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PHCR
Primary Healthcare Reform Project

FACILITY PERFORMANCE ASSESSMENT

**BASELINE ASSESSMENT OF TARGETED PHC FACILITIES IN
KOTAYK, TAVUSH, AND GEGHARKUNIK MARZES**

2007



December, 2008

DISCLAIMER

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

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

Preface

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

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

This report summarizes the baseline facility/provider performance assessment of targeted primary healthcare facilities in Kotayk, Gegharkunik, and Tavush marzes (Zone 2). This baseline facility assessment gathered data for internal planning and provides a referent for future evaluation of project impact in Zone 2.

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

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

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List of Acronyms

AUA	American University of Armenia
AIDS	Acquired Immune Deficiency Syndrome
AIHA	American International Health Alliance
ARCS	Armenian Red Cross Society
ARI	Acute Respiratory Illnesses
ASTP	Armenian Social Transition Project
BBP	Basic Benefits Package
BMC	Basic Medical College
CHC	Community Health Committee
CHD	Coronary Heart Disease
CHSR	Center for Health Services Research and Development
DMTA	Drug and Medical Technology Agency
DOTs	Directly Observed Treatment Short Course
EBM	Evidence-Based Medicine
EMG	Emerging Markets Group
FAP	Rural Health Post (from Russian abbreviation)
FM	Family Medicine
FN	Family Nursing
GP	General Practice
HC	Health Center
HIV	Human Immunodeficiency Virus
ICCO	International Child's Care Organization
IIZDW	The Institute of International Cooperation of the Consortium of German Peoples
IMCI	Integrated Management of Childhood Illnesses
IRD	International Relief and Development
JMF	Jinishian Memorial Foundation
MA	Medical Ambulatory
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MSF	Medicines sans Frontiers
NIH	National Institute of Health
NOVA	Strengthening Reproductive and Child Health Care Services in Rural Areas (from Armenian abbreviation)
OSI	Open Society Institute
PC	Policlinic
PHC	Primary Health Care
PHCR	Primary Health Care Reform
PMP	Performance Monitoring Plan
RA	Republic of Armenia
STDs	Sexually Transmitted Diseases
SVA	Rural Medical Ambulatory (from Russian abbreviation)
UMCOR	United Methodist Committee of Relief
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WB	World Bank
WHO	World Health Organization
WV	World Vision
YSMU	Yerevan State Medical University

1. Introduction

1.1 PHCR Project Overview: The United States Agency for International Development (USAID) awarded Emerging Markets Group (EMG), an international consulting firm, a five-year contract to run Primary Health Care Reform Project in Armenia. The primary goal of the Project is to improve population access to quality primary healthcare services through strengthening Primary Health Care (PHC) facilities and family medicine providers, on one hand, and improving public health awareness, health-seeking behavior, and competent demand for PHC services, on the other. The six main components of PHCR project are run in the partnership with IntraHealth International Inc., American University of Armenia, Overseas Strategic Consulting, Ltd., and Social Sectors Development Strategies, and include the following activities:

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

The project utilizes a regional scale-up approach, which allows for the zonal expansion of the reforms throughout the country over the life of the project. While applying this approach, the project primarily focuses on upgrading physical conditions and enhancing delivery of care in selected facilities in each zone, overall targeting approximately three hundred facilities throughout Armenia. Kotayk, Gegharkunik, and Tavush marzes are targeted by the project for the second year.

The project conducts several activities in its target facilities, including renovation, furnishing, and provision of equipment, as well as training of medical and administrative staff in family medicine, quality of care, management, financing/accounting, implementation of software for accounting, open enrollment, performance-based reimbursement, etc. The communities served by the selected facilities also become targets, particularly, for the public education component of the PHCR Project in terms of getting involved in establishing and running Community Health Committees, utilizing small grant projects, etc. However, not all selected facilities are targeted for all types of activities: different sets of activities could be implemented in different facilities, based on local needs and priorities.

1.2 PHCR Project Monitoring & Evaluation Plan: The following assessments are being conducted throughout the project to monitor its implementation and evaluate its impact:

1) Baseline assessments, including:

- Facility level assessments in target facilities at the start of the project activities in each marz. These include: 1) Interviewer-administered facility assessment covering structural indicators for all project components, with some of them being PMP indicators; 2) Facility performance assessment covering performance of facility and providers which could serve as a basis for measuring improvement in quality of care (unlike the self-administered style utilized during facility performance assessment in Zone 1 facilities, a shift was made to interviewer-assessed performance assessment in Zone 2 facilities, the instrument was modified accordingly, and some new dimensions were added to it including a separate tool for provider performance assessment); 3) Client satisfaction survey (self-administered).
- Population-based assessment. This includes: 1) Countrywide household health survey covering perceived health status, health dynamics, use of early diagnostics and preventive services, accessibility and perceived quality of care, as well as public education-related issues (exposure to PE campaigns and other activities with resulting changes in health knowledge, attitudes, and care seeking behavior).

2) Intermediate and final assessments, including:

- Repeating all facility level assessments mentioned above upon completion of the project activities in target facilities of each marz.
- Follow-up population-based assessment covering all the areas mentioned in the baseline assessment (using the same instruments).

This report summarizes the data on facility performance assessment conducted in select facilities of Kotayk, Gegharkunik, and Tavush marzes, all targeted by the PHCR project in the second year. This baseline assessment gathered data for internal planning and creation of a baseline dataset for future project impact evaluation in Zone 2.

2. Methods

PHCR project staff and corresponding marz health department staff jointly selected target facilities in Kotayk, Gegharkunik, and Tavush marzes. The following two main sets of selection criteria were applied to select target sites for renovation:

i) Selection criteria for rural facilities (FAPs and ambulatories)

- (1) Remote location
- (2) Community participation and local authority commitment
- (3) Existence of allocated space/building
- (4) Willingness by local staff to get involved in renovation and training activities
- (5) Size/characteristics of the population served (large, high risk and vulnerable population)

ii) Selection criteria for polyclinics

- (1) Previous successful participation in primary healthcare reform efforts
- (2) Potential for becoming a training site and/or availability of clinical preceptors
- (3) Independent legal status and not included in the optimization plan
- (4) Characteristics of the population served (high risk and vulnerable population)

Selection occurred after engineering assessments of buildings suggested by the marz health departments as potential targets for renovation. After the renovation sites (mainly – rural health posts [FAPs] or ambulatories) were selected, the facilities directly supervising those FAPs and/or ambulatories (so called, referral centers) were also included as the project targets so that the combined multi-direction approach of the project could be fully utilized.

Monitoring and Evaluation (M&E) team conducted two types of assessments in the selected facilities: baseline facility assessment and facility/provider performance assessment by interviewers.

Three interviewers in Kotayk marz, two interviewers in Tavush and two in Gegharkunik (all local physicians) were trained to conduct the assessments (both facility and performance assessments in the targeted facilities). The trainings lasted two days and included theoretical component and practical implementation of the instruments and interviewer/instrument pre-testing. The PHCR M&E team developed and delivered to interviewers instructions on how to conduct the interviews, code lists of the selected facilities, and tentative schedule/timeline of interviews. Local drivers were hired in each marz to take the interviewers to the selected facilities. In all three marzes, the fieldwork lasted several weeks (in May, 2007 in Kotayk, May-June 2007 in Tavush, and June 2007 in Gegharkunik). The M&E team conducted spot-checks of the interview process in all three marzes to assure compliance with the survey protocol.

The Center for Health Services Research and Development (CHSR) team of data enterers at the American University of Armenia (AUA) entered data into computer databases using SPSS 11.0 software. At this stage of the baseline facility assessment, mainly descriptive analysis was performed.

The facility/provider performance assessment questionnaire (Attachment 1) was developed based on the facility self-assessment tool used by Project NOVA as part of the quality improvement strategy at the facility level and, the tool for self-assessment of facility organization/management previously used by the Armenia Social Transition Program in its pilot sites, with the corresponding changes and adaptation to the PHCR project needs. After implementation in Zone 1, the instrument was further modified. Several less informative items were removed and/or substituted with other, more relevant questions. The format of the questionnaire was changed from self-administered to interviewer administered to address possible misreporting/overreporting problems identified during the baseline survey in Zone 1. The items developed with the PHCR project Family Medicine team and intended to measure providers' clinical skills/competences were separated from the main instrument as a supplemental questionnaire. These were completed during face-to-face interviews with providers rather than with the facility head/responsible who served as the main respondent for the main body of the questionnaire. The tool included the following domains: (1) Access to care, (2) Providers' relationships with community and clients, (3) Environment, (4) Management, and (5) Technical competence of providers. For each of the domains in the self-assessment survey questionnaire, the M&E team computed a summative score, which included all variables/questions in a particular section. The maximum score of "3" was given to positive ("yes") replies and "0" to "no" replies. In case of a scale, the responses were scored from 0 to 3 as well, with intermediate scores of 1, 1.5, and 2. A mean score was calculated from the summative score resulting in a maximum possible value of 3.0. Mean scores were compared using independent samples T-test, and one-way ANOVA.

