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PATIENT SATISFACTION SURVEY

BASELINE EVALUATION IN KOTAYK, TAVUSH, AND
GEGHARKUNIK MARZES

2007



December, 2008

DISCLAIMER

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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This publication is made possible by the support of the United States Agency for International Development (USAID). It was prepared by the Primary Health Care Reform (PHCR) Project, Armenia. The author's views expressed in this publication do not necessarily reflect the views of the USAID or the United States Government.

Preface

The Primary Healthcare Reform (PHCR) project is a nationwide five-year (2005-2010) program funded by the United States Agency for International Development (USAID) under a contract awarded to [Emerging Markets Group, Ltd.](#) (EMG) in September 2005. The project's primary objective is the increased utilization of sustainable, high-quality primary healthcare services leading to the improved health of Armenian families. This objective is operationalized by supporting the Ministry of Health (MoH) to implement a package of six interventions that links policy reform with service delivery so that each informs the other generating synergistic effects. These six interventions address healthcare reforms and policy support (including renovation and equipping of facilities); open enrollment; family medicine; quality of care; healthcare finance; and public education, health promotion and disease prevention.

“What impact are these interventions having?” is a question frequently asked but less frequently funded. Fortunately, provision was made in the PHCR project to address the “impact” question. PHCR developed a set of six tools to monitor progress and evaluate results. Three of these tools are facility-based and are designed to assess changes through a pre-test and post-test methodology at 164 primary healthcare facilities and their referral facilities. Three other tools are population-based and are designed to assess changes for the whole of Armenia's population, using the same pre-test and post-test methodology.

This report summarizes the baseline assessment of client satisfaction with the health care services at target and comparison primary healthcare facilities in Kotayk, Tavush, and Gegharkunik marzes (Zone 2), creating a referent for future evaluation of project impact on perceived quality of care in Zone 2.

The Center for Health Services Research and Development of the American University of Armenia, one of the sub-contractors to EMG, has primary responsibility for PHCR monitoring and evaluation. Dr. Anahit Demirchyan, Ms. Tsovinar Harutyunyan, Dr. Varduhi Petrosyan, and Dr. Michael Thompson are the primary authors of this study. We would also like to thank Dr. Zaruhi Bakalyan, Dr. Hripsime Martirosyan and Ms. Nune Truzyan for their valuable contribution to all stages of the study. We would also like to thank our interviewers (primary healthcare physicians in the target marzes) for their data collection efforts.

We trust that the findings of this study will be of value, both in improving health outcomes through more informed decision-making and in designing new projects. The report can be found on the PHCR website at www.phcr.am. Comments or questions on this study are welcome and should be sent to info@phcr.am.

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Chief of Party
Primary Healthcare Reform Project

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Acronyms

AUA	American University of Armenia
CHSR	Center for Health Services Research and Development
PHC	Primary Health Care
PHCR	Primary Health Care Reform
PMP	Performance Monitoring Plan
USAID	United States Agency for International Development
M&E	Monitoring and Evaluation

Executive Summary

The Primary Healthcare Reform Project is a five-year program funded by the United States Agency for International Development under contract awarded in September 2005 to Emerging Markets Group, Ltd.. The project is designed to strengthen the Ministry of Health's capacity to introduce key reforms which will increase access to high-quality primary health care services. Main activities of the project include renovating and equipping health facilities; training health providers; introducing open enrollment, a system whereby patients choose their PHC provider; supporting quality improvement; rationalizing healthcare financing; and providing health care education.

The project utilizes a regional scale-up approach, which allows for the zonal expansion of reforms throughout the country over the life of the project. Kotayk, Tavush, and Gegharkunik marzes were targeted by the Project for the second year of implementation. The current assessment establishes baseline value for patients' satisfaction with the health care services (a key indicator in the Project's performance management plan) in Zone 2. This assessment will be repeated at the completion of project activities in these marzes to track the changes in the care quality introduced by the project. Besides assessing the general level of client satisfaction with care, this study also investigated client perspectives on specific aspects of health care provision, including patient-provider interactions, availability and confidentiality of care, and facility conditions; thus, lending insight into the areas where the project should direct efforts so as to increase the quality of care.

The baseline assessment utilized stratified random sampling design. Self-administered surveys were administered to 336 clients of select primary health care facilities in Kotayk, Tavush, and Gegharkunik marzes in June-July 2007. The sampling method and the survey tool used at the current study repeated, with slight modifications, those used for the baseline assessment in Zone 1 (see Baseline Patient Satisfaction Report, Zone 1).

The following key findings emerged from the analysis:

- The general level of satisfaction with health care received at the last visit to primary health care facility was quite high: 71.5% among clients of target facilities and 76.3% among clients of comparison facilities thought that the care they received was good or excellent.
- Approximately 85% of respondents from target and 88.0% from comparison facilities were satisfied with the provider's attitude and care
- Respondents from comparison facilities were significantly more likely to be satisfied with the aspects of care other than the provider qualities (i.e. waiting time, accessibility of services, confidentiality, facility conditions, provision of drugs, etc.), than target respondents (62.2% versus 48.1%).
- The clients with living standards slightly or substantially above average were happier with the services received at their last visit to the clinic than those with lower living standards.
- Seventy-three percent of clients were satisfied with provider qualities in Gegharkunik versus 90.9% in Kotayk and 87.0% in Tavush.
- Respondents from Tavush were the least satisfied with the aspects of care other than provider qualities (21.3% satisfied in Tavush versus 40.4% in Gegharkunik and 72.1% in Kotayk).

