

Evaluation Report: Improving Management and Supervision Systems in Support of Primary Reproductive Health Care Project Armenia

Dr. Ersin Topçuoğlu, Senior Technical Officer, Monitoring & Evaluation Unit

March 2005

This report was made possible through support provided by the US Agency for International Development, Office of Population and Reproductive Health, under the terms of Cooperative Agreement Number HRN-A-00-00-00014-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

Management and Leadership Program
Management Sciences for Health
Boston, MA 02139
Telephone: (617) 250-9500
www.msh.org/mandl

ACKNOWLEDGEMENTS

The author would like to thank to the following persons for their dedication and close collaboration for designing and implementing this project evaluation. These people also made my trips to Armenia memorable through their friendship:

Rebecca Kohler, Chief of Party, PRIME/Armenia
Hayk Gyuzelyan, Evaluation Officer, PRIME/Armenia
Zara Melkonyan, Project Monitoring Officer, PRIME/Armenia
Mamuka Djibuti, HR Consultant, Georgia

The author also would like to thank Mary O'Neil and Stephen Reimann from MSH for their professionalism and for helping me understand the project for better evaluation.

I would also like to thank Alison Ellis, Director of the Monitoring and Evaluation Unit, for providing necessary technical and administrative assistance for this evaluation.

TABLE OF CONTENTS

EXECUTIVE SUMMARY	4
1. BACKGROUND	7
2. SCOPE OF WORK FOR THE EVALUATION	10
3. METHODOLOGY	14
4. RESULTS	15
4.1 Results of <i>INPUT</i> Indicators:	15
4.2 Results of <i>PROCESS</i> Indicators:	16
4.3 Results of <i>OUTPUT</i> Indicators:	22
4.4 Results of <i>OUTCOME</i> Indicators:	22
5. CONCLUSIONS	25
6. RECOMMENDATIONS	30

Annex 1: Focus group discussion guides

Annex 2: Scope of work for M&L consultant conducting focus group discussions

Annex 3: Checklist for observation of post-partum care services delivered by nurses and midwives

Annex 4: Checklist for observation of pregnancy and prenatal care examination care delivered by physicians

Annex 5: Client exit interview

Annex 6: Interview with service providers

EXECUTIVE SUMMARY

In July 2002, the global PRIME II project¹ launched a two-year comprehensive program in Armenia to improve the performance of primary health care providers in key maternal and child health services, with a special emphasis on nurses working in the most rural, isolated facilities in one region of the country. The program sought to expand the role of rural nurses and midwives through building their technical competence with appropriate training and supportive supervision, creating a more conducive policy environment and upgrading their working conditions. The program concentrated field activities in 60 primary health care facilities and their referral centers in Lori Marz, a region located in the far north of the country. USAID/Armenia supported the program, with supplementary funds from USAID/Washington.

One key component of the PRIME II program was to improve management and supervision systems in support of primary reproductive health care. This component was a one-year initiative co-led by the Ministry of Health of Armenia, PRIME II and the Management and Leadership (M&L) Program of Management Sciences for Health (MSH). The initiative began in September 2003 and ended in September 2004. The purpose was to improve the performance of service providers by creating a better working environment and establishing a supervisory system integrated with the human resources management (HRM) structure. While the technical focus of PRIME II is on improving service provider performance, M&L concentrates on improving management systems. The two organizations collaborated on this project with the assumption that working with both levels of the supervision system would yield better results and a more sustainable project. The key interventions associated with the joint project included the development of policy guidelines. At the Marz level, the project provided supportive supervision training, follow-up and materials for 38 supervisors. Other programmatic interventions included training and support for 60 providers (nurses, midwives, feldshers²), provision of equipment and supplies, and community outreach (in selected sites).

A mid-term evaluation was conducted by M&L in May 2004 to review progress towards expected results. This final evaluation was conducted upon completion of project activities in September 2004. The evaluation revealed that the core objective of the joint project was accomplished: a supportive supervision system was designed and tested in one region of Armenia; the necessary tools and guidelines were developed; administrative and logistical support was established; and a sufficient number of supervisors were trained. Further, the project was a successful collaboration between PRIME II and M&L during both the implementation and evaluation of the one-year workplan.

The following table summarizes the primary expected results and whether they were achieved.

¹ PRIME II was implemented by IntraHealth, funded by the U.S. Agency for International Development (USAID.)

² Feldshers are rural health workers whose function is similar to a nurse practitioner.

Intended Results	Results Achieved
Better working environment established through <ul style="list-style-type: none"> • Provider training • Community involvement • Provide supplies and equipment 	Fully accomplished Fully accomplished Mostly accomplished
Effective supervision integrated with the HRM structure through <ul style="list-style-type: none"> • Establishing a supportive supervision system • Clarifying roles and expectations of providers 	Fully accomplished Fully accomplished
Improved performance of service providers due to supportive supervision	Mostly accomplished
Increased client satisfaction due to better performing service providers	Partially accomplished
Increased service delivery figures due to better performing service providers and increased client satisfaction	Not accomplished

At the input, process, and output levels, almost all of the intended results were mostly or fully achieved. However, only three of the six client satisfaction indicators were higher in project versus non-project sites and the intended service results at the outcome level were not accomplished. The conceptual framework for the project assumes ambitious outcomes such as improved client satisfaction and improved service delivery. Although the necessary supervisory structure and processes were established and the performance of supervisors and providers (nurses, midwives, feldshers) improved over the life of the project, the corresponding improvements in service delivery results did not manifest. There may be several explanations for these unfavorable outcomes:

- The very short implementation period of this project may be the most important limiting factor to demonstrating these desired outcomes. Two thirds of the project period was devoted to system design and training. At the time of the evaluation, the newly trained supervisors had been out in the field for only a few months. The introduction of supportive supervision requires sufficient time to take root in a health system that for many decades has been practicing authoritarian style of management and control with sporadic supervision. A second follow-up evaluation one year after project completion would likely yield more conclusive results to assess the project's contribution to improving service delivery.
- The desired change in the attitude and practices of service providers may be slow to take place. Service delivery is a complex environment with many interconnected variables. Personality differences among providers, legal problems such as status of rural clinic workers, financial problems including low salaries and lack of funds for recurrent costs of the clinics, inadequate infrastructure, supplies and equipment may all contribute to slower than expected performance improvement at the service delivery level.

Recommendations:

1. There are many determinants affecting increased use of services and improved client satisfaction. Availability of quality services is only one of these. There may be several important yet unidentified social, cultural, economic, physical and cognitive barriers that impede increased use of services and client satisfaction. Future project designs should take these factors into consideration.
2. It is hard to achieve or demonstrate service delivery *outcomes* during short-term projects. In the future, similar projects with short timeframes should focus more on monitoring the service delivery *outputs*.
3. There is a need to continue working with the MOH at the policy level to incorporate updated management practices in day-to-day work and to help them clarify roles and responsibilities at each level of the system.

1. BACKGROUND

Since the breakup of the Soviet Union, the health delivery system in Armenia has been in a continual state of transition in which severe financial constraints and inadequate management systems have contributed to its poor performance. Poorly funded health reforms have contributed to the disintegration of the health system, particularly in rural areas. In 1996, management of health facilities was decentralized to municipal, marz-level and in some cases community authority. Nevertheless the health system lacked clear supervisory structures, managerial roles and responsibilities, particularly between administrative levels and within health facilities. Job descriptions were often outdated, if they existed at all. Although a plan for monitoring service delivery was designed on paper, there was no functional system for supportive supervision, performance appraisal and work planning.

In July 2002, the global PRIME II project launched a two-year comprehensive program in Armenia to improve the performance of primary health care providers in key maternal and child health services, with a special emphasis on nurses working in the most rural, isolated facilities in one region of the country. The program sought to expand the role of rural nurses and midwives through building their technical competence with appropriate training and supportive supervision, creating a more conducive policy environment and upgrading their working conditions. The program concentrated field activities in 60 rural health centers, ambulatories, health posts and their referral centers in Lori Marz representing approximately 60% of the primary care facilities in the province. Lori is one of the 11 administrative provinces located north of Yerevan along the Georgian border (Figure 1). Lori has five administrative regions with a total population of approximately 270,000. USAID/Armenia supported the program, with supplementary funds from USAID/Washington.

Figure 1: Map of Lori District



In August 2002, results of a performance needs assessment conducted by PRIME II throughout Lori Marz suggested that providers were performing substantially below acceptable standards, had weak relationships with their supervisors and did not feel empowered to perform well. Furthermore, supervision needed to evolve from hierarchical, administrative control to a practical system of supportive supervision, problem solving and feedback. Recognizing that supervisors can help create a nurturing work environment that enables primary providers to perform well, PRIME II and the M&L Program saw the opportunity to strengthen the performance of primary care supervisors and reinforce the overarching human resource management (HRM) system, focusing on performance management and supervision.