3. Results

A total of 56 facilities were included in the performance-assessment study. Thirty-two FAPs, 17 medical ambulatories, 3 health centers, and 4 polyclinics constituted the target for the project in Zone 2 and were selected for the performance assessment.

3.1 Access to/provision of care

The respondents from each facility were asked a set of questions investigating access to care. The M&E team revealed that only 58.9% of facilities were open and available during official hours. In 28.6% of cases they were usually open, in 3.6% occasionally, and in 5 cases never. In 71.4% of facilities, all of the community members were aware of the free services offered. Working hours were posted only in 35.7% of surveyed facilities. For the clients of 14.3% of the facilities, these hours were not convenient. Educational materials describing free services were available in 57.1% of facilities; at 46.4% of the facilities MOH state order posters were visible to clients. At the overwhelming majority of surveyed facilities (94.5%) providers routinely conduct pre/postnatal home visits; providers of all these facilities carried adequate supplies to conduct the visits. Emergency instructions were posted for non-working hours only in 6 facilities. Table 1 shows the distribution of responses by facility type.

Table 1. Access to/provision of care by facility type

% (n)	FAP	Ambulatory/ Office of FD	Health Center	Polyclinic	TOTAL
Is the facility open and available during official hours					
Always	40.6 (13)	76.5 (13)	100.0 (3)	100.0 (4)	58.9 (33)
Usually	37.5 (12)	23.5 (4)	-	-	28.6 (16)
Occasionally	6.3 (2)	-	-	-	3.6 (2)
Never	15.6 (5)	-	-	-	8.9 (5)
Is the community aware of the free services offered?					
Yes, all of them	65.6 (21)	70.6 (12)	100.0 (3)	100.0 (4)	71.4 (40)
Yes, the majority	25.0 (8)	29.4 (5)	-	-	23.2 (13)
Some of them	9.4 (3)	-	-	-	5.4 (3)
Are the working hours posted in the facilities?					
Yes	18.8 (6)	52.9 (9)	33.3 (1)	-	35.7 (20)
No	81.3 (26)	47.1 (8)	66.7 (2)	100.0 (4)	64.3 (36)
Are the working hours convenient for clients?					
Yes	78.1 (25)	94.1 (16)	100.0 (3)	100.0 (4)	85.7 (48)
No	21.9 (7)	5.9 (1)	-	-	14.3 (8)
Are educational materials available describing free services?					
Yes	34.4 (11)	82.4 (14)	100.0 (3)	100.0 (4)	57.1 (32)
No	65.6 (21)	17.6 (3)	-	-	42.9 (24)
Are MOH state order (BBP) posters visible to clients?					
Yes	31.3 (10)	52.9 (9)	100.0 (3)	100.0 (4)	46.4 (26)
No	68.8 (22)	47.1 (8)	-	-	53.6 (30)
Do providers routinely conduct pre/postnatal home					

% (n)	FAP	Ambulatory/ Office of FD	Health Center	Policlinic	TOTAL
visits?					
Yes	93.8 (30)	94.1 (16)	100.0 (3)	100.0 (3)	94.5 (52)
No	6.3 (2)	5.9 (1)	-	-	5.5 (3)
Are there emergency instructions posted for non-working hours?					
Yes	6.3 (2)	11.8 (2)	33.3 (1)	25.0 (1)	10.7 (6)
No	93.8 (30)	88.2 (15)	66.7 (2)	75.0 (3)	89.3 (50)

The respondents from FAPs were asked a separate set of questions investigating access to care and some details of service provision which are specific to FAPs. About 68.8% of FAPs had a supervising physician visiting once per month or more frequently. Visiting physicians carried out home visits once per month or more frequently at 59.4% of FAPs. However only at 43.8% of facilities they always took time to see patients in the clinic. With regards to the management of emergency cases with the community members at FAPs it was discovered that a village mayor provided transportation in emergency cases always for 25.0% of FAPs, usually for 28.1%, occasionally for 31.3%, and never for 5 FAPs.

Table 2. Access to care/details on service provision in FAPs

% (n)	Once per month or more frequently	Once in two months	Once in three months	Less frequently than once in three months
How frequently does a supervising physician visit the facility?	68.8 (22)	6.3 (2)	9.4 (3)	15.6 (5)
How frequently does a supervising physician carry out home visits?	59.4 (19)	-	3.1 (1)	37.5 (12)
	Always	Usually	Occasionally	Never
Does a supervising physician take time to see patients in the clinic?	43.8 (14)	28.1 (9)	3.1 (1)	25.0 (8)
Does a supervising physician notify the facility of the time and date of the visit?	65.6 (21)	18.8 (6)	3.1 (1)	12.5 (4)
Do village mayors provide transportation in case of an emergency with the community member?	25.0 (8)	28.1 (9)	31.3 (10)	15.6 (5)

Table 3 shows the distribution of mean scores on access to care by the type of facility and geographic region (see the description on how the scores were computed in “Methods” section). As shown in the table, policlinics scored higher than the rest of facility types (2.8), while FAPs seem to be in the worst condition in terms of access to/provision of care (1.7). Facilities in Gegharkunik scored lower than facilities in Kotayk and Tavush (1.6 versus 2.1 and 2.0, respectively). The mean score for all Zone 2 target facilities was 2.0 out of maximum 3.

Table 3. Access to/provision of care: mean scores by facility type and by geographic region

Facility type	mean (n)
FAP	1.7 (32)
Ambulatory/ Office of FD	2.1 (17)
Health Center	2.5 (3)
Policlinic	2.8 (3)
Marz	
Kotayk	2.1 (29)
Tavush	2.0 (13)
Gegharkunik	1.6 (13)
Total	2.0 (55)

3.2 Provider relations with community and clients

The assessment revealed that 40.7% of FAPs, 50.0% of ambulatories, two health centers, and all four policlinics always or usually provide clients with health education materials. Providers of 2 FAPs reported that they never provided clients with education materials. Health counseling of patients during their visits were conducted more frequently: at almost 94.0% of FAPs, and all ambulatories, health centers and policlinics. At forty-seven percent of FAPs, 35.3% of ambulatories, two health centers, and two policlinics, health education sessions with the community were conducted less frequently than once a year or never. In 21.9% of FAPs, 11.8% of ambulatories, one health center, and two policlinics, such sessions were conducted once per month or more frequently. However at 78.1% of FAPs, 76.5% of ambulatories, all health centers, and three of the four surveyed policlinics, providers never or occasionally prepared appropriately for health education sessions (inform community, prepare agenda, and organize location). According to respondents, the Mayor rarely got involved in solving health problems in the community: providers of 65.6% of FAPs, 62.6% of ambulatories, two policlinics, and all health centers reported that he got involved never or occasionally.

The patients of only 18.8% of FAPs, 31.3% of ambulatories, and one policlinic always have the opportunity to choose between different treatment options. Overwhelming majority of surveyed facilities did not have suggestion boxes (87.3%), and at hundred percent of facilities nothing has changed in the last three months based on the suggestions of clients. Patient satisfaction surveys were regularly conducted only at two facilities (one FAP and one ambulatory).

Respondents of all facilities reported that an outsider could never get information from patient records at their facilities. However, 84.4% of FAPs, 37.5% of ambulatories, one health center and one policlinics did not have a private space so that counseling sessions, physical exams, and procedures would not be observed or overheard.

Providers of 40.6% of FAPs, 56.3% of ambulatories, all health centers, and three policlinics kept records of community composition (in terms of age and gender). Providers of eight FAPs, seven ambulatories, all health centers, and three policlinics kept lists of community members who were vulnerable and eligible to get free services.

