PROTECTING THE RIGHT OF WOMEN TO AFFORDABLE AND QUALITY HEALTH CARE IN ARMENIA

ANALYSIS OF THE OBSTETRIC CARE STATE CERTIFICATE PROGRAM

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EXECUTIVE SUMMARY

This report 1) maps out and analyzes the current maternal and child health services within the scope of the Obstetric Care State Certificate Program through the review of existing official documents in Armenia, 2) assesses the functionality of the Program through a qualitative stakeholder analysis, and 3) provides recommendations according to the study findings for further improvements in the Obstetric Care State Certificate Program in Armenia. Overall 59 participants, including mothers, antenatal and intranatal obstetrician gynecologists and administrators from Ararat, Armavir, Tavush marzes, and Yerevan participated in the stakeholder analysis.

The strengths in the current maternal and child health services are notably presented in the summary findings of this report. Substantial progress has been made over the last two years in birthing services. The study findings also identified those areas where further progress can be made. One of the issues that this study revealed was the lack of transparency in the computation of birthing providers' salaries and incomplete monitoring of financial flows in the maternity hospitals increasing the risk of financial manipulations by maternity hospital administrations and dissatisfaction of doctors with their salaries. For the marz maternity hospitals with close proximity to Yerevan, this situation is worsened by the notable tendency of expectant-mothers' to choose hospitals in Yerevan (not the hospitals nearest to their residency) for higher quality birthing services, threatening the financial viability of maternity hospitals in these marzes.

Though informal payments have reportedly substantially declined with the implementation of the Program the issue is not completely resolved: sometimes informal payment is asked for a C-section, women or their family members provide financial gifts for services rendered ("*magharich"*), sometimes two women are placed in a private single room for fee, and other services. There is a concern that dissatisfaction of the maternity hospitals physicians with their salaries may lead to return of the practice of informal payments.

Recommendations address these obstacles and challenges suggesting ways to further strengthen and enhance the effectiveness and sustainability of the Obstetric Care State Certificate Program.

The Government could use the model of this Program for other health services in Armenia that are offered within the Basic Benefit Package and share the experience of the program in the countries in transition as an effective tool to reduce informal payments.

INTRODUCTION

Document review

Armenia is a landlocked mountainous country with population about 3.2 million people.[1] Similar to other Newly Independent States of the former Soviet Union, Armenia suffered from major economic crisis following independence in 1991.[2] This hardships were exacerbated by the devastating earthquake in the Northern part of the country in 1988 and the war in Nagorno-Karabakh in 1990s. These adverse socio-economic conditions have drastically impacted the healthcare system in Armenia, and the country until today faces challenges that yet need to be addressed.[2]

According to the Armenian Demographic Health Survey in 2005, the current healthcare system of Armenia has inherited the positive and negative features of the Soviet health system. On the positive side, it incorporates a rather developed structure and network and sufficient staffing. However, the system is largely focused on hospital care, as well as deficiencies in the primary healthcare system and a generally low quality of medical care.[3]

Armenia has one of the highest reported rates of out-of-pocket health expenditures in the region[4]: on average Armenian families spend 12.3% of reported income for health care (26% of reported household income for the poorest population quintile).[5] Hospital costs alone take 14.7% of the total income of the poorest, compared to 2% of the income of the wealthiest 20%.[5] Many of these payments are informal. The large out-of-pocket payments create significant burden on household finances and have negative effects on care seeking behavior.[6, 7] It is not uncommon that a family spends a substantial part of its limited resources on unavoidable healthcare costs. On the other hand financial barriers force many people to see a doctor only when it is an emergency, which is more costly and leads to worse health outcomes. Many specialists are concerned that informal out-of-pocket (OOP) payments for nominally free services are a form of endemic corruption.[5] Even if continued economic progress enables post-Soviet countries to increase public financing of health care, informal payments have become an ingrained habit for both providers and patients, and are difficult to end.[8]

Deliveries, maternity care (pre- and post- natal care) and infant care have been part of the Basic Benefit Package guaranteed to all Armenian citizens for most part of the last two decades.[6] Such care was supposedly free to all, not just the poor. However, due to low levels of government funding in the hospital sector, formal and informal payments for maternity services were widespread. Even for the poor, who are guaranteed a more extensive medical benefit package, OOP expenses for deliveries were apparently common. Out-of-pocket expenses for maternity and women's health accounted for 5% of reported medical expenses (or 0.6% of overall annual household income) among the poorest quintile in the 2006 household health expenditure survey.[7, 9, 10]

After sharp decrease in birth rates in 1990s, starting from 2001 this indicator has gradually increased from 10 births per 1,000 population to 12.7 in 2008. Positive changes were recorded for infant mortality rates, which has decreased from 18.9 deaths per 1,000 live births in 1990-1992 to 12.3 in 2002-2004 and further decreased to 10.3 in 2009. It is worth noting that during this period the amount of public funding for obstetric-gynecological hospital services has been significantly raised; for example, from 2003 to 2009 public funding for this services has been raised six fold.[11]

In 2008, the Armenian government introduced a new maternity care certificate program designed to curb informal payments and assure that all women have access to free, good quality services for delivery.[8] This Obstetric Care State Certificate (OCSC) Program aims to achieve the following objectives:[6]

- provide quality and accessible healthcare services
- get out of shadow and work in legal environment
- improve doctor-patient relationships
- guarantee social equity in the process of obstetric care provision

Before the policy was developed and adopted, the Ministry of Health has formed a working group that conducted about 50 discussions and meetings with specialists, NGOs and media. In addition, the working group collected quantitative data on expected childbirths (monthly and

quarterly) and incorporated this information into a proposal, which was approved and the implementation schedule was developed.[6]

Development and approval of the following regulatory documents preceded adoption of the Obstetric Care State Certificate Program:[8]

- Regulation on introduction of Obstetric Care State Certificate System (RA MOH Order N 761-A with 8 appendices, May 30, 2008)
- Regulation on classification of the maternity hospitals by their levels (RA MOH Order N 861-A, June 17, 2008)
- Regulation on the new pricelist for in-patient healthcare services since July 1, 2008 (RA MOH Order reconciled with the RA Ministry of Finance)
- Regulation on providers' reimbursement methodology (RA MOH Order N 864-A, June 18, 2008)
- Regulation on monitoring of Obstetric Care State Certificate System introduction (RA MOH Order with 5 appendixes)

To monitor the implementation of the Program the MOH planned to collect information on child births, C-sections, and number of deliveries by maternity hospitals and residence of mothers. The Minister of Health also appointed specialists to Yerevan maternity hospitals to monitor implementation of the program and to report the results to the Minister. In addition, commissions at healthcare facilities were formed for conducting internal monitoring of the implementation and assessment of population satisfaction.[6]

The MOH perceived publicity to be very important for the success of the program and used the following media to inform the population:

- Organization of public outreach through mass media
- Population outreach through cell-phone connection (SMS)
- Information brochures for pregnant women
- Installation of information posters in healthcare facilities

- Provision of information and feedback with population through "Hot line" on 24-hour basis.[6]

Starting from July 1st, 2008 pregnant women in Armenia receive certificates guaranteeing full coverage of birthing services, deliveries (including C-sections when required) and the attendant drugs and tests.[8] The new policy offers certificates to all pregnant women when they are at the 22nd week of pregnancy. To receive certificates pregnant women need to present an identification document and a proof of registration with a healthcare provider where they chose to receive maternity care. They use the certificate to pay the provider after delivery. Hospitals collect certificates and submit them to the government for reimbursement, which has been substantially increased to reflect current market prices.[10]

The form of the certificate was approved by the MOH and includes the following information. On the first page it states that the pregnancy and delivery related medical care is covered by the Armenian Government. The first page also includes some general information about the person (name, address, ID card number, date of registration for antenatal care) who received the certificate. The second page reminds that services that are free (paid for by the government) include:

- Antenatal care
- Treatment for complications during pregnancy
- Delivery and postnatal care
- C-sections

The text on the second page also informs that the coverage includes medicine and medical supplies, lab tests, consultations of specialists, medical procedures upon necessity, hospital wards, and payments to medical personnel. At the end of this document it is stated that the certificate should be handed in to the healthcare facility where a woman receives care and it serves as a certification for further reimbursement to the hospital by the government. The last line provides telephone numbers to contact the MOH for questions, suggestions or complaints.[8]

Figure 1: Obstetric Care State Certificate

ՀԱՅԱՍՏԱՆԻ ՀԱՆՐԱՊԵՏՈՒԹՅԱՆ ԱՌՈՂՋԱՊԱՀՈՒԹՅԱՆ ՆԱԽԱՐԱՐՈՒԹՅՈՒՆ

ԾՆՆԴՕԳՆՈՒԹՅԱՆ

ՊԵՏԱԿԱՆ ՀԱՎԱՍՏԱԳԻՐ No.....

Սույն հավաստագիրը փաստում է, որ Հայաստանի Հանրապետությունում հղիության ընթացքի և ծննդաբերության հետ կապված բժշկական օգնությունը և սպասարկումն իրականացվում են անվճար՝ պետության կողմից երաշխավորված առողջապահական պետական նպատակային ծրագրերի շրջանակներում:

1. Ա. Ա. Հ., տարիքը ..... (ամբողջությամբ)

2. Բնակության վայրը ..... (հասցեն)

3. Անձը հաստատող փաստաթուղթը ..... (անվանումը, սերիան, համարը, ե՞րբ և ու՞մ կողմից է տրվել)

4. Նախածննդյան հսկողության վերցնելու ժամկետը՝ .... 20 ..... թ.

5. Ու՞մ կողմից է տրվել հավաստագիրը ..... (նախածննդյան հսկողություն իրականացնող հաստատությունը)

6. Տրման ամսաթիվը՝ .... 20 ..... թ.

7. Բ/հ տնօրենի Ա.Ա.Հ., ստորագրությունը՝ .... Կ. Տ.

