Assessing Health Provider Payment System in Ethiopia

Data collection tool for Providers

January 2022

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| **Interview Tool #2.****Design and Implementation of Current Payment Systems— Providers** |
| **ADMINISTERED TO:** |
| * **POLICYMAKERS**
 | * **PURCHASERS**
 | * **PROVIDERS**
 |
| **INSTITUTION:** | **INSTITUTION CODE (OPTIONAL):** |
| **DATE OF INTERVIEW:** | **# OF PARTICIPANTS IN THE INTERVIEW:** |
| **INTERVIEWEE NAME(S):** | **INTERVIEWEE POSITION(S):** |
| **INTERVIEWER SCRIPT:** |
| *“Hello, my name is \_. I am visiting you as part of a study on the way**hospitals, health centers, and other health care provider institutions are paid for their services from different sources. We are gathering information about how these payment systems work in practice and what your experience has been. I will ask you specific questions about each way that facilities can be paid—capitation, case-based hospital payment, fee-for-service, global budget, line-item budget, or other. Please discuss the payment methods one at a time. All of your answers will be kept confidential. The results of all of the interviews will be analyzed together and used to better understand what is working well now and what may need to be changed.”**Yimer Dres – 0934640460, Deputy health centere Head* |

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| **Interview Tool #2.****Design and Implementation of Current Payment Systems— Providers** (continued) |
| **I. WHICH TYPES OF PAYMENT METHODS ARE USED TO PAY THIS PROVIDER/FACILITY?** |
| ***Note to interviewer:*** *Check all payment methods that are in use and ask about the corresponding items in the columns to the right.* |

| **PAYMENT METHOD** | **WHICH PURCHASERS USE THE METHOD** | **SHARE OF PROVIDER/****FACILITY REVENUE FROM****THE PAYMENT METHOD (%)** |
| --- | --- | --- |
| □ ***Capitation*** | □ Ministry of health (MoH/regions)□ Public Health Insurance Service Sodo Daci Scheme□ Other Health Insurance Scheme (public sector)□ Private/Parastatal organizations Health Coverage Scheme□ Private Health Insurance Scheme □ Other private purchasers*Specify:* |  |
| □ ***Case-based payment*** | □ Ministry of health (MoH/regions)□ Public Health Insurance Service□ Other Health Insurance Scheme (public sector)□ Private/Parastatal organizations Health Coverage Scheme□ Private Health Insurance Scheme □ Other private purchasers*Specify:* |  |
| □ ***Fee-for-service*** | □ Ministry of health (MoH/regions)□ Public Health Insurance Service□ Other Health Insurance Scheme (public sector)□ Private/Parastatal organizations Health Coverage Scheme□ Private Health Insurance Scheme □ Other private purchasers*Specify:* |  |
| □ ***Global budget*** | □ Ministry of health (MoH/regions)□ Public Health Insurance Service□ Other Health Insurance Scheme (public sector)□ Private/Parastatal organizations Health Coverage Scheme□ Private Health Insurance Scheme □ Other private purchasers*Specify:* |  |
| *(****Note:*** *Under this method, facilities are paid a fixed budget without predetermined amounts associated with each line item or cost item.)* |
| □ ***Line-item budget*** | □ Ministry of health (MoH/regions) – sodo daci woreda□ Public Health Insurance Service□ Other Health Insurance Scheme (public sector)□ Private/Parastatal organizations Health Coverage Scheme□ Private Health Insurance Scheme □ Other private purchasers*Specify:* |  |
| *(****Note:*** *Under this method, facilities are paid using a fixed budget with predetermined amounts that are associated with each line item or cost item.)* |
| □ *Performance Based Financing* | □ Ministry of health (MoH/regions)□ Public Health Insurance Service□ Other Health Insurance Scheme (public sector)□ Private/Parastatal organizations Health Coverage Scheme□ Private Health Insurance Scheme □ Other private purchasers*Specify:* |  |

***Note to interviewer:*** *Check all payment methods that are in use and ask about the corresponding items in the columns to the right.*

***Note to interviewer:*** *Check all payment methods that are in use and ask about the corresponding items in the columns to the right.*