Table 4. Provider relationships with community and clients

% (n)	FAP	Ambulatory/ Office of FD	Health Center	Policlinic	TOTAL
How frequently do providers provide clients with health education materials?					
Always	6.3 (2)	12.5 (2)	-	50.0 (2)	10.9 (6)
Usually	34.4 (11)	37.5 (6)	66.7 (2)	50.0 (2)	38.2 (21)
Occasionally	53.1 (17)	50.0 (8)	33.3 (1)	-	47.3 (26)
Never	6.3 (2)	-	-	-	3.6 (2)
How frequently do providers conduct health talks with the patients during their visits?					
Always	59.4 (19)	68.8 (11)	100.0 (3)	75.0 (3)	65.5 (36)
Usually	34.4 (11)	31.3 (5)	-	25.0 (1)	30.9 (17)
Occasionally	6.3 (2)	-	-	-	3.6 (2)
How frequently do providers conduct health education sessions with the community?					
Once per month or more frequently	21.9 (7)	11.8 (2)	33.3 (1)	50.0 (2)	21.4 (12)
Once in 2-3 months	21.9 (7)	17.6 (3)	-	-	17.9 (10)
Once or twice a year	9.4 (3)	35.3 (6)	-	-	16.1 (9)
Less frequently than once a year or never	46.9 (15)	35.3 (6)	66.7 (2)	50.0 (2)	44.6 (25)
How frequently do providers prepare for health education sessions adequately? (inform community, prepare agenda, organize location)					
Always	6.3 (2)	-	-	25.0 (1)	5.4 (3)
Usually	15.6 (5)	23.5 (4)	-	-	16.1 (9)
Occasionally	28.1 (9)	41.2 (7)	-	25.0 (1)	30.4 (17)
Never	50.0 (16)	35.3 (6)	100.0 (3)	50.0 (2)	48.2 (27)
How frequently the Mayor gets involved in solving health problems in the community?					
Always	6.3 (2)	6.3 (1)	-	25.0 (1)	7.3 (4)
Usually	28.1 (9)	31.3 (5)	-	-	25.5 (14)
Occasionally	50.0 (16)	56.3 (9)	66.7 (2)	75.0 (3)	54.5 (30)
Never	15.6 (5)	6.3 (1)	33.3 (1)	-	12.7 (7)
How frequently patients have the opportunity to choose between different treatment options?					
Always	18.8 (6)	31.3 (5)	-	25.0 (1)	21.8 (12)
Usually	28.1 (9)	37.5 (6)	66.7 (2)	50.0 (2)	34.5 (19)
Occasionally	37.5 (12)	31.3 (5)	33.3 (1)	-	32.7 (18)
Never	15.6 (5)	-	-	25.0 (1)	10.9 (6)
Does facility have a suggestion box?					
Yes	6.3 (2)	12.5 (2)	66.7 (2)	25.0 (1)	12.7 (7)
No	93.8 (30)	87.5 (14)	33.3 (1)	75.0 (3)	87.3 (48)
In the last three months has anything changed in your facility based on the suggestions of clients?					
Yes	-	-	-	-	-
No	100.0 (32)	100.0 (16)	100.0 (3)	100.0 (4)	100.0 (55)
Could an outsider get information from patient records at your facility?					
Yes	-	-	-	-	-
No	100.0 (32)	100.0 (16)	100.0 (3)	100.0 (4)	100.0 (55)
Does your facility have private space so that counseling sessions, physical exams, and procedures cannot be observed or overheard?					
Yes	15.6 (5)	62.5 (10)	66.7 (2)	75.0 (3)	36.4 (20)
No	84.4 (27)	37.5 (6)	33.3 (1)	25.0 (1)	63.6 (35)
Do providers keep records of the community's composition (age, gender)?					
Yes	40.6 (13)	56.3 (9)	100.0 (3)	75.0 (3)	50.9 (28)
No	59.4 (19)	43.8 (7)	-	25.0 (1)	49.1 (27)
Do providers keep lists of community members who are vulnerable and eligible to get free services?					
Yes	25.0 (8)	43.8 (7)	100.0 (3)	75.0 (3)	38.2 (21)

% (n)	FAP	Ambulatory/ Office of FD	Health Center	Policlinic	TOTAL
No	75.0 (24)	56.3 (9)	-	25.0 (1)	61.8 (34)
Are patient satisfaction surveys regularly conducted at the facility?					
Yes	3.1 (1)	6.3 (1)	-	-	3.6 (2)
No	96.9 (31)	93.8 (15)	100.0 (3)	100.0 (4)	96.4 (53)

Table 5 shows the distribution of mean scores on provider relations with community and clients by the type of facility and geographic region. Health centers and policlinics scored 1.4 out of maximum 3 for this section. Ambulatories and FAPs received relatively lower scores (1.2 and 0.9, respectively). Facilities in Kotayk had slightly better provider relations with community and clients than facilities in Tavush and Gegharkunik (1.1 versus 1.0 and 0.8, respectively). Mean score for this section for the whole sample of facilities was 1.0.

Table 5. Provider relations with community and clients: mean scores by facility type and by geographic region.

	Mean score: mean (n)
Facility type	
FAP	0.9 (32)
Ambulatory/ Office of FD	1.2 (16)
Health Center	1.4 (3)
Policlinic	1.4 (4)
Marz	
Kotayk	1.1 (29)
Tavush	1.0 (13)
Gegharkunik	0.8 (13)
Total	1.0 (55)

3.3 Environment

As shown in Table 6, providers of 40.6% of FAPs, 73.3% of ambulatories, and 100.0% of health centers and policlinics maintained complete records of cold chain conditions for vaccines.

The providers of the overwhelming majority of FAPs (90.6%), and 68.8% of ambulatories reported that their facilities did not offer appropriate working conditions for providers. On the contrary, providers of all surveyed health centers and policlinics were satisfied with the working conditions. Approximately sixty percent of FAPs, 68.8% of ambulatories, and 100.0% of health centers and policlinics were being regularly ventilated; similar distribution of responses was observed for the question about whether a facility was being regularly cleaned.

Official security checks were regularly conducted only at four FAPs and six ambulatories. However they were regularly conducted in all surveyed health centers and policlinics. Trainings on emergency situations/disaster preparedness were rarely conducted for the staff in Zone 2 facilities (regularly conducted in three FAPs, one ambulatory, and three policlinics). None of the surveyed FAPs and ambulatories had staff to check the problems with facility equipment and make repairs if necessary, while the providers of one health center and two policlinics told that they had such staff. Medical equipment was refilled regularly only in five surveyed facilities.

The providers of 24 FAPs, 11 ambulatories, all health centers and three polyclinics told that the used needles were always or usually deposited into the sharp containers. In eight FAPs, five ambulatories and one polyclinic this technique is never used. The providers of only 4 FAPs, 5 ambulatories, and one polyclinic always washed hands before and after each patient with soap and water. San Epid regulations on infection control and medical waste management were available only in eight surveyed facilities (two FAPs, two ambulatories, one health center and three polyclinics).