One key component of the PRIME II program was to improve management and supervision systems in support of primary reproductive health care. This component was a one-year initiative co-led by the Ministry of Health of Armenia, PRIME II and the M&L Program. The initiative began in September 2003 and ended in September 2004. The purpose was to improve the performance of service providers by creating a better working environment and establishing a supervisory system integrated with the human resources management (HRM) structure. While the technical focus of PRIME II is on improving service provider performance, M&L concentrates on improving management systems. The two organizations collaborated on this project with the assumption that working with both levels of the supervision system would yield better results and more sustainable projects. The key interventions associated with the joint project included the development of policy guidelines. At the Marz level, the project provided supportive supervision training, follow-up and materials for 38 supervisors. Other programmatic interventions included training and support for 60 providers (nurses, midwives, feldshers), provision of equipment and supplies, and community outreach (in selected sites).

The specific objectives of the overall program, including the joint PRIME II – M&L initiative, were the following:

- Improve clinical skills of targeted service providers
- Improve service delivery infrastructure of targeted clinics
- Establish a supportive supervision system as part of a wider HRM system in the Lori Marz Region
- Enhance community involvement in health care

The program interventions included:

- Provide medical equipment and improve the infrastructure of targeted facilities
- Provide reproductive health training to targeted service providers
- Expand the role of nurse, midwives and feldshers in basic antenatal, postpartum care and infant care through improved recognition and management of complications and improved community education

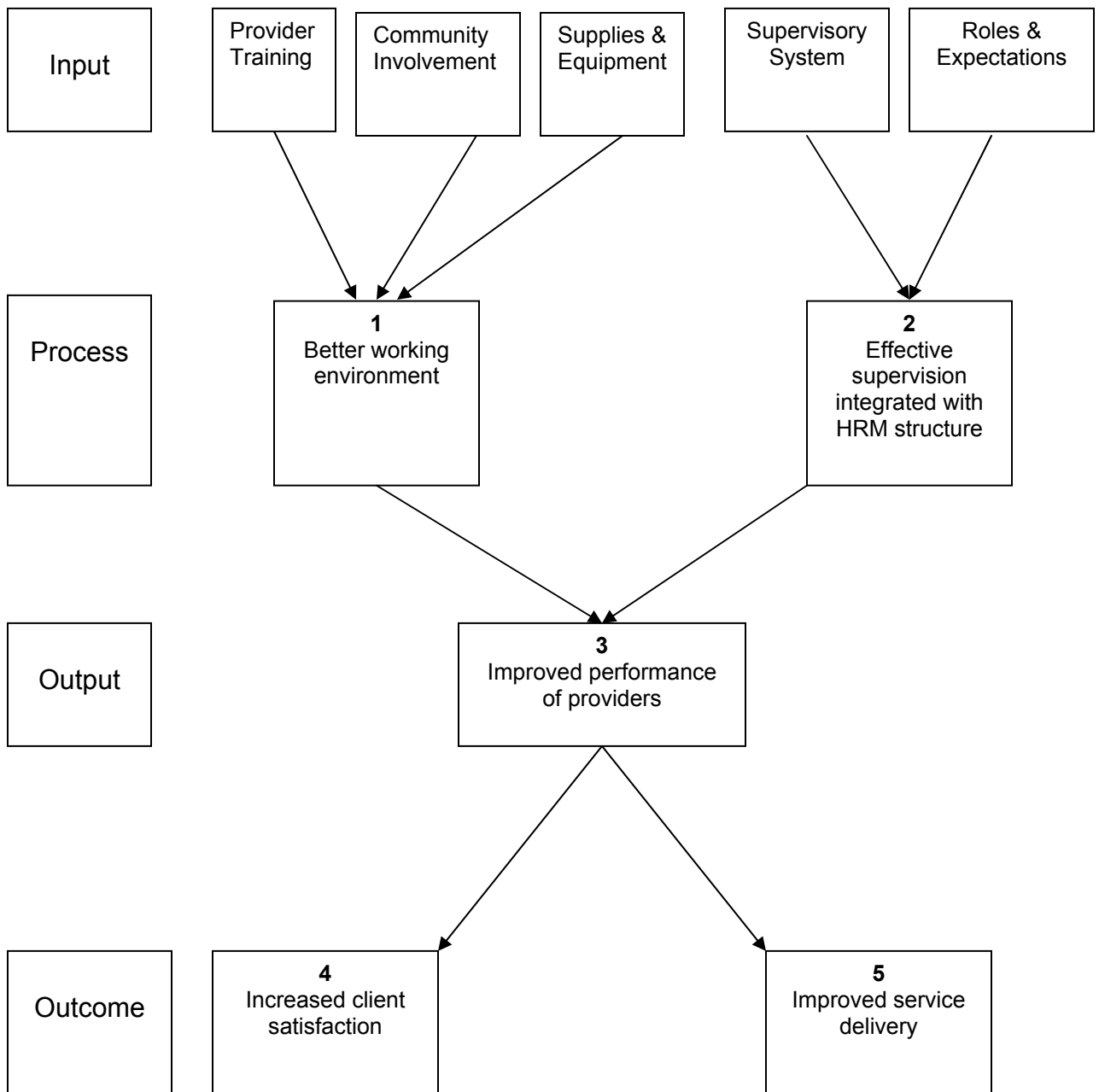
- Establish a supervision system (the term ‘system’ includes supervisory training, integrating the supervisory role and guidelines with the HRM structure as well as building the local capacity to sustain these activities)
- Provide training on supportive supervision and performance review to targeted supervisors
- Develop and disseminate job descriptions
- Develop guidelines and other necessary tools for supervisors
- Establish community groups
- Provide logistical and technical support to trained supervisors

In total, 60 primary health care facilities were targeted. These included women’s consultation clinics, rural health centers, rural ambulatories and health posts (also referred to as FAPs) and their referral maternity hospitals which represented approximately 60% of primary care facilities in Lori Marz.

2. SCOPE OF WORK FOR THE EVALUATION

At the start of the project, PRIME and M&L staff prepared a conceptual framework outlining the logical pathways of the project (Figure 2). It assumes that creating a better working environment and integrating effective supervision with the human resources management structure would lead to improved performance of providers which in turn would increase client satisfaction and improved service delivery.

Figure 2: Conceptual Framework for Evaluation



Based on this framework a number of performance indicators were developed (Table 1) and which formed the basis for the evaluation.

Table 1: Performance indicators

Program Element	Key Assessment Areas	Indicator
INPUT	Supplies & equipment	Index score of equipment/infrastructure availability among FAPs in Lori Marz (LM)
	Provider training	Number of providers who received training in reproductive health (RH)
	Supervisory system	Organizational chart and guidelines are documented and officially adopted for use at the Marz level
		Organizational chart and guidelines are documented and officially adopted for replication at the national level
		Percent of program-trained supervisors who have supervisory guidelines
	Lines of supervision are documented in job descriptions	
Roles & expectations	All cadres of clinical staff have job descriptions that have been disseminated.	
	Number of supervisors in LM trained in supervision and performance review	
Community involvement	Number of community groups established	
	Number of community groups that have prepared and implemented action plans	

Program Element	Key Assessment Areas	Indicator
PROCESS	Better working environment	<p>Staff satisfied with the organization of work in their health facilities</p> <p>Staff feel they can influence decisions made about the organization of services</p> <p>LM Health Department is willing and ready to maintain the supportive supervision system. Key indicators:</p> <ul style="list-style-type: none"> • LM Health Director and key management staff understand the supportive supervision system and its role in the national HRM system • Supportive supervision system is owned and supported by the LM Health Directorate (they have all the necessary tools, trained staff, resources and future plans) • Program-trained and supported supervisors use the skills and the approaches of supportive supervision (i.e., they feel confident about solving problems within their area of responsibility, they have adequate skills and tools, they receive support from senior management, they have operational plans) • Service providers perceive the supportive supervision system as enabling them to do their job better <p>Key MOH decision makers in Yerevan understand the supportive supervision system and its role in the national HR system</p> <p>Key MOH decision makers in Yerevan are willing to and have a plan to advocate that the supportive supervision model be adopted by other Marzes</p>
	Effective supervision	Performance score of the supervisors based on observation
OUTPUT	Improved performance of providers	<p>Average antenatal care (ANC) score of nurses/midwives/feldshers</p> <p>Average postpartum care (PPC) score of nurses/midwives/feldshers</p>

Program Element	Key Assessment Areas	Indicator
OUT-COME	Increased client satisfaction	<p>Client felt the information she shared with the provider would be kept confidential</p> <p>Client felt she was treated “very well” by the provider</p> <p>Client felt she was treated “very well” by other staff</p> <p>Client rates the services received as “very satisfactory”</p> <p>Client received counseling about nutrition during pregnancy</p> <p>Client felt that there has been an improvement in the quality of care in the last 12 months (“improved” and “considerably improved”)</p>
	Improved service delivery	<p>Total number of ANC visits</p> <p>Total number of PPC visits</p> <p>Total number of family planning (FP) visits</p> <p>Number of facilities providing and recording ANC visits</p> <p>Number of facilities providing and recording PPC visits</p> <p>Number of facilities providing and recording FP visits</p>

3. METHODOLOGY

Data for this evaluation were collected from the following sources:

1. Service statistics
2. Client exit interviews
3. Observation of providers and supervisors
4. Facility audits
5. In-depth interviews and focus groups with managers, supervisors and service providers

1. **Service statistics:** Total number of antenatal care (ANC) visits, postpartum care (PPC) visits and family planning (FP) visits were collected from Lori Marz before and at the end of the project.
2. **Exit interviews:** In order to assess client satisfaction exit interviews were conducted in targeted facilities before and at the end of the project (see Annex 5).
3. **Observation:** Performance of the trained supervisors was assessed before and at the end of the project using an observation checklist. The instrument assessed the degree to which supervisors could perform the five critical tasks related to supportive supervision. Providers' performance in delivery of antenatal care and postpartum care were also assessed using an observation checklist before and after the project interventions (see Annexes 3 and 4).
4. **Facility audits:** Targeted facilities in Lori Marz were visited before and at the end of the project. During those visits a checklist was used to assess the quality of infrastructure and availability of key equipment needed for providing ANC and PPC.
5. **In-depth interviews and focus groups:** In order to assess how the supervisory system was perceived by managers at different levels, in-depth interviews were conducted with central MOH managers and district managers in Lori Marz. A series of focus group discussions was also conducted with supervisors and facility personnel in Lori Marz to assess their understanding and perception of the impact of the supervisory system. All of these interviews were conducted at the end of the project. An interview guide was prepared in advance to specify the important issues that needed to be explored during the individual and group discussions (see Annex 1).