Առողջապահության նախարարությունը հիշեցնում է, որ պետական պատվերի շրջանակներում մատուցվող ծառայությունները ներառում են՝

- հղիության նախածննդյան հսկողությունը,
- հղիության ախտաբանական ընթացքի բուժօգնությունը,
- ծննդաբերությունը և հետծննդյան խնամքը,
- ծննդկուժունը կենսունյան հատման ճանապարհով:

Պետության կողմից երաշխավորված անվճար հիվանդանոցային մակարդակի օգնությունն ընդգրկում է ծննդալուծման համար անհրաժեշտ միջոցառումների ամբողջ ծավալը՝

- դեղերով և բժշկական պարագաներով ապահովումը,
- լաբորատոր-գործիքային և ախտորոշիչ անհրաժեշտ հետազոտությունները,
- նեղ մասնագետների խորհրդատվությունը,
- բուժական միջամտություններ՝ ըստ անհրաժեշտության,
- հիվանդասենյակով ծննդաբերին ծննդկանին ապահովումը,
- կնոջ և նորածնի վարման ու խնամքի ապահովումը բժշկի, միջին և կրտսեր բուժանձնակազմի կողմից:

Սույն փաստաթուղթը ներկայացվում է այն բուժհաստատություն, որտեղ իրականացվում է ծննդաբերությունը: Այն կնոջ համար պետության կողմից երաշխավորված անվճար բուժօգնության իրավունքի հավաստագիր է և հանդիսանում է մատուցված բժշկական ծառայությունների դիմաց պետության կողմից տվյալ բուժհաստատության ֆինանսական փոխհատուցման հիմք:

ՀՀ ԱՌՈՂՋԱՊԱՀՈՒԹՅԱՆ ՆԱԽԱՐԱՐՈՒԹՅՈՒՆ, հեռախոսահամարներ՝ 52-88-72, 52-15-59, 52-06-72:

Payment to hospitals and healthcare workers is regulated by the Minister's orders.[8] According to these regulations only 15% of calculated reimbursement funds can be directed for administrative and laboratory services. Moreover, if for some reason the funds are not sufficient to pay salaries to staff, administration and laboratory costs can be reduced. The total amount of salaries paid to staff cannot be less than 30% of the salary fund. Staff working in hospitals could be reimbursed either based on actual number of births during his/her shift (e.g. obstetrician on duty, anesthesiologist, operating doctor for C-sections) or based on total number of births in the department/hospital (head of the department, senior nurse). Staff also can receive bonuses in the amount ranging from 1% to 49%.[8]

The State Health Agency (SHA), which is a governmental entity that oversees governmental health expenditures, makes payments to hospitals based on registered cases of births but the amount paid per birth varies based on geographic differences, level of specialization of an institution, and use of C-section for delivery. MOH payments to hospitals range from 70,200 drams (for physiological births in marz (regional) hospitals) to 231,800 Drams (for C-sections in narrowly specialized maternity hospitals in.[8] The payment for a C-section is about two times higher than for a physiological birth both in Yerevan and in marz hospitals (although, as stated above, hospitals in marzes receive less for the same type of procedure). It is worth noting that the MOH has increased the rates for reimbursement during past two years: in 2008 the rates ranged from 39,000 to 130,000 drams.[8]

This increase in reimbursement rates and mechanisms to reward for good performance should help in efforts to reduce informal payments. In addition to this, pregnant women now can go to any participating institution to obtain care in return for the certificate, so, the facilities compete in attracting patients, who can pay with certificates.[8]

Despite some opposition to the new system from obstetricians and hospital managers initially, data collected and analyzed by the MOH and different organizations suggest that the program is successful.[6, 9, 12] Although full-scale formal evaluation has not been done yet, out-of-pocket costs for deliveries are shown to be down substantially.[6, 9, 12]

In some regions of the country, government regulations and monitoring activities have been complemented by civil society monitoring. The USAID Mobilizing Action against Corruption (MAAC) activity sponsored a public forum in November 2008 on the implementation of the state-guaranteed free care program, and has provided grant funds to support community-based monitoring in Armavir marz.[13] The presence of civil society monitoring in some regions but not others provides a natural experiment in the effectiveness of citizen-led transparency efforts.

MAAC also conducted evaluation of the program in Armavir marz.[13] This evaluation found that:

- The level of early registration of pregnant women and pre-natal care is still unsatisfactory and can be improved.
- In the period after delivery (first 40 days) many women do not return for consultations.
- In many health facilities staffing exceeds the need, which negatively affects hospitals ability to properly reimburse healthcare workers.
- C-sections can be done with the consent from mother but without proper medical indications.[13]

Except for this study conducted in only one Armenian marz (Armavir) there was no formal comprehensive evaluation of the maternity certificate program in terms of its effectiveness in

reducing informal payments and the effects of the program on the quality of care. The State Health Agency only conducts monitoring of financial flows but again this does not include evaluation of effectiveness of the program.[14]

Recognizing the need for such an evaluation, the Center for Health Services Research and Development of the American University of Armenia (CHSR/AUA) received a small grant from the USAID Civic Advocacy Support Program in Armenia to conduct a qualitative assessment of the OCSC Program, which was additionally supported by CHSR/AUA resources.

Objectives of the Study

The goal of the assessment was to identify the strong and weak aspects of the program and identify mechanisms for improvement. The more specific objectives of this assessment were: 1) analysis of the Maternity Care Certificate Program implementation, 2) assessment of the contribution of NGO activities to the effectiveness of the program, and 3) comparative analysis of the Program implementation in the capital city Yerevan and three marzes of interest.

METHODS

Study Design

The CHSR/AUA developed and implemented a qualitative study (*focus groups and systematic semi-structured in-depth interviews*) to meet the objectives of this study. Comprehensive assessment methodologies were applied to different levels of responsibilities and divergent operations associated with the Obstetric Care State Certificate Program (see Appendix 1 for details on the study methods).[15-19]

Study Participants

Selection of participants

The CHSR/AUA identified key-informants to provide pertinent information for the assessment, based on their experience and expertise in maternal and child health care services and place of residence (urban or rural, Yerevan or marzes near to Yerevan or marzes located remotely from Yerevan). For comprehensive study coverage, three groups of participants were targeted for recruitment: mothers, health care providers (antenatal and intranatal obstetrician gynecologists), and administrators from Ararat, Armavir, Tavush marzes and Yerevan. Armavir was selected as a marz with NGOs involves in the monitoring of OCSC Program; Ararat was selected as a marz comparable to Armavir (e.g., both marzes are in close proximity to Yerevan) but without active NGO involvement. Tavush marz was selected as a marz remote from Yerevan to compare the possible problems between close and remote marzes in the scope of the OCSC Program.

Forty-four mothers participated in eight focus group discussions (FGD), averaging 5-6 participants per focus group discussion. The research team interviewed 15 key informants (providers, administrators, policy makers).

Research Instruments

In-depth interviews

Semi-structured in-depth interview guides were developed based on standardized qualitative research methods. The guides were designed to optimize and maximize the value of the data collected to meet the objectives of this study. The questions in each in-depth interview guide

were adapted considering each specific participant's roles, responsibilities and professional experience in the areas associated with the maternity and child health related services. In-depth interview guides were pre-tested.

Focus groups

Similar to in-depth interview guides, the CHSR/AUA research team developed focus group discussion guides based on standardized qualitative research methods. These guides were also designed to optimize and maximize the value of the data collected to meet the objectives of this study through progressive adaptation of focus group discussion guides based on cumulative information gathered from previous focus group discussions. A demographic information form was developed to be completed by participants after the meetings.

All guides were first developed in English and then translated by the research team into Armenian. Examples of focus group discussion guides and in-depth interview guides are provided in Appendix 2.

Data Collection and Analysis

The field work took place from February through March 2010. Overall, the research team recruited 59 participants, including 15 interviewees for in-depth interviews – six in Yerevan, three in Tavush marz (two intranatal obstetrician gynaecologists and one antenatal obstetrician gynaecologist), three in Ararat marz (two intranatal obstetrician gynaecologists and one antenatal obstetrician gynaecologist) and three in Armavir marz (two intranatal obstetrician gynaecologists and one antenatal obstetrician gynaecologist). From the 14 interviewed obstetrician/gynaecologists, seven had administrative responsibilities in addition to their medical responsibilities.

Eight focus group discussions, two in each of the study sites (Tavush, Ararat, Armavir marzes and Yerevan), were conducted for a total of 44 mothers. Eleven patients were from Yerevan and 33 from marzes with average age of 27 years. All mother-participants completed at least secondary school (40% secondary school, 23% had technical and 37% university education); 20

out of 44 (45%) had two or more children and were able to compare birthing services before and after implementation of the Obstetric Care State Certificate Program.

The mean duration for in-depth interviews was 46 minutes and for focus group discussions 62 minutes. The professional CHSR/AUA research team conducted all in-depth interviews and focus group discussions. Each focus group had a professionally trained moderator and a note-taker. These roles were rotated among the CHSR/AUA research team members. All focus groups and in-depth interviews were conducted in Armenian and transcribed into English.

After data collection, the CHSR/AUA team analyzed the in-depth interview and focus group transcripts according to the pre-developed coding system, which included the following domains: 1) Analysis of the Obstetric Care State Certificate Program; 2) NGOs contribution to the Obstetric Care State Certificate Program; and 3) Comparative analysis between Yerevan and the marzes.

The first domain including sub-domains of a) Financing and purchasing, b) Provision of resources, c) Provision of services, d) Management and supervision, which are the Health System Functions defined by the WHO.[20] To emphasize the strengths, weaknesses, opportunities, and threats of the Obstetric Care State Certificate Program, the CHSR/AUA research team applied the SWOT scheme for the analysis of the domain *Analysis of the Obstetric Care State Certificate Program*.[21]

Selection and analysis of quotes was based on convergences in agreement among study participants.

Categorization of Study Participants

The analysis section of this study was based on the results from professional judgments derived from in-depth interviews and focus group discussions. The direct quotes provided in the boxes in this section are abstracted from both in-depth interviews and focus group discussions. Study

participants were categorized into four groups: 1) experts, 2) ob/gyn intranatal, 3) ob/gyn antenatal and 4) mother.

Experts were administrators with the responsibilities of direct management and implementation of policies and services. *Ob/gyn intranatal* were obstetrician gynecologists from the maternity hospitals (either head of the department or a regular practitioner). *Ob/gyn antenatal* were obstetrician gynecologists from polyclinics (again either head of the maternity care department or a regular practitioner). *Mother* represented mothers who gave at least one birth after implementation of the maternity Certificate Program.

The individual informant identifier (e.g., Expert 1.A.1.) provided in the box is for the purpose of identifying a participant who provided more than one quote within a single box. A single informant who provided quotes in more than one box would have different identifiers for each box. After each identifier it is indicated whether an individual participated in a focus group discussion or in an in-depth interview.