1. Introduction

The United States Agency for International Development (USAID) awarded Emerging Markets Group (EMG), an international consulting firm, a five-year contract (2005-2010) to run the Primary Health Care Reform (PHCR) Project (the Project) in Armenia (see <http://www.phcr.am/> for a detailed project description). The primary goal of the Project is to improve population access to quality primary healthcare services through strengthening PHC (Primary Health Care) facilities and family medicine providers, on one hand, and improving public health awareness, health-seeking behavior and competent demand for PHC services, on the other.

The six main components of the PHCR Project are run in the partnership with IntraHealth International Inc., American University of Armenia, Overseas Strategic Consulting, Ltd., and Social Sectors Development Strategies, and include the following activities:

- **Expansion of Reforms:** assisting the Government in establishing a supportive regulatory environment for the advancement of reforms; renovating and equipping PHC facilities nationwide; designing and delivering training to facility management
- **Family Medicine:** developing up-to-date curricula and training materials for continuous medical education; creating free-standing family medicine group practices; providing training to family physicians and nurses
- **Open Enrollment:** introducing the open enrollment principle in the Armenian healthcare sector to promote customer-oriented services by fostering competition among providers
- **Quality of Care:** improving the quality of care by introducing state-of-the-art quality standards and quality assurance procedures; introducing provider licensing and accreditation regulations
- **Healthcare Finance:** increasing the transparency and efficiency of the distribution of healthcare funds through improved service costing and performance-based contracting practices; enhancing accountability at the facility level; determining the use of National Health Accounts
- **Public Education:** enhancing awareness about PHC services offered; improving understanding of open enrollment and acceptance of family medicine providers; promoting healthy lifestyle and health-seeking behavior.

The project utilizes a regional scale-up approach, which allows for the zonal expansion of reforms throughout the country over the life of the project. Kotayk, Tavush, and Gegharkunik marzes were targeted by the Project for the second year of implementation.

The current assessment establishes baseline value for patient¹ satisfaction with the health care services (a key indicator in the Project's performance management plan) in Zone 2. Besides assessing the general level of client satisfaction with care, this study also investigated client perspectives on specific aspects of health care provision, including patient-provider interactions, availability and confidentiality of care, and facility conditions; thus, lending insight into the areas where the project should direct efforts so as to increase the quality of care.

¹ The terms "patient" and "client" are used interchangeably in this report.

2. Study methodology

Sampling

The sample size was calculated using a formula for two sample comparison of proportions (STATA), so as to detect a 10% pre-post difference in satisfaction level within the intervention group, with alpha error of 0.05, and power of 0.75. The resulting sample size was 196. The sample size for the comparison group was limited by feasibility and budgetary constraints, but was sufficient to detect practically significant differences between intervention and comparison groups at baseline and at follow-up. The same formula for two sample comparison of proportions was used, but with power set to 0.65 and the size of the intervention group as reported above. The calculated sample size for the comparison group was 140.

The sampling method used at the current study repeated the method used for the baseline assessment in Zone 1 (see the Baseline Patient Satisfaction Report, Zone 1). Of the 56 health facilities targeted by the PHCR project in Zone 2, 14 were selected through stratified random sampling. Since polyclinics and health centers were not targeted by the project in Zone 2, the target sample included five village ambulatories and nine FAPs. The number of facilities selected from each marz was proportionate to the number of facilities in the general pool of all targeted facilities. Three village ambulatories and seven FAPs were selected for the comparison group.

The samples were broken into clusters of 14 respondents. A cluster size of 14 ensures a satisfactory level of diversity within the sample while maximizing the efficiency of the data collection process. The address of each element in the cluster was selected from the list of the most recent clients of the selected facility. Ten clusters were completed in Kotayk, seven in Tavush, and seven in Gegharkunik. Interviewers visited the selected addresses and provided self-administered questionnaires (Appendix 1) to an eligible respondent until 14 questionnaires were distributed. The completed questionnaires were collected in envelopes (distributed along with the questionnaires) sealed by the respondents to ensure confidentiality of the data. The questionnaire used for the similar assessment in Zone 1 was used in the current study, with slight modifications (see the Baseline Patient Satisfaction Report, Zone 1).

In addition to distributing the self-administered questionnaires, the interviewers completed journal forms (Appendix 2) where information regarding the interview and selection processes was recorded to document compliance with the sampling protocol and response patterns.

Training/pre-testing/data collection

Interviewer training and pre-testing lasted one day in each marz. The PHCR M&E team developed and delivered to interviewers a training guide, containing important information regarding the research objectives, methods, sampling/interview administration, and timeline. A total of 5 interviewers participated. Data collection started on June 1, 2007 and ended on July 3, 2007.