Independent consultants were hired to conduct the in-depth interviews and focus group discussions (see Annex 2). The PRIME Armenia Office was responsible for collecting service statistics, designing and conducting client exit interviews, facility audits, supervisor and provider observations (see Annex 6) and the data

analysis. M&L assisted in the development of the evaluation framework and indicators and also prepared the in-depth interview and focus group discussion guidelines.

4. RESULTS

4.1 Results of INPUT Indicators:

Supplies & equipment

- **Index score of equipment/infrastructure availability among health posts in Lori Marz**

Availability of key equipment and quality of service delivery infrastructure was measured among the 43 targeted health posts before and at the end of the intervention. The average score, based on the facility checklist, increased from 32.3% to 70.8% at the end of the project.

Provider training

- **Numbers of providers who received training in reproductive health (RH)**

Before the project no providers had received an updated training on RH. During the project in total 60 health care providers, all nurses and midwives, received training.

Supervisory system

- **Organizational chart and guidelines are documented and officially adopted for use at the Marz level**

A review of project documents at the end of the project revealed that the organizational chart and all necessary guidelines were prepared and approved for use in Lori Marz.

- **Organizational chart and guidelines are documented and officially adopted for replication at the national level**

In-depth interviews with senior officials at the MOH in Yerevan revealed that the organizational chart and the guidelines were not officially adopted at the national level. Respondents mentioned that workforce planning is the first priority for the country. Problems such as oversupply and poor distribution of providers are major challenges in Armenia. Strengthening performance management including job descriptions and supportive supervision is another pressing issue according to interviewed officials. The MOH HRM plan, which is under development, puts special emphasis on education reform and will help to incorporate job descriptions and supportive supervision guidelines.

- **Percent of program-trained supervisors who have supervisory guidelines**

During the program 38 supervisors were trained in supportive supervision. All 38 program-trained supervisors have supervisory guidelines and other necessary documents.

Lines of supervision are documented in job descriptions

Job descriptions of supervisors are documented and these job descriptions describe lines of supervision.

Roles & expectations

- **All cadres of clinical staff have job descriptions that have been disseminated**
Baseline measurement revealed that only 29.0% of clinical staff had written job descriptions. At the end of the project 68.1% of the clinical staff had written job descriptions.

- **Number of supervisors in Lori Marz trained in supervision and performance review**

The project trained 38 supervisors in supervision and performance review, meeting the planned targets for this intervention.

Community involvement

- **Number of community groups established**

15 community groups were established during the project (as planned). The purpose of forming community groups was to increase awareness about health care services.

- **Number of community groups that have prepared and implemented action plans**

All 15 community groups prepared and implemented their own action plans. The plans intended to mobilize community members to improve clinical services. Implementation of action plans led to improvements in clinic infrastructure, increases in community education events, and increases in access to basic drugs.

4.2 Results of PROCESS Indicators:

Better working environment

- **Staff satisfied with organization of work at their health facilities.**

The percent of staff from all targeted health facilities satisfied with the organization of work increased from 76.8% (n=56) to 83.7% (n=49) at the end of the project.

- **Staff feel they can influence decisions made about organizing services**

The percent of staff who feel they can influence decisions made about organizing services increased from 49.0% (n=51) to 83.6% (n=55) at the end of the project.

In order to collect information on the following four indicators, PRIME hired Gayane Ghukasyan, Lilit Saponjyan and Aneta Dashyan as consultants to conduct in-depth interviews and focus group discussions. The consultants conducted one in-depth interview with the Lori Marz Health Director and five focus group discussions with senior

managers at the Lori Marz Health Directorate, program-trained supervisors, and service providers at the health centers and ambulatories throughout Lori Marz.

A full report of the in-depth interviews can be obtained from the M&L Program.

- **Lori Marz Health Department is willing and ready to maintain the supportive supervision system. This indicator consists of four sub-indicators, as follows:**

- 1. Lori Marz Health Director and key management staff understand the supportive supervision system and its role in the national HR system.**

The in-depth interview and focus group discussions revealed that senior staff understand the key concepts of supportive supervision. A majority of them had very positive attitudes towards the idea of supportive supervision noting that having the work organized based on this approach is both beneficial and easy. Comments from two informants illustrate these points:

“Supportive supervision helps to identify ongoing problems and find solutions in a very friendly and supportive environment.”

“Supportive supervision project gives the opportunity to perform self-assessment by knowing own rights and responsibilities.”

Similarly, the Marz Health Director stressed the important role of supportive supervision in the national HRM system:

“Every single worker should know what his/her responsibilities are and be responsible for that... In contrast to the previous system, the current supervision system is supportive, explanatory, and focused on correcting the mistakes and doing things better... There were several occasions and several meetings during which representatives of different levels of the system expressed their positive attitude to this supportive supervision system. And the important thing is that all health workers, from the nurse to the head doctor, realize the importance of that system...”

Marz Health Director

The most important achievement perceived by senior managers and supervisors is a change in behavior among nurses and midwives. During the project they became proactive by raising questions and ensuring that their problems received appropriate and positive solutions.

2. Supportive supervision system is owned and supported by the Lori Marz Health Directorate (they have all the necessary tools, trained staff, resources and future plans)

Although supportive supervision is supported by senior managers, their level of ownership is still low. This is mainly due to a lack of clarity about the roles and responsibilities among central, Marz and facility level staff, and the absence of clear systems of accountability for performance at each level of the system. The current system does not give enough authority and resources to Marz health authorities to effectively manage material and human resources.

The in-depth interview and focus group discussions revealed that the Health Directorate needs additional technical and financial assistance to maintain the system. Future plans depend on external resources. Senior managers also felt that in order to sustain and maintain the system, central MOH should officially adopt the guidelines and other tools. While this has not been yet accomplished, other aspects of the program such as regular visits to facilities have been very well established and sustained.

Overall, respondents at all levels expressed a desire that the program continue. They believed they have appropriate skills and work experience to continue to introduce supportive supervision into the entire HRM system, however external support is needed until the new approach is well grounded and the government takes the responsibility to regulate all related procedures. PRIME's support is viewed as an enormous assistance in terms of providing methodological instructions and guidelines, technical and financial support, and the hope for substantial and long-term improvements in the human resource management system in the future.

“We worked on this program for a year and a half and everything was implemented very well. However, I am not sure that after the program is finished we would be able to continue working in the same way. Of course, we have knowledge and skills, and the nurses improved their performance, however, the project implementation cannot be based on the people's willingness and responsible behavior only. We do need transportation for visits; we need other resources that were provided by the project.”

“Nurses will continue to work in the same way for 1-2 months, but if they receive no further support, it would be hard for them to continue their work. We need to think about further steps to make the program sustainable.”

3. Program-trained and supported supervisors use the skills and the approaches of supportive supervision (they feel confident about solving problems within their area of responsibility, they have adequate skills and tools, they receive support from the senior management, they have operational plans)

Focus group discussions revealed that supervisors feel confident about solving problems within their area of responsibility, they have adequate skills and tools and they receive support from senior management. On the other hand their future operational plans depend on external technical and financial assistance.

“When we just started visiting villages in the frame of this project, all nurses were asking for a physician’s support and frequent visits to their villages. But after a while, as we worked with them, nurses became more confident, started to raise questions and demand conditions, tools and supplies for effective organization of care. As a result, positive feedback was received from the community, people started to trust nurses... Nurses themselves acquired self-confidence.”

“The important thing is that when planning a work it is necessary to set realistic goals, which are measurable and possible to implement, in order to achieve the final result.”

“We received very strong educational basis. We had the opportunity to work by ourselves and to assess the work we do. This is also very important component.”

4. Service providers perceive the supportive supervision system as enabling them to do their job better

Focus groups discussions revealed a noticeable difference in providers’ perceptions about the supportive supervision system. Managers and supervisors noticed that nurses and midwives had become proactive by raising questions and making sure that their problems received appropriate and positive solutions. In the last six months of project implementation, relationships between supervisors and service providers improved. Also two-way feedback and the roles and responsibilities of primary health care providers expanded.

“Our relations with our supervisors have improved. Though in the past we also had good working relations, however during the last 6 months we received more substantial support and guidelines in a very warm and friendly manner.”