Table 6. Facility environment

% (n)	FAP	Ambulatory/ Office of FD	Health Center	Polyclinic	TOTAL
Do providers maintain complete records of cold chain conditions for vaccines?					
Yes	40.6 (13)	73.3 (11)	100.0 (3)	100.0 (4)	57.4 (31)
No	59.4 (19)	26.7 (4)	-	-	42.6 (23)
Does the facility offer appropriate working conditions for providers?					
Yes	9.4 (3)	31.3 (5)	100.0 (3)	100.0 (4)	27.3 (15)
No	90.6 (29)	68.8 (11)	-	-	72.7 (40)
Is the facility being regularly ventilated during working hours?					
Yes	59.4 (19)	68.8 (11)	100.0 (3)	100.0 (4)	67.3 (37)
No	40.6 (13)	31.3 (5)	-	-	32.7 (18)
Is the facility being regularly cleaned?					
Yes	62.5 (20)	81.3 (13)	100.0 (3)	100.0 (4)	72.7 (40)
No	37.5 (12)	18.8 (3)	-	-	27.3 (15)
Are official security checks regularly conducted at the facility?					
Yes	12.5 (4)	37.5 (6)	100.0 (3)	100.0 (4)	30.9 (17)
No	87.5 (28)	62.5 (10)	-	-	69.1 (38)
Are trainings on emergency situations/disaster preparedness regularly conducted for the facility staff?					
Yes	9.4 (3)	5.9 (1)	-	75.0 (3)	12.5 (7)
No	90.6 (29)	94.1 (16)	100.0 (3)	25.0 (1)	87.5 (49)
Does the facility have staff who checks the problems with facility equipment and makes repairs if necessary?					
Yes	-	-	33.3 (1)	50.0 (2)	5.5 (3)
No	100.0 (32)	100.0 (16)	66.7 (2)	50.0 (2)	94.5 (52)
Is medical equipment being refilled regularly?					
Yes	3.1 (1)	11.8 (2)	-	50.0 (2)	8.9 (5)
No	96.9 (31)	88.2 (15)	100.0 (3)	50.0 (2)	91.1 (51)
How frequently are the used needles removed into the sharp containers?					
Always	65.6 (21)	58.8 (10)	100.0 (8.1)	75.0 (3)	66.1 (37)
Usually	9.4 (3)	5.9 (1)	-	-	7.1 (4)
Occasionally	-	5.9 (1)	-	-	1.8 (1)
Never	25.0 (8)	29.4 (5)	-	25.0 (1)	25.0 (14)
How frequently do providers wash hands before and after each patient with soap and water?					
Always	12.5 (4)	29.4 (5)	-	25.0 (1)	17.9 (10)
Usually	46.9 (15)	35.3 (6)	66.7 (2)	25.0 (1)	42.9 (24)
Occasionally	28.1 (9)	29.4 (5)	33.3 (1)	50.0 (2)	30.4 (17)
Never	12.5 (4)	5.9 (1)	-	-	8.9 (5)
Are there any MOH/San Epid regulations on infection control and medical waste management available at the facility?					
Yes	6.3 (2)	11.8 (2)	33.3 (1)	75.0 (3)	14.3 (8)
No	93.8 (30)	88.2 (15)	66.7 (2)	25.0 (1)	85.7 (48)

As seen in Table 7, polyclinics received the highest score on this section (2.4). Health centers and ambulatories scored 2.0 and 1.2, respectively. FAPs received the lowest score (0.9). Facilities in Tavush were in relatively better conditions in terms of the environment than the facilities in Kotayk and Gegharkunik (1.3 versus 1.1 in Kotayk and Gegharkunik). The total mean score was quite low (1.2).

Table 7. Environment: mean scores by facility type and by geographic region

	Mean score: mean (n)
Facility type	
FAP	0.9 (32)
Ambulatory/ Office of FD	1.2 (15)
Health Center	2.0 (3)
Polyclinic	2.4 (4)
Marz	
Kotayk	1.1 (28)
Tavush	1.3 (13)
Gegharkunik	1.1 (13)
Total	1.2 (54)

3.4 Facility management

The respondents from each facility were asked a set of questions investigating the facility management issues (Table 8). Written documents describing job responsibilities of providers could be found in 84.4% of FAPs, 82.4% of ambulatories, three health centers and all four polyclinics. The registers of patients with chronic diseases were maintained in all surveyed polyclinics and health centers, 64.7% of ambulatories, and 21.9% of FAPs.

Most of the respondents (75.0%) considered that the current number of staff was sufficient to provide high quality and cost-effective services to the population. In the overwhelming majority of facilities (91.1%) there was an established official procedure of responding to the client complaints. Primary health care standards were available for a reference in 32.3% of FAPs, 35.3% of ambulatories, two out of three surveyed health centers, and three out of four surveyed polyclinics. Providers of 25.8% FAPs, 35.3% of ambulatories, two health centers and three polyclinics used these standards during their daily work.

All providers at 41.8% of facilities were satisfied with their job. At 21.8% of facilities, only some of them were satisfied, and at 36.4% of facilities none of the providers were satisfied. Internal meetings were regularly conducted to evaluate the facility activities in all surveyed health centers and polyclinics, 88.2% of ambulatories, and 28.1% of FAPs. However the records of these meetings were rarely maintained (only in one FAP, one ambulatory, and two polyclinics).

Table 8. Facility management

% (n)	FAP	Ambulatory/ Office of FD	Health Center	Policlinic	TOTAL
Are there written documents describing job responsibilities of providers					
Yes	15.6 (5)	17.6 (3)	-	-	14.3 (8)
No	84.4 (27)	82.4 (14)	100.0 (3)	100.0 (4)	85.7 (48)
Are the registers of patients with chronic diseases maintained at the facility?					
Yes	21.9 (7)	64.7 (11)	100.0 (3)	100.0 (4)	44.6 (25)
No	78.1 (25)	35.3 (6)	-	-	55.4 (31)
Is the current number of staff sufficient to provide high quality and cost-effective services to the population?					
Yes	65.6 (21)	88.2 (15)	100.0 (3)	75.0 (3)	75.0 (42)
No	34.4 (11)	11.8 (2)	-	25.0 (1)	25.0 (14)
Is there an established official procedure of responding to the client complaints?					
Yes	6.3 (2)	11.8 (2)	-	75.0 (3)	91.1 (51)
No	93.8 (30)	88.2 (15)	100.0 (3)	25.0 (1)	8.9 (5)
Do providers have primary health care standards available at the facility for reference (clinical guidelines, criteria, protocols)?					
Yes	32.3 (10)	35.3 (6)	66.7 (2)	75.0 (3)	38.2 (21)
No	67.7 (21)	64.7 (11)	33.3 (1)	25.0 (1)	61.8 (34)
Do providers use the standards during their daily work?					
Yes	25.8 (8)	35.3 (6)	66.7 (2)	75.0 (3)	34.5 (19)
No	74.2 (23)	64.7 (11)	33.3 (1)	25.0 (1)	65.5 (36)
Are providers satisfied with their job?					
Yes, all of them	29.0 (9)	58.8 (10)	66.7 (2)	50.0 (2)	41.8 (23)
Yes, some of them	16.1 (5)	23.5 (4)	33.3 (1)	50.0 (2)	21.8 (12)
No	54.8 (17)	17.6 (3)	-	-	36.4 (20)
Are internal meetings regularly conducted to evaluate the facility activities?					
Yes	28.1 (9)	88.2 (15)	100.0 (3)	100.0 (4)	55.4 (31)
No	71.9 (23)	11.8 (2)	-	-	44.6 (25)
Are the records of these meetings maintained?					
Yes	3.1 (1)	5.9 (1)	-	50.0 (2)	7.1 (4)
No	96.9 (31)	94.1 (16)	100.0 (3)	50.0 (2)	92.9 (52)

The respondents from FAPs were asked a separate set of questions investigating facility management issues specific to FAP (Table 9). As described in the table, FAP supervisors engaged providers in problem solving during their visits in 12.9% of FAPs always, in 61.3% usually, and in 9.7% occasionally. Providers of five facilities were never being involved in problem solving. Clinical support was always provided by supervisors in 25.0% of surveyed FAPs. In 59.4% of FAPs it was provided usually, in 12.5% occasionally, and in one FAP never. What refers to administrative support, it was always or usually provided to 34.4%, occasionally to 46.9%, and never to 18.8% (6) of surveyed FAPs.

When problems cannot be solved locally, the supervisor always made all the reasonable efforts to solve it by raising it with the authorities only in 3 FAPs. In 8.1% of facilities it was done usually, in 43.8% occasionally, and in 18.8% never. However when the issue was raised, the supervisor always or usually reported back to the provider of 68.8% of facilities.

Table 9. Facility management/ FAPs

% (n)	Always	Usually	Occasionally	Never
Does a supervisor engage providers in problem solving during their visits?	12.9 (4)	61.3 (19)	9.7 (3)	16.1 (5)
Do supervisors provide clinical support to providers?	25.0 (8)	59.4 (19)	12.5 (4)	3.1 (1)
Do supervisors provide administrative support to providers?	12.5 (4)	21.9 (7)	46.9 (15)	18.8 (6)
When problems cannot be solved locally, does the supervisor make all the reasonable efforts to solve it by raising it with the authorities?	9.4 (3)	28.1 (9)	43.8 (14)	18.8 (6)
Does the supervisor report back to the provider on the status of the issue?	12.5 (4)	56.3 (18)	21.9 (7)	9.4 (3)

Table 10 shows the distribution of mean scores on the facility management by the facility type and geographic region. As shown in the table, the polyclinics scored higher than the rest of facilities (1.9), while FAPs received the lowest score (1.4). The facilities in Kotayk seemed to have slightly better facility management mechanisms than the facilities in Tavush and Gegharkunik (1.4 versus 1.1 and 1.2 respectively).