**II. HOW ARE PAYMENTS CALCULATED FOR EACH TYPE OF PAYMENT METHOD?**

**Interview Tool #2**

**Design and Implementation of Current Payment Systems— Providers** (continued)

| **PAYMENT METHOD** | **HOW ARE PAYMENTS CALCULATED?** | **ARE ANY ADJUSTMENTS APPLIED TO PAYMENT RATES?** | **WHICH SERVICES ARE PAID BY THIS PAYMENT METHOD?** | **WHICH COST ITEMS ARE INCLUDED IN THE PAYMENT SYSTEM?** |
| --- | --- | --- | --- | --- |
| □***Capitation*** | ***How are capitation payments calculated?******Is there a formula to calculate payment rates?***□ Yes □ No□ UncertainIf yes, describe: member hsld 108 2013 to 153***What is the total capitation payment calculation based on? (Check all that apply.)***□ Base rate□ Number of individuals assigned□ Number of individuals enrolled by free choice or open enrollment□Utilization □ Other *Specify:* | □ Yes □ NoIf yes, check all that apply:□ Geography□ Age/sex □ Facility type□ Chronic diseases □ Other*Specify:* Describe any adjustments: | □ Community based health services□ Outpatient services□ Specialty consultations□ diagnostic (Laboratory, pathology and imaging)□ Inpatient service – 3 days max□ Pharmaceuticals,□ Specialty and sub-specialty services (e.g., organ transplants) □ Public health or Vertical programs(e.g., immuniza-tion, TB services, HIV/AIDS services) □ Specify:□Transportation for referrals□ OtherSpecify: | □ Salaries and other personnel costs□ Medicines Supplies□ Minor repairs and equipment□ Administrative costs□ Capital investment□ Training |
| ***Case-based payment*** | □***Is there a formula to calculate total case-based payment?***□ Yes □ No□ Uncertain If yes, describe:***What is the case-based payment calculation based on? (Check all that apply.)***□ Base rate□ # of cases in each case group□ Tariffs□ Costing □ Other *Specify:****If there is a base rate, how is it calculated?******If there are case groups, how many are there?******How were the case groups developed?***□ Adapted international software□ Country experts□ Other*Specify:* | □ Yes □ NoIf yes, check all that apply:□ Case mix□ Geography□ Age/sex □ Facility type□ Chronic diseases □ Other*Specify:* Describe any adjustments: | □ Community based health services□ Outpatient services□ Specialty consultations□ diagnostic (Laboratory, pathology and imaging)□ Inpatient service □ Pharmaceuticals,□ Specialty and sub-specialty services (e.g., organ transplants) □ Public health or Vertical programs(e.g., immuniza-tion, TB services, HIV/AIDS services) □ Specify:□Transportation for referrals□ OtherSpecify: | □ Salaries and other personnel costs□ Medicines Supplies□ Minor repairs and equipment□ Administrative costs□ Capital investment□ Training |
| □ ***Fee-for-service*** | ***How are fee-for-service payments calculated?******Is there a fixed fee schedule?***□ Yes □ No□ UncertainIf yes, how many items are in the fee schedule? | □ Yes □ NoIf yes, check all that apply:□ Geography□ Age/sex □ Facility type□ Chronic diseases □ Other*Specify:* Describe any adjustments: | □ Community based health services□ Outpatient services□ Specialty consultations□ diagnostic (Laboratory, pathology and imaging)□ Inpatient service □ Pharmaceuticals,□ Specialty and sub-specialty services (e.g., organ transplants) □ Public health or Vertical programs(e.g., immuniza-tion, TB services, HIV/AIDS services) □ Specify:□Transportation for referrals□ OtherSpecify: | □ Salaries and other personnel costs□ Medicines Supplies□ Minor repairs and equipment□ Administrative costs□ Capital investment□ Training |
| □***Global budget*** | ***How are global budgets calculated?******What is the budget calculation based on? (Check all that apply.)***□ Historical budget □Budget norms □ Staff, bed capacity □ Utilization□ Case mix Other *Specify:* | □ Yes □ NoIf yes, check all that apply:□ Geography□ Age/sex □ Facility type□ Chronic diseases □ Other*Specify:* Describe any adjustments: | □ Community based health services□ Outpatient services□ Specialty consultations□ diagnostic (Laboratory, pathology and imaging)□ Inpatient service □ Pharmaceuticals,□ Specialty and sub-specialty services (e.g., organ transplants) □ Public health or Vertical programs(e.g., immuniza-tion, TB services, HIV/AIDS services) □ Specify:□Transportation for referrals□ OtherSpecify: | □ Salaries and other personnel costs□ Medicines Supplies□ Minor repairs and equipment□ Administrative costs□ Capital investment□ Training |
| □ ***Line-item budget*** | ***How are line-item budgets calculated?******What is the budget calculation based on? (Check all that apply.)***□ Historical budget □Budget norms □ Staff, bed capacity □ Utilization□ Other*Specify: Salary of health professionals and operation cost of 120,000* | □ Yes □ NoIf yes, check all that apply:□ Geography□ Age/sex □ Facility type□ Chronic diseases □ Other*Specify:* Describe any adjustments: very few adjustment not more than 10,000 per year | □ Community based health services□ Outpatient services□ Specialty consultations□ diagnostic (Laboratory, pathology and imaging)□ Inpatient service □ Pharmaceuticals,□ Specialty and sub-specialty services (e.g., organ transplants) □ Public health or Vertical programs(e.g., immuniza-tion, TB services, HIV/AIDS services) □ Specify:□Transportation for referrals□ OtherSpecify: | □ Salaries and other personnel costs□ Medicines Supplies□ Minor repairs and equipment□ Administrative costs□ Capital investment□ Trainingperdium and transportation |
| □ Performance Based Financing | ***What is performance based payment calculations based on? (Check all that apply.)*** □ ***Catchment population*** □ ***Number of Health facilities***□ ***Staff and bed capacity*** □ ***Utilization***□ ***Other******Specify:*** | □ Yes □ NoIf yes, check all that apply:□ Geography□ age/sex □ Facility type□ Chronic diseases □ Other*Specify:* Describe any adjustments: | □ Community based health services□ Outpatient services□ Specialty consultations□ diagnostic (Laboratory, pathology and imaging)□ Inpatient service □ Pharmaceuticals,□ Specialty and sub-specialty services (e.g., organ transplants) □ Public health or Vertical programs(e.g., immuniza-tion, TB services, HIV/AIDS services) □ Specify:□Transportation for referrals□ OtherSpecify: | □ Salaries and other personnel costs□ Medicines Supplies□ Minor repairs and equipment□ Administrative costs□ Capital investment□ Training |

***note to interviewer:*** *Check all payment methods that are in use and ask about the corresponding items in the columns to the right.*