3. Results

Administrative/General

A total of 336 respondents were included in the patient satisfaction survey. Overall, it took 409 attempts to complete 336 interviews (82.2% response rate). The primary reason for non-response was absence of all household members (9.0%), followed by the absence of the eligible respondent (3.7%), or no eligible respondents at the household (1.5%). Refusal by the eligible respondent was recorded in only 5 cases.

Of 336 respondents, 196 were from the target facilities (84 from Kotayk, 56 from Tavush, and 56 from Gegharkunik), and 140 from the comparison facilities (56 from Kotayk, 42 from Tavush, and 42 from Gegharkunik) (Table 1a and 1b).

As shown in Table 1a, the mean age of the sample respondents was 43.8. Almost 76% of the sample were females. Only 5.4% had Institute/University or Postgraduate education. The majority of respondents had either completed professional technical (29.0%) or school education (44.2%); 21.5% had less than 10 years of school education. Only 17.1% of the clients reported general standard of living above average. A similar proportion of people told that their standard of living is substantially below average.

Table 1a. Socio-demographic characteristics of participants by marz

	Kotayk (n=140)	Tavush (n=98)	Gegharkunik (n=98)	Total (n=336)
Mean age (years) mean (n)*	43.5 (124)	47.4 (94)	40.7 (98)	43.8 (316)
Level of education % (n)*				
1. School (< 10 years)	19.4 (24)	19.6 (19)	26.0 (25)	21.5 (68)
2. School (10 years)	45.2 (56)	36.1 (35)	51.0 (49)	44.2 (140)
3. Professional/technical (10-13 years)	27.4 (34)	40.2 (39)	19.8 (19)	29.0 (92)
4. Institute / University or Postgraduate	8.1 (10)	4.1 (4)	3.1 (3)	5.4 (17)
Gender % (n)				
Male	27.0 (33)	23.7 (23)	21.3 (20)	24.3 (76)
Female	73.0 (89)	76.3 (74)	78.7 (74)	75.7 (237)
Family general standard of living % (n)*				
Substantially below average	9.4 (12)	14.4 (14)	29.6 (29)	17.1 (55)
A little below average	8.7 (11)	18.6 (18)	8.7 (11)	14.6 (47)
Average	52.0 (66)	57.7 (56)	52.0 (66)	51.2 (165)
A little above average	22.8 (29)	7.2 (7)	22.8 (29)	13.4 (43)
Substantially above average	7.1 (9)	2.1 (2)	7.1 (9)	3.7 (12)

*the differences are statistically significant, $p < 0.05$

Respondents from Gegharkunik marz were less educated and slightly younger than respondents from Kotayk and Tavush (Table 1a). Also, the highest percentage of families with substantially below average living standards was found in Gegharkunik (29.6% versus 9.4% in Kotayk and 14.4% in Tavush).

No significant differences were observed in any of the demographic characteristics between target and comparison groups (Table 1b).

Table 1b. Socio-demographic characteristics of participants by target/comparison facilities

	Target (n=196)	Comparison (n=140)
Mean age (years) mean (n)	43.1 (181)	44.7 (135)
Level of education % (n)		
School (< 10 years)	22.0 (40)	20.7 (28)
School (10 years)	44.5 (81)	43.7 (59)
Professional/technical (10-13 years)	28.6 (52)	29.6 (40)
Institute / University or Postgraduate	4.9 (9)	5.9 (8)
Gender % (n)		
Male	24.3 (43)	24.3 (33)
Female	75.7 (134)	75.7 (103)
Family general standard of living % (n)		
Substantially below average	16.8 (31)	17.5 (24)
A little below average	13.5 (25)	16.1 (22)
Average	52.4 (97)	49.6 (68)
A little above average	14.1 (26)	12.4 (17)
Substantially above average	3.2 (6)	4.4 (6)

Client perceptions of primary health care provider quality

The respondents were asked a set of questions investigating their opinion about the health care provider they contacted during their last visit to a primary health care facility. As shown in Table 2, the overwhelming majority of respondents both in the target and comparison groups were satisfied with the qualities of the provider at their last visit to a health care facility.

About 91.2% of target respondents considered that the provider was really attentive. Almost 92.0% reported that the provider appeared to enjoy caring for them, while only 37.6% thought the provider was impatient.

Seventy-seven percent mentioned that the provider gave complete explanations, 84.7% responded that the provider considered their preferences regarding the care, and 85.1% reported that the provider understood their problems. Only 12.6% of clients thought that the provider talked down to them, and 20.9% thought the provider was not sufficiently thorough. Eleven percent felt that the provider seemed disorganized and flustered. In the opinion of most of the respondents, the provider appeared to be skillful (89.1%), and treated them with respect (95.3%). In 89.6% of cases, providers explained things in understandable manner, in 71.7% of cases made them feel free to ask questions, in 88.4% helped them to understand the illness, and in 80.1% discussed treatment options with them.