Table 10. Facility management: mean scores by facility type and by geographic region

	Mean score: mean (n)
Facility type	
FAP	1.1 (29)
Ambulatory/ Office of FD	1.4 (17)
Health Center	1.7 (3)
Polyclinic	1.9 (4)
Marz	
Kotayk	1.4 (29)
Tavush	1.1 (12)
Gegharkunik	1.2 (12)
Total	1.3 (53)

3.5 Primary and secondary prevention

Primary and secondary prevention at the surveyed facilities is described in Table 11. As seen from the table, the most common preventive measure, one that covers more than 75.0% of population in more than 70% of surveyed facilities, was children's immunization. Other relatively common measures included consultations on healthy pregnancy, breastfeeding, child care, and personal and sexual hygiene for pregnant women (conducted for more than 75% of pregnant women in 57.1% of surveyed facilities). Regular blood glucose control (at least one blood glucose test per month) was conducted for more than 75% of patients with type 2 diabetes in 39.3% of facilities. Examinations and consultations on reproductive health were conducted for more than 75% of female adolescents 15-17 years old only at 27.3% of surveyed facilities. Only at 23.2% of facilities more than 75% of first antenatal visits were within the first trimester of pregnancy. More than 75% of those over 20 years old received preventive blood pressure measurement at least once per year, and had a corresponding record in their medical chart only at nine percent of facilities. Only at 7.1% of surveyed

facilities did more than 75% of children undergo clinical urine and blood tests at 12 months of age.

Table 11. Primary and secondary prevention at the facilities (all)

	More than 75%	50-75%	25- 50%	Less than 25%
What proportion of the served population over 20 years old receives preventive blood pressure measurement at least once per year and have a corresponding record in medical chart?	9.1 (5)	9.1 (5)	23.6 (13)	58.2 (32)
What proportion of the served children at age 24 months fully complete immunizations in accordance with the National Plan?	73.2 (41)	21.4 (12)	5.4 (3)	-
For what proportion of the served children clinical urine and blood tests are performed at 12 months?	7.1 (4)	7.1 (4)	12.5 (7)	73.2 (41)
What proportion of patients with type 2 diabetes receives regular blood glucose control – at least one blood glucose test per month?	39.3 (22)	17.9 (10)	10.7 (6)	32.1 (18)
What proportion of female adolescents 15-17 years old are examined and consulted on reproductive health?	27.3 (15)	5.5 (3)	16.4 (9)	50.9 (28)
What proportion of first antenatal visits is within the first trimester of pregnancy?	23.2 (13)	39.3 (22)	8.9 (5)	28.6 (16)
What proportion of pregnant women receives consultation on healthy pregnancy, breastfeeding, child care, personal and sexual hygiene?	57.1 (32)	14.3 (8)	14.3 (8)	14.3 (8)

The survey also included a set of questions investigating primary and secondary prevention specifically in ambulatories, polyclinics, and health centers. As shown in Table 12, more than 50% of patients with hypertension and coronary heart disease (CHD) received regular ECG-control (at least one ECG-exam per year) in approximately sixty-five percent of surveyed facilities. More than 50% of the served preschool age children received preventive examination by neurologist and ophthalmologist in 54.2% of facilities. At 54.1% of facilities more than 50% of pregnant women were examined at least four times for the period of pregnancy. At half of the studied facilities, more than 50% of patients with type 2 diabetes received regular eye funduscopy.

Clinical breast examination and Pap-smear tests were rarely conducted. Only at 12.5% of the facilities more than half of served females over 40 years old received clinical breast examination at least once a year, while even at smaller number of facilities (4.2%) more than 50% of women 30-60 years old underwent Pap-smear test at least once in 3 years.

Blood cholesterol level measurement of the served population over 40 years old was taken at least once per year for more than 50% of population at only one facility (Nor Hachn Polyclinic in Kotayk).

Table 12. Primary and secondary prevention at the ambulatories, health centers, and polyclinics

	More than 75%	50-75%	25- 50%	Less than 25%
What proportion of the served children receives hemoglobin measurement at 9 months of age?	12.5 (3)	12.5 (3)	12.5 (3)	62.5 (15)
What proportion of the served preschool age children receives preventive examination by neurologist and ophtalmologist?	41.7 (10)	12.5 (3)	12.5 (3)	33.3 (8)
What proportion of the served population over 40 years old undergoes blood cholesterol level measurement at least once a year?	-	4.3 (1)	34.8 (8)	60.9 (14)
What proportion of served female population over 40 receives clinical breast examination at least once per year?	4.2 (1)	8.3 (2)	25.0 (6)	62.5 (15)
What proportion of served female population 30-60 years old undergoes Pap-smear test at least once in 3 years	-	4.2 (1)	4.2 (1)	91.7 (22)
What proportion of pregnant women is examined at your facility at least four times for the period of pregnancy?	45.8 (11)	8.3 (2)	8.3 (2)	37.5 (9)
What proportion of patients with type 2 diabetes receives regular eye funduscopy control – at least 1 eye funduscopy exam per year?	37.5 (9)	12.5 (3)	8.3 (2)	41.7 (10)
What proportion of patients with Hypertension and Coronary Heart Disease (CHD) received regular ECG-control - at least 1 ECG-exam per year?	39.1 (9)	26.1 (6)	21.7 (5)	13.0 (3)

Table 13 shows the distribution of mean scores on the primary and secondary prevention measures undertaken at the facilities by the facility type and geographic region. As shown in the table, the polyclinics and health centers scored higher than the rest of facilities. The mean score for facilities in Kotayk was 1.4 (versus 1.2 in Tavush and Gegharkunik’s facilities)

Table 13. Primary and secondary prevention: mean scores by facility type and by geographic region

	Mean score (n)
Facility type	
FAP	1.3 (31)
Ambulatory/ Office of FD	1.2 (17)
Health Center	1.6 (3)
Polyclinic	1.6 (3)

	Mean score (n)
Marz	
Kotayk	1.4 (28)
Tavush	1.2 (12)
Gegharkunik	1.2 (14)
Total	1.3 (54)

3.6 Technical competence of primary health care providers

Technical competence of primary health care providers at the studied facilities was also investigated. Out of 108 providers participating in the survey, 106 regularly use stethophonendoscope in their daily practice. The next most commonly used instrument was adult sphygmomanometer; 90.7% of providers used it regularly. Child scales, adult scales, glucometers, otoscope, and child sphygmomanometers were used by 63.9%, 51.4%, 18.7%, 17.8%, and 15.9% of respondents respectively. Few respondents regularly used the rest of the instruments listed in Table 14.

Table 14. Reported use of common medical equipment (all types of facilities)

	Yes, regularly	Yes, occasionally	Never
Do you use the following instruments in your daily practice?			
Camertone	-	8.3 (9)	91.7 (99)
Stethophonendoscope	98.1 (106)	1.9 (2)	-
Adult sphygmomanometer	90.7 (97)	8.4 (9)	0.9 (1)
Scale – child	63.9 (69)	3.7 (4)	32.4 (35)
Scale – adult	51.4 (55)	14.0 (15)	34.6 (37)
Glucometer	18.7 (20)	10.3 (11)	71.0 (76)
Otoscope	17.8 (19)	16.8 (18)	65.4 (70)
Child sphygmomanometer	15.9 (17)	11.2 (12)	72.9 (78)
Ophthalmoscope	9.3 (10)	14.0 (15)	76.6 (82)
Syringe for ear irrigation	8.3 (9)	5.6 (6)	86.1 (93)
Reflex hammer	8.4 (9)	21.5 (23)	70.1 (75)
EKG device	7.4 (8)	5.6 (6)	87.0 (94)
Gynecologic speculum	6.5 (7)	2.8 (3)	90.7 (97)
Urine tests	5.6 (6)	11.1 (12)	83.3 (90)
Small surgical kit	5.6 (6)	7.4 (8)	87.0 (94)
Pickfluometer	1.9 (2)	13.9 (15)	84.3 (91)
Microscope	1.9 (2)	4.7 (5)	93.5 (100)
Test for occult blood in feces	0.9 (1)	-	99.1 (107)
Camertone	-	8.3 (9)	91.7 (99)

Providers at ambulatories, health centers, and polyclinics were asked a series of questions about the routine performance of some procedures and tests. Virtually all providers counseled on healthy lifestyle (98.5%) and prescribe chest X-ray exam to TB risk group patients (94.0%). Seventy-six percent of providers routinely prescribe exercises for the prevention of musculoskeletal disorders. Seventy-three percent prescribed aspirin to patients with coronary artery disease. Seventy-two percent routinely treated patients with low back pain. Approximately fifty-eight percent of respondents stated that they felt confident in the management of anaphylactic shock. Fifty-five percent of respondents treated patients with skin fungal infections and calculated patients' risk for cardiovascular disease. The rest of the procedures mentioned below were routinely performed by less than 50% of the respondents at surveyed ambulatories, health centers and polyclinics (Table 15).

