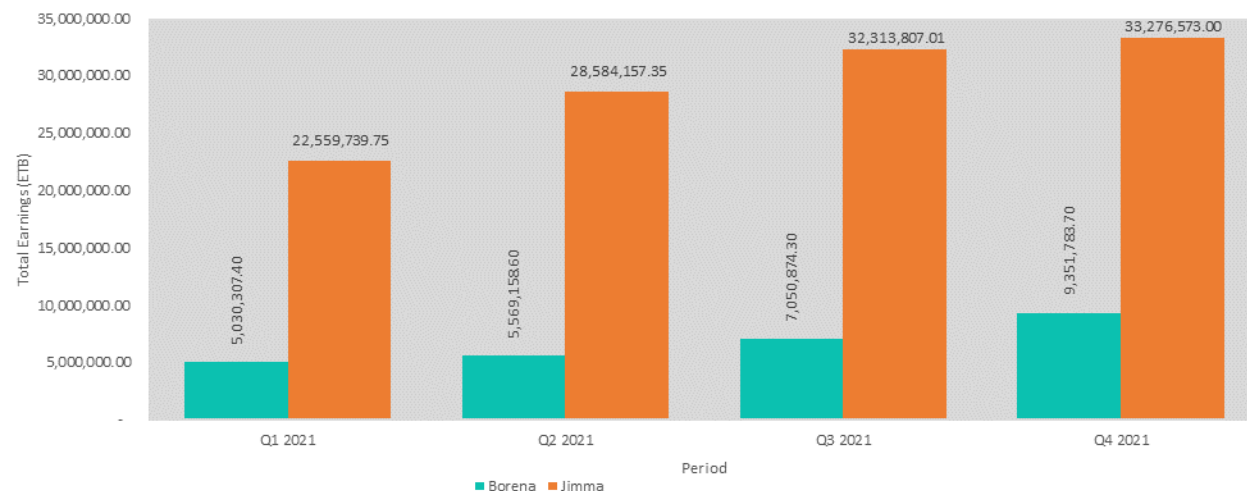


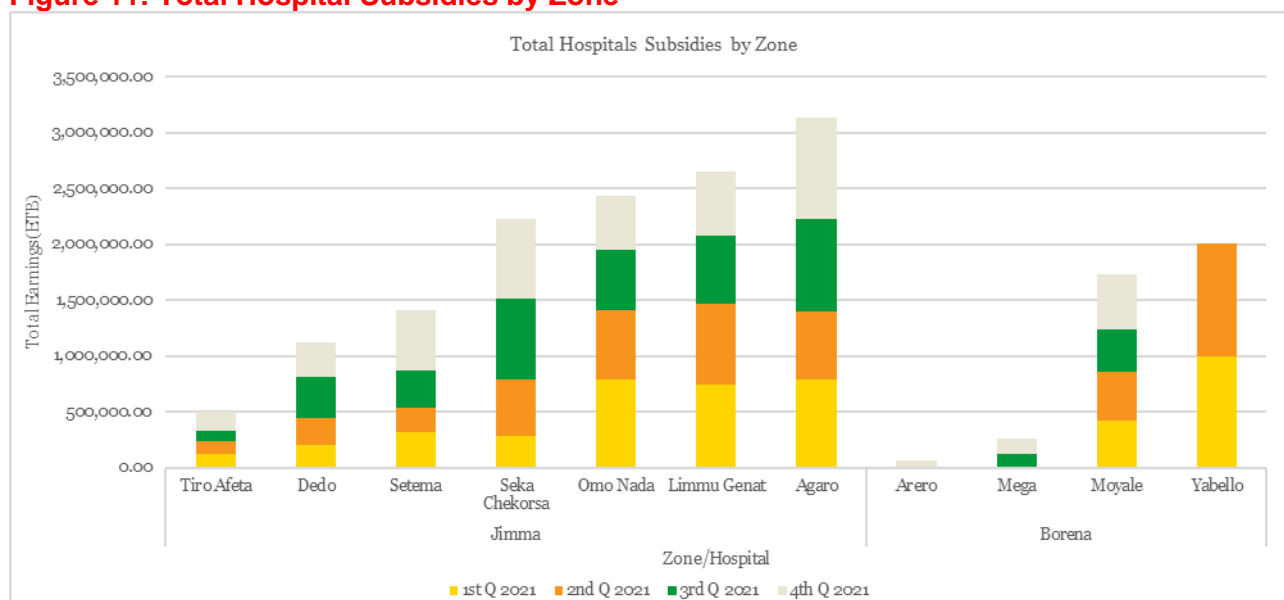
Figure 10: Trends in total subsidies paid to PHCUs per zone (ETB) for the year 2021



In Jimma zone, more than 13 million ETB was paid to seven (7) hospitals, of which Agaro General Hospital was the top performer in terms of earning, a total of 3,135,622 ETB in the year 2021, followed by Limmu Genet General Hospital, which is attributable to the larger number of populations they serve, including Gomma and the neighbouring woredas. Whereas Tiro Afeta Hospital earned the lowest amount of subsidy, 500,934 ETB and this could be explained by the late initiation of service provision. A gradual increase in terms of subsidy earning was noted in T/Afeta, Dedo, Setema, Seka Chekorsa, and Agaro Hospitals, while O/Nada and L/Genet has shown a slight decrease, which is attributable to the decreased performances of the HFs with regards to quality of service.

Yabello Hospital in Borana zone earned more than any other contracted hospital in Borena, earning an average of 910,724 ETB per quarter. It took 70% of the total subsidy paid to hospitals in Phase one and two. Moyale General Hospital keeps the significant improvement on rate of subsidy earning since the start of the project. However due to subsidy utilization irregularities by Yabello hospital, Cordaid suspended release of the last two quarter subsidies, until the Zonal Health Department takes corrective measures which are in the process by the time of this reporting.

Figure 11: Total Hospital Subsidies by Zone



3 OUTCOME 2: IMPROVED GOVERNANCE OF HEALTH SERVICE DELIVERY

This outcome focuses on how to increase capacity at the level of Woreda Health Offices and Zonal Health Department to perform their regulatory tasks and provide supportive supervision, and on ensuring institutionalisation of PBF in the Ethiopian health system. Due to expansion in Borana, a total of twenty-four (24) representatives of the regulators were trained on PBF during the period under review. All WHO and ZHD were able to conduct successfully and objectively their quality assessment for all the quarters in 2021, though more technical support is needed. The main gap which still needs to be addressed is the ability to conduct routine supportive supervision to the health facilities.