**III. WHAT ARE THE IMPLEMENTATION ARRANGEMENTS FOR EACH PAYMENT METHOD?**

**Interview Tool #2.**

**Design and Implementation of Current Payment Systems— Providers** (continued)

| **PAYMENT METHOD** | **INSTITUTIONAL RELATIONSHIPS AMONG****PURCHASERS, PROVIDERS, THE POPULATION, AND OTHERS** | **SUPPORTING SYSTEMS AND COMPLEMENTARY POLICIES** |
| --- | --- | --- |
| **ARE THERE WRITTEN AGREEMENTS OR****CONTRACTS****SPECIFYING THE TERMS OF PAYMENT,****SERVICES, ETC.?** | **ARE THERE ANY GATEKEEPING****ARRANGEMENTS?** | **ARE PAYMENTS BASED ON CLAIMS SUBMISSION?** | **IS ANY PART OF PAYMENT BASED ON PERFORMANCE TARGETS?** | **PLEASE DESCRIBE ANY OTHER IMPORTANT SUPPORTING****SYSTEMS AND****COMPLEMENTARY POLICIES FOR THIS PAYMENT METHOD** |
| □ ***Capitation*** | □ Yes □ NoIf yes, describe: | □ Yes □ NoIf yes, describe:renewed ID,belongs to catchment  | □ Yes □ NoIf yes, are claims submitted electronically?□ Yes □ No | □ Yes □ NoIf yes, describe: |  |
| □ ***Case-based payment*** | □ Yes □ NoIf yes, describe: | □ Yes □ NoIf yes, describe: | □ Yes □ NoIf yes, are claims submitted electronically?□ Yes □ No | □ Yes □ NoIf yes, describe: |  |
| □ ***Fee-for-service*** | □ Yes □ NoIf yes, describe: | □ Yes □ NoIf yes, describe: | □ Yes □ NoIf yes, are claims submitted electronically?□ Yes □ No | □ Yes □ NoIf yes, describe: |  |
| □ ***Global budget*** | □ Yes □ NoIf yes, describe: | □ Yes □ NoIf yes, describe: | □ Yes □ NoIf yes, are claims submitted electronically?□ Yes □ No | □ Yes □ NoIf yes, describe: |  |
| □ ***Line-item budget*** | □ Yes □ NoIf yes, describe: only plan is submited | □ Yes □ NoIf yes, describe: | □ Yes □ NoIf yes, are claims submitted electronically?□ Yes □ No | □ Yes □ NoIf yes, describe: |  |
| □Performance based Financing | □ Yes □ NoIf yes, describe: | □ Yes □ NoIf yes, describe: | □ Yes □ NoIf yes, are claims submitted electronically?□ Yes □ No | □ Yes □ NoIf yes, describe: |  |

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| **PAYMENT METHOD** | **PUBLIC FINANCIAL MANAGEMENT RULES AND FINANCIAL FLOWS** |
| **ARE PAYMENTS RECEIVED AS A LUMP SUM OR ACCORDING TO BUDGET****LINE ITEMS?** | **CAN PAYMENTS BE USED FLEXIBLY?**(For example, can providers/facilities adjust expenditures across line items without permission?) | **ARE PAYMENTS MADE IN ADVANCE?** | **HOW FREQUENTLY ARE PAYMENT RATES UPDATED?** |
| □ Capitation | □ Lump sum□ According to line items□ OtherSpecify: | □ Yes □ No□ UncertainDescribe any restrictions on how funds can be used: | □ Yes □ No□ UncertainIf yes, describe restrictions: | □ Annually□ More frequently than annually□ Less frequently than annually □Uncertainthree month (quarter) |
| □ ***Case-based payment*** | □ Lump sum□ According to line items□ OtherSpecify: | □ Yes □ No□ UncertainDescribe any restrictions on how funds can be used: | □ Yes □ No□ UncertainIf yes, describe restrictions: | □ Annually□ More frequently than annually□ Less frequently than annually □Uncertain |
| □ Fee-for-service | □ Lump sum□ According to line items□ OtherSpecify: | □ Yes □ No□ UncertainDescribe any restrictions on how funds can be used: | □ Yes □ No□ UncertainIf yes, describe restrictions: | □ Annually□ More frequently than annually□ Less frequently than annually □Uncertain |
| □ Global budget | □ Lump sum□ According to line items□ OtherSpecify: | □ Yes □ No□ UncertainDescribe any restrictions on how funds can be used: | □ Yes □ No□ UncertainIf yes, describe restrictions: | □ Annually□ More frequently than annually□ Less frequently than annually □Uncertain |
| □ Line-item budget | □ Lump sum□ According to line items□ OtherSpecify: | □ Yes □ No□ UncertainDescribe any restrictions on how funds can be used: | □ Yes □ No□ UncertainIf yes, describe restrictions: | □ Annually□ More frequently than annually□ Less frequently than annually □Uncertain |
| □ ***Performance Based Financing*** | □ Lump sum□ According to line items□ OtherSpecify: | □ Yes □ No□ UncertainDescribe any restrictions on how funds can be used: | □ Yes □ No□ UncertainIf yes, describe restrictions: | □ Annually□ More frequently than annually□ Less frequently than annually □Uncertain |