Table 15. Routinely reported skills and procedures at ambulatories, health centers, and polyclinics

Do you routinely	Yes	No
... provide consultation on healthy lifestyle?	98.5 (66)	1.5 (1)
...prescribe chest X-ray exam to TB risk group patients?	94.0 (63)	6.0 (4)
... prescribe exercises for prevention of musculoskeletal disorders?	76.1 (51)	23.9 (16)
... prescribe aspirin to patients with coronary artery disease?	73.1 (49)	26.9 (18)
... treat patients with low back pain?	71.6 (48)	28.4 (19)
... feel confident in management of anaphylactic shock?	57.6 (38)	42.4 (28)
... treat patients with skin fungal infections?	55.2 (37)	44.8 (30)
... calculate patients' risk for cardiovascular disease?	55.2 (37)	44.8 (30)
... manage patients with otitis media?	46.3 (31)	53.7 (36)
... feel confident in cardiopulmonary resuscitation?	44.8 (30)	55.2 (37)
... prescribe exercises for prevention of cardiovascular disease?	42.4 (28)	57.6 (38)
... treat patients with acne?	38.8 (26)	61.2 (41)
... assess the vision acuity?	34.8 (23)	65.2 (43)
... feel confident in early management of severe trauma?	23.9 (16)	76.1 (51)
... prescribe contraceptives/counsel on family planning methods?	22.4 (15)	77.6 (52)
... remove earwax?	17.9 (12)	82.1 (55)
... perform suturing/caring of wounds?	17.9 (12)	82.1 (55)
... perform dipstick urine tests?	14.9 (10)	85.1 (57)
... perform removing in-grown nail?	3.0 (2)	97.0 (64)
... perform pap-smear test?	-	100.0 (67)

Table 16 describes the technical competence of providers at FAPs. All nurses routinely conducted consultations on healthy lifestyle and provide emergency care. Ninety-seven percent of FAP providers routinely performed intravenous injections and provided consultation on healthy pregnancy. The next routine procedure frequently mentioned by nurses was taking smear from vagina (90.0%), followed by assigning immunizations of children according to the immunization calendar (80.0%), and dispensing medicine (72.5%). About 55.0% of nurses routinely performed immobilization of fractures.

Table 16. Routinely reported skills and procedures at FAPs

	Yes	No
Do nurses at your facility		
...provide consultation on healthy lifestyle?	100.0 (40)	-
...provide emergency care?	100.0 (40)	-
...perform intravenous injections?	97.5 (39)	2.5 (1)
...provide consultation on healthy pregnancy?	97.5 (39)	2.5 (1)
...take smear from vagina?	90.0 (36)	10.0 (4)
...assign immunizations of children according to the immunization calendar?	80.0 (32)	20.0 (8)
...dispense medicine?	72.5 (29)	27.5 (11)
...perform immobilization of fractures?	55.0 (22)	45.0 (18)

Table 17 shows the distribution of mean scores on the technical competence of providers at surveyed facilities by facility type and geographic region. As shown in the table, polyclinics had the lowest score of 1.0, compared to 1.3 for health centers, and 1.2 for FAPs and ambulatories. Facilities in Kotayk and Tavush earned slightly better scores than facilities in Gegharkunik.

Table 17. Technical competence of providers at the facilities: mean score by facility type and by geographic region

	Mean score (n)
Facility type	
FAP	1.2 (37)
Ambulatory/ Office of FD	1.2 (18)
Health Center	1.3 (11)
Polyclinic	1.0 (32)
Marz	
Kotayk	1.2 (48)
Tavush	1.2 (16)
Gegharkunik	1.1 (34)
Total	1.1 (98)

3.7 Overall performance score

As Table 18 shows, overall, target polyclinics and health centers had significantly better performance scores than ambulatories and FAPs. Regionally, Gegharkunik facilities received the lowest score, 1.1 (compared to 1.2 in Tavush, and 1.4 in Kotayk).

Table 18. Overall performance of facilities: mean score by facility type and geographic region

	Mean score(n)
Facility type	
FAP	1.2 (27)
Ambulatory/ Office of FD	1.3 (14)
Health Center	1.8 (3)
Polyclinic	1.9 (2)
Marz	
Kotayk	1.4 (27)
Tavush	1.2 (11)
Gegharkunik	1.1 (8)
Total	1.3 (46)

The scores for all sections for each facility are presented in Attachment 2.

4. Conclusion

The findings of the baseline facility performance assessment survey in Zone 2 confirmed that in general the state of services at targeted PHC facilities is far from satisfactory.

The survey revealed lower scores for all domains of interest at baseline in Zone 2 as compared to baseline in Zone 1. These differences are most likely an artifact of changes in the questionnaire content and administration mode introduced at Zone 2 survey (see Methods section).

Baseline Performance Assessment of Targeted Primary Health Care Facilities in Tavush, Gegharkunik, and Kotayk

As in Zone 1, polyclinics had the highest total score, while FAPs had the lowest. Slight variations in scores were found for different marzes, with Kotayk facilities generally scoring higher.

Attachment 1. Instrument for facility/provider performance assessment

PHCR- Baseline Facility Performance Assessment Tool

Dear colleagues,

Primary Health Care Reform Project conducts this survey together with the Ministry of Health with the aim to assess the services in your facility. This is not an official assessment, but we hope that this tool will help you and us to get more clear and structured picture of the problems at your facility and the ways for improvement. That is why it is very important that you respond honestly to our questions. Your participation in this study is voluntary. However, we think that the effort you will put into this task is worthwhile and very important for your facility.

Thank you!

1. Date ____/____/____

1.1 Facility code _____

2. Marz _____

Type of health facility: FAP (Feldsher/obstetrical point) Health Center
 SVA (Village ambulatory) Polyclinic

3. Name of the facility: _____

4. Name of the facility responsible/director: _____ 5.1 Phone: _____

A. ACCESS TO/PROVISION OF CARE

	Always	Usually	Occasionally	Never
5. Is the facility open and available during official hours?	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
	Yes, all of them	Yes, the majority	Some of them	No
6. Is the community aware of the free services offered?	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
			Yes	No
7. Are the working hours posted in the facilities?			<input type="checkbox"/> 3	<input type="checkbox"/> 0
8. Are the working hours convenient for clients?			<input type="checkbox"/> 3	<input type="checkbox"/> 0
9. Are educational materials available describing free services?			<input type="checkbox"/> 3	<input type="checkbox"/> 0
10. Are MOH state order (BBP) posters visible to clients?			<input type="checkbox"/> 3	<input type="checkbox"/> 0
11. Do providers routinely conduct postnatal home visits?			<input type="checkbox"/> 3	<input type="checkbox"/> 0
12. Are there emergency instructions posted for non-working hours?			<input type="checkbox"/> 3	<input type="checkbox"/> 0

FOR FAPs ONLY!