Table 2. Clients' perceptions of provider qualities

Attitude and qualities of a physician/nurse % (n)	Target (n=196)			Comparison (n=140)		
	Yes	To some extent	No	Yes	To some extent	No
Do you think that the provider...						
Was really attentive to you	91.2 (177)	6.7 (13)	2.1 (4)	92.0 (127)	5.8 (8)	2.2 (3)
Appeared to enjoy caring for you	91.7 (177)	6.7 (13)	1.6 (3)	91.3 (126)	5.8 (8)	2.9 (4)
Seemed impatient	37.6 (71)	15.3 (29)	47.1 (89)	34.6 (47)	8.1 (11)	57.4 (78)
Gave complete explanations	77.4 (147)	12.6 (24)	10.0 (19)	78.4 (105)	12.7 (17)	9.0 (12)
Talked down to you	12.6 (24)	5.3 (10)	82.1 (156)	8.8 (12)	5.1 (7)	86.0 (117)
Was not thorough enough	20.9 (39)	17.6 (33)	61.5 (115)	16.8 (22)	14.5 (19)	68.7 (90)
Considered your preferences regarding your care	84.7 (155)	10.4 (19)	4.9 (9)	85.8 (115)	9.0 (12)	5.2 (7)
Understood you when you shared your problems	85.1 (160)	8.0 (15)	6.9 (13)	90.5 (124)	5.8 (8)	3.6 (5)
Seemed disorganized and flustered	11.0 (20)	2.7 (5)	86.3 (157)	85.3 (116)	3.7 (5)	11.0 (15)
Appeared to be skillful	89.1 (164)	8.2 (15)	2.7 (5)	90.6 (126)	7.2 (10)	2.2 (3)
Treated you with respect	95.3 (183)	3.1 (6)	1.6 (3)	92.8 (128)	5.1 (7)	2.2 (3)
Explained things in an understandable manner	89.6 (172)	7.8 (15)	2.6 (5)	87.1 (122)	11.4 (16)	1.4 (2)
Made you feel free to ask questions	71.7 (134)	13.4 (25)	15.0 (28)	80.6 (108)	11.2 (15)	8.2 (11)
Helped you to understand your illness	88.4 (168)	9.5 (18)	2.1 (4)	89.8 (123)	6.6 (9)	3.6 (5)
Discussed treatment options with you	80.1 (153)	15.2 (29)	4.7 (9)	82.6 (114)	12.3 (17)	5.1 (7)

No significant differences in the values of the above-mentioned variables were observed between the target and comparison groups (Table 2). A summative score, which included all 15 variables discussed above, was computed. A score of 2 was given to each positive response and 0 to negative responses. The per-item average was then calculated to derive the summative score, resulting in a maximum possible score of 2.0. Mean scores for target and comparison groups were 1.74 and 1.78, respectively. The summative score was then recoded into an ordinal variable, which grouped respondents scoring ≥ 1.5 into the “satisfied” category, and respondents scoring less than 1.5 into the “not satisfied” category. The analysis showed that 84.7% of respondents from target and 88.0% from comparison facilities were satisfied with the provider’s attitude and care. The differences between target and comparison facilities were not statistically significant.

Clients’ perceptions of different aspects of care

A set of questions assessed general aspects of care received at the last visit (Table 3). Eleven percent of respondents in both the target and comparison groups mentioned that they had to wait too long before receiving care. Also, 6.6% of target and 11.1% of comparison respondents felt that it was difficult for them to make an appointment with their provider. Approximately thirty percent of target respondents and 28.1% of comparison respondents reported that people unrelated to them were present during the visit. Health education materials were received by 65.4% of target respondents. Only nine percent of target respondents paid the provider for their care versus 20.0% of the comparison group. This difference is statistically significant. Sixty-five percent of target respondents thought that the information they shared with the provider would be kept confidential. Fifty-four percent of target patients were able to get the medicines prescribed during the last visit (versus 66.7% of the comparison group), while 42.1% had received free of charge or discounted medicine during their visit.

The cleanliness of the clinic was considered satisfactory by 83.2% of the target and 86.3% of the comparison respondents; however, only 40.6% of target and 69.1% of comparison respondents found the clinic conditions satisfactory in terms of renovation, equipment, and supplies.

Based on the set of variables mentioned above, a summative score was calculated similarly to that calculated for the perceptions of the provider qualities. The mean score for the target group was 1.44, and 1.53 (of maximum 2.0) for the comparison group, which is substantially lower than the mean score for the satisfaction with the provider qualities. The summative score was recoded into an ordinal variable, which grouped respondents scoring ≥ 1.5 into “satisfied” category, and respondents scoring less than 1.5 into “not satisfied”. The analysis showed that 48.1% of the respondents in the target group and 62.2% of the respondents in the comparison group could be considered satisfied with care received at the last visit. The difference between the target and comparison groups was statistically significant.

However, when asked directly about how they would assess the care they received in the clinic during their last visit, 30.1% responded excellent, 41.4% good, 25.3% fair, and only 3.2% poor. The distribution of responses in the comparison group was similar, with the majority (76.3%) rating the care as excellent or good, 22.3% fair, and only 1.4% poor.