Part of the efforts towards institutionalization of PBF was to organize and conduct bi-annual review meeting of the regional PBF steering committee and to organise the study tours for decision makers. Accordingly, the regional steering committee that was already in place managed to hold two (2) meetings in 2021. In addition, a study tour to Rwanda was organized and conducted in April 2021. The total of fifteen (15) participants: 07 officials from FMOH, 01 delegate from Federal MoFEC, 01 official from federal CSC, 05 officials from ORHB, and 01 official from Oromia region BoFEC.

3.1. Staff at WHOs and ZHD are trained on PBF

During 2021, there was approval to expand PBF in Borana and there was a new indicator for zonal and woreda finance offices hence there was need to train the regulators accordingly. Annexes 13-15 summarise the number of representatives of the health facilities and regulators that were trained on PBF by Cordaid. In addition to this in early 2021 DHIS-2 training was provided in Phase I and II woreda of Borana zone following alignment of PBF Borana data management system with that of Jimma PBF. A total of 28 staffs were trained from health facilities, woreda health office, woreda finance office, zonal finance and from zonal health department. The focus of the training was to have regulators understand PBF as an approach and understand their role in the institutional arrangement. Also, for them to understand their own indicators as regulators, as well as the indicators for HFs (both quantity and quality), including the associated processes like business planning, performance agreements, and how to conduct the quality verifications. Above all the training clearly highlighted how the PBF project fits with the existing Health Sector Transformation Plan (HSTP).

3.2. Quality assessments and supportive supervision of HFs by WHOs and ZHD

One of the main activities expected from the zonal and woreda level, which is a key role in improving their governance, is to conduct a regular supportive supervision for HFs. Based on this, integrated supervision and coaching for quality improvement have been conducted for hospitals and health centres by zonal and woreda health offices respectively, although the capacity challenge remains. In addition, ownership of PBF processes slightly improved but objectivity when administering quality assessment checklist remains the major challenge. Unavailability of adequate staff from both WHO and ZHD during the quality assessment was still the main challenge we were facing as a PPA during period under review.

During reporting period there has been promising progress from regulator side on developing sense of ownership. This was reflected by the full engagement in all activities of the project which is expected from regulator. So far there had been better achievement on regular quarterly quality assessment, engagement in bi-annual business planning, conducting integrated supportive supervision and timeliness and completeness of DHIS-2 reporting system. In 2021 the regulators' engagement in business plan development improved compared to the status in 2020. However, the auditing indicator (which was added as one indicator for regulators) was the least performing from the Borana side, as only 10 of 48 health

facilities were audited. This was due to the shifting of activities which was assigned to woreda health office and in between its shifted to woreda finance office when they intensively go through and conduct auditing for 10 health facilities in six woreda.

Table 11: Quality performance of woreda health offices (2021)

No	INDICATORS	Borana	Jimma
1	Woreda Health Office Biannual Action Plan	82%	95%
2	Strengthening the use of HMIS / DHIS2 by the health centres and Woreda Health Office	81%	87%
3	Number of WHOs that supported health centres in the development of their biannual business plans	84%	82%
4	Number of WHO conducting quarterly quality assessments of the health centres and submit timely to the PPA	88%	94%
5	Number of WHOs conducting quarterly supervision in the health centres	78%	74%
6	Annual Financial Audits conducted (HCs)	21%	63%

Table 12: Quality performance of the zonal health department (2021)

No	INDICATORS	Borana	Jimma
1	Zonal Health Department Biannual Action Plan.	100%	50%
2	Strengthening the use of the HMIS / DHIS2 by the hospital and Zonal Health Department.	100%	100%
3	Support of the hospitals in the development of their biannual business plans.	100%	93%
4	Conduct quarterly quality assessments of the Hospitals.	100%	100%
5	Conduct quarterly supervision in the hospitals and the woreda health offices, so also those not participating in PBF.	64%	82%
6	Annual Financial Audits conducted (Hosp)	100%	57%

3.3. A quarterly cycle of assessments of the performance of the WHOs & ZHD

During reporting period there has been promising progress from regulator side on developing sense of ownership. This was reflected by the full engagement in all activities of the project which is expected from regulator. So far there had been better achievement on regular quarterly quality assessment, engagement in bi-annual business planning, conducting integrated supportive supervision and timeliness and completeness of DHIS-2 reporting system. In 2021 the regulators' engagement in business plan development improved compared to the status in 2020. However, the auditing indicator (which was added as one indicator for regulators) was the least performing from the Borana side, as only 10 of 48 health facilities were audited. This was due to the shifting of activities which was assigned to woreda health office and in between its shifted to woreda finance office when they intensively go through and conduct auditing for 10 health facilities in six woreda.

Quarterly performance evaluation of health regulators was conducted by PPA for both WHO and ZHD during the period under review. The evaluation checklist is composed of those basic areas which could potentially be the tool to ensure improved governance in the health care delivery. The areas of evaluation could vary from time to time depending on its importance in meeting the priori identified objectives and for the last one year the indicators we were assessing during the evaluation was; level of supports by the WHOs/ZHD for health providers on biannual business plan preparation; conducting health facilities quarterly technical quality verification; support health facilities to strengthening the use of DHIS II; prepare and submit their own quarter action plan; conduct financial audit for all facilities under their catchment and support health facilities in community based health insurance (CBHI).

All the Woreda Health Offices in Jimma zone submitted their bi-annual action plan on time (95%). Majority of the WHOs had managed the timely submission and completeness of monthly DHIS 2 reports from the HFs and the presence of computer based DHIS2 data entry system in few health centres was observed triggering the availability of hardcopy, without which we could not verify the timely submission. 82% of the WHOs was observed supporting HFs on the development of the business plan and it was one of the areas on which the WHOs has failed to show an improvement as

most of the business plans were being developed with close support from our verifiers, not the WHOs. In Jimma zone, the sense of owning the responsibilities regarding quality assessments has improved and in 2021, 94% of the WHOs were able to conduct the quarterly assessment of HCs, with a close follow up from the PPA side (Table 15). Improved performance in conducting the quarterly supervision of HCs was observed but it was not to the expected extent from the regulators' side, and both lack of transportation, as well as adequate human power, was one of the main explanations for the current achievements. The lowest performed indicator identified in the quarterly WHOs assessments was the execution of annual financial audits of the HCs and can be explained by the failure of availed audit reports due to either the poor quality of the report or the failure to capture crucial elements.