| **TYPES OF PAYMENT****THE FACILITY RECEIVES** | **PUBLIC FINANCIAL MANAGEMENT RULES AND FINANCIAL FLOWS** (continued) |
| --- | --- |
| **ARE TOTAL PAYMENTS IN THIS****PAYMENT SYSTEM SUBJECT TO A PAYMENT OR VOLUME CAP?** | **WHAT HAPPENS IF THIS HEALTH FACILITY SPENDS MORE THAN THE AGREED-UPON PAYMENT AMOUNT AND THERE ARE OVERRUNS AND****DEFICITS?** | **WHAT HAPPENS IF THIS HEALTH FACILITY SPENDS LESS THAN THE****AGREED-UPON PAYMENT AMOUNT AND THERE IS A SURPLUS?** | **ARE THERE ANY FUNDHOLDING ARRANGEMENTS?** |
|  □ ***Capitation*** |  □ Yes □ No□ UncertainIf yes:□ Payment cap□ Volume cap***How are caps set?******payment estimated by number of hsls*** | □ Overruns are fully compensated□ Overruns are partially compensated *Describe restrictions:*□ Overruns are not compensated □ Uncertaineventhough the scheme pledged to provide service as the community need there is nop compensation for overspent | □ Surpluses are fully retained by the facility□ Surpluses are partially retained by the facility*Describe restrictions:*□ Surpluses are taken back □ Uncertain | ***Does any part of the payment to this facility cover any costs for other health facilities?***□ Yes □ NoIf yes, which costs:***Please describe how funds are distributed to the other health facilities: Previously the schemenreimburse oop payment and reduce ythe amout from the capitation pamment******Does any part of the payment to this facility cover any costs for referrals or self-referrals to other facilities?***□ Yes □ NoIf yes, to which facilities:***Please describe how funds are distributed and payments are made for referrals:*** |
| □ ***Case-based payment*** |  □ Yes □ No□ UncertainIf yes:□ Payment cap□ Volume cap***How are caps set?*** | □ Overruns are fully compensated□ Overruns are partially compensated *Describe restrictions:*□ Overruns are not compensated □ Uncertain | □ Surpluses are fully retained by the facility□ Surpluses are partially retained by the facility*Describe restrictions:*□ Surpluses are taken back □ Uncertain | ***Does any part of the payment to this facility cover any costs for other health facilities?***□ Yes □ NoIf yes, which costs:***Please describe how funds are distributed to the other health facilities:******Does any part of the payment to this facility cover any costs for referrals or self-referrals to other facilities?***□ Yes □ NoIf yes, to which facilities:***Please describe how funds are distributed and payments are made for referrals:*** |
| □ ***Fee-for-service*** |  □ Yes □ No□ UncertainIf yes:□ Payment cap□ Volume cap***How are caps set?*** | □ Overruns are fully compensated□ Overruns are partially compensated *Describe restrictions:*□ Overruns are not compensated □ Uncertain | □ Surpluses are fully retained by the facility□ Surpluses are partially retained by the facility*Describe restrictions:*□ Surpluses are taken back □ Uncertain | ***Does any part of the payment to this facility cover any costs for other health facilities?***□ Yes □ NoIf yes, which costs:***Please describe how funds are distributed to the other health facilities:******Does any part of the payment to this facility cover any costs for referrals or self-referrals to other facilities?***□ Yes □ NoIf yes, to which facilities:***Please describe how funds are distributed and payments are made for referrals:*** |
| □ ***Global budget*** |  □ Yes □ No□ UncertainIf yes:□ Payment cap□ Volume cap***How are caps set?*** | □ Overruns are fully compensated□ Overruns are partially compensated *Describe restrictions:*□ Overruns are not compensated □ Uncertain | □ Surpluses are fully retained by the facility□ Surpluses are partially retained by the facility*Describe restrictions:*□ Surpluses are taken back □ Uncertain | ***Does any part of the payment to this facility cover any costs for other health facilities?***□ Yes □ NoIf yes, which costs:***Please describe how funds are distributed to the other health facilities:******Does any part of the payment to this facility cover any costs for referrals or self-referrals to other facilities?***□ Yes □ NoIf yes, to which facilities:***Please describe how funds are distributed and payments are made for referrals:*** |
| □ ***Line-item budget*** |  □ Yes □ No□ UncertainIf yes:□ Payment cap□ Volume cap***How are caps set? By total budget allocated to othe HC*** | □ Overruns are fully compensated□ Overruns are partially compensated - very few amount allocated \ *Describe restrictions:*□ Overruns are not compensated □ Uncertain | □ Surpluses are fully retained by the facility□ Surpluses are partially retained by the facility*Describe restrictions:*□ Surpluses are taken back □ Uncertain | ***Does any part of the payment to this facility cover any costs for other health facilities?***□ Yes □ NoIf yes, which costs: for drugs supply, rehabilitation, fencing, operational cost – there are 9 HP under the HC***Please describe how funds are distributed to the other health facilities: basewd on their request******Does any part of the payment to this facility cover any costs for referrals or self-referrals to other facilities?***□ Yes □ NoIf yes, to which facilities:***Please describe how funds are distributed and payments are made for referrals:*** |
| □ ***Performance Based Financing*** |  □ Yes □ No□ UncertainIf yes:□ Payment cap□ Volume cap***How are caps set?*** | □ Overruns are fully compensated□ Overruns are partially compensated *Describe restrictions:*□ Overruns are not compensated □ Uncertain | □ Surpluses are fully retained by the facility□ Surpluses are partially retained by the facility*Describe restrictions:*□ Surpluses are taken back □ Uncertain | ***Does any part of the payment to this facility cover any costs for other health facilities?***□ Yes □ NoIf yes, which costs:***Please describe how funds are distributed to the other health facilities:******Does any part of the payment to this facility cover any costs for referrals or self-referrals to other facilities?***□ Yes □ NoIf yes, to which facilities:***Please describe how funds are distributed and payments are made for referrals:*** |

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| **Interview Tool #3.****Consequences of Provider Payment Systems— Policymakers, Purchasers, and Providers** |
| **ADMINISTERED TO:** |
| * **POLICYMAKERS**
 |  **PURCHASERS**  | * **PROVIDERS**
 |
| **INSTITUTION:** | **INSTITUTION CODE (OPTIONAL):** |
| **DATE OF INTERVIEW:** | **# OF PARTICIPANTS IN THE INTERVIEW:** |
| **INTERVIEWEE NAME(S):** | **INTERVIEWEE POSITION(S):** |
| **INTERVIEWER SCRIPT:** |
| *“Now I would like to ask you questions about the consequences of the different payment systems based on your experience. We are interested in your views on the conditions that the various payment systems create. For example, does the payment system make it possible or beneficial for providers to improve the quality of care, or does it not? Please give detailed explanations and examples whenever possible to help us understand the effects that payment systems are having in practice.”* |

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| **Capitation** |
| **INTERVIEWER SCRIPT:** |
| *“Now I would like to ask you about how, in your experience, the capitation payment system affects health services.”* |
| **STRENGTHS AND WEAKNESSES** |
| ***In your experience, what are the main strengths of the capitation payment system?******HC could able to plan ahead for service provision, additionally for Health facilities with low utilization it enables to have surplus resource,*** |
| ***In your experience, what are the main challenges of the capitation payment system?******there are some of the patients come out of the catchment to the HF which create discomfort on the community,*** ***overspending of the resources as there is high utilization (shortage of resource), There is deficit of 400,000 etb last year***  |
| **SUGGESTED IMPROVEMENTS** |
| ***What improvements would you suggest to make the capitation payment system more effective?******Payment rate need to be revised as premium is high and the payt rate is very low, trhere nee dto be difference in payt rate for rural and urban HC, allocation of the community need to be revised, community need to be considered as they are requesting to use any facility in the woreda,***  |
| **CONSEQUENCES** |
| ***Note to interviewer:*** *It is important to probe for more detailed responses and ask interviewees why they think the payment system does or does not have each specific consequence.* |
| ***Do you think the capitation payment system:*** |
| ***Contributes to fair and equitable distribution of resources across geographic areas (different regions, rural/urban, remote areas)?***□ Yes □ No □ Uncertain Why or why not? Because this HC is challenged by shortage of resource – utilization and standard of the HC need to be considered during allocation |
| ***Contributes to fair and equitable distribution of resources across populations with different health needs?***□ Yes □ No □ Uncertain Why or why not?as there is similar payment for health centers |
| ***Contributes to fair and equitable distribution of resources across providers?***□ Yes □ No □Uncertain Why or why not? As there are facilioties of different standard in the woreda |
| ***Contributes to fair and equitable distribution of resources across types of cases with different severity?***□ Yes □ No □ Uncertain Why or why not?the payment is made lampsum and the HC’s provide cases of low load, but there are some services that are not provided by insurance package |
| ***Helps health providers/facilities manage resources more efficiently?***□ Yes □ No □ Uncertain Why or why not?as the payment made once per quarter |
| ***Makes it beneficial or more profitable for health providers/facilities if basic care is delivered at the primary level?***□ Yes □ No □ Uncertain Why or why not? As primary care is of low cost |
| ***Makes it beneficial or more profitable for health providers/facilities to provide higher-quality care?***□ Yes □ No □ Uncertain Why or why not? |