“If in the past there were any mistakes or shortages noticed by the supervisors, the directives were given in a very formal and punishing manner. Now we have friendly and constructive relations with our supervisors.”

“They [supervisors] have never discriminated against us saying, “You know you are a rural nurse, you don’t know this or that. On the contrary, they were explaining everything in a very understandable form. We were ashamed to do anything incorrectly after receiving such a nice attitude from supervisors.”

In order to collect information on the following two indicators, the M&L project consultant, Mr. Mamuka Djibuti, conducted four in-depth interviews with the following staff in Yerevan at the end of the project.

1. Rusanna Ruzbashyan, Head, Primary Health Care Unit, MOH Armenia
2. Mihran Nazarethyan, Director, School of Health Care Management, AUA, Armenia
3. Murad Kirakosyan, Training Coordinator, School of Health Care Management, AUA, Armenia
4. Robert Javadyan, Head, Science, Education & HRM Department, MOH Armenia

A full report of the in-depth interviews can be obtained from the M&L Program.

- **Key MOH decision makers in Yerevan understand the supportive supervision system and its role in the national HR system**

In-depth interviews revealed that the respondents had a fairly good understanding of the key concepts of supportive supervision. They defined supportive supervision as a very useful tool with great potential for improving the HRM system in Armenia.

Respondents felt that even though it proved to be a very effective tool, supportive supervision alone cannot bring about tangible results in service provision.

“Supportive supervision is a new concept, very useful, especially at the Marz level.”

“The supportive supervision is a core managerial tool, and thus essential part of HRM. Similarly HRM is component of the whole management process. We can not expect a major impact when only one portion of a whole system is addressed.”

As for key inhibiting factors during project implementation, one respondent mentioned the existing legal base, i.e. Law on Health Care, which neither supports nor favors implementation of supportive supervision.

“Supervisors used to know only one approach of supervision, which was punitive. Now they know other approach, which is supportive.”

- **Key MOH decision makers in Yerevan are willing to and have a plan to advocate that the supportive supervision model be adopted by other Marzes**

According to the Head of the HRM Department of the MOH Armenia, “at this stage there is no definite plan for expanding the system”. He also said that more data is needed on the results of various programs addressing HRM issues in different regions of the country.

All major concerns expressed by the respondents were related to the sustainability of the program. Respondents noted that without continuous external support it would be difficult, if not impossible, to scale up program interventions at the national level. They felt that all program activities including trainings and workshops should be implemented at all levels of the health system and should expand.

“We still don’t see the final behavior change. People “woke up”; this was obvious during the monitoring. But how sustainable will these changes be? I am not sure that the supportive supervision will keep being implemented after the program is over.”

Effective supervision

- **Performance score of supervisors based on observation**

The performance score achieved by program-trained supervisors was measured using an observation checklist developed by PRIME. Baseline and end-of-project measurements were conducted among 38 trained targeted supervisors. The average score increased from 67.7% to 74.6% at the end of the project.

4.3 Results of OUTPUT Indicators:

Improved performance of providers

- **Average ANC score of nurses/midwives/feldshers**

The average ANC score achieved by nurses/midwives/feldshers was measured using an observation checklist developed by PRIME. The baseline measurement was conducted among 63 providers producing an average ANC score of 33.5%. At the end of the project the same tool was used among 57 providers in targeted facilities producing an average score of 46.0%.

- **Average PPC score of nurses/midwives/feldshers**

Average PPC score of nurses/midwives/feldshers was measured using an observation checklist developed by PRIME. The baseline measurement was conducted among 63 providers producing an average PPC score of 50.0%. At the end of the project, the same tool was used among 57 providers in targeted facilities resulting in an average score of 60.1%.

4.4 Results of OUTCOME Indicators:

Increased client satisfaction

Although increased client satisfaction was one of the two intended outcomes of the project, PRIME experienced difficulties in applying appropriate tools and methods to properly measure client satisfaction levels during the startup period of the project. Inadequate sampling was one of the several technical problems experienced. Thus, results of baseline client exit interviews are not included in this report. During the project closeout 11 project sites and 7 non-project sites were included in the sampling frame in order to measure client satisfaction. In total 39 clients from project sites and 77 clients from non-project sites were interviewed using the same tool.

Table 2: Results of end of project client satisfaction indicators

Indicators	Project sites (n=39) %	Non-project sites (n=77) %
Client felt that information she shared with provider would be kept confidential	80.8 (n=26)	81.1 (n=53)
Client felt she was treated “very well” by the provider	76.9	55.8
Client felt she was treated “very well” by other staff	51.3	51.9
Client rates the services received as “very satisfactory”	23.1	23.4
Client received counseling about nutrition during pregnancy	48.7	40.3
Client felt that there has been an improvement in the quality of care in the last 12 months (“improved” and “considerably improved”)	81.0	69.5

The lack of baseline results makes it difficult to interpret these results. It is not possible to conclude whether or not the initiative had a positive impact on client satisfaction. However, there are still some notable results. More clients in project sites (81%) over nonproject sites (69.5%) felt that there has been an improvement in the quality of care in the last 12 months. Similarly, over 75% of clients in the project sites felt that they were treated “very well” by the provider while only 55.8% of clients in the non-project sites felt the same way.

Improved service delivery

- **Total number of ANC visits**
The total number of ANC visits during the 12 months before the project began was 1,357. This figure dropped to 822 during the 12 month project period.
- **Total number of PPC visits**
The total number of PPC visits during the 12 months before the project began was 430. This figure dropped to 422 during the 12 month project period.
- **Total number of FP visits**
There were no FP visits during the 12 months before the project began and in total there were 8 FP visits during the 12 month project period.
- **Number of facilities providing and recording ANC visits**

Before the project began there were 27 facilities providing and recording ANC visits. At the end of the project this number had increased to 36 facilities.

- **Number of facilities providing and recording PPC visits**

Before the project began there were 27 facilities providing and recording PPC visits. At the end of the project this number had increased to 33 facilities.

- **Number of facilities providing and recording FP visits**

Before the project began there were 11 facilities providing and recording FP visits. At the end of the project this number had dropped to 10 facilities.

5. CONCLUSIONS

The project was a successful example of collaboration between PRIME and the M&L Program. Both partners worked very closely during the implementation of the one-year workplan.

The core objective of the project was to design and implement a supportive supervision system in one region of Armenia, bringing together the technical strengths of two organizations. This evaluation revealed that this objective was accomplished. A supportive supervision system was designed, the necessary tools and guidelines were developed, administrative and logistical support was established, a sufficient number of supervisors were trained, and the system was tested.

The following table summarizes the key input, process, output and outcome indicators and the result achieved at each level.

Table 3: Summary results

Intended Results	Results Achieved
Availability of medical equipment and infrastructure in targeted facilities improved	Mostly accomplished The average score calculated based on the checklist used increased from 32.3% to 70.8% at the end of the project.
Selected providers receive reproductive health training	Fully accomplished During the project 60 health care providers received training in reproductive health.
Organizational chart and guidelines documented and officially adopted for use at the Marz level	Fully accomplished Organizational chart and supervisory guidelines were prepared and approved for use in Lori Marz.
Organizational chart and guidelines documented and officially adopted for replication at the national level	Not accomplished Currently there are no plans to replicate the supportive supervision at the national level.
All program-trained supervisors have supervisory guidelines	Fully accomplished During the program 38 supervisors were trained in supportive supervision. These 38 program-trained supervisors have guidelines and other necessary documents.
Lines of supervision are documented in job	Fully accomplished Job descriptions of supervisors describe lines of

Intended Results	Results Achieved
descriptions	supervision.
All cadres of clinical staff have job descriptions that have been disseminated	Mostly accomplished Baseline measurement revealed that only 29.0% of clinical staff had written job descriptions. At the end of the project 68.1% of the clinical staff had written job descriptions.
A group of supervisors in Lori Marz trained in supervision and performance review	Fully accomplished In total 38 supervisors were trained in supervision and performance review.
Community involvement increased through establishing groups	Fully accomplished 15 community groups were established during the project. All of these groups prepared and implemented their own action plans.
A better working environment established through staff satisfaction	Fully accomplished Percent of staff satisfied with the organization of work increased from 76.8% to 83.7% at the end of the project. Percent of staff feeling they can influence decisions made about organizing services increased from 49.0% to 83.6% at the end of the project.
Lori Marz Health Director and key management staff understand the supportive supervision system and its role in the national HR system	Fully accomplished Senior staff understand the key concepts of supportive supervision.
Supportive supervision system owned and supported by the Lori Marz Health Directorate	Partially accomplished Although supportive supervision is supported by senior managers, their level of ownership is still low due to low availability of resources. Future plans depend on external technical and financial assistance.
Program-trained and supported supervisors use the skills and the approaches of supportive supervision	Mostly accomplished Supervisors feel confident about solving problems within their area of responsibility, they have adequate skills and tools and they receive support from senior management. On the other hand their future operational plans depend on external technical and financial assistance.
Service providers perceive the supportive supervision system as enabling them to do their job better	Fully accomplished In the last six months of project implementation, relationships between supervisors and service providers had improved.
Key MOH decision makers in Yerevan	Mostly accomplished MOH staff defined supportive supervision as a very useful