The Jimma ZHD has improved on strengthening the use of the HMIS/DHIS2 by the 7 Hospitals and in conducting the quarterly quality assessment of Hospitals with a 100% performance on both indicators and this could be due to the existence of a high sense of ownership. The development of a poor-quality action plan during the mid-year evaluation (Q2_2021) was the plausible reason for the performance decrease on this indicator. Conducting supportive supervision for hospitals improved during period under review, but not consistent with the actual data gathered from Hospitals during quality assessment (Table 16). Financial audit was conducted at every Hospitals in the zone, but only 57% of them were done with excellent quality. Based on the challenges regarding financial auditing, a checklist which enables them to capture essential elements, was provided to both woreda and zone finance offices during the finance expert training.

PPA staff in Borana zones managed to conduct the performance evaluation of all the WHOs and the ZHD during the period under review. All WHOs were motivated to execute their roles. The indicator which was implemented fully across all WHOs was the CBHI indicator while there is promising improvement on all indicators compared to last year. All woredas managed to produce action plans though they still need to improve in making them even more SMART, however this is work in progress, as the verification officers are continuously providing coaching to the WHOs.

Engagement of woreda health office improved in Borana zone relative to 2020. In all woredas, the achievement on quarterly performance evaluation was above 80%. From fourteen woreda health office under PBF project 83% of them were able to submit their bi-annual action plans while 81% of them were able to collect and submit monthly service delivery report through Dhis-2 by maintaining completeness and timeliness specified on FMOH guideline. From total of 44 health centre found in 14 woreda, 38 (85%) of them were able to submit a quality Bi-annual business plan within the agreed upon time frame by support of their respective woreda health office. All contracted woreda health offices were able to conduct quarterly quality assessments for their respective catchment health centres, although the involvement of the PPA was needed to ensure the objectivity of measurement. However quality scores of only 88% of health centres were uploaded to PBF data management system on time, which was due to challenge in access to internet connection in two woreda of Borana zone. The level of integrated supportive supervision improved to 78%, means three forth of health centre under PBF program were supported integrated supportive supervision from their respective woreda per quarter. This is a better achievement relative to 2020 as this was then the lowest scoring indicator from regulators side. Borana zonal health department was able to manage 100% both on quality and timeliness on a five of the six activities agreed up in the contract. This is a clear reflection of full ownership of them for PBF program. The low scoring obtained were integrated supportive supervision for hospitals which dropped due to one hospital missed in one quarter for security reason.

3.4. Business planning, contracting for the WHOs and ZHD

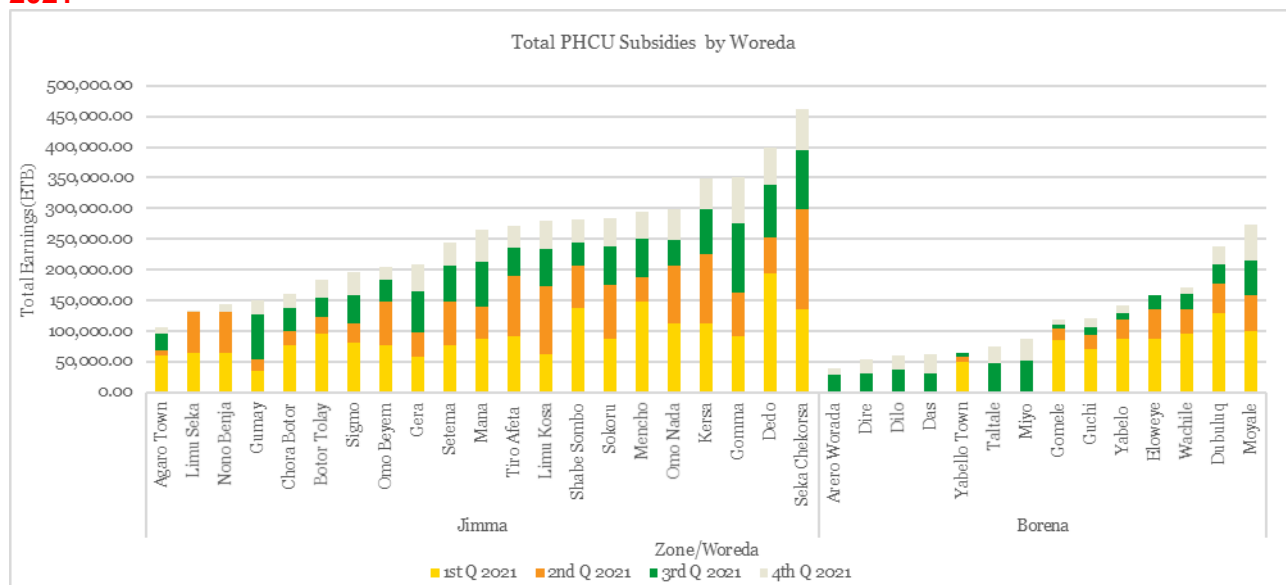
21 WHOs and 14 WHOs in Jimma and Borana respectively including two (2) ZHDs were contracted during the period under review. This followed the successful submission of their action plans. Though the quality of action plans has improved, they still need to be better informed by data and the indicator on action plans has been revised accordingly. The action plans still need to be SMARTer. Some of the strategies proposed in the action plans by some WHOs were not very realistic and the responsible people and timelines were not well specified.

One of the initiatives added to PBF activities was auditing of health facilities as one of regulation activities. To facilitate this activity, a separate contract was designed with zonal finance office for hospital level auditing and woreda finance office for health centre auditing. During the reporting period contracts were signed with all the 21 and 14 woreda finance offices in Jimma and Borana zone respectively as well as the Jimma and Borana zone Finance offices. In Borana, following the contracting a capacity building orientation was provided for two experts from each woreda finance office and four higher officials from Zonal finance office (table 10.1). In Jimma zone, a similar contract was also signed with twenty-one woreda finance offices and a zonal finance office (Table 10.2). In addition to the woreda and zonal finance experts, the finance experts from all health facilities were also given a general overview of the project which could further strengthen ownership.