Approximately eighty-six percent of clients stated that they would visit the same provider again in case of similar problem (88.5% of the comparison group), and 81.4% would recommend the same provider to their friends and relatives (87.1% of the comparison group).

Table 3. Clients' perceptions of quality of care

Aspects of care at the clinic % (n)	Target (n=196)			Comparison (n=140)		
	Yes	Don't know	No	Yes	Don't know	No
You had to wait too long before receiving the care	10.8 (20)		89.2 (165)	10.9 (15)		89.1 (122)
It was difficult for you to make an appointment with the provider	6.6 (12)		93.4 (170)	11.1 (15)		88.9 (120)
People unrelated to you were present during your visit	29.8 (54)		70.2 (127)	28.1 (38)		71.9 (97)
You received health education materials for reading	65.4 (119)		34.6 (63)	65.0 (89)		35.0 (48)
You paid the provider for received care*	9.3 (17)		90.7 (166)	20.0 (27)		80.0 (108)
Do you think the information you shared about yourself with the provider will be kept confidential	65.2 (118)	22.7 (41)	12.2 (22)	67.6 (94)	23.7 (33)	8.6 (12)
	Yes	No medicine was prescribed	No	Yes	No medicine was prescribed	No
Could you get all the medicines prescribed during your last visit*	54.0 (102)	12.2 (23)	33.9 (64)	66.7 (92)	12.3 (17)	21.0 (29)
	Yes	There was no need	No	Yes	There was no need	No
Did you receive free of charge or discounted medicine during your last visit	42.1 (80)	18.9 (36)	38.9 (74)	47.5 (66)	15.1 (21)	37.4 (52)
	Satisfactory	Don't know	Unsatisfactory	Satisfactory	Don't know	Unsatisfactory
How would you assess the cleanness of the clinic at the time of your last visit	83.2 (153)	6.0 (11)	10.9 (20)	86.3 (120)	6.5 (9)	7.2 (10)
How would you assess the clinic conditions (renovation, equipment, supplies) at the time of your last visit*	40.6 (76)	11.2 (21)	48.1 (90)	69.1 (96)	5.0 (7)	25.9 (36)

*the differences are statistically significant, $p < 0.05$

Client suggestions to improve care

Table 4 shows the distribution of responses to a question about three measures that a patient would consider the most important to improve clinic services. The most frequently mentioned suggestion in the target group was to improve drug supplies (73.1%), followed by increasing salaries of providers (47.3%), and increasing the space of the facility (45.2%). Other common responses were “to increase the professional level of providers” (30.1%), “to buy necessary equipment” (28.5%), and “to make a doctor regularly available” (28.5%). The distribution of responses in the comparison group was quite similar to the target group.

Table 4. Client suggestions for the improvement of care¹

Three most important measures to improve the services % (n) ¹	Target	Comparison
	(n=196)	(n=140)
Improve drug supplies	73.1 (136)	74.8 (104)
Increase salary of providers	47.3 (88)	54.7 (76)
Increase space*	45.2 (84)	33.1 (46)
Increase professional level of providers	30.1 (56)	30.2 (42)
Buy necessary equipment	28.5 (53)	34.5 (48)
Make doctor regularly available	28.5 (53)	30.9 (43)
Improve hygiene/cleanness	28.0 (52)	30.2 (42)
Supervise providers	12.4 (23)	11.5 (16)
Increase working hours of the clinic	11.8 (22)	7.9 (11)
Involve community in supervision	8.6 (16)	12.2 (17)

¹ multiple responses were obtained for the question

*the differences are statistically significant, p < 0.05

Client satisfaction in target and comparison facilities

The distribution of responses in the target and comparison facilities was similar for the variable measuring satisfaction with provider qualities; however a significant difference was observed between satisfaction levels with other aspects of care in these groups. As shown in Table 5, only 48.1% of target respondents were satisfied with care versus 62.2% of comparison respondents.

Table 5. Satisfaction with care by target and comparison facilities

	Target	Comparison
Satisfaction with provider % (n)		
Satisfied	84.7 (133)	88.0 (103)
Not satisfied	15.3 (24)	12.0 (14)
Satisfaction with provider: mean score, mean (n)	1.7 (157)	1.8 (117)
Satisfaction with different aspects of care % (n)*		
Satisfied	48.1 (78)	62.2 (79)
Not satisfied	51.9 (84)	37.8 (48)
Satisfaction with different aspects of care: mean score, mean (n)*	1.4 (162)	1.5 (127)
Overall assessment of the care received during the last visit, % (n)		
Excellent	30.1 (56)	40.3 (56)
Good	41.4 (77)	36.0 (50)
Fair	25.3 (47)	22.3 (31)
Poor	3.2 (6)	1.4 (2)

*the differences are statistically significant, p < 0.05

Client satisfaction in relation to demographic characteristics

The M&E team tabulated client satisfaction with different aspects of care by demographic characteristics of the respondents. As shown in tables 6a, 6b, and 6c, no significant associations were found between the levels of satisfaction and age, gender or education category of respondents (unlike the findings of a similar survey conducted by the M&E team in Lori and Shirak marzes where education was shown to be significantly associated with the levels of patient satisfaction). However, the association between satisfaction with other aspects of care and living standards was significant, with better-off respondents being happier with the received care (Table 6d).

