

PRIME PAGES



A nurse monitors an expectant mother's blood pressure at the national hospital in Yerevan.



Data collection team supervisor Gohar Zohrabyan prepares her colleagues for the first day of observations in the rural Lori Marz province.

Performance Factor Mix

Measuring the Impact of Performance Factors on Maternal Health Care Providers

As part of its efforts to improve the quality and accessibility of reproductive health care around the world, the PRIME II Project uses the Performance Improvement (PI) framework to address barriers to good performance and support providers from the clinic level to the policymaking level. PI practitioners in the field identify “performance gaps” where providers’ performance falls short of clients’ needs and work with providers and in-country institutions to address those gaps.

Given the financial constraints and results frameworks that many health care organizations operate within, planners need to know how to target their programs to have maximum impact on provider performance. The PI framework identifies five “Performance Factors” that affect provider performance:

- Clear job expectations
- Feedback
- Motivation and incentives
- Environment and tools
- Knowledge and skills.

All of these performance factors are important, but program planners often find it hard to predict which are most critical in a given scenario. When forced to allocate scarce resources with incomplete information, planners may miss opportunities to achieve maximum supportive impact on health care workers. In order to address this dilemma, PRIME II conducted a survey of health care workers in Armenia in late 2002 that measured the relative impact of the five performance factors on provider performance.

Results

To conduct the survey, teams of PRIME II interviewers visited rural health care centers and observed 285 providers, scoring their performance as they delivered prenatal and postpartum services. After the observations, interviewers questioned the providers about their work environments and the presence of the performance factors. The study assessed the providers’ observed performance in light of the presence or absence of the five performance factors. Reaffirming the relationship between actual performance and the performance factors, the survey elucidated exactly which factors had the greatest effect on provider performance.

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A nurse at a secondary clinic in Lori Marz weighs a client.

Seven variables had a significant effect on performance in both prenatal and postpartum service delivery. The most important factor was the presence of clear job expectations. Seven out of ten providers lacked a written job description, and many had only received verbal instructions from their supervisor. A related factor, receipt of performance reviews, was also strongly associated with high performance.

Providers' motivation and incentives was another important factor that influenced performance. In the absence of raises and bonuses as recognition for good performance, (the case for 92% of providers), providers indicated that they were motivated by non-monetary incentives from employers and the community. Clinic-based prenatal care providers cited verbal recognition from supervisors (44.3%), opportunities for training (21.3%), and free/reduced medicine (14.6%) as non-monetary incentives. In contrast, community-based postpartum care providers cited verbal recognition from the clients or the community (36.3%), respect in the community (31%), traded products (19%) and services (11.4%) as non-monetary incentives.

The final three factors that predicted performance related to providers' knowledge and skills. Only 60% of providers had received training in reproductive health, and of those trained 82% believed that they possessed the requisite knowledge and skills to carry out their work. Furthermore, 97% of those trained claimed to be able to apply what they had learned to their work. Thus, having received training and being able to retain knowledge and skills was highly indicative of satisfactory performance.

Conclusion

As the Armenia case study indicates, some performance factors may be more influential than others in certain service delivery contexts. Similar surveys are currently being conducted in Nigeria and Bolivia and will yield results by Fall 2003. The comparative analysis of these results will begin to illuminate whether or not a general order of importance exists among the performance factors. Equipped with such knowledge, program planners will be better able to make clear choices about how to best support primary providers in their unique work environments.



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