3.5. PBF invoicing and timely payments to the WHOs and the ZHD

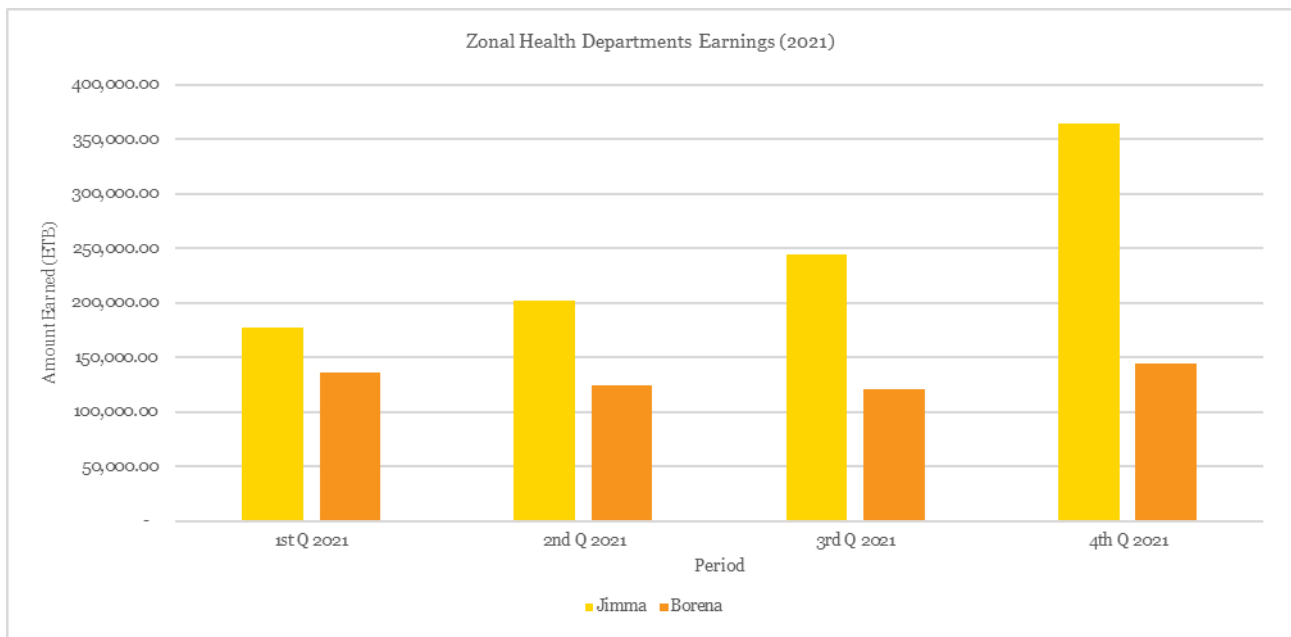
The invoices for the regulators were prepared and processed timely because it is very important in PBF cycle to maintain the direct link of payment and performance, thereby maintaining some level of trust in the process, as well as to ensure motivation. The invoices were generated using the DHIS2 database system form for all quarter of 2021. Below is the overview of the payments made to the regulators.

Figure 12: Total subsidies paid to woreda health offices and zonal health department in 2021



As depicted in the graph above, 35 woreda health offices (21 in Jimma & 14 in Borana) and 2 zonal health departments (1 in Jimma, the other in Borana), earned subsidies based on activities conducted. In Jimma, a total amount of 5,266,100 was paid. There was a significant increased payment from previous year which was 3,573,680 ET Birr. The main reason for the increase is the expansion of PBF to eight more woredas. The average earning of Woreda health offices is 250,767 ET birr. In Jimma Seka, Chekorsa woreda was the highest earning woreda health office by earning 461,000.00 ETB. This shows 62 % increase from previous year subsidy payment. In Borana, 14 woreda health offices earned a total of 1,663,400 Et birr in the reporting period. An average for phase I and phase II woreda health offices is 160,988 ET birr and for Phase III Woreda offices it is 62,538 ET birr. Moyale Woreda health office is the highest earning health office with 273,000 ET birr, followed by Dubluk among phase-I and II PBF Woredas while the low paid woreda was Yabelle town and Gomole woreda respectively, which is due to limited activities since both have only one health centre to support under PBF program. Among phase III woreda health office, Miyo woreda was aid the highest followed by Taltalle woreda as both have many Health centre to be supported under PBF program. Arero and Dire woreda were the lowest from the new PBF woredas, respectively. During this reporting period, Jimma and Borana zonal health offices earned 988,000 ET birr and 525,500 ET birr, respectively.

Figure 13: Zonal Health Departments Earnings (2021)



3.6. Technical Assistance (TA) Plan

While the implementation of PBF in Borana and Jimma is ongoing, Cordaid continued discussions with FMOH and ORHB about the future of PBF in Ethiopia. The discussions resulted in further scale up plan for the project in North Achefer of Amhara Region whilst on the other hand the FMOH is working on expansion plans to Somali, SNNPR and Addis Ababa regions with funding from the EKN. The discussions and engagement between Cordaid and the FMOH have resulted in the inclusion of PBF as health financing reform strategy in the HSTP II of Ethiopia. Cordaid acknowledges that the realisation of results from PBF can only be achieved with multi sectorial discussions at all levels and the involvement of Cordaid as technical assistance in the design of the future PBF in Ethiopia is important to ensure maximum utilisation of results learnt from Borana and Jimma implementation experiences.

High level PBF training was also conducted in March 2021 for high level officials from different ministries like FMOH, Ministry of Finance and Civil Service Commission. The purpose of the training was to orient high-level officials on PBF and reflect on how the government can successfully scaleup PBF in Ethiopia based on lessons from other countries. In April 2021 Cordaid PBF unit as a part of technical assistance (TA) facilitated the continued intellectual process of what an Ethiopian form of PBF Ethiopia could look like in the future, by organizing an international study tour involving relevant actors at both the federal and the regional levels to Rwanda. The main aims of this study tour were to get first-hand experience on implementation of PBF in the country, to examine how Performance Based Financing made it onto national policy agenda, to grasp the challenge and experiences of selected health facilities who implemented PBF and to explore the positive impact of PBF on healthcare quality and utilization. The total of fifteen participants was participating in the tour: 07 officials from FMOH, 01 delegate from Federal MoFEC, 01 official from federal CSC, 05 officials from ORHB, and 01 official from Oromia region BoFEC.