Significant differences were found between satisfaction variables in different marzes. As shown in Table 6e, Gegharkunik respondents were the least satisfied with the provider qualities (73.3% were satisfied in Gegharkunik versus 90.9% in Kotayk and 87.0% in Tavush), while respondents from Tavush were the least satisfied with other aspects of care (21.3% were satisfied in Tavush versus 40.4% in Gegharkunik and 72.1% in Kotayk).

Table 6a. Satisfaction with care by age category in target group

	Younger (<42)	Older (≥ 42)
Satisfaction with provider % (n)		
Satisfied	87.5 (70)	82.2 (60)
Not satisfied	12.5 (10)	17.8 (13)
Satisfaction with provider: mean score, mean (n)	1.7 (80)	1.8 (73)
Satisfaction with different aspects of care % (n)		
Satisfied	53.8 (43)	40.0 (30)
Not satisfied	46.3 (37)	60.0 (45)
Satisfaction with different aspects of care: mean score, mean (n)	1.5 (80)	1.4 (75)
Overall assessment of the care received during the last visit, % (n)		
Excellent	29.2 (26)	30.7 (27)
Good	39.3 (35)	42.0 (37)
Fair	24.7 (22)	27.3 (24)
Poor	6.7 (6)	-

Table 6b. Satisfaction with care by education category in target group

	School (<10 years)	School (10 years)	Professional technical education (10-13 years)	Institute/ University or Postgraduate
Satisfaction with provider % (n)				
Satisfied	80.6 (29)	87.1 (54)	85.1 (40)	85.7 (6)
Not satisfied	19.4 (7)	12.9 (8)	14.9 (7)	14.3 (1)
Satisfaction with provider: mean score mean (n)	1.7 (36)	1.7 (62)	1.8 (47)	1.8 (7)
Satisfaction with different aspects of care % (n)				
Satisfied	37.8 (14)	50.7 (36)	47.7 (21)	75.0 (6)
Not satisfied	62.2 (23)	49.3 (35)	52.3 (23)	25.0 (2)
Satisfaction with different aspects of care: mean score mean (n)	1.4 (37)	1.4 (71)	1.5 (44)	1.6 (8)

	School (<10 years)	School (10 years)	Professional technical education (10-13 years)	Institute/ University or Postgraduate
Overall assessment of care received during the last visit % (n)				
Excellent	23.1 (9)	30.4 (24)	34.6 (18)	22.2 (2)
Good	59.0 (23)	39.2 (31)	28.8 (15)	44.4 (4)
Fair	12.8 (5)	26.6 (21)	36.5 (19)	22.2 (2)
Poor	5.1 (2)	3.8 (3)	-	11.1 (1)

Table 6c. Satisfaction with care by gender in the target group

	Female	Male
Satisfaction with provider % (n)		
Satisfied	86.1 (99)	81.1 (30)
Not satisfied	13.9 (16)	18.9 (7)
Satisfaction with provider: mean score mean (n)	1.7 (115)	1.7 (37)
Satisfaction with different aspects of care % (n)		
Satisfied	47.5 (56)	48.6 (18)
Not satisfied	52.5 (62)	51.4 (19)
Satisfaction with different aspects of care: mean score mean (n)	1.4 (118)	1.4 (37)
Overall assessment of the care received during the last visit % (n)		
Excellent	27.3 (36)	37.2 (16)
Good	41.7 (55)	37.2 (16)
Fair	26.5 (35)	25.6 (11)
Poor	4.5 (6)	-

Table 6d. Satisfaction with care by living standards in target group

	Below average	Average	Above average
Satisfaction with provider % (n)			
Satisfied	76.1 (35)	86.1 (68)	96.4 (27)
Not satisfied	23.9 (11)	13.9 (11)	3.6 (1)
Satisfaction with provider: mean score mean (n)	1.7 (46)	1.8 (79)	1.8 (28)
Satisfaction with different aspects of care % (n)*			
Satisfied	30.4 (14)	50.0 (43)	71.4 (20)
Not satisfied	69.6 (32)	50.0 (43)	28.6 (8)
Satisfaction with different aspects of care: mean score mean (n)*	1.3 (46)	1.5 (86)	1.6 (28)
Overall assessment of care received during the last visit % (n)			
Excellent	22.6 (12)	28.9 (28)	43.8 (14)
Good	35.8 (19)	44.3 (43)	40.6 (13)
Fair	35.8 (19)	23.7 (23)	15.6 (5)
Poor	5.7 (3)	3.1 (3)	-