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| **Capitation** |
| ***Makes it beneficial or more profitable for health providers/facilities to focus on health promotion, prevention, and chronic disease management?***□ Yes □ No □ Uncertain Why or why not? |
| ***Makes it beneficial or more profitable for health providers/facilities to be responsive to patients?***□ Yes □ No □ Uncertain Why or why not? |
| ***Makes it beneficial or more profitable for health providers/facilities to deliver fewer services than necessary or skimp on care in other ways?***□ Yes □ No □ Uncertain Why or why not?but the facilities could lose their customers in future |
| ***Contributes to waiting lists, queues, or other barriers for patients to access necessary services?***□ Yes □ No □ Uncertain Why or why not?  |
| ***Makes it beneficial or more profitable for health providers/facilities to deliver too many services?***□ Yes □ No □ Uncertain Why or why not?eventhough there is reimbursement currently for overspent, bu the HC need to receive capitation payment primarly for the additional catchment of population |
| ***Makes it beneficial or more profitable for health providers/facilities to deliver services in a costly way?***□ Yes □ No □ Uncertain Why or why not? |
| ***Makes it beneficial or more profitable for health providers/facilities to increase unnecessary referrals?***□ Yes □ No □ Uncertain Why or why not?as referral payment is deducted from the HC and paired to the hospital |
| ***Makes it beneficial or more profitable for health providers/facilities to avoid sicker patients?***□ Yes □ No □ Uncertain Why or why not? |
| ***Encourages health workers to work more closely as a team?***□ Yes □ No □ Uncertain Why or why not? As the main revenue of the HC is from the members,….there iare also frequesnt meeting is required as there is everchanging guidance  |
| ***Reduces absenteeism among health workers?***□ Yes □ No □ Uncertain Why or why not? Because there is medical audit every quarter, as there is strict follow up |
| ***Encourages gaming or fraudulent behaviors?***□ Yes □ No □ Uncertain Why or why not? As the payment made primarly, |
| ***Is administratively burdensome?***□ Yes □ No □ Uncertain Why or why not?No issue of receipts, no printing of receipts, No collection of cash daily,  |
| ***Helps health facilities stay financially viable and avoid deficits?***□ Yes □ No □ Uncertain Why or why not?As payment made before service provision we properly plan ahead and provide service |
| ***Helps increase the autonomy of health facilities?***□ Yes □ No □ Uncertain Why or why not?could plan ahead based on cash at hand |
| ***How often does this facility experience delays in capitation payments?***□ Never □ Sometimes □ Frequently □ Always □ Uncertain If there are delays, what are the main reasons?delay for weekswaiting for audit and other uncessary reasons |

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| **Case-Based Payment** |
| **INTERVIEWER SCRIPT:** |
| *“Now I would like to ask you about how, in your experience, the case-based payment system affects health services.”* |
| **STRENGTHS AND WEAKNESSES** |
| ***In your experience, what are the main strengths of the case-based payment system?*** |
| ***In your experience, what are the main challenges of the case-based payment system?*** |
| **SUGGESTED IMPROVEMENTS** |
| ***What improvements would you suggest to make the case-based payment system more effective?*** |
| **CONSEQUENCES** |
| ***Note to interviewer:*** *It is important to probe for more detailed responses and ask interviewees why they think the payment system does or does not have each specific consequence.* |
| ***Do you think the case-based payment system:*** |
| ***Contributes to fair and equitable distribution of resources across geographic areas (different regions, rural/urban, remote areas)?***□ Yes □ No □ Uncertain Why or why not? |
| ***Contributes to fair and equitable distribution of resources across populations with different health needs?***□ Yes □ No □ Uncertain Why or why not? |
| ***Contributes to fair and equitable distribution of resources across providers?***□ Yes □ No □ Uncertain Why or why not? |
| ***Contributes to fair and equitable distribution of resources across types of cases with different severity?***□ Yes □ No □ Uncertain Why or why not? |
| ***Helps health providers/facilities manage resources more efficiently?***□ Yes □ No □ Uncertain Why or why not? |
| ***Makes it beneficial or more profitable for health providers/facilities if basic care is delivered at the primary level?***□ Yes □ No □ Uncertain Why or why not? |
| ***Makes it beneficial or more profitable for health providers/facilities to provide higher-quality care?***□ Yes □ No □ Uncertain Why or why not? |
| ***Case-* Case-Based Payment *Based Payment*** |
| ***Makes it beneficial or more profitable for health providers/facilities to focus on health promotion, prevention, and chronic disease management?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Makes it beneficial or more profitable for health providers/facilities to be responsive to patients?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Makes it beneficial or more profitable for health providers/facilities to deliver fewer services than necessary or skimp on care in other ways?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Contributes to waiting lists, queues, or other barriers for patients to access necessary services?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Makes it beneficial or more profitable for health providers/facilities to deliver too many services?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Makes it beneficial or more profitable for health providers/facilities to deliver services in a costly way?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Makes it beneficial or more profitable for health providers/facilities to increase unnecessary referrals?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Makes it beneficial or more profitable for health providers/facilities to avoid sicker patients?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Encourages health workers to work more closely as a team?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Reduces absenteeism among health workers?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Encourages gaming or fraudulent behaviors?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Is administratively burdensome?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Helps health facilities stay financially viable and avoid deficits?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Helps increase the autonomy of health facilities?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***How often does this facility experience delays in capitation payments?***□ Never □ Sometimes □ Frequently □ Always □ Uncertain If there are delays, what are the main reasons? |