Ethical Considerations

The Institutional Review Board of the American University of Armenia approved the study for compliance with locally and internationally accepted ethical standards. All participants were informed about their rights (their participation was voluntary, they could stop at any time and refuse to answer any question they chose, and their anonymity and confidentiality were fully respected). After being informed of their rights, all those who chose to participate provided verbal informed consent. Audio-recording was possible only with permission of all participants; if a participant did not want to be audio-recorded, only written notes were taken. Transcripts and the final report do not contain names, positions or specific employers of the respondents or any other details that could identify the participants.[17]

Strengths and Weaknesses of the Method

Strengths. This study applied standardized research methodologies to meet the study objectives. Though the research was diversified in both methods and sources, there were broad

convergences in agreement among reported findings. The diversity in methods included the systematic application of two different approaches, focus groups and semi-structured in-depth interviews, using trained professional interviewers and facilitators.

Moreover, all study instruments were specifically developed based on participant roles and responsibilities – focus group study instruments were progressively improved based on the information gathered from previous focus group discussions and in-depth interview instruments were pretested. The coverage of the study included four different stakeholder groups (mothers, health care providers, hospital administrative staff, and experts).

The following reported findings primarily included those results where there were convergences of consistent and common agreement across participants and methods; this approach provided valid and useful information to understand the situation related to maternal and child health services after implementation of the Obstetric Care State Certificate Program in Armenia.

Weaknesses. Due to restricted resources (including time) a more comprehensive analysis was not possible: not all marzes were included in this analysis and the number of participants from each marz was limited.

RESULTS AND DISCUSSION

1. Analysis of the Obstetric Care State Certificate Program

1.A. Financing and purchasing

1.A.1. Strengths

The purpose [of the Program] *was to make the services affordable and higher quality. A study conducted in five marzes showed that in Armenia in 90% of the cases payments were informal.* [Before the implementation of the Program] *the market was self-regulating and prices for both natural childbirth and C-section were increasing. The services were excessively expensive for poor people… Additionally, one billion drams were invested in the Program during the second half of 2008. …* [Later] *the state also provided 300 million additional drams for quality improvements, particularly for infant intensive care.*

Expert 1.A.1.1
In-depth interview

…The purpose of this Program was to eliminate out-of-pocket payments. As a result, the government gained official tax payments, because before that money was circulating between doctors and patients and no taxes were paid.

Expert1.A.1.2
In-depth interview

When we [Ministry of Health] *were developing payment mechanisms* [for the Program], *we investigated prices for services in maternity hospitals that were set by the market and tried to match our prices with actual prices. The minister asked the heads of maternity hospitals to identify prices of services that would eliminate informal payments…These estimates were considered in setting prices for maternity services.*

Expert1.A.1.1
In-depth interview

It is an ideal Program - if you want to have a baby then the state covers everything.

Ob/gyn intrantal 1.A.1.1
In-depth interview

I thought that if maternity services are free they would be of lower quality. But I was surprised - everything was free and also of very good quality. Everybody was polite and nice.

Mother 1.A.1.1
Focus group discussion
Marz facilities

I didn't pay anything for delivery services; I didn't pay anything to the physicians, nurses or the cleaning staff… The head doctor told us not to pay anything to the nurses. There were 30-40 women with me who didn't pay anything.

Mother 1.A.1.2

Focus group discussion
Marz facilities

I knew that birthing services were free of charge, but I didn't expect that even laboratory tests would be free. We didn't pay anything and didn't see any change in the attitude of the health care providers. The physicians and nurses still did their best.

Mother 1.A.1.3
Focus group discussion
Yerevan facilities

I did not pay for anything. They [the doctors and nurses] *even did not take sweets… They were refusing to take gifts making us feel embarrassed to offer anything more.*

Mother 1.A.1.4
Focus group discussion
Marz facilities

I did not pay for anything. Even though I had difficulties and complications during the pregnancy, I paid nothing [for services] *during the pregnancy or after delivery.*

Mother 1.A.1.5
Focus group discussion
Marz facilities

I tried to give money, but they refused to take it.

Mother 1.A.1.6
Focus group discussion
Marz facilities

For the first pregnancy I paid 30,000-40,000 drams for antenatal care in the hospital [before the Certificate Program]. *For the second pregnancy* [after the Certificate Program*] antenatal services were free of charge.*

Mother 1.A.1.7
Focus group discussion
Yerevan facilities

During the first pregnancy I spent 100,000 drams [for delivery]*; the second time, with the Certificate I spent nothing.*

Mother 1.A.1.8
Focus group discussion
Yerevan facilities

I think the antenatal consultation services benefited from this Program since their [antenatal care personnel] salaries have increased. Expectant mothers also benefited – they don't pay anything to anybody.

Ob/gyn intrantal 1.A.1.2
In-depth interview

Women gained from the Program. Women's antenatal services also gained because they serve all the women from their own catchment area. Women attend the antenatal services because they want to get a Certificate. The antenatal services have no complaints. All the indicators for antenatal services have improved. The salaries are higher… The staff is very satisfied.

Ob/gyn antenatal 1.A.1.1
In-depth interview

We talked to the doctors and discovered that they are satisfied [with the Program] *because they no longer have to ask for informal payments from the patient.*

Expert 1.A.1.3
In-depth interview

The program has a positive side. Now doctors do not have to ask money from the expectant mothers and/or their relatives and thus they are more relaxed and feel more professional.

Ob/gyn intrantal 1.A.1.3
In-depth interview

The Program should be sustainable since the political commitment for this Program is very strong.

Expert 1.A.1.1
In-depth interview

According to study participants, the purpose of the Obstetric Care State Certificate Program is to eliminate informal payments, to assure equity and to improve the quality of services. The government allocated additional resources to fund the program. Participants indicate that funding for the Program was determined based on cost estimates by the service providers.

Many mothers who participated in the study report that under the OCSC Program they received free-of-charge medical services in antenatal and intranatal care including diagnostic and laboratory services without informal payments, including some reporting refusals of gifts to thank the physicians ("*magharich"*).

According to participants, the Program not only provides the patients with free services but also improves the patients' and providers' dignity. Participants indicated that with the Certificate as a state guarantee of free maternity services, women feel more relaxed and self-confident. Moreover, the providers receive their money only through official routes and do not have informal financial relationships with patients or their relatives.

The Program also assures that more expectant mothers utilize their antenatal centers in marzes because they receive their certificate for maternity services there; as a result, the salaries of antenatal care obstetrician/gynecologists increased. According to expert-participants there is a strong political commitment by the Government to the Obstetric Care State Certificate Program, assuring sustainability.

1.A.2. Weaknesses

1.A.2.1. Expectant-mother flow, financial risks and decreases in salaries

This is very good program, but Artashat is very close to Yerevan so expecting mothers [from Artashat] *go to Yerevan for delivery.*

Ob/gyn antenatal 1.A.2.1.1
In-depth interview

The problem is that the total number of deliveries is very low, thus the bonus mechanism does not work [for the marzes]. *At the beginning* [of the Program], *for example, when women did not consider the possibility of delivering in Yerevan, all the expecting mothers came to our hospital and I was paid half-a-million drams for the first month. Now I am paid about 120,000 drams per month – nothing comparable.*

Ob/gyn intrantal 1.A.2.1.2
In-depth interview

It is a large burden for the government to cover such a large number of services for women who come from the marzes to Yerevan [where services are more expensive] *for delivery.*

Ob/gyn intrantal 1.A.2.1.2
In-depth interview

The government is suffering from the movement of pregnant women to Yerevan [to deliver], *because it has to pay higher service fees for delivery in Yerevan than in the marzes, which puts extra burden on the national budget.*

Ob/gyn antenatal 1.A.2.1.1
In-depth interview

Doctors have lost income, because before this Program they were managing all money flows and had higher incomes.

Expert 1.A.2.1.1
In-depth interview

The monthly salary now is about 140,000 drams [for maternity service physicians]. *Before the Program we received 70,000 drams per month plus extra payments, totaling twice or even three times the salary we receive today...*

Ob/gyn intrantal 1.A.2.1.3
In-depth interview

Since the services in Yerevan are more expensive, the patient flow from the marzes creates financial risks. For this reason, we need a larger budget to guarantee women free services.

Expert 1.A.2.1.2
In-depth interview

The C-section is more expensive than natural childbirth. Since the start of the Program we have had a 1-2% overall increase in the percent of C-sections out of all births, with a 2-3% increase in Yerevan.

Expert 1.A.2.1.2
In-depth interview

Though many expecting mothers in the marzes attend antenatal care in facilities located in the marzes, those women who live in marzes close to Yerevan often choose to deliver their children in Yerevan even if the delivery is normal. Considering that provision of birthing services is more expensive for the government in Yerevan than in the marzes, this flow of expectant mothers increases the costs to the government.

The flow of expectant mothers also reduced the salaries of obstetrician/gynecologists of marz maternity hospitals close to Yerevan. According to obstetrician/gynecologist participants from the marzes, their colleagues in the marzes have fewer patients because they cannot compete with the services in Yerevan. Moreover, the overall income of delivery care obstetrician/gynecologists in both Yerevan and marzes has decreased because informal payments have declined or been eliminated. Overall, all obstetrician/gynecologists of delivery services who participated in the study reported that they and their colleagues are not satisfied with their salaries.

The increased percent of C-section out of all births with the start of the Program has increased the financial burden of the government because the costs of C-section are higher than for natural childbirth.

1.A.2.2. Informal payments

The chief doctor of the facility is very disciplined and requires that the rules be followed by his staff. Everybody is afraid of him and do not take informal payments when he is around. But when he is elsewhere, many of them do.

Mother 1.A.2.2.1

Focus group discussion
Marz facilities

I did not pay anything. I wanted to give but they did not take. We only provided a financial gift for my child (magharich), but I do not know much since my husband paid it.

Mother 1.A.2.2.2
Focus group discussion
Marz facilities

My baby was born via C-section and doctors told me that I have to pay for the C-section… My mother paid for it.

Mother 1.A.2.2.3
Focus group discussion
Marz facilities

I went to the hospital for a C-section thinking that everything would be free of charge, but they charged me 60,000 drams. I also paid nurses an additional 60,000.

Mother 1.A.2.2.4
Focus group discussion
Yerevan facilities

Paying for services was not enough - I also had to pay for an improvement in attitude because the personnel are not kind if they are not paid. I delivered in a hospital in Yerevan and I was in the paid ward because they told me that there was no free space.

Mother 1.A.2.2.5
Focus group discussion
Marz facilities

When I told my doctor [in a maternity hospital in Yerevan] *that I want him/her to manage my delivery she/he agreed - in this case you have to pay 60,000 drams ("non medical costs")for two nights in our hospital which includes room, mother and child utilities and food… I was supposed to have a room by myself, but because many women were giving birth, they asked me to share the other bed in my room with another woman… Before the monitoring committee came to check the services, they* [the maternity hospital] *asked me to tell the committee that I paid for non-medical services and not for choosing the doctor. Also they removed the other woman from the room and told me to tell the committee that I was alone in the room.*

Mother 1.A.2.2.6
Focus group discussion
Yerevan facilities

In a private room for-a-fee only one woman is allowed to stay, but we [maternity hospital doctors] *place two - when anybody comes to monitor we explain that though the room has two beds, only one woman is staying there.*

Ob/gyn intrantal 1.A.2.2.1
In-depth interview

I paid 60,000 drams for intranatal care and 5,000 for a protein test in the same hospital. I chose my physician and they sent me to a private rooms for a fee. If you chose your physician you will have to take a private room for a fee.