*the differences are statistically significant, $p \leq 0.05$

Table 6e. Satisfaction with care by marz in target group

	Gegharkunik	Kotayk	Tavush
Satisfaction with provider % (n)*			
Satisfied	73.3 (33)	90.9 (60)	87.0 (40)
Not satisfied	26.7 (12)	9.1 (6)	13.0 (6)
Satisfaction with provider: mean score mean (n)*	1.6 (45)	1.8 (66)	1.8 (46)
Satisfaction with different aspects of care % (n)*			
Satisfied	40.4 (19)	72.1 (49)	21.3 (10)
Not satisfied	59.6 (28)	27.9 (19)	78.7 (37)
Satisfaction with different aspects of care: mean score mean (n)*	1.4 (47)	1.6 (68)	1.3 (47)
Overall assessment of the care received during the last visit % (n)*			
Excellent	18.2 (10)	42.7 (32)	25.0 (14)
Good	34.5 (19)	41.3 (31)	48.2 (27)
Fair	38.2 (21)	16.0 (12)	25.0 (14)
Poor	9.1 (5)	-	1.8 (1)

*the differences are statistically significant, $p \leq 0.05$

4. Conclusions and Recommendations

Several significant findings emerged from this assessment which can be used to guide the further development of the project and its evaluation:

- The general level of satisfaction with health care received at the last visit to primary health care facility was quite high: 71.5% among clients of target facilities and 76.3% among clients of comparison facilities thought that the care they received was good or excellent.
- Approximately 85% of respondents from target and 88.0% from comparison facilities were satisfied with the provider's attitude and care
- Statistically significant differences were found between the target and comparison facilities in terms of satisfaction with different aspects of care (other than provider qualities). Respondents from the comparison facilities were more likely to be satisfied with the care they received (62.2% versus 48.1%).
- A significant association was observed between satisfaction with different aspects of care and standard of living, with those better-off being happier with the care received at the last visit.
- Gegharkunik respondents were the least satisfied with provider qualities, while respondents from Tavush were the least satisfied with other aspects of care

It will be difficult to document improvements in general satisfaction levels and satisfaction with provider qualities given the high baseline levels of satisfaction in Zone 2 facilities. It is expected that the satisfaction with other aspects of care is more likely to improve substantially at the follow-up given low initial levels, and the concentration of project efforts in the areas of general provision of services at the target clinics rather than patient-provider interaction. The better rating of different aspects of care by patients with higher standard of living may have an equivocal meaning. Most likely richer respondents are getting somewhat better care from the PHC facility because they are able to compensate providers for the services, while poorer respondents may not be able to afford it.

Since respondents from different marzes tend to provide inconsistent ratings of the PHC services, changes in satisfaction scores should be assessed by marz. The initial difference in the baseline satisfaction levels in respondents from target and comparison facilities should also be taken into account at the follow-up.

Appendix 1: Questionnaire

Client Survey

Facility Code _____

Date: _____ / _____ / _____
Day Month Year

Dear client,

Primary Health Care Reform Project conducts this survey together with the Ministry of Health with the aim to assess the quality of primary health care services in your residency area. We need your help to understand how to improve the primary health care for your community. Your address was selected randomly from the list of people who visited your primary health care facility recently. The healthcare providers of that facility know about this survey and support it. However, your participation in this study is voluntary and the information you give us will be confidential, which means that your name will not be mentioned anywhere and the information provided by you will be presented only in a summarized form. It is very important that you respond honestly. Please, carefully read each question and the possible responses. Choose and mark (√) the response option that best represents your opinion about the last visit to the polyclinic (ambulatory, FAP) made during the last month by you, your child or a household member whom you accompanied. Please, note, if you accompanied a household member, the questions concerning care refer to the care provided to that person.

1. Do you think that during your last visit to the clinic, the provider (doctor or nurse):

- | | | | |
|---|--------------------------------|---|-------------------------------|
| 1. Was really attentive to you? | <input type="checkbox"/> 1.Yes | <input type="checkbox"/> 2.To some extent | <input type="checkbox"/> 3.No |
| 2. Appeared to enjoy caring for you? | <input type="checkbox"/> 1.Yes | <input type="checkbox"/> 2.To some extent | <input type="checkbox"/> 3.No |
| 3. Seemed impatient? | <input type="checkbox"/> 1.Yes | <input type="checkbox"/> 2.To some extent | <input type="checkbox"/> 3.No |
| 4. Gave complete explanations? | <input type="checkbox"/> 1.Yes | <input type="checkbox"/> 2.To some extent | <input type="checkbox"/> 3.No |
| 5. Talked down to you? | <input type="checkbox"/> 1.Yes | <input type="checkbox"/> 2.To some extent | <input type="checkbox"/> 3.No |
| 6. Was not enough thorough? | <input type="checkbox"/> 1.Yes | <input type="checkbox"/> 2.To some extent | <input type="checkbox"/> 3.No |
| 7. Considered your preferences regarding your care? | <input type="checkbox"/> 1.Yes | <input type="checkbox"/> 2.To some extent | <input type="checkbox"/> 3.No |
| 8. Understood you when you shared your problems? | <input type="checkbox"/> 1.Yes | <input type="checkbox"/> 2.To some extent | <input type="checkbox"/> 3.No |
| 9. Seemed disorganized and flustered? | <input type="checkbox"/> 1.Yes | <input type="checkbox"/> 2.To some extent | <input type="checkbox"/> 3.No |
| 10. Appeared to be skillful? | <input type="checkbox"/> 1.Yes | <input type="checkbox"/> 2.To some extent | <input type="checkbox"/> 3.No |
| 11. Treated you with respect? | <input type="checkbox"/> 1.Yes | <input type="checkbox"/> 2.To some extent | <input type="checkbox"/> 3.No |
| 12. Explained things in an understandable manner? | <input type="checkbox"/> 1.Yes | <input type="checkbox"/> 2.To some extent | <input type="checkbox"/> 3.No |
| 13. Made you to feel free to ask questions? | <input type="checkbox"/> 1.Yes | <input type="checkbox"/> 2.To some extent | <input type="checkbox"/> 3.No |
| 14. Helped you to understand your illness? | <input type="checkbox"/> 1.Yes | <input type="checkbox"/> 2.To some extent | <input type="checkbox"/> 3.No |
| 15. Discussed with you the treatment options? | <input type="checkbox"/> 1.Yes | <input type="checkbox"/> 2.To some extent | <input type="checkbox"/> 3.No |