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| **Fee-for-Service** |
| **INTERVIEWER SCRIPT:** |
|  *“Now I would like to ask you about how, in your experience, the fee-for-service payment system affects health services.”* |
| **STRENGTHS AND WEAKNESSES** |
| ***In your experience, what are the main strengths of the fee-for-service payment system?*** |
| ***In your experience, what are the main challenges of the fee-for-service payment system?*** |
| **SUGGESTED IMPROVEMENTS** |
| ***What improvements would you suggest to make the fee-for-service payment system more effective?*** |
| **CONSEQUENCES** |
| ***Note to interviewer:*** *It is important to probe for more detailed responses and ask interviewees why they think the payment system does or does not have each specific consequence.* |
| ***Do you think the fee-for-service payment system:*** |
| ***Contributes to fair and equitable distribution of resources across geographic areas (different regions, rural/urban, remote areas)?***□ Yes □ No □ Uncertain Why or why not? |
| ***Contributes to fair and equitable distribution of resources across populations with different health needs?***□ Yes □ No □ Uncertain Why or why not? |
| ***Contributes to fair and equitable distribution of resources across providers?***□ Yes □ No □ Uncertain Why or why not? |
| ***Contributes to fair and equitable distribution of resources across types of cases with different severity?***□ Yes □ No □ Uncertain Why or why not? |
| ***Helps health providers/facilities manage resources more efficiently?***□ Yes □ No □ Uncertain Why or why not? |
| ***Makes it beneficial or more profitable for health providers/facilities if basic care is delivered at the primary level?***□ Yes □ No □ Uncertain Why or why not? |
| ***Makes it beneficial or more profitable for health providers/facilities to provide higher-quality care?***□ Yes □ No □ Uncertain Why or why not? |
| ***Fee-* Fee-for-Service *for-Service*** |
| ***Makes it beneficial or more profitable for health providers/facilities to focus on health promotion, prevention, and chronic disease management?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Makes it beneficial or more profitable for health providers/facilities to be responsive to patients?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Makes it beneficial or more profitable for health providers/facilities to deliver fewer services than necessary or skimp on care in other ways?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Contributes to waiting lists, queues, or other barriers for patients to access necessary services?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Makes it beneficial or more profitable for health providers/facilities to deliver too many services?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Makes it beneficial or more profitable for health providers/facilities to deliver services in a costly way?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Makes it beneficial or more profitable for health providers/facilities to increase unnecessary referrals?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Makes it beneficial or more profitable for health providers/facilities to avoid sicker patients?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Encourages health workers to work more closely as a team?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Reduces absenteeism among health workers?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Encourages gaming or fraudulent behaviors?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Is administratively burdensome?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Helps health facilities stay financially viable and avoid deficits?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Helps increase the autonomy of health facilities?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***How often does this facility experience delays in fee-for-service payments?***□ Never □ Sometimes □ Frequently □ Always □ Uncertain If there are delays, what are the main reasons? |

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| **Global Budget** |
| **INTERVIEWER SCRIPT:** |
| *“Now I would like to ask you about how, in your experience, the global budget payment system affects health services.”* |
| **STRENGTHS AND WEAKNESSES** |
| ***In your experience, what are the main strengths of the global budget payment system?*** |
| ***In your experience, what are the main challenges of the global budget payment system?*** |
| **SUGGESTED IMPROVEMENTS** |
| ***What improvements would you suggest to make the global budget payment system more effective?*** |
| **CONSEQUENCES** |
| ***Note to interviewer:*** *It is important to probe for more detailed responses and ask interviewees why they think the payment system does or does not have each specific consequence.* |
| ***Do you think the global budget payment system:*** |
| ***Contributes to fair and equitable distribution of resources across geographic areas (different regions, rural/urban, remote areas)?***□ Yes □ No □ Uncertain Why or why not? |
| ***Contributes to fair and equitable distribution of resources across populations with different health needs?***□ Yes □ No □ Uncertain Why or why not? |
| ***Contributes to fair and equitable distribution of resources across providers?***□ Yes □ No □ Uncertain Why or why not? |
| ***Contributes to fair and equitable distribution of resources across types of cases with different severity?***□ Yes □ No □ Uncertain Why or why not? |
| ***Helps health providers/facilities manage resources more efficiently?***□ Yes □ No □ Uncertain Why or why not? |
| ***Makes it beneficial or more profitable for health providers/facilities if basic care is delivered at the primary level?***□ Yes □ No □ Uncertain Why or why not? |
| ***Makes it beneficial or more profitable for health providers/facilities to provide higher-quality care?***□ Yes □ No □ Uncertain Why or why not? |