4 OUTCOME 3: AN ENHANCED HEALTH INFORMATION SYSTEM

To strengthen the health information system that supports data-based decision making at Woreda, Zonal and Regional level, a data base system which is linked to DHIS2 has been successfully developed by Bluesquare. The data system and all necessary tools were implemented successfully in both Jimma and Borana Zones by January 2021. DataViz was also configured for both Jimma and Borana Zones during the period under review. The final progress for Proof of Impact (PoI) was submitted and their contracted ended in June 2021 and Social Finance was contracted to conduct an assessment on the feasibility of having an institution to manage a marketplace for results. The process of setting up the marketplace was then taken over by the Embassy of the Kingdom of the Netherlands (EKN).

4.1.A PBF data and invoicing system (Open-RBF) is in use, integrated into (or compatible with) the national DHIS2 warehouse

Bluesquare conducted the scoping mission in 2019 and submitted a report with timelines of the implementation. The progress has been satisfactory during the period under review, and they managed to finalize all the components of the PBF data system, including the DHIS 2 DHIS (D2D) connection with FMOH DHIS2 system, during the year 2021. Further training of staff and regulators has been conducted in February 2021 in Borana and in Jimma for the eight (8) new woredas. Invoices for the year 2021 were generated using the system in in both Jimma and Borana.

4.2.Electronic data collection, using tablets

The tablets were procured for the new verification officers in Jimma and Borana and the regulators from each zone, to be used for data collection for quantity and quality verifications, respectively. Quality verifications are currently being conducted using mobile data collection (ODK). However, for quantity verification, the teams are still using paper-based data collection as we noted that there are some discrepancies between data pulled from FMOH DHIS2 using D2D, and facility reports found at woreda health offices. This affects the invoice generation process, and we are still exploring ways of ensuring that there is consistency between data in FMOH DHIS2 system and facility reports.

4.3.Advanced data visualization tools (DataViz)

The DataViz component development started in 2020 and was completed during the period under review. The idea was to get the system up and running perfectly and upgrade the Borana data system and this has been done. Therefore, DataViz component was integrated into the system simultaneously for Jimma and Borana. The platform only shows verified data and quality scores within the PBF scope. Currently, it is possible to visualize both Borana and Jimma PBF data using the following URL: <https://data.pbfethiopia.org>. The platform has public access and is optimized to be viewed even on a smart phone. It is also possible for the public to drill down to facility level and be able to view facility specific data. The platform has also been designed in such a way that Cordaid is able to upload PBF project reports such as annual reports and evaluation reports that have been approved by the donor. This platform enables transparency, accountability, and visibility on the part of the implementing partner.

5 CONCLUSIONS

We have presented the progress made in the implementation of Performance Based Financing in both Jimma and Borana Zones in 2021. Below, we will briefly summarize the main achievements and challenges encountered during the year 2021, as well as the milestones for each of the three Outcome Pathways.

Looking at the intended outputs under **Outcome 1, Improved Health Service Delivery**, there was a noteworthy progress on all the output. For output 1A on Project Implementation Manual (PIM), it was successfully revised and approved by the Regional Steering Committee. With regards to 1B on the training of the health workforce in PBF, it was successfully realized during the Inception Phase for Borana phase III expansion and the coaching of health facilities staff by PPA still continues. For all the other outputs (1C to 1F), the implementation is on track and in line with the process and timelines outlined in the PIM in both zones. The community verifications by the recruited CBOs continued well also during the period under review although they were interruption during Q2 to Q4 at few health facilities found at three districts in Jimma due to security problems. Based on the outcomes, all entities received their quarterly performance-based payments timely for all the quarters.

Concerning verified data percentages there was noted significant improvement comparing Q4 2020 and Q4 2021 data², due to rigorous verification process which include coaching and mentoring of staff in the health facilities. The overall percentage of cases being verified in phase I has slightly improved from 83% during the fourth quarter of 2020 to 84% in Q4 2021. Better accuracy levels are noted in Borana compared to Jimma, due to project experience time/duration factor though the rate of improvement in Jimma is noted to be faster than Borana. Even though the accuracy level is high in Borana compared to Jimma during the year under review the data accuracy declined from 92% to 89% which is observed during fourth quarter of 2021. The significant decrease is observed in Gomole, Wachile and Yabello woredas. The contributing factor for this was effect of the current long drought in which most of the health worker activities are shifted to community-based effort to support the community.

Borana, on the other hand, showed meaningful change in quality scores. The average scores fluctuated between 68 and 74% in the 2021 calendar year. Comparing the woredas in Borana, the best performing woreda was Dubuluk with 81% while the least performing woreda was Guchi with 61% in Q4 2021. The highest performing health centre at the end of Q4 2021 was Dhokole HC in Dubuluk woreda with 86.8% while Adegalchat HC in Elwoye woreda was the least performing health facility with 51%.

Under **Outcome 2**, the project aims to contribute to Improved Governance of Health Service Delivery. Due to expansion in Borana, a total of twenty-eight representatives of the regulators were trained on PBF during the period under review. All WHO's and ZHDs in both Jimma and Borana were able to conduct their quality assessment successfully and objectively for all the quarters in 2021, though more technical support is still needed. The main gap which still needs to be addressed is the ability to conduct routine supportive supervision to the health facilities, for which they cite financial and transport related challenges. In both zones, the capacity of regulators at woreda and zonal level needs to be addressed as some have less years of experience and sometimes supervision teams lack people with certain technical expertise. In both Zones due to high community mobilization CBHI indicators had improved in most woredas and while woredas still need to ensure timeliness of HMIS reports. Use of data for decision making still needs to be improved, for example by prioritizing underperforming health facilities using the quantity and quality assessment data which is shared with them routinely.

² In the Ethiopian calendar, the first quarter of PBF implementation was the second quarter of the Ethiopian Fiscal Year 2012 (12 EFY). These are also the months for which DHIS2 data have been verified: Tikimt, Hider and Thesis 2012. However, to not create confusion with the project implementation schedule, which is in Gregorian calendar, throughout this report we will refer to this quarter as Q4 2019, a shift of only a few days.

During scarcity of resources, use of data is critical to inform the most efficient way to perform supportive supervision. As a result, the indicator for regulars on action plans have been revised to include element of showing that the planned activities are informed by data.

Part of the efforts towards institutionalization of PBF was setting up of the regional PBF steering committee and organising the study tours to Rwanda for decision makers. In April 2021 Cordaid PBF unit as a part of technical assistance (TA) facilitated the continued intellectual process of what an Ethiopian form of PBF Ethiopia could look like in the future, by organizing an international study tour involving relevant actors at both the federal and the regional levels to Rwanda. The main aims of this study tour were to get first-hand experience on implementation of PBF in the country, to examine how Performance Based Financing made it onto national policy agenda, to grasp the challenge and experience of selected health facilities who implemented PBF and to explore the positive impact of PBF on healthcare quality and utilization. The total of fifteen participants took part from federal and regional level.