Intended Results	Results Achieved		
understand the supportive supervision system and its role in the national HR system	tool with great potential for improving the HRM system in Armenia. On the other hand they believed that supportive supervision alone cannot bring tangible results.		
Key MOH decision makers in Yerevan are willing to and have a plan to advocate for the supportive supervision model be adopted by other Marzes	<p>Partially accomplished</p> <p>Interview respondents (managers) stressed that workforce planning is the first priority for the country rather than the supportive supervision. Although senior staff strongly felt the need to scale up the program at the national level currently there is no definite plan for that purpose.</p>		
Supervisory system in Lori Marz would improved through better performing supervisors	<p>Mostly accomplished</p> <p>Performance score of the program-trained supervisors based on observation (n=38) increased from 67.7% to 74.6% at the end of the project.</p>		
Performance of service providers improved due to supportive supervision	<p>Mostly accomplished</p> <p>Average ANC score of nurses/midwives/feldshers increased from 33.5% (n=63) to 46.0% (n=57) at the end of the project.</p> <p>Average PPC score of nurses/midwives/feldshers increased from 50.0% (n=63) to 60.1% (n=57) at the end of the project.</p>		
Client satisfaction increased due to better performing service providers	<p>Partially accomplished</p>	<p>Project sites (n=39) %</p>	<p>Non-project sites (n=77) %</p>
	Client felt the information she shared with provider would be kept confidential	80.8 (n=26)	81.1 (n=53)
	Client felt she was treated “very well” by the provider	76.9	55.8
	Client felt she was treated “very well” by other staff	51.3	51.9
	Client rates the services received as “very satisfactory”	23.1	23.4
	Client received counseling about nutrition during	48.7	40.3

Intended Results	Results Achieved		
	pregnancy Client felt that there has been an improvement in the quality of care in the last 12 months	81.0	69.5
Service delivery figures improved due to better performing service providers and increased client satisfaction	Not accomplished Total number of ANC visits Total number of PPC visits Total number of FP visits Number of facilities providing and recording ANC visits Number of facilities providing and recording PPC visits Number of facilities providing and recording FP visits	12 months before the project 1,357 430 0 27 27 11	12 months during the project 822 422 8 36 33 10

The table above indicates that almost all of the intended results have been mostly or fully achieved. In-depth interviews and focus group discussions in Lori Marz indicate that the new system was accepted with great enthusiasm and perceived as an integral part of the human resource management system. It was also perceived as a tool for empowering service providers and improving their performance.

The project also helped health managers both in Lori Marz and in Yerevan to comprehend the complex and salient issues surrounding HRM in the health sector in Armenia. Managers at all levels seem to understand that any HRM system would be incomplete without a supportive supervision system. At the same time, they were also clear that a supportive supervision system alone is not a panacea and substantial results cannot be achieved without improving the overall HRM system. It should also be noted it was a major challenge for the project to work in a post-Soviet country where almost all the systems have fallen apart and need to be rebuilt. That may explain why workforce planning is perceived as the first priority for the country by senior managers in Yerevan.

The conceptual framework designed for this project assumes ambitious outcomes such as improved client satisfaction and improved service delivery. However, results of this evaluation indicate higher levels of client satisfaction on only three of six indicators between project and non-project sites. Furthermore, results show a

decline in three of the selected service delivery indicators and only a slight increase in the remaining three indicators. There may be several explanations for these unfavorable outcomes:

- The very short implementation period of this project may be the most important limiting factor to demonstrating the desired outcomes. Two thirds of the project time was devoted to system design and training. At the time of the evaluation, the newly trained supervisors had been out in the field for only a few months.
- The desired change in the attitude and practices of service providers may be slow to take place. Service delivery is a complex environment with many interconnected variables. Personality differences among providers, legal problems such as the status of rural clinic workers, financial problems including low salaries and lack of funds for recurrent costs of the clinics, inadequate infrastructure, supplies and equipment may all contribute to slower than expected performance improvement at the service delivery level.

6. RECOMMENDATIONS

- There are many determinants affecting increased use of services and improved client satisfaction. Availability of quality services is only one of those. There may be several important yet unidentified social, cultural, economic, physical and cognitive barriers that impede increased use of services and satisfaction. Future project designs should take these factors into consideration.
- It is hard to achieve or demonstrate service delivery *outcomes* during short-term projects. In the future, similar projects should focus more on monitoring the service delivery *outputs*.
- There is a need to continue working with the MOH at the policy level to incorporate updated management practices in day-to-day work and to help them clarify roles and responsibilities at each level of the system.

Annex 1: Focus group discussion guides

Focus Group Discussion Guidelines for the Senior Managers at the Lori Marz Health Directorate

Expected key outcomes: Assess Lori Marz Health Directorate staff's level of understanding of the key concepts of supportive supervision system and its role in the national system.

Assess the level of ownership and support provided by Lori Marz Health Directorate for the implementation of supervision system.

Target persons: Lori Marz Health Directorate staff

Based on the expected outcomes the following key questions should be discussed with the focus group participants;

- **Understanding of the key concepts**
 1. How do the focus group participants define supportive supervision system?
 2. Is there a common agreement on the definitions?
 3. Are there confusing concepts?
 4. How do the focus group participants place supportive supervision within the national system?

- **Project implementation and results**
 1. What are the most important benefits of the project?
 2. Which components of the project worked well?
 3. Which components of the project did not work well?
 4. What were the key success factors during the project implementation?
 5. What were the key inhibiting factors during the project implementation?

- **Level of ownership and support**
 1. Do the participants feel that they have adequate skills and understanding to maintain and expand the system?
 2. Is there a need for additional external technical assistance?
 3. Is there a need for additional external financial assistance?
 4. Is there enough trained staff to maintain the system?

- **Future plans**
 1. Is Lori Marz Health Directorate planning to maintain and expand the system?
 2. If not, why?

Focus Group Discussion Guidelines for the Service providers at the Lori Marz Health Directorate

Expected key outcomes: Assess the service providers' perceptions of the supportive supervision system

Target persons: Selected service providers who were visited by program trained supervisors at least twice

Based on the expected outcomes the following key questions should be discussed with the focus group participants;

- **Understanding of the key concepts**
 1. What do the participants know about supportive supervision system?

- **Project implementation and results**
 1. How do the participants define their relationship with program trained supervisors?
 2. What are the main differences between classical supervision and supportive supervision?
 3. How did the supervisors help service providers to perform better?
 4. Are there any stories related to their experience with supervisors?
 5. Which components of the project did not work well?

- **Level of ownership and support**
 1. Do the participants feel confident at solving problems within their area of responsibility?
 2. Do the participants receive adequate support from the program trained supervisors?
 3. If not, what additional support is needed?

Focus Group Discussion Guidelines for the Senior Managers at the Ministry of Health in Yerevan

Expected key outcomes: Assess Ministry of Health managers' level of understanding of the key concepts of supportive supervision system and its role in the national system.

Assess the key MOH decision makers' willingness to advocate for supportive supervision model being adopted by other Marzes

Target persons: **Selected** key MOH decision makers in Yerevan

Based on the expected outcomes the following key questions should be discussed with the focus group participants;

- **Understanding of the key concepts**
 1. How do the focus group participants define supportive supervision system?
 2. Is there a common agreement on the definitions?
 3. Are there confusing concepts?
 4. How do the focus group participants place supportive supervision within the national system?
- **Project implementation and results**
 1. What are the most important benefits of the project?
 2. Which components of the project worked well?
 3. Which components of the project did not work well?
 4. What were the key success factors during the project implementation?
 5. What were the key inhibiting factors during the project implementation?
- **Level of ownership and support**
 1. Is there a need for additional external technical assistance?
 2. Is there a need for additional external financial assistance?
- **Future plans**
 1. Is MOH planning to advocate and expand the system to other Marzes?
 2. If not, why?

Annex 2: Scope of work for M&L consultant conducting focus group discussions

Period of Performance: September 2004

Overall Purpose: Participate in the final evaluation of the PRIME II & MSH Human Resource Management and Supervision Strengthening Project in Armenia through conducting focus group discussions (FGD) with the program recipients working at different levels.

Specific Objectives: The consultant will ensure that the FGD provide in-depth information to assess the following indicators:

- Lori Marz Health Director and key management staff understand the supportive supervision system and its role in the national HR system
- Supportive supervision system is owned and supported by the Lori Marz Health Directorate (they have all the necessary tools, trained staff, resources and future plans)
- Program trained and supported supervisors use the skills and the approach (they feel confident at solving problems within their area of responsibility, they have adequate skills and tools, they receive support from the senior management, they have operational plans)
- Service providers perceive the supportive supervision system as enabling them to do their job better
- Key MOH decision makers in Yerevan understand the supportive supervision system and its role in the national HR system
- Key MOH decision makers in Yerevan are willing to and have a plan to advocate that the supportive supervision model be adopted by other Marzes

Specific Tasks: The consultant is expected to perform the following tasks;

Before the field work:

- Read all the relevant documents provided by PRIME II and MSH
- Translate the FGD topics and discussion questions into Armenian

During the field work:

- Conduct one FGD discussion with senior managers of Lori Marz Health Directorate
- Conduct one or two FGDs with program trained supervisors in Lori Marz
- Conduct one or two FGDs with selected service providers in Lori Marz
- Conduct one or two FGDs with senior managers at Ministry of Health in Yerevan
- Record and document each FGD

After the field work:

- Transcribe the recorded FGDs and prepare individual written reports in English for each FGD conducted, with the list of participants who attended

Final Product:

A final report in English with a comprehensive, overall analysis and interpretation of results will be prepared within 10 days after the field work is completed.