Mother 1.A.2.2.7
Focus group discussion
Yerevan facilities

During my first pregnancy [before the Certificate Program] *we spent 150,000 drams; for my second pregnancy* [with the Certificate] *we spent 80,000 drams.*

Mother 1.A.2.2.8
Focus group discussion
Yerevan facilities

There are still out-of-pocket payments in maternity services for about 19-20% of the mothers who deliver… This is a common practice for other countries as well, even in developed countries. It is impossible to eliminate out-of-pocket payments completely and the existing numbers are not very high.

Expert 1.A.2.2.1
In-depth interview

In the beginning of the Certificate Program there were no informal payments. Now there are informal payments. Physicians now know who will pay and who will not.

Ob/gyn intrantal 1.A.2.2.2
In-depth interview

A pregnant woman's family understands that if they wake the doctor from his/her bed during the night to deliver, they have to pay for it. All doctors depend on these informal payments- otherwise, it is impossible to survive.

Ob/gyn intrantal 1.A.2.2.1
In-depth interview

Though study participants reported that under the Certificate Program informal payments have reduced and in some cases disappeared, they still happen occasionally. Providers sometimes request informal payments for C-section, mothers and/or their family members gave financial gifts for services rendered ("*magharich"*), facilities charge for *"non medical costs"* if women request a specific doctor to attend the birthing, some facilities place two women in private single rooms for a fee, some facilities ask to pay for laboratory testing and other services.

1.A.2.3. Maternity hospital administrations

Just after the beginning of the Certificate Program, physicians earned very high salaries. Now the salaries have declined by a third though the patient-load is still the same because processes were put in place [by the hospital administration] *to "regulate" the salaries of physicians.*

Ob/gyn intrantal 1.A.2.3.1
In-depth interview

Suppose I [a maternity hospital physician] *delivered 10 births but perhaps I was given credit for only three deliveries; I still pay "tax" for 10 deliveries to the head of the hospital. I receive my money from the bank, and then I pay cash directly to the head of the hospital for the "taxes".* [What will happen if you refuse to pay?] *That is a good question - what will happen if an elephant is crossbred with a raccoon? The answer is – The raccoon will no longer be.*

Ob/gyn intrantal 1.A.2.3.1
In-depth interview

There are mechanisms to take money from the patients especially from the marzes. When they register at the hospital they are offered a private room for a fee immediately, though there are free-of-charge rooms available as well. So they don't lie but they don't provide the whole truth… The hospital should give full information to the patients regarding free-of-charge and private rooms for a fee. But they do not provide full information and this only benefits [financially] *the head of the hospital.*

Ob/gyn intrantal 1.A.2.3.1
In-depth interview

The hospital administration receives more money, because the money transferred from the government is much more than the hospital can spend. Of course there are some complicated cases when the hospital needs to use specialty equipment or drugs [which are more expensive], *but in 95% of the cases we have regular deliveries which are much less expensive* [than complicated cases]. *The administration definitely is satisfied with the Program.*

Ob/gyn intrantal 1.A.2.3.2
In-depth interview

I always want to know but it is impossible to find out [how salaries are determined]. *I have used the formula from the MOH web site to calculate my monthly salary… The mystery of a salary calculation seems to be "a national secret"… Only the chief of the hospital and the accounting office know the secret formula for calculating salaries.*

Ob/gyn intrantal 1.A.2.3.3
In-depth interview

Before Program implementation, the amount of money needed for doctors' payments was calculated based on the minimum salary requirements for doctors to provide quality services. Now we receive a fifth of that salary. I am sure that money is transferred from the government, but some of it disappears somewhere. The payment mechanism of the Program overall is very good. The problem is that doctors do not see all the money transferred from the government.

Ob/gyn intrantal 1.A.2.3.2

In-depth interview

I received 56,000 drams for my salary in December. I tried to find out how this amount was calculated, but could not. The accounting office does not want to explain and is not interested in providing such information.

Ob/gyn intrantal 1.A.2.3.4
In-depth interview

We do not understand the payments and the activities in the accounting office. They manipulate the numbers as they wish. I am tired of repeatedly asking for an explanation on how my salary was determined and still not getting an answer.

Ob/gyn intrantal 1.A.2.3.5
In-depth interview

Study participants who were physicians indicated that the reported number of deliveries by a particular physician may be manipulated by the heads of maternity hospitals for a financial benefit. Physicians also believed that much of the state allocated designated salary funds from the Program do not reach the providers. Physicians from both marzes and Yerevan indicated that they cannot get information on how their salaries are calculated and that the calculations at facility level lack transparency.

1.A.2.4. Financial restrictions on budget increases

Money that the government provides for the Program was enough to increase salaries but not to adequately support logistics. The Minister promised to have a 15-30% budget increase for the next year that would also improve the spending on logistics. But the economic crisis reduced the planned increase and we only had a 7% increase in the budget …the current finances are not enough to assure the planned improvements to the Program.

Expert 1.A.2.4.1
In-depth interview

Overall I would assess this Program a 95% success. The only issue was that the government could not include an adjustment for inflation in the salaries as was planned, because of the economic crisis. We failed to raise the annual budget for maternal and infant services as was planned. Now we cannot implement this increase earlier than 2011.

Expert 1.A.2.4.2
In-depth interview

The participating experts reported that the planned increase in the annual budget was not fully funded because of the world economic crisis.

1.A.3. Opportunities

People are creative- they find ways to overcome the rules. The salary payment mechanisms should be regulated. The government should increase the salary of a provider for better job performance, not the facility.

Mother 1.A.3.1
Focus group discussion
Yerevan facility

It is necessary to assure proper implementation of the Program and monitoring of activities. To assure the sustainability of the Program, they [the government] *have to keep health providers satisfied with their jobs.*

Ob/gyn intrantal 1.A.3.2
In-depth interview

Each expectant mother should utilize the free-of-charge services in their regional facility. In the case of complications, the doctor from the regional facility could refer her for more specialized care.

Ob/gyn antenatal 1.A.3.1
In-depth interview

The expectant mother has the right to choose her provider for birthing services. If the woman has complications then she will be referred to Yerevan. … [the Ministry of Health] *discussed using co-payments for women coming from the marzes to Yerevan, but this idea was not approved because… it is very difficult to have a clear division between complicated and normal pregnancies, which could lead to manipulations. The copayment mechanism is also against the ideology of the program – to have affordable services for women. The mechanism of referrals has also been discussed and very soon an order* [on referrals] *will be approved. If the woman has complications she will be referred to a maternity hospital in Yerevan and get free-of-charge services. We already have the draft order.*

Expert 1.A.3.1
In-depth interview

We also need to continuously increase the budget of the program to make it more effective.

Expert 1.A.3.1
In-depth interview

The primary suggestion of participating providers in Yerevan is to further regulate and monitor the money flow in the maternity hospitals. They indicate that such regulation and monitoring could increase the income of providers, not the facilities. Some participants suggested increasing the pricing for different services.

To control the problem of the flow of expectant mothers from marzes close to Yerevan to Yerevan for normal birthing services, provider participants suggest introducing co-payments for

referrals in case of a normal birth. The expert participants indicated that policy-makers decided to restrict the flow of expectant mothers from marzes to Yerevan for birthing services without a referral from their obstetrician/gynecologist in their marz - a draft order for this mechanism has been prepared but not approved yet. Participants also indicated about a need to increase the budget of the Program to improve its effectiveness and sustainability.

1.A.4. Threats

We are dissatisfied, which can lead to informal payments. Doctors are currently afraid to take informal payments but as soon as the control weakens they will take these payments because salaries are inadequate.

Ob/gyn intrantal 1.A.4.1
In-depth interview

If the current situation continues, informal payments will start again. Now doctors are afraid of being penalized for taking bribes but it is impossible to live with these salaries.

Ob/gyn intrantal 1.A.4.2
In-depth interview

Since I delivered my baby at the beginning of the Certificate Program, everything was strict and they [doctors] *were afraid to take money. For the future I don't know what will happen.*

Mother 1.A.4.1
Focus group discussion
Marz facility

The Program is starting to become less transparent.

Ob/gyn intrantal 1.A.4.3
In-depth interview

If this situation continues and doctors are not satisfied with their salaries, soon or late they will not perform well.

Ob/gyn intrantal 1.A.4.4
In-depth interview

Another patient flow will happen soon because those expectant mothers from the marzes who give birth in Yerevan are counseled by physicians located in these facilities to receive antenatal care in Yerevan for the next pregnancy. So in few years, if the flow of expectant mothers for antenatal care is not controlled, these expectant mothers care will not use antenatal care in the marzes.

Ob/gyn antenatal 1.A.4.1
In-depth interview

The providers and participants holding administrative positions emphasized that the biggest threat to the Program is the reestablishment of informal payments because physicians in the Program are dissatisfied with their salaries. A concern was raised that this dissatisfaction may also eventually reduce the quality of services. Some providers also indicated a concern about declining financial transparency in the Program.

Another concern raised by providers in the marzes was their potential loss of income due to expectant mothers who travel to Yerevan to give birth and are advised in Yerevan to have their next antenatal care for future pregnancies provided in Yerevan.

1.B. Provision of services

1.B.1. Strengths

I was very happy and proud that the government gave me an opportunity to have a free birth.
Mother 1.B.1.1
Focus group discussion
Marz facility

The purpose of this program was to provide the population access to high quality services without considering their social status. Women receive many benefits from this Program: they can give birth to many children without worrying about the costs; they can come to Yerevan for delivery and stay in the best hospitals receiving the highest quality services for free, that before they could only dream about.
Expert 1.B.1.1
In-depth interview

The Program impacted expectant mothers positively - now they are more self-confident and self-assuredly showing their Certificate in the hospital that protects their rights.
Ob/gyn intranatal 1.B.1.1
In-depth interview

There were 3000 more registered women in January 1st of 2009 than in January 1st of 2008, even though the Program was only implemented in the middle of 2008. This indicates that services now are affordable…The early registration rate has increased by 10-15%.
Expert 1.B.1.2
In-depth interview

In the beginning of the Program, the number of early-registered women increased because they wanted their Certificates. Before the Program, I had never seen a woman 7-8 weeks pregnant visiting antenatal consultation services [immediately after the Program started, many women 7-8 weeks pregnant were seen]. *Now the number has dropped because women are certain that they*

will receive a certificate whether they come late or early in their pregnancy.