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| **Global Budget** |
| ***Makes it beneficial or more profitable for health providers/facilities to focus on health promotion, prevention, and chronic disease management?***□ Yes □ No □ Uncertain Why or why not? |
| ***Makes it beneficial or more profitable for health providers/facilities to be responsive to patients?***□ Yes □ No □ Uncertain Why or why not? |
| ***Makes it beneficial or more profitable for health providers/facilities to deliver fewer services than necessary or skimp on care in other ways?***□ Yes □ No □ Uncertain Why or why not? |
| ***Contributes to waiting lists, queues, or other barriers for patients to access necessary services?***□ Yes □ No □ Uncertain Why or why not? |
| ***Makes it beneficial or more profitable for health providers/facilities to deliver too many services?***□ Yes □ No □ Uncertain Why or why not? |
| ***Makes it beneficial or more profitable for health providers/facilities to deliver services in a costly way?***□ Yes □ No □ Uncertain Why or why not? |
| ***Makes it beneficial or more profitable for health providers/facilities to increase unnecessary referrals?***□ Yes □ No □ Uncertain Why or why not? |
| ***Makes it beneficial or more profitable for health providers/facilities to avoid sicker patients?***□ Yes □ No □ Uncertain Why or why not? |
| ***Encourages health workers to work more closely as a team?***□ Yes □ No □ Uncertain Why or why not? |
| ***Reduces absenteeism among health workers?***□ Yes □ No □ Uncertain Why or why not? |
| ***Encourages gaming or fraudulent behaviors?***□ Yes □ No □ Uncertain Why or why not? |
| ***Is administratively burdensome?***□ Yes □ No □ Uncertain Why or why not? |
| ***Helps health facilities stay financially viable and avoid deficits?***□ Yes □ No □ Uncertain Why or why not? |
| ***Helps increase the autonomy of health facilities?***□ Yes □ No □ Uncertain Why or why not? |
| ***How often does this facility experience delays in global budget payments?***□ Never □ Sometimes □ Frequently □ Always □ Uncertain If there are delays, what are the main reasons? |

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| **Line-Item Budget** |
| **INTERVIEWER SCRIPT:** |
| *“Now I would like to ask you about how, in your experience, the line-item budget payment system affects health services.”* |
| **STRENGTHS AND WEAKNESSES** |
| ***In your experience, what are the main strengths of the line-item budget payment system?******-------*** |
| ***In your experience, what are the main challenges of the line-item budget payment system?******as one year ahead plan was based to allocate resource, this wouldn’t be feasible as low flexibility to cost changes,******rigidity, no frequent transfer, there is also risk of not using the allocated resource, sometimes delays in reimbursement like material purchase, quality of materials to be purchased by the govt budget is very low as the government entity purchase*** |
| **SUGGESTED IMPROVEMENTS** |
| ***What improvements would you suggest to make the line-item budget payment system more effective?******purchase of different materials to be made by the health facilities themselves, and govt need to focus on audit,***  |
| **CONSEQUENCES** |
| ***Note to interviewer:*** *It is important to probe for more detailed responses and ask interviewees why they think the payment system does or does not have each specific consequence.* |
| ***Do you think the line-item budget payment system:*** |
| ***Contributes to fair and equitable distribution of resources across geographic areas (different regions, rural/urban, remote areas)?***□ Yes □ No □ Uncertain Why or why not?there is no fair across sectors, allocation is subjective, there are sectors that receive huge amount of resource |
| ***Contributes to fair and equitable distribution of resources across populations with different health needs?***□ Yes □ No □ Uncertain Why or why not? |
| ***Contributes to fair and equitable distribution of resources across providers?***□ Yes □ No □ Uncertain Why or why not? |
| ***Contributes to fair and equitable distribution of resources across types of cases with different severity?***□ Yes □ No □ Uncertain Why or why not?allocation is made only to human resource mainly |
| ***Helps health providers/facilities manage resources more efficiently?***□ Yes □ No □ Uncertain Why or why not? |
| ***Makes it beneficial or more profitable for health providers/facilities if basic care is delivered at the primary level?***□ Yes □ No □ Uncertain Why or why not? |
| ***Makes it beneficial or more profitable for health providers/facilities to provide higher-quality care?***□ Yes □ No □ Uncertain Why or why not? |
| ***Lin* Line-Item Budget *tem Budget*** |
| ***Makes it beneficial or more profitable for health providers/facilities to focus on health promotion, prevention, and chronic disease management?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Makes it beneficial or more profitable for health providers/facilities to be responsive to patients?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Makes it beneficial or more profitable for health providers/facilities to deliver fewer services than necessary or skimp on care in other ways?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Contributes to waiting lists, queues, or other barriers for patients to access necessary services?***□ Yes □ No □ Uncertain ***Why or why not?******it is not responsive to the facility need*** |
| ***Makes it beneficial or more profitable for health providers/facilities to deliver too many services?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Makes it beneficial or more profitable for health providers/facilities to deliver services in a costly way?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Makes it beneficial or more profitable for health providers/facilities to increase unnecessary referrals?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Makes it beneficial or more profitable for health providers/facilities to avoid sicker patients?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Encourages health workers to work more closely as a team?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Reduces absenteeism among health workers?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Encourages gaming or fraudulent behaviors?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Is administratively burdensome?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Helps health facilities stay financially viable and avoid deficits?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Helps increase the autonomy of health facilities?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***How often does this facility experience delays in line item budget payments?***□ Never □ Sometimes □ Frequently □ Always □ Uncertain If there are delays, what are the main reasons?govt bureaucracy is very long to disburse budget |