	<i>Once per month or more frequently</i>	<i>Once in two months</i>	<i>Once in three months</i>	<i>Less frequently than once in three months</i>
13. How frequently does a supervising physician visit the facility?	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
14. How frequently does a supervising physician carry out home visits?	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
	<i>Always</i>	<i>Usually</i>	<i>Occasionally</i>	<i>Never</i>
15. Does a supervising physician take time to see patients in the clinic?	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
16. Does a supervising physician notify the facility of the time and date of the visit?	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
17. Do village mayors provide transportation in case of an emergency with a community member?	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

B. PROVIDER RELATIONS WITH COMMUNITY AND CLIENTS

	<i>Once per month or more frequently</i>	<i>Once in 2-3 months</i>	<i>Once or twice a year</i>	<i>Less frequently than once a year or never</i>
18. How frequently do providers conduct health education sessions with the community?	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
	<i>Always</i>	<i>Usually</i>	<i>Occasionally</i>	<i>Never</i>
19. How frequently do providers prepare for health education sessions adequately (inform community, prepare agenda, organize location)?	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
20. How frequently do providers provide clients with educational materials?	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
21. How frequently do providers conduct health talks with the patients during their visits?	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
22. How frequently the Mayor is involved in solving health problems in the community?	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
23. How frequently patients have the opportunity to choose between different treatment options?	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
			<i>Yes</i>	<i>No</i>
24. Does facility have a suggestion box?			<input type="checkbox"/> 3	<input type="checkbox"/> 0
25. In the last three months has anything changed in your facility based on the suggestions of clients?			<input type="checkbox"/> 3	<input type="checkbox"/> 0
26. Could an outsider get information from patient records at your facility?			<input type="checkbox"/> 3	<input type="checkbox"/> 0
27. Does your facility have private space so that counseling sessions, physical exams, and procedures cannot be observed or overheard?			<input type="checkbox"/> 3	<input type="checkbox"/> 0
28. Do providers keep records of the community's composition (age, gender)?			<input type="checkbox"/> 3	<input type="checkbox"/> 0

	Yes	No
29. Do providers keep lists of people in the community who are vulnerable and eligible to get free services?	<input type="checkbox"/> 3	<input type="checkbox"/> 0
30. Are patient satisfaction surveys regularly conducted at the facility? (the survey of clients about the quality of and satisfaction with the care received; conducted using the standardized questionnaire)	<input type="checkbox"/> 3	<input type="checkbox"/> 0

C. ENVIRONMENT

	Yes	No
31. Do providers maintain complete records of cold chain conditions for vaccines?	<input type="checkbox"/> 3	<input type="checkbox"/> 0
32. Does the facility offer appropriate working conditions for providers?	<input type="checkbox"/> 3	<input type="checkbox"/> 0
33. Does the facility have staff who checks the problems with facility equipment and makes repairs if necessary?	<input type="checkbox"/> 3	<input type="checkbox"/> 0
34. Is the facility being regularly ventilated during working hours?	<input type="checkbox"/> 3	<input type="checkbox"/> 0
35. Is the facility being regularly cleaned?	<input type="checkbox"/> 3	<input type="checkbox"/> 0
36. Are official security checks regularly conducted at the facility?	<input type="checkbox"/> 3	<input type="checkbox"/> 0
37. Are trainings on emergency situations/disaster preparedness regularly conducted for the facility staff?	<input type="checkbox"/> 3	<input type="checkbox"/> 0
38. Is medical equipment being refilled regularly?	<input type="checkbox"/> 3	<input type="checkbox"/> 0
39. Are there any MOH /San Epid regulations on infection control and medical waste management available at the facility?	<input type="checkbox"/> 3	<input type="checkbox"/> 0

	Always	Usually	Occasionally	Never
40. How frequently do providers wash hands before and after each patient with soap and water?	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
41. How frequently are the used needles removed into the sharp containers?	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

D. MANAGEMENT

	Yes	No	
42. Are there written documents describing job responsibilities of providers?	<input type="checkbox"/> 3	<input type="checkbox"/> 0	
43. Are the registers of patients with chronic diseases maintained at the facility?	<input type="checkbox"/> 3	<input type="checkbox"/> 0	
44. Is the current number of staff sufficient to provide high quality services to the population?	<input type="checkbox"/> 3	<input type="checkbox"/> 0	
45. Is there an established official procedure of responding to the client complaints?	<input type="checkbox"/> 3	<input type="checkbox"/> 0	
46. Do providers have primary health care standards available at the facility for reference (clinical guidelines, criteria, protocols)?	<input type="checkbox"/> 3	<input type="checkbox"/> 0	
47. Do providers use the standards during their daily work?	<input type="checkbox"/> 3	<input type="checkbox"/> 0	
48. Are internal meetings regularly conducted to evaluate the facility activities?	<input type="checkbox"/> 3	<input type="checkbox"/> 0	
49. Are records of these meetings maintained?	<input type="checkbox"/> 3	<input type="checkbox"/> 0	
	Yes, all	Yes, some	No
50. Are providers satisfied with their job?	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0

FOR FAPs ONLY!

	Always	Usually	Occasionally	Never
51. Does a supervisor engage providers in problem solving during their visits?	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
52. Do supervisors provide clinical support to providers?	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
53. Do supervisors provide administrative support to providers?	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

	<i>Always</i>	<i>Usually</i>	<i>Occasionally</i>	<i>Never</i>
54. <i>When problems cannot be solved locally, does the supervisor make all reasonable efforts to solve it by raising it with the authorities?</i>	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
55. <i>Does the supervisor report back to the provider on the status of the issue?</i>	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

E. PRIMARY AND SECONDARY PREVENTION

	More than 75%	50-75%	25- 50%	Less than 25%
56. <i>What proportion of the served population over 20 years old receives preventive blood pressure measurement at least once per year and have a corresponding record in medical chart?</i>	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
57. <i>For what proportion of the served children clinical urine and blood tests are performed at 12 months?</i>	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
58. <i>What proportion of female adolescents 15-17 years are examined and consulted on reproductive health</i>	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
59. <i>What proportion of first antenatal visits is within the first trimester of pregnancy?</i>	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
60. <i>What proportion of pregnant women receive consultation on healthy pregnancy, breastfeeding, child care, personal and sexual hygiene?</i>	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
61. <i>What proportion of the children at age 24 months fully complete immunizations in accordance with the National Plan?</i>	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
62. <i>What proportion of patients with Type 2 Diabetes receives regular blood glucose control - at least 1 blood glucose test per month?</i>	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

FOR AMBULATORIES, HEALTH CENTERS, AND POLICLINICS ONLY!

	More than 75%	50-75%	25- 50%	Less than 25%
63. <i>What proportion of the served population over 40 years old undergoes blood cholesterol level measurement at least once a year?</i>	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
64. <i>What proportion of the served children receives hemoglobin measurement at 9 months of age?</i>	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
65. <i>What proportion of the served preschool age children receive preventive examination by neurologist and ophthalmologist?</i>	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

	More than 75%	50-75%	25- 50%	Less than 25%
66. <i>What proportion of the served female population over 40 receive clinical breast examination at least once per year?</i>	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
67. <i>What proportion of served female population 30-60 years old undergoes Pap-smear test at least once in 3 years</i>	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
68. <i>What proportion of pregnant women are examined at your facility at least four times for the period of pregnancy?</i>	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
69. <i>What proportion of patients with Type 2 Diabetes receives regular eye funduscopy control - at least 1 eye funduscopy exam per year?</i>	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
70. <i>What proportion of patients with Hypertension and Coronary Heart Disease (CHD) received regular ECG-control - at least 1 ECG-exam per year?</i>	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Form F (for providers)

TECHNICAL COMPETENCE OF PROVIDERS

	Yes, regularly	Yes, occasionally	Never
71. Do you use the following instruments in your daily practice:	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
1. Stethophonendoscope	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
2. Child sphygmanometer	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
3. Reflex hammer	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
4. Otoscope	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
5. Adult sphygmanometer	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
6. Glucometer	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
7. Peekfluometer	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
8. Ophthalmoscope	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
9. Camertone	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
10. Urine tests	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
11. Test for occult blood in feces.	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
12. Gynecologic speculum	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
13. Small surgical kit	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
14. Scale – child	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
15. Scale – adult	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
16. Microscope	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
17. Syringe for ear irrigation	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
18. EKG device	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0

FOR FAP NURSES ONLY!

<i>Do you routinely</i>	Yes	No
72. ... take smear from vagina?	<input type="checkbox"/> 3	<input type="checkbox"/> 0
73. ...perform immobilization of fractures?	<input type="checkbox"/> 3	<input type="checkbox"/> 0
74. ...perform intravenous injections?	<input type="checkbox"/> 3	<input type="checkbox"/> 0
75. ... provide consultation on healthy lifestyle?	<input type="checkbox"/> 3	<input type="checkbox"/> 0
76. ...provide consultation on healthy pregnancy?	<input type="checkbox"/> 3	<input type="checkbox"/> 0
77. ... assign immunizations of children according to the immunization calendar?	<input type="checkbox"/> 3	<input type="checkbox"/> 0
78. ...provide emergency care?	<input type="checkbox"/> 3	<input type="checkbox"/> 0
79. ... dispense medicine?	<input type="checkbox"/> 3	<input type="checkbox"/> 0

FOR DOCTORS OF AMBULATORIES, HEALTH CENTERS, AND POLICLINICS ONLY!