Ob/gyn intranatal 1.B.1.2
In-depth interview

Now women come to antenatal consultation services because they want to receive the Certificate. Women come more often and earlier.

Ob/gyn antenatal 1.B.1.1
In-depth interview

During the first pregnancy I didn't apply for antenatal care. For the second pregnancy I applied in the 3rd month of pregnancy.

Mother 1.B.1.2
Focus group discussion
Marz facility

I do not see anything bad in the flow of pregnant women from the marzes to Yerevan. All women in Armenia have equal rights to receive high quality services. Who can say that a woman from Sisian can not have a delivery in a renovated, clean hospital just as a woman from Yerevan can? Did you ever see their faces? They are proud of being in Yerevan and we gave them this opportunity to get care in the best hospitals.

Expert 1.B.1.1
In-depth interview

We don't have any outflow of pregnant women [from a marz more remote from Yerevan]. *Our patients visit us and they like us. If there is a special need we send the patient to Yerevan to receive care there. There are also more arrogant people who do not appreciate our work and go to Yerevan for services, but they are a few.*

Ob/gyn intranatal 1.B.1.2
In-depth interview

We do not have any outflow of expectant mothers [from a marz more remote from Yerevan]. *Sometimes we refer complicated cases to Yerevan. Sometimes women come from one facility to another facility* [both facilities in the same marz], *because the quality of services is better. People are satisfied.*

Ob/gyn antenatal 1.B.1.2
In-depth interview

It was my right to go wherever I wanted, but I knew that the services nearby [in a marz more remote from Yerevan] *are good, thus I decided to have my delivery there. I am satisfied with the local services and never went to Yerevan.*

Mother 1.B.1.3
Focus group discussion
Marz facility

The attitude of the maternity care providers is still ok, despite the changes with the Certificate

and free-of-charge services.

Mother 1.B.1.4
Focus group discussion
Marz facility

[After the Certificate Program] *everybody was very attentive and nice to me. I even didn't expect that they would be so nice.*

Mother 1.B.1.5
Focus group discussion
Marz facility

We [health care providers] *must treat and serve women nicely. Even if we are dissatisfied with the Program, it does not affect our attitude towards our patients.*

Ob/gyn intranatal 1.B.1.2
In-depth interview

There was information on the Certificate about the free-of-charge services. My physician told me that everything, including tests and sonography, is free of charge.

Mother 1.B.1.6
Focus group discussion
Marz facility

On the walls of the health care facilit, there was a poster about the free-of-charge services.

Mother 1.B.1.7
Focus group discussion
Marz facility

All study participants indicated that the Obstetric Care State Certificate Program provided equal opportunity to use free quality services without consideration of their social status, some pointing to this as progress in women's rights. The Program also stimulated increase in early antenatal care registration (more prominent at the beginning of the Program) and the number of antenatal care visits.

According to study participants, the problem of the expectant-mother flow from marzes to Yerevan appears to be a concern only for marzes close to Yerevan and *not* for remote marzes. The larger distances to Yerevan and the indicated satisfaction with the quality of local services curtailed travel to Yerevan for birthing by most expectant mothers living in these more remote marzes. The majority of mother participants who gave birth in the marzes, both remote and close

to Yerevan, were satisfied with the quality of services received and the attitude of the medical personnel.

A few study participants indicated that they were well informed about free maternal and child services during their pregnancy by their health care providers and other written materials.

1.B.2. Weaknesses

It would have been a great Program if we didn't have this excessive flow of expectant mothers to Yerevan for services.

Ob/gyn antenatal 1.B.2.1
In-depth interview

Intranatal care in marz facilities now suffers more because Yerevan is very close and transportation is inexpensive, but higher-quality hospitals in Yerevan are providing the same free services as marz hospitals - so why shouldn't women go to Yerevan? I understand that, but our hospital services [in the marzes] *are suffering; thus something should be done to regulate that.*

Ob/gyn antenatal 1.B.2.2
In-depth interview

I didn't get any list of free services during my pregnancy.

Mother 1.B.2.1
Focus group discussion
Marz facility

I personally explored all the available materials [on the free services] *and knew what is free.*

Mother 1.B.2.2
Focus group discussion
Yerevan facility

They [health care providers] *asked me to tell the monitoring committee from the Ministry of Health that I am satisfied with the care, the services and everything. I did so for the sake of my doctor since I respect my doctor very much.*

Mother 1.B.2.3
Focus group discussion
Yerevan facility

The attitude of providers was bad. I delivered my second baby in a marz facility. When I learned that I was pregnant for the third time, I preferred having my birth at home.

Mother 1.B.2.4
Focus group discussion
Marz facility

What made me feel very bad was the way nurses neglected the women and showed no respect for them. They are not careful and are impolite; they even made fun of me. If you don't pay, they are not nice to you.

Mother 1.B.2.5
Focus group discussion
Yerevan facility

In a Yerevan hospital, without informing me they did everything to my baby - for example, they immunized, gave an enema to and wrapped my baby. … They were also getting out the gases using the same equipment for all the babies. In the end they gave me paper to sign that I was informed about what they did to my child.

Mother 1.B.2.2
Focus group discussion
Yerevan facility

I delivered my first child in a marz hospital… The hospital was not very clean. They were cleaning the floor only once a day. They didn't usually clean the sink. Once they cleaned the sink because a physician was coming from Yerevan to visit the hospital… It was disgusting to touch anything. I didn't eat for three days because it was so disgusting.

Mother 1.B.2.4
Focus group discussion
Marz facility

During my stay in a maternity hospital in Yerevan, people from Sanepi [SHAI] *came to the hospital for a checkup visit. So, the hospital personnel were cleaning up the procedure room for the whole day before the visit and let no one enter this room to keep it clean. Only after the Sanepi visit they allowed us to use that room for our needs.*

Mother 1.B.2.3
Focus group discussion
Yerevan facility

I would suggest improving infection control. Four to five women stay in the same room and the whole family of one woman may decide to visit the baby in the room. They just pay and come in. For example, I was trying to feed my baby when my roommate's husband and friends visited our room…

Mother 1.B.2.6
Focus group discussion
Yerevan facility

The room for antenatal care was very crowded; many pregnant women accompanied by someone entered the room. It is not only inconvenient because it is so crowded, but also embarrassing to have checkups in the room even behind the screen.

Mother 1.B.2.3
Focus group discussion

Yerevan facility

The trends show the C-section rate has increased on the second level facility where now there are fewer births. So it is possible that physicians conduct more C-sections to increase their income from the government. The increased rate of C-sections is reasonable if it is related to the decreased rate of peri-natal and maternal mortality rates. According to the data these indicators have decreased. However, we need more time to study the situation to draw conclusion.

Expert 1.B.2.1
In-depth interview

There is an increased number of C-sections, but I do not think that this is due to the implementation of the Certificate Program. It is mostly due to the increased number of complicated cases of pregnant women, plus there are many young women who now want to have a C-section because they do not want to go through such a painful process [as natural childbirth].

Ob/gyn antenatal 1.B.2.2
In-depth interview

The primary service-related complaint of physicians in the marzes with close proximity to Yerevan is the high flow of expectant mothers from these marzes to Yerevan for normal birthing services. These physicians felt that this high flow was a result of the short distances to Yerevan, the provision of free higher quality services with additional services for complications that exist only in Yerevan.

Some of the expectant mothers, who went to Yerevan for birthing services, reportedly were offered only private rooms for a fee, leaving out the free room option for them to choose. Moreover, women are reportedly not always provided with the complete list of available free services.

Participants mentioned that personnel of hospitals asked women to express their satisfaction with the services provided to the Ministry of Health monitoring team.

Participants indicated that infection control in some hospitals and polyclinics is very poor and conducted special cleaning before checkup visits from the State Hygiene and Anti-epidemic Inspectorate. Many mother participants also complained about the rooms crowded with relatives and friends of roommates, which created discomfort for others.

Expert participants indicated concern about the increased rates of C-sections (comparing the official data of the Ministry of health for ten months of 2008 with the same period of 2009 the rate of C-section increased from 14.8% to 17.0%[8]). One expert participant suggested that higher reimbursement for C-sections under the Obstetric Care State Certificate Program incentivized physicians to conduct this operation more frequently than needed. However almost all obstetrician-gynecologists who participated in the study suggested this increase was due to a positive attitude change towards C-sections in the population, an attraction to giving birth without pain, and improved technologies for conducting C-section. Given the current information available, there were neither clear understanding nor consensus on whether C-section was excessive or within expected, whether this recent increase in percent of C-sections was due to the Obstetric Care State Certificate Program or a historical trend – a closer investigation is required to better understand the issue.

1.B.3. Opportunities

We are satisfied in terms of financial support. It would be good to increase the salaries of the cleaning workers to motivate them to be more attentive, responsible and more pleasant. I would suggest training health personnel for improving their attitude towards clients.

Mother 1.B.3.1
Focus group discussion
Yerevan facility

Poor attitudes should be eliminated ("qit mruty" petq a veracnel). The young specialists are pleasant. Old specialists are very rude.

Mother 1.B.3.2
Focus group discussion
Yerevan facility

The number of visitors to the rooms for birthing mothers should be limited - only a few people should come in at one time to avoid spreading infections.

Mother 1.B.3.3
Focus group discussion
Marz facility

I would suggest improving the conditions of the rooms for birthing mothers. There are mosquitoes and moths in the rooms.

Mother 1.B.3.4
Focus group discussion
Marz facility

I would also suggest having reasonable restrictions on the number of birthing mothers assigned to one room.

Mother 1.B.3.5
Focus group discussion
Yerevan facility

I think that women should be required to give birth in the hospital from where they got the Certificate to provide fair patient-loads for all doctors. Each woman could use free-of-charge services for birthing in her regional facility. In case of complications the doctor from the regional facility could refer her for more specialized care.

Ob/gyn antenatal 1.B.3.1
In-depth interview

The government should do something to keep our pregnant women within their marz [for birthing] *so that the government does not pay more for deliveries in Yerevan.*

Ob/gyn intranatal 1.B.3.1
In-depth interview

It would be useful if the Ministry of Health could provide us with educational materials [on birthing and reproductive health] *for our pregnant women, because there is a demand for information.*

Ob/gyn antenatal 1.B.3.2
In-depth interview

Even though mother participants overall are satisfied with the Obstetric Care State Certificate Program, these women felt that it is necessary to increase the salaries of birthing providers (as do the birthing providers themselves) and to provide further training for nurses and other birthing staff, especially the older generation, to improve their interpersonal relationships with the birthing mothers. The mother participants also suggested limiting the number of visitors to the rooms, to reduce the number of new mothers assigned to a room, and to eliminate insects in the rooms.