Technical and administrative supervision:

The contractor will work in close collaboration with PRIME II staff in Yerevan and Lori Marz. Hayk Guzelyan and Zara Melkonyan will serve as the technical and administrative supervisor and Rebecca Kohler, Country Director of the PRIME II, Armenia &L will supervise the overall process.

Estimated LOE:

3 days preparation
6 days field work
6 days report writing

Annex 3: Checklist for observation of post-partum care delivered by nurses and midwives

General Information

Date of the observation (dd/mm) _____

Name of Interviewer, team number

Clinic name

ID # of the provider (the Interviewer should ensure that the number coincides with the list number forseen for the observations).

--	--	--	--

Good morning. My name is _____. Also present are _____. I represent INTRAH PRIME II international organization which conducts this survey in cooperation with the Ministry of Health. Its goal is to evaluate the service quality in Lori and Shirak marzes. The research is confidential and the received data will be presented only in a summarized form. Your name and the name of the facility will not be mentioned anywhere.

We are going to observe you performing a Prenatal Care service.

Your participation is voluntary, you can refuse to participate in the study or any component of it.

Should I proceed?

NOTE TO THE OBSERVER: Conduct this observation whenever possible through a real client-provider interaction. If there are no clients/patients at the time of the visit, conduct a simulated exchange with the following scenario: this is a young married woman of 23, first-time pregnant who has gone to the nearest hospital for delivery, had a normal delivery and was discharged 2 days after. Tell the provider s/he should include all elements in the interaction, including education/information, examinations and procedures. Do not remind the provider about steps forgotten to include. Only register steps/procedures spontaneously carried out/mentioned by the provider. Mark the way in which the information was collected, below.

Information was collected through a simulated exchange and not through observation of a real case.

Information was collected through a real-case scenario.

Use the following guide to mark the results of your observations:

1 = Done
applicable

0 = Not done, or done unsatisfactorily

NA = Not applicable

#	ITEM	Y / N / NA
1	Washes hands with soap & water and dries them	
2	Greets and calls woman by her name or surname and introduces him/herself if first visit	
3	Ensures woman is in a comfortable environment	
4	Explains purpose of the session and nature of the procedures	
5	Asks questions and allows client to express herself	
6	Pays attention and is interested in personal problems of the woman	
7	Asks about last pregnancy and delivery: evolution, outcome, any complications	
8	Asks about present status and any danger sign (bleeding, fever, excessive pain)	
9	Explores pulse rate	
10	Explores blood pressure	
11	Explores temperature	
12	Examines skin and <i>conjunctivae</i>	
13	Checks for legs - oedema, redness and varicose veins	
14	Inspects and palpates abdomen for uterine involution	
15	Examines breasts and inquires for any lactation problem	
16	Examines lochia (amount, color, smell)	
17	Asks about baby's health: sleeping, feeding, posture, skin color, breathing, fever	
18	Assesses baby's health: feeding, posture, skin color, breathing, fever	
19	Informs woman about her health condition	
20	Informs woman about the baby's health condition	
21	Informs woman about potential complications and trains on self-assessment	
22	Orients woman about breast-feeding and breast care	
23	Orients woman about personal hygiene	
24	Orients woman about gender, sexuality, STI prevention	
25	Counsels about nutritional needs	
26	Orients woman about hospital/clinic services (e.g. location, hours, etc) for follow-up	
27	Orients woman about baby vaccination	
28	Orients woman about birth spacing and contraception	
29	Solicits questions to ensure client has understood	
30	Schedules appointment/next visit according to needs and woman's convenience	

31	Records all findings, assessments, diagnosis and care with client	
32	Thanks client for her time	

Finishing time _____

Annex 4: Checklist for observation of pregnancy and prenatal care examinations conducted by physicians

General Information

Date of the observation (dd/mm)_____/_____/_____ Starting time _____

Data Collector's (your) full name, Team # _____

--	--

Clinic name _____

Clinic address _____

ID # of the provider (the Interviewer should ensure that the number coincides with the list number foreseen for the observations).

--	--	--

--

Good morning. My name is _____. Also present are _____. I represent INTRAH PRIME II international organization which conducts this survey in cooperation with the Ministry of Health. Its goal is to evaluate the service quality in Lori and Shirak marzes. The research is confidential and the received data will be presented only in a summarized form. Your name and the name of the facility will not be mentioned anywhere.
We are going to observe you performing a Prenatal Care service.
Your participation is voluntary, you can refuse to participate in the study or any component of it.
Should I proceed?

NOTE TO THE OBSERVER: Conduct this observation whenever possible through a real client-provider interaction. If there are no clients/patients at the time of the visit, conduct a simulated observation with the following scenario: this is a young married woman of 23, first-time pregnant who comes first time to the provider and the clinic. She is approximately 7 months pregnant, has been seen once before in another clinic but did not have money before to access this clinic. Tell the provider s/he should include all elements in the interaction, including education/information, examinations and procedures. Do not remind the provider about steps forgotten to include. Only register steps/procedures spontaneously carried out/mentioned by the provider. Mark the way in which the information was collected, below.

2 Information was collected through a simulated exchange and NOT through observation of a real case.

1 Information was collected through a real-case scenario.

Use the following guide to mark the results of your observations:

1 = Done
applicable

0 = Not done, or done unsatisfactorily

NA = Not applicable

#	ITEM	Y / N / NA
1	Washes hands with soap & water and dries them	
2	Greets and calls woman by her name/surname and introduces him/herself if first visit	
3	Ensures woman is in a comfortable environment	
4	Explains purpose of the visit and nature of the interventions	
5	Asks questions and allows the woman to express herself	
6	Pays attention and is interested in personal problems of the woman	
7	Reviews clinic record before starting the session/does new record for new client	
8	For first consultation, checks about previous pregnancies: number, evolution and outcomes	
9	For current pregnancy: assesses LMP, symptoms, Lab tests (urine, blood if applic)	
10	In case it is possible performs medical examination (urine, blood)	
11	Collects woman's medical anamnesis	
12	Explores pulse rate	
13	Explores blood pressure	
14	Explores temperature	
15	Gets anthropometric measurements: weight, height	
16	Examines skin and conjunctivae	
17	Examines the legs for oedema, redness and varicose veins	
18	Examines thyroid, mouth	
19	Examines breasts	
20	Examines the heart and lungs, in case it is necessary sends her to the relevant specialist	
21	Inspects and palpates abdomen for scars, pigmentation...	
22	Palpates uterus and performs maneuvers to detect fetal position and situation	
23	Measures uterine height, abdomen circumference and listens to the fetal heart rate (in case of pregnancy of 18 weeks and more)	
24	Determines weeks of pregnancy and probable delivery date	
25	Informs woman about the progress of pregnancy	
26	Informs woman about her health condition	
27	Informs woman about the fetus' health condition	
28	Informs woman about any complications	
29	Orients woman for the place of delivery (hospital, contacts, transportation, etc)	
30	Orients woman about management of common pregnancy-related afflictions	
31	Orients woman about personal hygiene, rest and general care	

32	Orients woman about gender, sexuality, STD prevention	
33	Orients woman about alarm signs: pain, fever, bleeding and loss of vaginal fluid	
34	Counsels about nutritional needs and prescribes iron and fola	
35	Informs woman of positive and side effects of medicines during pregnancy	
36	Orients woman about breast feeding, baby vaccination and use of contraception	
37	Orients woman about baby vaccination	
38	Orients woman about birth spacing and use of contraception	
39	Solicits questions to ensure client has understood	
40	Schedules the next appointment according to clinic needs and woman's convenience	
41	Records all findings, assessments, diagnosis and care with client	
42	Thanks client for her time	

Finishing time _____

Annex 5: Client Exit Interview Questionnaire

General Information

Date (day/month/year)_____/_____/_____/

Starting Time_____

Interviewer (Your) name. Team #_____

Name of the Facility_____

Address of the Facility_____

ID # of the provider (the Interviewer should ensure that the number coincides with the list number forseen for the observations).

--	--	--	--

INSTRUCTIONS TO INTERVIEWER:

Sampling instructions.

Take a list of all families that have pregnant women or babies of up to 12 months old.

Good morning. My name is_____. I represent INTRAH PRIME II Project which conducts this survey together with the Ministry of Health. This inquiry aims to increase the quality of maternity health care services. The inquiry is STRICTLY ANONYMOUS, your name will not be mentioned anywhere and the information provided by you will be presented only in a summarized form. Our main purpose is to see whether there has been any difference in the quality of medical services between now and 12 months ago. The interview process will take 20 to 25 minutes. You can choose not to answer any particular question or series of questions if you feel uncomfortable.

Can we start now?

TO THE INTERVIEWER. IN CASE OF AGREEMENT GO TO QUESTION 1.