Activities under **Outcome 3**, which aims at *An Enhanced Health Information System*, to strengthen the health information system that supports data-based decision making, a data base system which is linked to DHIS2 has been successfully developed by Bluesquare. The data system and all necessary tools were implemented successfully in both Jimma and Borana Zones by January 2021. Further training of staff and regulators has been conducted in February 2021 in Borana and in Jimma for the six (6) and eight (8) new woredas, respectively. Invoices for the year 2021 were generated using the system in both Jimma and Borana. To ensure timely data collection, the tablets were procured for the new verification officers in Jimma and Borana and the regulators from each zone, to be used for data collection for quantity and quality verifications, respectively. Quality verifications are currently being conducted using mobile data collection (ODK). The DataViz component development started in 2020 and was completed during the period under review. The idea was to get the system up and running perfectly and upgrade the Borana data system and this has been done. Therefore, DataViz component was integrated into the system simultaneously for Jimma and Borana. The platform only shows verified data and quality scores within the PBF scope. Currently, it is possible to visualize both Borana and Jimma PBF data using the following URL: <https://data.pbfethiopia.org>.

6 CHALLENGES

In Jimma zone, one of the main challenges we have faced during the year 2021 was discontinuation of verification activities for the last three to four quarters of the year at majority of the health facilities in Limmu Seka and Nono Benja woredas, as well as for Galle Jimate HC, from Limmu Kossa woredas due to unstable security reasons. One of the mitigative measures taken to compensate the discontinuation was making payment based on projection. The other challenge we are still facing was the delay of CBHI payment reimbursement to the HFs which is causing a shortage of drug and in return confronts the provision of quality service and patient satisfaction.

The main challenge encountered in the implementation of PBF in Borana zone 2021 was long-lasting drought in the entire zone which caused significant health, economic and social effects on the life of community, which have direct impact on progress of different activities intended to be achieved. Lack of water, shortage of essential medicine as consumption increased because of drought were the most common challenges faced, which directly as affected the quality of health services. Sharp raise on price of materials was also a challenge that limits the progress of different investments planned by health facilities. Apart from this, in certain woradas due to unstable security situation we could not technically support health facilities to achieve better.

Covid-19 continued to be one the major challenges during the period under review in both zones. During first few months of 2021 some of the high-volume health facilities with substantial risk of transmission could not be visited regularly. There are some health facilities which were designated as quarantine and isolation centres in 2020 and resumed routine services in 2021 and the quality remained low as they were still adjusting.

7 ANNEXES

Annex 1: Number of contracted hospitals and health centres per woreda, Jimma Zone

WOREDA	TOTAL POPULATION	# OF HEALTH POSTS	# OF HEALTH CENTRES	# OF HOSPITALS	TOTAL HEALTH FACILITIES
Agaro Town WHO	47,263	2	2	1	5
Botor Tolay WHO	68,328	16	4	0	20
Chora Botor WHO	85,578	19	3	0	22
Dedo WHO	237,844	34	8	1	43
Gera WHO	168,181	29	6	0	35
Gomma WHO	320,173	36	11	0	47
Gumay WHO	91,534	14	3	0	17
Kersa WHO	246,895	32	7	0	39
Limmu Kossa WHO	239,984	40	8	1	49
Limmu Seka WHO	171,131	38	6	0	44
Mana WHO	218,798	24	7	0	31
Mencho WHO	191,368	19	6	0	25
Nono Benja WHO	88,204	19	4	0	23
Omo Beyem WHO	145,573	16	4	0	20
Omo Nada WHO	226,43	23	7	1	31
Seka Chekorsa WHO	310,721	35	9	1	45
Setema WHO	154,593	21	5	1	27
Shebe Sombo WHO	167,892	20	5	0	25
Sigmo WHO	138,738	20	5	0	25
Sokoru WHO	206,601	39	6	0	45
Tiro Afeta WHO	196,730	25	5	1	31
TOTAL	3,722,559	521	121	7	649

Annex 2: Number of contracted hospitals and health centres per woreda, phase I & II Borana

WOREDA	TOTAL POPULATION	# OF HEALTH POSTS	# OF HEALTH CENTRES	# OF HOSPITALS	TOTAL HEALTH FACILITIES
Dubluk WHO	32,203	12	4	0	4
Elwaye WHO	50,599	8	5	0	5
Gomole WHO	53,802	14	1	0	1
Guchi WHO	23,451	7	2	0	2
Moyale WHO	173,196	19	5	1	6
Wachile WHO	30,605	4	2	0	2
Yabello Town WHO	29,668	2	1	1	2
Yabello WHO	47,857	16	3	0	3
TOTAL	441,381	82	23	2	25

Annex 3: Number of contracted hospitals and health centres per woreda, phase III Borana

WOREDA	TOTAL POPULATION	# OF HEALTH POSTS	# OF HEALTH CENTRES	# OF HOSPITALS	TOTAL HEALTH FACILITIES
Miyo WHO	74,036	20	5	0	5
Dire WHO	53,376	16	3	1	4
Dillo WHO	29,381	11	3	0	3
Das WHO	27,436	8	4	0	4
Arero WHO	50,251	19	2	1	3
Taltalle WHO	82,359	20	4	1	5
TOTAL	316,839	94	21	3	24

Annex 4: Total declared and verified cases and percentage verified at HC level per woreda, Jimma (phase 1)

WOREDA	Q4 2020 DECLARED	Q4 2020 VERIFIED	Q4 2020 % VERIFIED	Q4 2021 DECLARED	Q4 2021 VERIFIED	Q4 2021 % VERIFIED
Botor Tolay WorHO	18,147	17,269	95%	19,241	18,141	94%
Omo Beyem WorHO	18,958	17,021	90%	29,466	27,358	93%
Shabe Sombo WorHO	25,883	21,931	85%	28,620	26,563	93%
Gumay WorHO	13,437	12,332	92%	18,044	16,715	93%
Setema WorHO	24,661	20,385	83%	23,623	21,290	90%
Limu Kosa WorHO	30,091	25,557	85%	31,368	28,151	90%
Mencho WorHO	35,263	31,719	90%	47,785	42,555	89%
Kersa WorHO	58,214	48,759	84%	65,051	55,989	86%
Agaro Town WorHO	13,100	8,872	68%	25,651	21,544	84%
Sigmo WorHO	20,665	15,894	77%	26,420	21,792	82%
Tiro Afeta WorHO	20,677	17,682	86%	30,761	24,184	79%
Chora Botor WorHO	16,718	13,159	79%	19,112	14,142	74%
Omo Nada WorHO	44,080	30,401	69%	63,043	42,403	67%
TOTAL	339,894	280,981	83%	428,185	360,827	84%