Study experts suggested controlling expectant-mother flow for birthing from the marzes to Yerevan to balance out physician workload and pay, allowing free birthing services in Yerevan for marz women only by referral for complicated pregnancies.

1.B.4. Threats

You can compare numbers of pregnant women going to Yerevan [from our marz] *for delivery before and after implementation of the Program - 15 expectant mothers went to Yerevan for*

birthing out of 45 [33%] *in June before the Certificate Program, and 28 out of 51* [55%] *in August after the Certificate Program. A second flow of expectant mothers from the marzes to Yerevan for antenatal care will soon follow because those women from the marzes who are giving birth in Yerevan are counseled by their physicians there to come to Yerevan for antenatal care for the next pregnancy.*

Ob/gyn antenatal 1.B.4.1
In-depth interview

Doctors are not satisfied with their income [under the Program] *but the services have not suffered yet. If this situation continues, eventually the quality of their work will decline and informal payments could appear again.*

Ob/gyn intranatal 1.B.4.1
In-depth interview

Study experts from the marzes in close proximity to Yerevan indicated a concern that they are losing expectant mothers for birthing services to Yerevan and then, on advice from the birthing doctors in Yerevan, the mothers may return to Yerevan for antenatal services for their next child – thus losing these marz women for both birthing services and future antenatal services for the marzes.

Participants, both mothers and providers, indicated a concern that inadequate salaries for birthing service providers would eventually worsen the quality of services and reinstate informal payments.

1.C. Provision of resources

1.C.1. Strengths

To improve the situation [reducing patient flow from the marzes to Yerevan] *the marz facilities are working on improving their quality to become more competitive. Many marz facilities are now much improved - some facilities have invested additional monies for these improvements.*

Expert 1.C.1.1
In-depth interview

The expectant-mother flow from the marzes has declined maybe because the physicians from marzes started working on improving their quality of services to keep their patients.

Ob/gyn intranatal 1.C.1.1
In-depth interview

We are trying to become competitive with Yerevan facilities. Our hospital is currently being renovated. We hope that in two months we will move into our new hospital.

Ob/gyn antenatal 1.C.1.1
In-depth interview

The number of [obstetrician/gynecologist] specialists is adequate.

Ob/gyn antenatal 1.C.1.2
In-depth interview

There was consensus among experts, providers, and administrators from both antenatal and intranatal care services in Yerevan and the marzes that hospital administration and physicians in the marzes are improving their facilities and services to become more competitive with Yerevan, thus controlling the expectant-mother flow from the marzes to Yerevan. Participants from the marzes indicated that they felt that the number of specialists in maternity hospitals and antenatal care facilities was adequate in the marzes participating in this study.

1.C.2. Weaknesses

Patients are coming [from the marzes to Yerevan] *because it is a great temptation for patients to give birth in Yerevan - the conditions of rooms and equipment in the marzes are poor and the quality is lower.*

Ob/gyn intranatal 1.C.2.1
In-depth interview

[In a marz facility] *the conditions of the birth chair in the birth room were awful. I even hurt my back. In the room the bed was very uncomfortable. Both the beds and the birth chair were very uncomfortable.*

Mother 1.C.2.1
Focus group discussion
Marz facility

Free-of-charge rooms are in such poor conditions that women want to run away from the hospital as soon as possible.

Mother 1.C.2.2
Focus group discussion
Yerevan facility

I delivered in one of the Yerevan hospitals where I would never go again, because they do not have appropriate equipment and are not ready to adequately provide care. The doctor was looking for nurses during the delivery for 30 minutes, could you imagine? Perhaps they simply can not manage the large number of deliveries. When I was delivering, the hospital was full- women coming to Yerevan from the marzes for the prestige and the hospital turns no one away because it means more money for them.

Mother 1.C.2.3

Focus group discussion
Yerevan facility

It is important to improve the professional quality of nurses. The old generation of nurses is hard to teach - they do not want to learn new methods of work.

Mother 1.C.2.4
Focus group discussion
Yerevan facility

Our hospital [in Yerevan] *is over-staffed. People want to work in our hospital. The more personnel you have, more patients are coming to the hospital because each provider brings new patients. Because of the great number of physicians, she/he may have only one overnight duty in a month.*

Ob/gyn intranatal 1.C.1.2
In-depth interview

In the hospital, we have 3-4 specialists registered for one work position. The administration is interested in hiring more specialists because more specialists bring in more money. They receive substantial money for each specialist placement and then provide a very small salary for that position because it is usually a quarter- time position – so, the administration gets more money, the specialists have a job and everyone is happy!

Ob/gyn intranatal 1.C.1.3
In-depth interview

We have more doctors than we need; we are over-staffed with doctors and nurses. In the marzes, I think we have a shortage of specialists.

Ob/gyn antenatal 1.C.1.1
In-depth interview

I know that in remote marzes, there is a lack of providers.

Ob/gyn intranatal 1.C.1.1
In-depth interview

All study participants, experts, providers and expectant mothers, indicated that the primary reason for expectant-mothers flow from the marzes to Yerevan is the poor conditions of the marz hospitals, including rooms, equipment and service.

Expectant mothers in Yerevan were dissatisfied with the condition of free-of-charge rooms in Yerevan hospitals. Study participants were also concerned about the difficulty in retraining the older generation of nurses and sanitary workers in newer methods and improving their attitudes and professional service in both marzes and Yerevan.

All study participants identified overstaffing of maternity hospitals and antenatal care facilities in Yerevan as a problem. Experts stressed that registering up to four specialists for one work position is a common practice for Yerevan hospitals and polyclinics, which leads to reduction in the number of patients serviced by a physician and smaller salaries. On the other hand, some study experts from Yerevan, indicated that there is a shortage of maternity specialists in marzes, especially remote marzes.

1.C.3. Opportunities

The condition of hospitals and rooms should be better.

Mother 1.C.3.1
Focus group discussion
Marz facility

There is always a place for improvement. I want my City [in a marz] *to have more high technology equipment for the hospitals, along with better hygiene and improved quality of personnel.*

Mother 1.C.3.2
Focus group discussion
Marz facility

We have marzes where we are constructing new hospitals with high quality buildings and equipment which are much better than some of the Yerevan hospitals. So, why would women not stay in their marzes for delivery?... Other marzes should wait until the government finds the resources.

Expert 1.C.1.1
In-depth interview

Study participants emphasized the need for improving condition of hospitals and hospital rooms, equipment and the quality of personnel, particularly in the marzes.

1.C.4. Threats

The participants of this study did not emphasize any threats related to provision of resources.

1.D. Management and supervision

1.D.1. Strengths

The reporting demands [on the maternity hospitals due to implementation of the Program] *did*

not increase much. I can say it essentially has not changed. Only one question has been added [for the Program] *in the State Health Agency reporting form.*

Ob/gyn intranatal 1.D.1.1
In-depth interview

For the managers [of the maternal and child care facilities] *who do nothing to restrict unofficial payments we have strict monitoring mechanisms, including visits, a hot line and penalties for violations.*

Expert 1.D.1.1
In-depth interview

The Ministry of Health is regularly checking if [birthing] *doctors have taken informal payments. They* [the Ministry of Health] *randomly call mothers and … ask how much they paid in informal payments. Until now, no case of informal payments for our hospital has been registered* [since the Program], *because if they find out that a doctor took an informal payment he/she will be fired.*

Ob/gyn intranatal 1.D.1.2
In-depth interview

At the beginning of the Program our monitoring found that informal payments were minimal. I am sure that providers were not asking for payments.

Expert 1.D.1.1
In-depth interview

Our maternity hospital conducted an internal assessment at the beginning of the Program. By my [a department head] *initiative, all women were asked to complete a questionnaire developed by the Ministry of Health. After reviewing the results, I saw that all the women* [reportedly] *were satisfied - however nobody from the Ministry of Health asked for those questionnaires.*

Ob/gyn intranatal 1.D.1.1
In-depth interview

There was a person from the Ministry of Health in a maternity hospital in Yerevan asking about services and our opinion.

Mother 1.D.1.1
Focus group discussion
Yerevan facility

In a maternity hospital in Yerevan I participated in a survey. I completed the questionnaire, which was developed by the hospital or the Ministry of Health. I don't know which one.

Mother 1.D.1.2
Focus group discussion
Yerevan facility

All study experts and providers stressed that the increased burden of reporting for the Program is minimal and does not interfere with the work.

According to all groups of study participants, oversight of the Obstetric Care State Certificate Program is conducted through regular visits by officers from the Ministry of Health to maternity hospitals, in-person and telephone surveys on patient satisfaction and a hot line, reinforced by penalties for physicians who violate the terms of the Program such as taking informal payments that can be as serious as being terminated from their jobs. Results of surveys showed that women are reportedly satisfied with the Program.

1.D.2. Weaknesses

The Program has a large budget but this money does not reach the physicians; as a result, the physicians are not satisfied.

Ob/gyn intranatal 1.D.2.1
In-depth interview

I have a feeling that this Program was created to work against obstetrician/gynecologists working in maternity hospitals.

Ob/gyn intranatal 1.D.2.2
In-depth interview

If the Program is implemented as it is designed, both the physicians and the patients will be satisfied. But now only the heads of the maternity hospitals benefit from this Program.

Ob/gyn intranatal 1.D.2.1
In-depth interview

Our [maternity hospital] *physicians know that they do not receive full pay for the work they do but they don't know how much less they are actually paid. Two physicians can deliver the same number of babies, receive different salaries and we don't know why.*

Ob/gyn intranatal 1.D.2.1
In-depth interview

The major problem is internal [financial] *management. This is the most important issue that we need to address. I am not an idealist… If the patient offers money and wants to thank a doctor we cannot monitor this and do anything about it.*

Expert 1.D.2.1
In-depth interview

They [the Ministry of Health] *call women to see if they* [women] *paid informal payments or not* [for birthing services]. *But there are ways to control the reporting of the women. We* [maternity

hospital doctors] *even call our patients and tell them what to report.*

Ob/gyn intranatal 1.D.2.1
In-depth interview

Most study participants felt that inadequacy in the financial monitoring system elevates the risk of money manipulation by maternity hospital administrations and increases negative attitudes of doctors toward the Program.