The tasks to be completed by this instrument:

1. To reveal the difference between the pre-Prime and post-Prime.
 - a. Has there been any difference in the attention of the provider?
 - b. Has there been any difference in total attitude of the provider?
 - c. More comfortable in the interaction with the providers or less?
 - d. Usefulness of the interaction, advices with the provider?
2. Different types of clients.
 - a. Pregnant women
 - b. Women with infants
3. Checking with the nutrition, etc.

No.	QUESTION	RESPONSE	Go to
1.	Type of client	1. Pregnant woman 2. Woman with an infant	
2.	Did you have a necessity to visit a medical facility/provider during the last 12 months?	1. Yes No	If 2, go to Q37*
3.	Did you visit medical facility/ provider?	1. Yes, our local provider in FAP, ambulatory, or health center 2. No	If 1 or 2, go to Q1
4.	Was it a doctor or nurse/midwife?	1. Nurse/midwife 2. Doctor	
5.	Did he/she refer you to some other medical facility?	1. Yes 2. No	
6.	Did you visit that facility?	1. Yes 2. No	If 1, Go to
7.	What was (were) the main reason(s) for not visiting a doctor/medical facility? (INTERVIEWER: CIRCLE ALL THAT APPLY)	1. Official charges for medical treatment 2. Non-official charges for medical treatment 3. Remoteness of medical facilities 4. Low quality of medical services 5. Absence of skilled physicians/providers 6. Distrust toward physicians/medical services 7. I preferred traditional treatment 8. Did not know where to go 9. Disease was not so complicated that I treated myself 10. Other_____	

SECTION 1. INFORMATION ABOUT THE VISIT			
No.	QUESTION	RESPONSE	GO TO
	Is there any difference compared to a year ago?		
	The questions from 1 to 16 concern treatment/consultation with pregnant women. The rest of the respondents goes to question 17		
	During this pregnancy, did a provider explain the pregnancy complications that would require you to immediately seek medical attention?	Yes.....1 No.....2 Don't know/Don't remember.....9	If NO, go to Q 7
	Were you satisfied with the advice that you received for the complications?	Yes.....1 No.....2 Don't know.....9	
SECTION 2. CLIENT SATISFACTION			

SECTION 1. INFORMATION ABOUT THE VISIT			
No.	QUESTION	RESPONSE	GO TO
	How useful did you find the information given to you during the last visit?	Very useful1 Useful2 Slightly useful.....3 Not useful4 Don't know/Don't remember.....9	
	Did you have enough privacy during your exam? (Could any person, other than those caring for you, see you?)	Yes1 No.....2 Don't know.....9	
	When meeting with the provider during your visit, do you think that other clients could hear what you said?	Yes1 No.....2 Don't know.....9	
	Do you THINK the information you shared about yourself with the provider will be kept confidential?	Yes1 No.....2 Don't know.....9	
	During the last visit to the clinic, how did the provider treat you?	Very well1 Well.....2 Poorly3 Very poorly.....4	
	During the last visit to the clinic, how did the other staff treat you?	Very well.....1 Well.....2 Poorly3 Very poorly.....4 There was no other staff5	
	How long did you wait between the time you arrived at this clinic and when provider accepted you?	Minutes _____ Don't know.....9	
	During the last visit, did the provider give you any material to take home for reading?	Yes1 No.....2	If NO, go to Q 32
	What is (are) the <u>major</u> reason(s) that you chose to come to this facility? (TO THE INTERVIEWER: DON'T READ THE OPTIONS, ACCEPT NO MORE THAN TWO OPTIONS)	1. Nearest to me 2. Staff provide good service 3. I like/know the staff 4. Better facilities 5. Good reputation 6. Always come here 7. Friends /relative recommend 8. Treatment charges are affordable 9. Other (specify) _____	

SECTION 1. INFORMATION ABOUT THE VISIT			
No.	QUESTION	RESPONSE	GO TO
	Overall, how do you rate the services you received at this facility ?	Very satisfactory1 Satisfactory.....2 Dissatisfactory3 Very dissatisfactory4 Don't know.....9	
	Give one or more major suggestion(s) that you think will improve the services at this facility. (INTERVIEWER. DON'T READ THE OPTIONS. MENTION ALL THE OPTIONS)	1. Increase space1 2. Improve hygiene/cleanliness.....2 3. Improve supply of drugs.....3 4. Buy necessary equipment4 5. Regularly available doctor.....5 6. Increase number of providers.....6 7. Increase motivation of providers.....7 8. Increase professional level of providers8 9. Supervise providers.....9 10. Increase number of hours open.....10 11. Community be involved in supervision/organization.....11 12. Other (specify).....12	
	How much time (in minutes) did it take you to travel to medical facility? (CONVERT HOURS INTO MINUTES)	Minutes Don't know.....9	
	What means of transport did you use to travel to medical facility?	Walking1 Motorcycle.....2 Private Motor Vehicle3 Public Bus.....4 Taxi.....5 Other (Specify).....	
	What is the major reason for your place of delivery choice?	1. Nearest to me 2. Good service 3. Good reputation 4. I like the staff 5. Always deliver here 6. Friends/Relative recommend 7. Less expensive 8. Other (specify)..... 9. Don't know (DON'T READ)	
	Please assess your means to use medical services by 4 scores scale, where 1 is "medical services are not affordable at all" and 4 – "medical services are completely affordable"	1. Medical services are not affordable at all 2. Medical services are not generally affordable 3. Medical services are pretty much affordable 4. Medical services are completely affordable	
	In general, would you say that medical services are:	1. Completely available for you (your family) 2. Basically available for you (your family) 3. Available only in emergency cases	If 1, go to Q.

SECTION 1. INFORMATION ABOUT THE VISIT			
No.	QUESTION	RESPONSE	GO TO
		4. Not available at all 9. Difficult to answer (DON'T READ)	
	What is the reason for services not being completely available for you and your family?	_____	
	In the following section we are going to ask you questions related to the difference between your local health services now and 12 months. Please try to remember how you used your health services 12 months ago or earlier.		
	Do you feel there has been a difference in the quality of care? Please evaluate the extent of change on the scale 1 to 5, where 1 is considerably worsened and 5 is considerably improved.	1. Considerably worsened 2. Slightly worsened 3. Did not change 4. Slightly improved 5. Considerably improved	
	Do you feel there was a change in how the provider treats you? Have your relations improved with your health provider?	1. Considerably worsened 2. Slightly worsened 3. Did not change 4. Slightly improved 5. Considerably improved	
	Do you get more information about the health services, like vaccination, care for pregnant women, child care	1. Considerably worsened 2. Slightly worsened 3. Did not change 4. Slightly improved 5. Considerably improved	
	Do you think you are more or less willing to visit this facility or use health services in general compared to 12 months ago?	1. Considerably worsened 2. Slightly worsened 3. Did not change 4. Slightly improved 5. Considerably improved	
	How would you evaluate the change in the affordability of services?	1. Considerably worsened 2. Slightly worsened 3. Did not change 4. Slightly improved 5. Considerably improved	
	What, in your opinion, was the major reason for changes?		
SECTION 3. PERSONAL CHARACTERISTICS OF CLIENT			
	How old are you?	Age in years	
	What is the highest level of school that you finished: primary; secondary; or higher?	Primary1 Unfinished secondary.....2 Secondary or Vocational.....3 Higher/University.....4 Not attended school.....5	

SECTION 1. INFORMATION ABOUT THE VISIT			
No.	QUESTION	RESPONSE	GO TO
	Is your current income satisfactory for normal living in Armenia?	1. Significantly more than necessary 2. A little more than the necessary amount 3. As much as it is necessary 4. A little less than the necessary amount 5. Very little from the necessary amount	
	What is your current marital status?	Married.....1 Co-habiting.....2 Single, never married.....3 Engaged.....4 Divorced/separated/widowed.....5	40
	How many children do you have?	Number of children	If 0, go to Q 48
	Pregnant women should seek antenatal care services during the first three months of pregnancy. In your opinion, what makes women delay antenatal care services later of the first three months of pregnancy? (INTERVIEWER: NOT MORE THAN 2 ANSWERS) <ol style="list-style-type: none"> 1. Lack of resources or transportation 2. Lack of knowledge, information 3. People tend not to go if nothing goes wrong 4. Some people do not know they are pregnant 5. Traditional beliefs 6. Dissatisfaction with the quality of care 		

THANK THE RESPONDENT FOR HER/HIS TIME

Ending Time_____

Annex 6: Interview with service providers

GENERAL INFORMATION

Date (dd/mm) ___/___ Start time _____ am/pm

Interviewer's (your) full name, Team # _____

--	--

Name of the Facility _____

Location of the Facility _____

Health worker ID # (Interviewer: make sure that the number corresponds to the numbers of the remaining instruments).

--	--	--	--

PERFORMANCE FACTORS QUESTIONNAIRE

Good morning. My name is _____ . Also present are _____ . I represent INTRAH PRIME II international organization which conducts this survey in cooperation with the Ministry of Health. Its goal is to evaluate the service quality in Lori and Shirak marzes. Your opinion is very important for us. The research is confidential and the received data will be presented only in a summarized form. Your name and the name of the facility will not be mentioned anywhere.

Your participation is voluntary, you can refuse to participate in the interview, or to answer any of the questions if you feel uncomfortable.

Should I proceed?