<i>Do you routinely</i>	Yes	No
80. ...perform pap-smear test?	<input type="checkbox"/> 3	<input type="checkbox"/> 0
81. ...treat patients with acne?	<input type="checkbox"/> 3	<input type="checkbox"/> 0
82. ...treat patients with skin fungal infections?	<input type="checkbox"/> 3	<input type="checkbox"/> 0
83. ... calculate patients' risk for cardiovascular disease?	<input type="checkbox"/> 3	<input type="checkbox"/> 0
84. ...manage patients with otitis media?	<input type="checkbox"/> 3	<input type="checkbox"/> 0
85. ...prescribe exercises for prevention of musculoskeletal disorders?	<input type="checkbox"/> 3	<input type="checkbox"/> 0

<i>Do you routinely</i>	Yes	No
86. ...prescribe exercises for prevention of cardiovascular disease?	<input type="checkbox"/> 3	<input type="checkbox"/> 0
87. ... remove earwax?	<input type="checkbox"/> 3	<input type="checkbox"/> 0
88. ... assess the vision acuity?	<input type="checkbox"/> 3	<input type="checkbox"/> 0
89. ... prescribe contraceptives/ counsel on family planning methods?	<input type="checkbox"/> 3	<input type="checkbox"/> 0
90. ... treat patients with low back pain?	<input type="checkbox"/> 3	<input type="checkbox"/> 0
91. ...perform suturing/caring of wounds?	<input type="checkbox"/> 3	<input type="checkbox"/> 0
92. ... perform removing in-grown nail?	<input type="checkbox"/> 3	<input type="checkbox"/> 0
93. ...prescribe chest X-ray exam to TB risk group patients?	<input type="checkbox"/> 3	<input type="checkbox"/> 0
94. ...perform dipstick urine tests?	<input type="checkbox"/> 3	<input type="checkbox"/> 0
95. ...provide consultation on healthy lifestyle?	<input type="checkbox"/> 3	<input type="checkbox"/> 0
96. ...prescribe aspirin to patients with coronary artery disease?	<input type="checkbox"/> 3	<input type="checkbox"/> 0
97. ...feel confident in early management of severe trauma?	<input type="checkbox"/> 3	<input type="checkbox"/> 0
98. ...feel confident in cardiopulmonary resuscitation?	<input type="checkbox"/> 3	<input type="checkbox"/> 0
99. ...feel confident in management of anaphylactic shock?	<input type="checkbox"/> 3	<input type="checkbox"/> 0

Thank you for participation!

Attachment 2. Mean performance scores by facility

City/village	Facility type	Mean score: Access to care	Mean score: Provider relations with community and clients	Mean score: Environment	Mean score: Facility management	Mean score: Primary prevention	Mean score: Technical competence of providers	Mean score: Total
Aghberk FAP	FAP	1.62	0.69	1.18	0.79	0.43	1.38	1.01
Akhpradzor FAP	FAP	0.77	0.77	0.36	0.50	0.57	.	.
Aragyugh SVA	SVA	1.88	0.77	.	2.33	1.13	0.87	.
Aramus SVA	SVA	2.63	1.46	0.55	2.00	1.20	1.14	1.50
Argeli HC	HC	2.25	1.54	1.82	1.17	1.53	1.38	1.61
Balahovit SVA	SVA	3.00	1.77	2.09	2.00	2.00	1.92	2.13
Byureghavan HC	HC	3.00	1.23	2.36	2.00	1.93	1.09	1.94
Chkalovka FAP	FAP	1.54	0.46	1.18	0.71	1.57	1.27	1.12
Ddmashen SVA	SVA	3.00	.	.	3.00	2.47	2.29	.
Djaghatsadzor FAP	FAP	0.69	0.69	0.64	.	0.86	1.21	.
Dzoraghbyur SVA	SVA	2.63	2.08	1.36	1.33	1.73	1.22	1.73
Gagarinavan FAP	FAP	1.69	0.77	0.55	1.86	1.71	0.93	1.25
Garni HC	HC	2.25	1.38	1.73	2.00	1.40	1.60	1.73
Geghashen SVA	SVA	2.63	1.69	1.55	1.33	1.33	2.29	1.80
Getamech FAP	FAP	2.38	0.62	1.27	1.04	1.43	1.04	1.30
Getik FAP	FAP	1.46	0.54	0.55	0.43	0.57	1.04	0.76
Goght FAP	FAP	2.31	1.08	0.64	1.14	1.43	1.01	1.27
Gosh FAP	FAP	1.92	0.92	1.82	1.07	1.00	1.15	1.31
Haghartsin SVA	SVA	2.25	1.23	0.45	0.83	0.60	1.46	1.14
Hovk FAP	FAP	1.31	0.69	0.91	0.43	0.71	1.21	0.88
Jraber FAP	FAP	2.00	0.92	0.82	1.14	1.43	0.92	1.21
Kamaris FAP	FAP	1.92	1.31	0.36	2.18	2.29	1.15	1.53
Kaputan SVA	SVA	1.63	0.77	1.18	0.83	0.47	1.07	0.99
KarmirAghbyur FAP	FAP	2.62	1.08	1.36	1.79	2.29	1.62	1.79
Katnaghbyur FAP	FAP	1.85	1.15	1.00	0.93	1.71	1.21	1.31
Khashtarak SVA	SVA	1.88	0.77	0.64	0.33	1.47	0.32	0.90
Kotayk SVA	SVA	2.50	0.54	1.36	1.33	1.33	0.95	1.34

City/village	Facility type	Mean score: Access to care	Mean score: Provider relations with community and clients	Mean score: Environment	Mean score: Facility management	Mean score: Primary prevention	Mean score: Technical competence of providers	Mean score: Total
Lusahovit FAP	FAP	0.77	0.62	0.91	0.36	0.71	1.21	0.76
Magenis FAP	FAP	0.92	0.31	0.55	0.57	1.43	1.04	0.80
Mayakovski SVA	SVA	2.13	0.85	1.00	1.33	1.27	1.11	1.28
Mother&child Center	PC	2.63	1.85	2.91	1.83	.	1.20	.
N1 Radiokayan FAP	FAP	2.62	1.46	1.36	1.93	2.00	1.27	1.77
Nerkin Gosh FAP	FAP	1.85	0.69	1.00	0.57	1.14	0.92	1.03
Nerkin Ptghni FAP	FAP	1.85	1.23	0.73	1.79	1.29	1.44	1.39
Nor Gyugh FAP	FAP	1.69	0.54	0.55	0.79	0.71	1.04	0.89
Nor Hachn Polyclinic	PC	3.00	1.69	1.73	2.33	2.20	0.85	1.97
Norabak FAP	FAP	0.85	0.77	0.00	.	1.43	.	.
Nurnus FAP	FAP	2.31	0.92	0.55	1.71	1.14	0.92	1.26
Paravakar SVA	SVA	2.25	1.23	1.91	1.83	1.33	1.46	1.67
Saralandg FAP	FAP	0.77	0.77	0.09	0.93	1.86	1.10	0.92
Sevaberd FAP	FAP	2.00	0.92	0.73	1.18	1.71	1.10	1.27
Sevan Polyclinic	PC	2.63	0.92	2.27	2.17	1.60	0.93	1.75
Shorja SVA	SVA	1.00	0.69	0.91	0.00	0.33	0.95	0.65
Teghenik FAP	FAP	0.92	0.85	1.00	1.64	.	1.27	.
Tovuz FAP	FAP	2.69	1.38	1.27	2.04	2.29	1.62	1.88
Tsaghkavan FAP	FAP	2.08	1.23	1.00	0.93	0.86	1.15	1.21
Tsovak SVA	SVA	2.25	1.54	2.45	2.00	0.73	.	.
Varagavan FAP	FAP	2.00	0.77	1.55	.	1.14	1.15	.
Vardenis Polyclinic	PC	.	1.23	2.73	1.33	0.87	1.02	.
Verin Ptghni SVA	SVA	1.63	1.23	1.27	1.17	1.33	0.91	1.26
Zar SVA	SVA	0.88	0.77	0.73	1.00	0.53	0.87	0.80
Zorakan SVA	SVA	2.25	1.08	0.64	1.00	1.20	0.79	1.16
Zoravan FAP	FAP	2.00	0.62	1.27	1.14	1.00	0.81	1.14
Zovaber FAP	FAP	3.00	1.23	1.45	1.29	1.57	1.21	1.63
Zovashen FAP	FAP	0.85	0.62	1.00	0.43	1.43	1.33	0.94
Zovk FAP	FAP	2.08	1.38	1.00	1.14	1.71	1.21	1.42