All study experts indicated that there is a major problem of internal management in the maternity hospitals. Some providers described how informal payments could be hidden from the current Program monitoring systems.

1.D.3. Opportunities

The government should not only disseminate the funds but also monitor the spending through facility spot checks. To keep the Program functioning, they have to keep birthing health providers [in the maternity hospitals] *satisfied with their job.*

Ob/gyn intranatal 1.D.3.1
In-depth interview

…The role of the head of the facility is very important... They should create an atmosphere where there is no place for informal payments.

Expert 1.D.3.1
In-depth interview

We [the government] *need an assessment and more serious monitoring mechanisms. In the beginning of the Program we signed a statement with the heads of the facilities to minimize the risk of corruption. This year we have a new approach. We signed an agreement only for three months. Then we will update it based on their indicators and the results of monitoring. If the facility does not address government requirements, the Minister* [of Health] *can cancel the next agreement. But for this we need a valid and objective assessment of the Program. The Minister is attempting to find money from the budget to assign an NGO to conduct an assessment.*

Expert 1.D.3.1
In-depth interview

There should be mechanisms in the Program to monitor the money trail to the physicians. The Ministry of Health should conduct sessions for physicians on the payment mechanism so that each physician has an understanding of how their salaries are calculated. Some mechanisms should be developed so that each physician can report individually and directly to the Ministry of Health.

Ob/gyn intranatal 1.D.3.2

In-depth interview

A mechanism should be developed to provide an opportunity to those patients who want to pay, so that patients will have a chance to pay officially.

Ob/gyn intranatal 1.D.3.2
In-depth interview

Maternity hospital physician participants suggested providing maternity hospital physicians with information on their salary computations, establishing strong monitoring mechanisms for the control of financial flows within the hospitals, to assure sustainability, transparency, accountability and prevent corruption.

1.D.4. Threats

It is very difficult to argue with the hospital owner. He is the boss and the host. He says if you are not satisfied with the policies of my hospital, you can leave any time you want and go somewhere else. But where do you go if the situation is the same everywhere.

Ob/gyn intranatal 1.D.4.1
In-depth interview

Antenatal services are not facing any real problems, but the maternity hospitals [in the marzes] *have serious problem because of the lack of control of expectant-mother flow from maternity hospitals in the marzes which are near Yerevan to maternity hospitals in Yerevan for birthing services.*

Ob/gyn antenatal 1.D.4.1
In-depth interview

Many participants, particularly providers, suggested that the private status of maternity hospitals creates an additional obstacle for improving the system.

2. <u>NGOs contributions to the Obstetric Care State Certificate Program</u>

An NGO was collaborating with us [a marz maternity hospital] *and conducted a survey here. I think that the role of NGOs is very important. They can do monitoring and be the "eyes of the nation", presenting their findings to higher officials.*

Ob/gyn antenatal 2.1
In-depth interview

Some NGO came to our maternity hospital [in Yerevan] *for monitoring... they asked women how satisfied they were with the services…*

Ob/gyn intranatal 2.1
In-depth interview

Program checks and assessments should be conducted by independent institutions and organizations rather than the Ministry of Health to avoid conflict of interests.

Mother 2.1
Focus group discussion
Yerevan facility

Study participants indicated that NGOs were involved in monitoring and evaluation of the Obstetric Care State Certificate Program in two study areas, Yerevan and Armavir marz. Study participants who had experience working with NGOs saw a potential collaborative role of these organizations in providing independent monitoring and evaluation services and assessment of the Certificate Program that could be valuable in strengthening the Program, while avoiding conflict of interests.

3. Comparative analysis between Yerevan and the marzes

Salaries

Marzes

The maternity hospitals [in the marzes near Yerevan] *are suffering* [financially] *from the Program. The gynecologists of the maternity hospitals in Yerevan gained from the program. But those working in marzes close to Yerevan like Ararat, Artashat, Ejmiatsin definitely lose. Women from these marzes go to Yerevan for birthing services because the conditions of Yerevan maternity hospitals are better. They are not comparable with our maternity hospitals. We don't have normal toilets and even have a shortage of blankets.*

Ob/gyn antenatal 3.1
In-depth interview

We [a marz located far from Yerevan] *don't have any flow of expectant-mothers to Yerevan… Our* [maternity hospital doctors] *situation has worsened. We had much higher salaries at the beginning of the Program than now.*

Ob/gyn intranatal 3.1
In-depth interview

Yerevan

I am not satisfied with the amount that I receive. I know that no one among my colleagues is satisfied, because I talked to them.

Ob/gyn intranatal 3.2
In-depth interview

Impact of the Certificate Program on antenatal services

Marzes

After implementation of the Program pregnant women started coming to the polyclinics [in the

marzes] *at earlier stages of the pregnancy and as a result the total number of visits increased. We had the greatest number of registrations* [for antenatal care] *at the beginning of the Program and the numbers still remain high.*

Ob/gyn antenatal 3.2
In-depth interview

Early registration increased [in the marzes] *after the Certificate Program was implemented. Also the number of visits increased. Instead of three average antenatal visits for pregnant women* [before the Certificate Program], *we now have 12 visits on the average.*

Ob/gyn antenatal 3.3
In-depth interview

Yerevan

The implementation of the Program neither increased the early registration rate nor the number of registered cases [for antenatal services], *because before the Program women were coming to the polyclinic to register as well. The only difference now is that those women who prefer to go for antenatal care in late pregnancy to other gynecologists (in private practice or for those whom they have a personal relationship with) now come to us to register to receive the Certificate.*

Ob/gyn antenatal 3.4
In-depth interview

Antenatal care providers did not benefit from the implementation of the Program - we even lost money, because the patient recruitment process started to change after the implementation of the Certificate Program. Those maternity hospitals that have antenatal care services began recruiting women who came to their facilities for delivery to register with their antenatal care services and it was successful. Thus, now we have fewer pregnant women who come to the polyclinic for antenatal services since the Program began.

Ob/gyn antenatal 3.4
In-depth interview

Informal payments

Yerevan

I was ready to pay a lot of money since I had a complicated pregnancy. The situation was very hard, but doctors saved my baby and me. They asked for 60,000 drams and we were ready to pay even more. In the Infant Department, the physician told me to pay the nurses so they would be more attentive. I paid 1,000 drams to the nurses for every visit. My room was free-of-charge.

Mother 3.1
Focus group discussion

Marzes

I didn't pay anything for birthing services - I didn't pay anything to the physicians, to the nurses, nor the cleaning workers.

Mother 3.2
Focus group discussion

Birthing service provision

Marzes

I am very satisfied with the [birthing] *services* [in the marz].

Mother 3.3
Focus group discussion

The hospital conditions are definitely much better [tertiary level hospitals] *in the capital than in any of the marzes.*

Ob/gyn intranatal 3.3
In-depth interview

Yerevan

…I delivered in one of the Yerevan [tertiary level] *hospitals and I would never go there again because they* [hospital] *are not ready to provide adequate birthing services.*

Mother 3.4
Focus group discussion

Staffing

Yerevan

The number of doctors exceeds the number of job positions in the maternity hospital [in Yerevan], *so in one job position we have two or more doctors. Compared to the marzes, of course Yerevan is overstaffed. People prefer to live and work in the capital city.*

Ob/gyn intranatal 3.2
In-depth interview

Marzes

We have a reasonable number of specialists [in maternity hospitals in marzes near Yerevan]. *It is neither more nor less.*

Ob/gyn intranatal 3.4
In-depth interview

I know that in remote marzes like Syunik, there is a lack of providers in maternity hospitals.

Ob/gyn intranatal 3.5
In-depth interview

Salaries

Because of the expectant-mother flow for birthing services from the marzes in proximity with Yerevan, the obstetrician/gynecologist participants reported an immediate increase and then a decline in personal income in the longer term, leading to dissatisfaction among these physicians. Though obstetrician/gynecologist participants from nearby Ararat and Armavir marzes indicated dissatisfaction with salary levels and assumed that their low salaries are due to the patient flow to

Yerevan. However, the providers from Tavush marz (which does not face the issue of patient flow because of its remoteness from Yerevan) and Yerevan were also unhappy about their salaries.

Impact of the Certificate Program on antenatal services

The Obstetric Care State Certificate Program covers only birthing services, however, the implementation of this Program also impacted antenatal services. Participants indicated that antenatal care services in the marzes gained financially with the implementation of the Program, but delivery services in the marzes especially close to Yerevan lost substantial numbers of patients and income to delivery services in Yerevan. The marz antenatal services reportedly experienced increases in both early registration and overall numbers of registrants due to the implementation of the Program. There was little change in the number of registered pregnant women in Yerevan antenatal services.

Informal payments

Although informal payments and payments to thank physicians reportedly sometimes take place in Yerevan and marzes, the frequency and the amount of payments are comparably higher in Yerevan than in marzes.

Birthing service provision

Participant mothers from marzes complained less and indicated more satisfaction for birthing services than mothers in Yerevan, despite the fact that the services and facilities were of better quality in Yerevan.

Staffing

Obstetrician/ gynecologists participants indicated that they and their colleges preferred to live and work in Yerevan. This result in overstaffing of physicians in the maternity hospitals in Yerevan (with two or more physicians often sharing one job position), reportedly balanced staffing in most maternity hospitals located in the marzes with understaffing in maternity hospitals in most remote marzes (e.g., Syunik).

Summary findings

The qualitative stakeholder analysis identified the following strengths of the Obstetric Care State Certificate Program:

- High political commitment
- Birthing services cost-calculation
- High patient satisfaction
- Additional resources were allocated to strengthen the Program
- Informal payments have substantially declined for birthing services
- The Program provides equal access for all women for free quality services
- The Program improved patient-provider relationships: dignity and self-respect of birthing mothers and providers improved
- The Program has increased early antenatal care registration and the number of antenatal visits in the marzes
- Marz maternity hospital facilities and services are being improved to compete with standards in Yerevan
- Monitoring mechanisms are put in place for the program:
    - ✓ In-person and telephone surveys
    - ✓ Hot line
    - ✓ Financial monitoring by State Health Agency
- Civil society (NGOs) is involved in Program monitoring in some limited areas
- Has a potential to serve as a model for reducing informal payments for other state-guaranteed health services in Armenia.

The same analyses identified existing weaknesses in the Obstetric Care State Certificate Program. One of the major weaknesses is the inadequate monitoring of the financial flow of Program funds, leading to potential manipulation by hospital administrations and unofficial payments. There is currently a lack of transparency and accountability in how salaries are calculated and a serious concern that not all designated funds for salaries actually reach the providers. Major concerns were expressed that a reported universal dissatisfaction by maternity

hospital doctors with their salaries could reestablish a higher level of informal payments and worsen the quality of provided services.