1. HEALTH WORKER DETAILS

			Nurse	Midwife	Feldsher	Other (Specify)
1.1	What are your responsibilities/ position?		1	2	3	4
1.2	How long have you worked in the health services? (INTERVIEWER: WRITE IN THE NUMBER OF FULL YEARS)					____ Full Years
1.3	How long have you worked in this facility? (INTERVIEWER: WRITE IN THE NUMBER OF FULL YEARS)					____ Full Years

2. JOB EXPECTATIONS

In this section of the questionnaire we'd like to learn more about your job.

	YES	NO	DON'T KNO	FILTER

				W	
2.1	Do you have a written job description of this job?	1	2	9	
2.2	Do you know/understand what roles and tasks you have to carry out in your job?	YES	NO	DON'T KNOW	If NO or DON'T KNOW, go to Q 2.4
		1	2	9	
2.3	Are you involved in discussing these tasks and roles in any way?	YES	NO	DON'T KNOW	
		1	2	9	
2.4	Have standards for your performance been set? That is, <i>how</i> should your work be implemented?	YES	NO	DON'T KNOW	
		1	2	9	
2.5	Do you have any guidelines, models, written material or protocols assisting you to implement your tasks? (INTERVIEWER: READ ALL ANSWERS, CIRCLE ALL THAT APPLY)	Guidelines Models, written material Protocols Literature Posters Other (specify) _____ None			1 2 3 6 7 4 5
2.6	Have your managers created any obstacles that hinder you to carry out your tasks and roles well?	YES	NO	DON'T KNOW	If NO or DON'T KNOW, go to Q 3.1
		1	2	9	

3. MOTIVATION/INCENTIVES

In this set of questions we will ask you how you are awarded for your work

3.1	Are there bonuses or raises in your salary if you do your work well?	YES	NO	DON'T KNOW	
		1	2	9	
3.2	Are there any non-monetary incentives coming from the employer if you do your work well? (INTERVIEWER: MORE THAN ONE ANSWER): 1. Verbal recognition 2. Written recognition 3. Uniforms 4. Free/ reduced medicines 5. Equipment/ medicines 6. Training courses 7. Other, please specify _____ 8. No (DO NOT READ)				

3.3	Are there any non-monetary incentives coming from the client or community if you do your work well? <ol style="list-style-type: none"> 1. Verbal recognition 2. Written recognition 3. In-kind products or small gifts 4. Services in return 5. Respect in community 6. Other, please specify _____ 7. No (DO NOT READ) 	
-----	--	--

4. OPINION/FEEDBACK

In this section we will ask you about your work assessment

(FOR QUESTIONS 4.0, 4.3, 4.6 PLEASE READ THE ENTIRE PROMPT AND RECORD THE RESPONDENTS ANSWER TO THE QUESTION IN BOLD.)

4.0	<i>PROMPT:</i> Let us imagine that a supervisor paid a visit to a health center to review clinic records for completeness and accuracy. At the end of the day he let each provider know how many each of them had filled out correctly. Has anyone ever approached you (verbally or in writing) to give you information on what you have been doing in your work (not only regarding clinic records)?	YES	NO	DON'T KNOW	
		1	0	9	
4.1	Were you able to use this information in a way that helps you do your job better?	YES	NO	DON'T KNOW	
		1	0	9	
4.2	How many times have you experienced something like this in the past six months?	Number of Times			
4.3	<i>Prompt:</i> After that the supervisor approached one provider and told him that he was especially pleased with the provider's work because he had completed client records perfectly without any missing information,. Think of an instance when someone told you that you did something well. After telling you that you did well, did they tell you specifically why it was good?	YES	NO	DON'T KNOW	<i>If NO or DON'T KNOW skip to Q. 4.6</i>
		1	0	9	
4.4	How many times have you experienced something like this in the past six months?	Number of Times			
4.5	Was this information useful to you in your work, that is, did it help you do your job better?	YES	NO	DON'T KNOW	
		1	0	9	
4.6	<i>PROMPT:</i> Let us imagine then that the same day, this same	YES	NO	DON'T KNOW	<i>If NO or</i>

	supervisor approached a different provider to tell him that he was unhappy in how the provider was doing his work specifically because some client records he filed lacked necessary information and were incomplete. Think of a time when someone communicated to you verbally or in writing that you needed to improve in a particular task or area of your work. Did this person specifically communicate to you what it is you should do to improve your work?	1	0	9	<i>DON'T KNOW</i> <i>skip to Q. 5.0</i>
4.7	How many times have you experienced something like this in the last six months?	Number of Times			
4.8	Did you use this information to change the way you did your work?	YES	NO	<i>DON'T KNOW</i>	
		1	0	9	

5. ORGANIZATIONAL SUPPORT

In this part of the questionnaire we would like to ask how your organization helps you to perform your job.

		YES	NO	DON'T KNOW	
5.1	Are you able to influence on the decision-making process in this facility regarding the organization of the health care service (through meetings, by voting, etc.)?	1	2	9	NO or DON'T KNOW, go to Q 5.3
5.5	How many times has a supervisor come to this facility for the purpose of supervising you in the past 6 months?	_____ Times		0 times, skip to question 6.1.	
	Are you satisfied with the way your work is organized?				
5.6	When the supervisor comes to supervise, what does she/he do? 1. Supervisor performs administrative tasks 2. Supervisor attends patients, works in clinic with nurse 3. Supervisor quality checks environment/tools 4. Supervisor solicits client feedback				
5.7	How long does it usually take ____ hr(s). ____ min				

6. EQUIPMENT AND ORGANIZATION

Now you'll be asked some questions about your working conditions.

		YES	NO	DON'T KNOW	
6.1	Do you feel you have an adequate place/space to do your job well?				
	1 the location _____	1	2	9	

	2. the size _____	1	2	9	
	3. light _____	1	2	9	
	4. the level of comfort _____	1	2	9	
	5. other, please specify _____	1	2	9	
6.2	Do you have the equipment, tools and materials necessary to perform your job well?	1	2	9	IF YES, go to 6.4
6.3	IF NO, please, specify all that is necessary. _____				

7. KNOWLEDGE AND SKILLS

7.1	When did you receive your last training in reproductive health (maternal/neonatal care)?	DATE (Month and year):			IF NO, go to Q 7.4
7.2	In what aspect did you receive training? _____				
	Which organization organized the training? _____				
7.3	Have you been able to apply in the work what you learned in the training course?	YES	NO	DON'T KNOW	YES, go to Q 7.5.
7.4	IF NO, Why? _____				
7.5	Do you think you have the knowledge or skills necessary for doing your present job?	YES	NO	DON'T KNOW	If YES, go to Q 8.1
7.6	If no, please specify in what area would you need training? _____				

8. Prime Experience (to be asked only to relevant providers)

1. How would you evaluate Prime's program on a 1 to 4 scale, 1 being not effective at all, and 4 being very effective.

1. Not effective at all
2. Not effective
3. Fairly effective
4. Very effective.

2. How would you evaluate the usefulness of training modules on a 1 to 4 scale, 1 being not useful at all, and 4 being very useful?

- Module 1 (title)
Module 2

- Module 3
- Module 4
- Module 5
- Module 6
- Module 7
- Module 8

3. Have you been able to apply what you learned in the training program?

- Module 1 (title)
- Module 2
- Module 3
- Module 4
- Module 5
- Module 6
- Module 7
- Module 8

4. How would you evaluate the relations with your facilitator?

- 1. Not supportive at all
- 2. Nor supportive
- 3. Fairly supportive
- 4. Very supportive

5. Do you have any suggestions on what could have been done better?

Part II. Performance

Some questions about your facility.

8.6	<p>If you were to judge your own performance, how would you rate yourself on the scale from 1 to 10, 1 being the poorest performance and 10 being the best performance?</p> <table border="1" data-bbox="235 1459 1502 1501"> <tr> <td>1.</td> <td>2.</td> <td>3.</td> <td>4.</td> <td>5.</td> <td>6.</td> <td>7.</td> <td>8.</td> <td>9.</td> <td>10.</td> </tr> </table>	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.		
8.7	<p>And how do you think your supervisor would rate your performance on the scale from 1 to 10, 1 being the poorest performance and 10 being the best performance?</p> <table border="1" data-bbox="235 1617 1502 1659"> <tr> <td>1.</td> <td>2.</td> <td>3.</td> <td>4.</td> <td>5.</td> <td>6.</td> <td>7.</td> <td>8.</td> <td>9.</td> <td>10.</td> </tr> </table>	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.		

8.8. Do you think any of the following items has changed in the last 12 months, since May 2003? Please evaluate the extent of changes on 1 to 4 scale, 1 being significantly worsened, 4 being significantly improved.

- 1. Your relations with your work supervisor(s)?
- 2. Your relations with the community?

3. The level of your professional development?
4. The quality of care you are able to provide for your clients?
5. How willing are clients to come to the medical facility?
6. Your willingness to work?
7. Your relations with your colleagues?

8.9 Generally, what has changed as a result of Prime’s activities in Lori marz? Please feel free to express yourself.

8. PERSONAL DATA

And in the end several short questions about you

9.1	Your age	_____ years old
9.2	Sex (DO NOT READ)	1. Male 2. Female
9.3	Marital status	1. Not married 2. Married 7. Divorced 8. Living separately 9. Widow

THANK YOU FOR YOUR TIME!

Time the interview ends _____