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| **Performance Based Financing** |
| **INTERVIEWER SCRIPT:** |
| *“Now I would like to ask you about how, in your experience, the performance based financing payment system affects health services.”* |
| **STRENGTHS AND WEAKNESSES** |
| ***In your experience, what are the main strengths of the performance based financing payment system?*** |
| ***In your experience, what are the main challenges of the performance based financing payment system?*** |
| **SUGGESTED IMPROVEMENTS** |
| ***What improvements would you suggest to make the performance based financing payment system more effective?*** |
| **CONSEQUENCES** |
| ***Note to interviewer:*** *It is important to probe for more detailed responses and ask interviewees why they think the payment system does or does not have each specific consequence.* |
| ***Do you think the performance based financing payment system:*** |
| ***Contributes to fair and equitable distribution of resources across geographic areas (different regions, rural/urban, remote areas)?***□ Yes □ No □ Uncertain Why or why not? |
| ***Contributes to fair and equitable distribution of resources across populations with different health needs?***□ Yes □ No □ Uncertain Why or why not? |
| ***Contributes to fair and equitable distribution of resources across providers?***□ Yes □ No □ Uncertain Why or why not? |
| ***Contributes to fair and equitable distribution of resources across types of cases with different severity?***□ Yes □ No □ Uncertain Why or why not? |
| ***Helps health providers/facilities manage resources more efficiently?***□ Yes □ No □ Uncertain Why or why not? |
| ***Makes it beneficial or more profitable for health providers/facilities if basic care is delivered at the primary level?***□ Yes □ No □ Uncertain Why or why not? |
| ***Makes it beneficial or more profitable for health providers/facilities to provide higher-quality care?***□ Yes □ No □ Uncertain Why or why not? |
| ***Lin* Performance Based Financing** |
| ***Makes it beneficial or more profitable for health providers/facilities to focus on health promotion, prevention, and chronic disease management?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Makes it beneficial or more profitable for health providers/facilities to be responsive to patients?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Makes it beneficial or more profitable for health providers/facilities to deliver fewer services than necessary or skimp on care in other ways?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Contributes to waiting lists, queues, or other barriers for patients to access necessary services?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Makes it beneficial or more profitable for health providers/facilities to deliver too many services?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Makes it beneficial or more profitable for health providers/facilities to deliver services in a costly way?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Makes it beneficial or more profitable for health providers/facilities to increase unnecessary referrals?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Makes it beneficial or more profitable for health providers/facilities to avoid sicker patients?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Encourages health workers to work more closely as a team?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Reduces absenteeism among health workers?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Encourages gaming or fraudulent behaviors?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Is administratively burdensome?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Helps health facilities stay financially viable and avoid deficits?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***Helps increase the autonomy of health facilities?***□ Yes □ No □ Uncertain ***Why or why not?*** |
| ***How often does this facility experience delays in performance based financing payments?***□ Never □ Sometimes □ Frequently □ Always □ Uncertain If there are delays, what are the main reasons? |

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| **Interview Tool #5.****Analyzing Provider Autonomy and Capacity— Providers** |
| **ADMINISTERED TO:** |
| * **POLICYMAKERS**
 | * **PURCHASERS**
 | * **PROVIDERS**
 |
| **INSTITUTION:** | **INSTITUTION CODE (OPTIONAL):** |
| **DATE OF INTERVIEW:** | **# OF PARTICIPANTS IN THE INTERVIEW:** |
| **INTERVIEWEE NAME(S):** | **INTERVIEWEE POSITION(S):** |
| **INTERVIEWER SCRIPT:** |
| *“Now I would like to ask you about the autonomy and capacity of this health facility to manage resources and make decisions about services. Provider autonomy means that the provider has the right to make certain management decisions, such as those related to staffing, salaries and bonuses, use of other inputs, physical assets, organizational structure, output mix, and use of surplus revenue.**“I will ask about overall institutional capacity, as well as specific capacity in the areas of financial management, data management and IT, and provider quality assurance. Please provide as much detail as possible to help us understand where there is flexibility and strong capacity and where gaps may need to be addressed.”* |
| **MANAGERIAL AND OPERATIONAL AUTONOMY** |
| ***What is the current legal status of this facility?***□ Totally autonomous □ Semi-autonomous □ Non-autonomousComments (Remarks): |
| ***Does this facility have a board or some other governance structure outside of the government to which it reports?*** □ Yes □ No □ Uncertain Comments (Remarks): |
| ***How much authority do facility managers have to make decisions in the following areas:***□ ***Budgeting and financial management*** □ ***Full authority***□ ***Partial authority*** □ ***No authority***Comments (Remarks):□ ***Service mix***□ ***Full authority***□ ***Partial authority*** □ ***No authority***Comments (Remarks):□ ***Staffing levels (staff mix, hiring, firing)*** □ ***Full authority***□ ***Partial authority*** □ ***No authority***Comments (Remarks):□ ***Personnel compensation (salary level and bonuses)*** □ ***Full authority for salary level***□ ***Partial authority*** □ ***No authority***Comments (Remarks): Bu there are procedures to notify woreda health office□ ***Personnel compensation (bonuses only)*** □ ***Full authority***□ ***Partial authority*** □ ***No authority***Comments (Remarks):□ ***Recurrent input use (types and amounts of medicines and other supplies)*** □ ***Full authority***□ ***Partial authority*** □ ***No authority***Comments (Remarks):□ ***Equipment purchases*** □ ***Full authority***□ ***Partial authority*** □ ***No authority***Comments (Remarks):□ ***Decisions about physical assets (renovating buildings, moving to new premises, etc.)*** □ ***Full authority***□ ***Partial authority*** □ ***No authority***Comments (Remarks):□ ***Use of surplus revenue*** □ ***Full authority***□ ***Partial authority*** □ ***No authority***Comments (Remarks):□ ***Partnerships with other providers*** □ ***Full authority***□ ***Partial authority*** □ ***No authority***Comments (Remarks): could make partnerships with schools inside the woreda,  |
| ***HMIS CAPACITY*** |
| ***Does this facility have access to at least one functioning computer with reliable connectivity?***□ ***Never or rarely*** □ ***Sometimes*** □ ***Often or always*** |
| ***Which of the following functions are automated at this facility?***□ ***Patient registry or database***□ ***Patient insurance eligibility verification*** □ ***Billing and claims submission*** □ ***Accounting and financial management*** □ ***Inventory control***□ ***Quality assurance and clinical management*** □ ***Medical records***□ ***Other******Specify:*** |
| ***MANAGEMENT CAPACITY*** |
| ***Which management functions are performed routinely at this facility?***□ ***Financial planning*** □ ***Service planning*** □ ***Cost analysis***□ ***Staff performance management – every six month*** □ ***Scheduling and planning -*** □ ***None of the above*** |
| ***Does the facility have a routine quality assurance system in place?***□ ***Yes*** □ ***No*** □ ***Uncertain*** ***If yes, describe: there is community satisfaction survey at kebele levels, (CRC, Ambulance service, waiting time, medical supplies……)******There is practice at different departments (ANC, ART, U5)*** |
| ***How many people on staff have ever participated in management training?***□ ***0***□ ***1–3***□ ***More than 3*** |
| ***Has management training been useful and applied in the daily operation of this facility?***□ ***Yes*** □ ***No*** □ ***Uncertain Comments:*** |