An additional weakness in the Program is the flow of normal deliveries from the marz maternity hospitals in close proximity to Yerevan to Yerevan maternity hospitals because of better quality facilities and services. This flow reduces the salaries of the obstetrician/gynecologists in the marz maternity hospitals near Yerevan and increases the costs to the government due to more expensive services in Yerevan tertiary centers. This threatens the financial viability of the maternity hospitals in those marzes.

A third weakness, though informal payments have reportedly declined with the implementation of the Program, the practice still sometimes occurs in both Yerevan and marzes for C-sections, as financial gifts for services rendered ("*magharich"*), in a form of placing two mothers in a single private room for-a-fee, and other. The frequency and amount of payments are comparably more in Yerevan than in marzes. Moreover, women reportedly are not always provided with the complete list of available free services. Study participants were also concerned about the difficulty in retraining the older generation of nurses and cleaning workers to teach new methods and to improve their attitudes and provision of service in both marzes and Yerevan.

Participants indicated that ongoing problems that existed before and after the implementation of the Obstetric Care State Certificate Program included poor infection control in some hospitals and polyclinics where special cleaning was only conducted for checkup visits from the State Hygiene and Anti-epidemic Inspectorate, and where mothers' rooms were uncomfortably overcrowded with visitors and friends.

Many obstetrician/gynaecologist study participants indicated that the private status of maternity hospitals creates an additional obstacle for improvements in the system.

The findings of this qualitative study are consistent with earlier conducted qualitative study of the "Development Center of Armavir" NGO and quantitative Survey by Project NOVA in five Southern Armenian Marzes.[5, 12]

RECOMMENDATIONS

The CHSR research team makes the following recommendations based on the literature and documents review and suggestions made by participants of the qualitative stakeholder analysis:

- To improve regulation and monitoring of financial flows within the maternity hospitals
- To continue to improve the condition of hospitals, particularly rooms and equipment in the marzes
- To further improve the quality of service through further training of maternity hospital personnel, especially the older generation of caregivers
- To implement referral system of birthing services for expectant mothers in the marzes, once the quality of facilities and services are comparable in Yerevan and marzes
- To further increase the budget of the Program to improve it and assure sustainability
- To increase the salaries of birthing providers
- To improve transparency of financial management at the facility level
- To continue working with facility administrations to improve facility level financial management practices
- To improve infection control measures in maternity hospitals
- To reduce the number of new mothers assigned to a room
- To conduct research to clarify the reasons for the increase in the percent of C-sections out of all births
- To promote a collaborative role of civil society in Program monitoring and evaluation.

The next step in evaluating the OCSC Program should be a detailed and nationwide quantitative study to validate some of the qualitative findings and better understand the bigger as well as marz specific pictures.

This study suggests that the OCSC Program has a potential of serving as a model for curbing informal payments for other health services in Armenia that are part of the Basic Benefit Package. Moreover, countries in transition could learn a lot from this experience and use this approach as an effective tool to reduce/eliminate informal payments, assure equal quality and access to health care and social benefits, and improve access to justice and rule of law.

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APPENDIX 1 – QUALITATIVE RESEARCH METHOD

Qualitative method is an important mode of inquiry in social sciences.[15] Qualitative research/method is any kind of research that gets findings without any means of statistical procedures or quantification.[17]

There are valid reasons requiring qualitative research.[17] The investigation of phenomenon that is yet unknown or little known requires qualitative research. Qualitative research is a justified method for investigating the nature of experiences, behaviors or phenomena and to explain them in such details that are difficult to do by the means of quantitative methods.[17] The cases when the qualitative research methods should be applied are as follows:

- Research that cannot be performed experimentally
- Research that investigates deeply complexities and process
- Research for which variables are not known yet
- Research that explores where and why policy and practice fail to work
- Research on unknown societies or new systems
- Research on informal and unstructured linkages and processes in the organization
- Research on real, as opposed to stated, organizational goals.[15]

The components of qualitative research include data which can be collected through different methods (in-depth interviews, focus group discussion, observation, etc.). The second component is interpretation or analysis of data collected – conceptualization of data through coding. Written or verbal report is the final outcome of the research and its format depends on the audience.[17]

The advantage of qualitative method/qualitative research is that it provides opportunity to study the issue more in depth and in details.[18] Validity of qualitative method is how accurately the research represents the participants' realities of the social phenomenon and how credible are the finding to them.[19] The combination of different methodologies in the study of the same issue is called triangulation.[18] There are four main types of triangulations: data triangulation, investigator triangulation, theory triangulation and methodological triangulation. The *data triangulation* is the use of different sources of data. The *investigator triangulation* is the use of different researchers in conducting the study. The *theory triangulation* is the use of different

perspective to interpret the same data. The *methodological triangulation* is the use of different methods to study the same issue. In qualitative research it is possible to achieve triangulation by using different sources, investigators and mixing different methods and perspectives.[18]

APPENDIX 2 – QUALITATIVE STUDY INSTRUMENTS
Examples of Instruments:

Focus Group Discussion Guide
Mothers

Place_____
Date_____
Time_____
Moderator_____
Recorder_____

Introduction
Welcome
Welcome the participants and thank them for agreeing to participate.

Introduction of moderator and recorder
Introduce yourselves.

Confidentiality
This discussion will be confidential. We will not tell anyone that you participated in this focus group discussion. Your name and position will not appear in reports and presentations. All your comments will be used for research purpose only. We will take notes throughout the session. Upon your permission we will audio record the discussion to make sure that no idea remains out of our attention. Can we proceed with recording?

Review of the program and participation
The Center of Health Services Research and Development of the American University of Armenia with support from the USAID Civic Advocacy Support Program Armenia is conducting an assessment of the Obstetric Care State Certificate Program to help the Government of Armenia to strengthen the Program.

Your participation in our discussion is important since you were purchasing birthing services after implementation of the Obstetric Care State Certificate Program. We are interested in your opinions and suggestions.

For further questions regarding the study and/or if you want to talk to anyone because you have not been treated fairly or you think you have been hurt by joining this study you may contact the American University of Armenia at 51 25 61.

Introduction of topic

1. Please introduce yourself, how many children do you have, where they were born?

2. How did you decided to have a child? Does the existence of free services played the role on your decision?

3. What expectations did you have regarding maternity services (antenatal, delivery, postnatal) during your last pregnancy? Was there any expectation that did not come true? What was it regards to?

4. Did you use any chargeable services during your antenatal care, delivery and postnatal care? If yes, what particular services and why? In your opinion, what were the enforcement factors for using such services? What could be done to avoid payments?

5. Were you informed about maternity services (antenatal, delivery, postnatal) being free of charge? Who did inform you and where?

6. How did you choose the policlinic for antenatal care and the hospital for delivery during your last pregnancy?

7. During your last pregnancy, was there any person or organization, who asked you about your experience and the opinion for the maternal services provided to you in policlinic and/or hospital? If yes who or what organization was it, and what they had asked?

8. If you had baby before July 2008, please indicate what has been changed in your antenatal care after that time (during the last pregnancy)? What still the same?

9. If you had baby before July 2008, please indicate what has been changed in your delivery and postnatal care after that time (for the last delivery)? What still the same?

10. As a conclusion, how would you assess the maternity related servises after implementation of the Maternity Certificate program? How much are you sutisfied with the provided servises? What would you suggest to improve the the maternity related servises?

Thank you for participating in our study!

In-Depth Interview Guide
Ob/Gyn of intranatal care

Place_____
Date_____
Time_____
Moderator_____
Recorder_____

Introduction

Welcome

Welcome the participants and thank them for agreeing to participate.

Introduction of moderator and recorder

Introduce yourselves.

Confidentiality

This discussion will be confidential. We will not tell anyone that you participated in this focus group discussion. Your name and position will not appear in reports and presentations. All your comments will be used for research purpose only. We will take notes throughout the session. Upon your permission we will audio record the discussion to make sure that no idea remains out of our attention. Can we proceed with recording?

Review of the program and participation

The Center of Health Services Research and Development of the American University of Armenia with support from the USAID Civic Advocacy Support Program Armenia is conducting an assessment of the Obstetric Care State Certificate Program to help the Government of Armenia to strengthen the Program.

Your participation in our interview is important since you have expertise and experience in Obstetric Care related issues in Armenia. We are interested in your expert opinions and suggestions.

Introduction of topic

1. In your opinion, what were reasons for implementing the Maternity Care Certificate Program? Were you informed about up-coming changes, if yes how? What was the general attitude of med personnel towards the implementation of the program?

2. What are the pluses and minuses of the program from the perspective of a) patients b) physicians c) middle medical personnel d) administration e) state?

3. Has the Maternity Care Certificate Program affected the data reporting to the MOH? How does it affect your work?

4. What impact, if any, had the implementation of Maternity Care Certificate Program on the a) early registration, b) number of registered pregnant women c) frequency of visits e) the duration of visit for antenatal care? What could be done to increase first trimester visits and/or increase total number of visits, and what are the main obstacles to these goals?

5. Have you noticed any unexpected (for example, negative) consequences that were not designed by the policy makers of this program? *Probe: Did the difference of payment mechanism lead to increased numbers of C-sections?* What can we do to improve the situation?

6. After implementation of the program more pregnant women from marzes prefer to give a birth in Yerevan. What are the reasons for such movement? How has it influenced your work? According to the policy of your facility, do the pregnant women from marzes pay for birth services?

7. For what maternal and infant services do women pay? How often are those services utilized by women? What problems does your facility have regarding payable services?

8. How do you assess the number of specialists involved in antenatal care in your facility? *Probe: Is there shortage or overload of doctors and nurses*? What difficulties the current number of health care specialists is causing to the implementation of Maternity Care Certificate Program? What is the difference between Yerevan and marzes?

9. How the salaries of medical personnel are forming? *Probe: Are you aware how your salary is formed?* Are you satisfied with your salary?

10. What are the payment mechanisms for medical personnel in your facility? Are you satisfied with the payment mechanism of your facility? How could it be improved?

11. Is there any collaboration between your facility and different agencies and NGOs for better implementation of Maternity Care Certificate Program? What could be the role of NGOs in in the implementation of the program?

12. Comparing the implementation of Maternity Care Certificate Program at the beginning and after 1.5 year of functioning, what changes have you observed? In your opinion what have changes in our health system due to this program?

13. At the end, what would you suggest for improving the Maternity Care Certificate Program in Armenia? Are there other things that we did not discuss but you feel it is necessary to talk about?

Thank you for participating in our study!