Annex 5: Total declared and verified cases and percentage verified at HC level per woreda, Jimma (phase 2)

WOREDA	BASELINE DECLARED	BASELINE VERIFIED	BASELINE % VERIFIED	Q4 2021 DECLARED	Q4 2021 VERIFIED	Q4 2021 % VERIFIED
Sokoru WorHO	14,610	0	0%	44,237	39,130	88%
Gomma WorHO	22,962	81	0%	77,228	65,938	85%
Limu Seka WorHO	8,449	15	0%	15,825	13,237	84%
Mana WorHO	12,255	7	0%	35,409	29,387	83%
Seka Chekorsa WorHO	18,512	921	5%	69,664	52,481	75%
Gera WorHO	11,550	670	6%	41,758	30,642	73%
Dedo WorHO	8,455	90	1%	41,478	29,942	72%
Nono Benja WorHO	7,527	0	0%	11,726	2,350	20%
TOTAL	104,320	1,784	2%	337,325	263,107	78%

Annex 6: Total declared and verified cases and percentage verified at HC level per woreda, Borena (phase 1 & 2)

WOREDA	Q4 2020 DECLARED	Q4 2020 VERIFIED	Q4 2020 % VERIFIED	Q4 2021 DECLARED	Q4 2021 VERIFIED	Q4 2021 % VERIFIED
Guchi WorHO	6,203	5,411	87%	4,398	4,224	96%
Elwaye WorHO	12,885	11,750	91%	19,054	17,817	94%
Moyale WorHO	17,754	15,666	88%	14,945	13,695	92%
Yabelo Town WorHO	0	0		4,477	4,024	90%
Dubluki WorHO	13,331	13,202	99%	14,576	13,033	89%
Yabelo WorHO	11,145	10,484	94%	15,249	13,025	85%
Wachile WorHO	6,733	6,046	90%	6,678	5,368	80%
Gomole WorHO	4,197	3,898	93%	4,733	3,724	79%
TOTAL	72,248	66,457	92%	84,110	74,910	89%

Annex 7: Total declared and verified cases and percentage verified at HC level per woreda, Borena (phase 3)

WOREDA	BASELINE DECLARED	BASELINE VERIFIED	BASELINE % VERIFIED	Q4 2021 DECLARED	Q4 2021 VERIFIED	Q4 2021 % VERIFIED
Miyo WorHO	2,120	0	0%	12,289	11,920	97%
Taltale WorHO	6,123	0	0%	17,459	16,678	96%
Arero WorHO	2,222	0	0%	9,045	8,449	93%
Dilo WorHO	1,110	362	33%	8,836	8,010	91%

Das WorHO	4,438	512	12%	11,350	9,677	85%
Dire WorHO	4,448	194	4%	14,434	9,915	69%
TOTAL	20,461	1,068	5%	73,413	64,649	88%

Annex 8: Total declared and verified cases and percentage verified at health post level per woreda, Jimma (phase 1)

WOREDA	Q4 2020 DECLARED	Q4 2020 VERIFIED	Q4 2020 % VERIFIED	Q4 2021 DECLARED	Q4 2021 VERIFIED	Q4 2021 % VERIFIED
Sigmo WorHO	3,880	699	18%	4,959	3,431	69%
Omo Nada WorHO	5,417	0	0%	5,968	3,672	62%
Shabe Sombo WorHO	5,681	2,669	47%	4,527	2,758	61%
Tiro Afeta WorHO	6,343	1,702	27%	6,733	3,746	56%
Gumay WorHO	3,030	585	19%	3,266	1,664	51%
Chora Botor WorHO	3,121	1,225	39%	3,450	1,526	44%
Botor Tolay WorHO	1,632	19	1%	2,133	889	42%
Setema WorHO	5,251	791	15%	5,514	2,100	38%
Mencho WorHO	4,111	133	3%	4,887	1,621	33%
Kersa WorHO	7,040	2,781	40%	6,747	1,055	16%
Limu Kosa WorHO	4,878	1,207	25%	5,557	765	14%
Omo Beyem WorHO	2,809	657	23%	3,750	187	5%
Agaro Town WorHO	133	0	0%	263	0	0%
TOTAL	53,326	12,468	23%	57,754	23,414	41%

Annex 9: Total declared and verified cases and percentage verified at health post level per woreda, Jimma (phase 2)

WOREDA	BASELINE DECLARED	BASELINE VERIFIED	BASELINE % VERIFIED	Q4 2021 DECLARED	Q4 2021 VERIFIED	Q4 2021 % VERIFIED
Sokoru WorHO	5,885	0	0%	6,561	4,880	74%
Dedo WorHO	8,651	546	6%	9,151	6,437	70%
Seka Chekorsa WorHO	10,580	157	1%	9,951	6,072	61%
Gera WorHO	3,894	100	3%	4,871	2,737	56%
Gomma WorHO	11,632	0	0%	10,034	5,345	53%
Mana WorHO	5,106	12	0%	6,108	2,906	48%
Limu Seka WorHO	1,751	10	1%	2,054	0	0%
Nono Benja WorHO	729	0	0%	1,374	0	0%
TOTAL	48,228	825	2%	50,104	28,377	57%

Annex 10: Total declared and verified cases and percentage verified at health post level per woreda, Borena

WOREDA	Q4 2021 DECLARED	Q4 2021 VERIFIED	Q4 2021 % VERIFIED
Guchi WorHO	563	104	18%
Das WorHO	4,503	468	10%
Yabelo WorHO	7,361	150	2%
Dire WorHO	5,148	74	1%
Dubluki WorHO	2,995	8	0%
Gomole WorHO	8,166	12	0%
Miyo WorHO	7,725	9	0%
Moyale WorHO	17,230	20	0%
Dilo WorHO	4,359	4	0%
Arero WorHO	7,075	0	0%
Elwaye WorHO	6,767	0	0%
Taltale WorHO	7,855	0	0%
Wachile WorHO	2,713	0	0%
Yabelo Town WorHO	0	0	0%
TOTAL	82,460	849	1%