2. Was the following true for your last visit to the clinic?

- | | | |
|---|---------------------------------|--------------------------------|
| 1. You had to wait too long before receiving care. | <input type="checkbox"/> 1. Yes | <input type="checkbox"/> 2. No |
| 2. It was difficult for you to make an appointment with the provider. | <input type="checkbox"/> 1. Yes | <input type="checkbox"/> 2. No |
| 3. People unrelated to you were present during your visit. | <input type="checkbox"/> 1. Yes | <input type="checkbox"/> 2. No |
| 4. You received health educational materials for reading. | <input type="checkbox"/> 1. Yes | <input type="checkbox"/> 2. No |
| 5. You paid the doctor (or nurse) for the care you received. | <input type="checkbox"/> 1. Yes | <input type="checkbox"/> 2. No |

3. Do you think the information you shared about yourself with the provider will be kept confidential? 1. Yes 2. No 99. Don't know
4. Could you get all the medicines prescribed during your last visit?
 1. Yes 2. No 3. No medicine was prescribed
5. Did you receive free of charge or discounted medicine during your last visit?
 1. Yes 2. No 3. There was no need
6. How would you assess the cleanness of the clinic at the time of your last visit?
 1. Satisfactory 2. Unsatisfactory 99. Don't know
7. How would you assess the clinic conditions (renovation, equipment, supplies) at the time of your last visit?
 1. Satisfactory 2. Unsatisfactory 99. Don't know
8. Would you again refer to the same provider if you had a similar problem?
 1. Yes 2. No 99. Don't know
9. Would you recommend the same provider to your friends and relatives?
 1. Yes 2. No 99. Don't know
10. Overall, how would you assess the care you received in the clinic during your last visit?
 1. Excellent 2. Good 3. Fair 4. Poor
11. Out of the following, what three measures would you consider the most important to make the services at the clinic better? (*please, mention no more than three options*)
- | | |
|--|--|
| <input type="checkbox"/> 1. Increase facility space | <input type="checkbox"/> 6. Increase salary of providers |
| <input type="checkbox"/> 2. Improve hygiene/cleanliness | <input type="checkbox"/> 7. Increase professional level of providers |
| <input type="checkbox"/> 3. Increase free of charge drug supplies | <input type="checkbox"/> 8. Supervise providers |
| <input type="checkbox"/> 4. Buy necessary equipment | <input type="checkbox"/> 9. Increase working hours of the clinic |
| <input type="checkbox"/> 5. Make doctor regularly available | <input type="checkbox"/> 10. Involve community in supervision |
| <input type="checkbox"/> 11. Other (<i>specify one option</i>) _____ | |

12. Please, indicate your: **a. Age:** _____ ,

b. Gender: 1. Female 2. Male

c. Highest level of education: 1. School (less than 10 years)
 2. School (10 years)
 3. Professional technical education (10-13 years)
 4. Institute/University or Postgraduate

d. Family's general standard of living: 1. Substantially below average
 2. Little below average
 3. Average
 4. Little above average
 5. Substantially above average

Thank you for participating in the survey!

Appendix 2: Journal Form

(One form for each cluster of 14 respondents served by a health care facility)

Date: _____

City/Village _____

Interviewer's name _____

Facility type: Polyclinic
 SVA
 Health Center
 FAP

Facility code _____

<i>Visit/ attempt number</i>	01	02	03	04	05	06	07	08	09	10	11	12	13	14
<i>Result code</i>														

<i>Visit/ attempt number</i>	15	16	17	18	19	20	21	22	23	24	25	26	27	28
<i>Result code</i>														

<i>Visit/ attempt number</i>	29	30	31	32	33	34	35	36	37	38	39	40	41	42
<i>Result code</i>														

RESULT CODES

1. Completed interview
2. Nobody at home
3. No eligible respondent
4. Selected respondent not at home
5. Refusal
6. Refusal by selected respondent
7. Respondent unable to participate _____
8. Other _____
9. Incomplete interview