Annex 11: Total declared and verified cases and percentage verified at hospital level per indicator, Jimma (phase 1)

Indicator	Q4 2020 DECLARED	Q4 2020 VERIFIED	Q4 2020 % VERIFIED	Q4 2021 DECLARED	Q4 2021 VERIFIED	Q4 2021 % VERIFIED
Cervical lesion treated	0	0		15	15	100%
Existing ART	20	15	75%	12	12	100%
Skilled Delivery	1,513	1,458	96%	1,584	1,565	99%
Caesarean Sections	257	244	95%	258	253	98%
Screening Cervical cancer	23	22	96%	998	978	98%
Blood transfusion	212	200	94%	235	230	98%
CAC				239	231	97%
New ARV	15	11	73%	18	17	94%
FP Long Term	436	419	96%	526	495	94%
Major Surgery				291	206	71%
OPD Adult	40,584	27,473	68%	45,619	29,549	65%
TB Treated	10	3	30%	16	10	63%
Diabetic treated	1,871	1,681	90%	78	47	60%
HIV+ PMTCT	1	0	0%	5	3	60%
Hypertensive treated	2,282	2,075	91%	170	97	57%
OPD under five	6,052	3,661	60%	7,958	3,222	40%
TB Diagnosed	23	13	57%	27	10	37%
New-born Management	7	0	0%	10	3	30%
TOTAL	53,306	37,275	70%	58,059	36,943	64%

Annex 12: Total declared and verified cases and percentage verified at hospital level per indicator, Jimma (phase 2)

Indicator	BASELINE DECLARED	BASELINE VERIFIED	BASELINE % VERIFIED	Q4 2021 DECLARED	Q4 2021 VERIFIED	Q4 2021 % VERIFIED
Blood transfusion	24	17	71%	41	41	100%
Caesarean Sections	25	0	0%	78	78	100%
Major Surgery				27	27	100%
TB Treated	3	0	0%	9	9	100%
Screening Cervical cancer	1	0	0%	374	373	100%
Skilled Delivery	151	8	5%	607	605	100%
FP Long Term	92	4	4%	308	306	99%
CAC				132	129	98%
Cervical lesion treated	0	0		6	5	83%
TB Diagnosed	13	6	46%	15	19	127%
OPD Adult	5,213	1,406	27%	24,438	16,480	67%
OPD under five	1,014	96	9%	4,703	2,492	53%
New ARV	0	0		2	1	50%
Diabetic treated	60	1	2%	48	22	46%
Hypertensive treated	107	5	5%	107	42	39%
Existing ART	0	0		0	0	
HIV+ PMTCT	0	0		0	0	
New-born Management	0	0		0	0	
TOTAL	6,703	1,543	23%	30,895	20,629	67%

Annex 13: Number of health professionals trained in PBF (January- December 2021), Borana

NO	WOREDA	# OF HEALTH FACILITIES	TOTAL STAFF TRAINED	MALE	FEMALE
1	Dubluk	4	2	2	0
2	Elwaye WHO	5	2	2	0
3	Gomole WHO	1	2	2	0
4	Guchi WHO	2	2	2	0

5	Moyale WHO	6	2	1	1
6	Wachile WHO	2	2	2	0
7	Yabello Town	2	2	1	1
8	Yabello WHO	3	2	2	0
9	Zonal Health department	-	5	4	1
10	Miyo WHO	5	4	4	0
11	Taltalle WHO	5	4	4	0
12	Arero WHO	3	4	4	0
13	Dhas WHO	4	4	4	0
14	Dire WHO	4	4	4	0
15	Dillo WHO	3	4	4	0
	Total	49	45	42	3

Annex 14: NUMBER OF Finance officers from both Woreda Finance Office and Health facilities TRAINED IN PBF (JANUARY-DECEMBER 2021), Borena

NO	WOREDA	WFO Staff		Total
		Male	Female	
1	Dubluk WHO	2	0	2
2	Elwaye WHO	2	0	2
3	Gomole WHO	2	0	2
4	Guchi WHO	1	1	2
5	Moyale WHO	1	1	2
6	Wachile WHO	1	1	2
7	Yabello Town WHO	2	0	2
8	Yabello WHO	2	0	2
9	Miyo WHO	1	1	2
10	Dire WHO	1	1	2
11	Dillo WHO	1	1	2
12	Das WHO	2	0	2
13	Arero WHO	2	0	2
14	Taltalle WHO	2	0	2
15	Zonal woreda staffs	3	0	3
	Total	25	6	31

Annex 15: NUMBER OF Finance officers from both Woreda Finance Office and Health facilities TRAINED IN PBF (JANUARY-DECEMBER 2021), Jimma

TABLE 10.2 »

NO	WOREDA	WFO Staff		HF's Staff		Total
		Male	Female	Male	Female	
1	Agaro Town	2	0	1	1	4
2	Botor Tolay	2	0	2	0	4
3	Chora Botor	2	0	1	2	5
4	Dedo	2	0	8	1	11
5	Gera	2	0	6	0	8
6	Gomma	2	0	9	2	13
7	Gumay	1	1	2	1	5
8	Kersa	1	0	6	1	8
9	Limmu Kossa	1	1	0	0	2
10	Limmu Seka	2	0	3	1	6
11	Mana	2	0	6	1	9
12	Mencho	2	0	1	2	5
13	Nono Benja	2	0	4	0	6
14	Omo Beyem	2	0	4	0	6
15	Omo Nada	2	0	7	0	9
16	Seka Chekorsa	2	0	7	3	12
17	Setema	1	1	2	0	4
18	Shebe Sombo	2	0	5	0	7
19	Sigmo	2	0	3	2	7
20	Sokoru	2	0	3	3	8
21	Tiro Afeta	2	0	3	2	7
22	Jimma ZFO staff	4	1	0	0	5
	Total	42	4	83	22	151

ABOUT CORDAID

Cordaid is based in the Netherlands and has country offices in ten countries. It has been fighting poverty and exclusion in the world's most fragile societies and conflict-stricken areas for a century. It delivers innovative solutions to complex problems by emphasizing sustainability and performance in projects that tackle security and justice, health, and economic opportunity. Cordaid is deeply rooted in the Dutch society with 300,000 private donors. Cordaid is a founding member of Caritas Internationalis and CIDSE.

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