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HEALTH SYSTEM  
STRENGTHENING PROJECT

**Universal Healthcare (UHC) Program Evaluation**  
**from**  
**Beneficiaries' and Service Providers' Perspectives**  
**Final Report**

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# **Universal Healthcare (UHC) Program Evaluation**

## **from**

## **Beneficiaries' and Service Providers' Perspectives**

## **Final Report**

### **DISCLAIMER**

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

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## Aim of Assessment

The aim of the current study is to provide an independent assessment of the Universal Healthcare Program, in order to document strengths and weaknesses of the Program from beneficiaries' and providers' perspectives over the approximately 12-month implementation period. The independent assessment of the UHC Program comprises of quantitative and qualitative participatory components and tries to document the assessment of the UHC Program from the perspective of participants (service providers and beneficiaries) thoroughly.

## Methodology

The current study uses both, quantitative and qualitative methods to answer the research questions. The quantitative assessment was conducted through telephone interviewing method and separately covered two different sub-groups of the UHC Program target population: a) patients who utilized planned out-patient (OP) services (*component I*) and b) patients who utilized in-patient (IP) and/or emergency OP services (*component II*) during the last 1 year of program implementation. These two groups were studied separately; respectively, sampling/recruitment of study participants for each of these segments was conducted independently. The list (registry) of all patients registered within the UHC Program for planned OP services at the primary healthcare level (PHC) was used as a basis to recruit individual participants for assessment of component I. The registry of patients who actually utilized emergency OP and/or IP services (planned or emergency) was used as a sampling universe to recruit participants for assessment of component II. This difference resulted in significantly various non-response rates for these two segments. In total 1277 beneficiaries were contacted through phone calls in order to reach desired sample size within assessment of component I, out of which 72.8% actually agreed to participate in the study. However, 9.9 % of the beneficiaries reported that they had not utilized health services within the UHC Program during the last one year (the latter represents exclusion criteria from the study) and only 33.8% answered all survey questions (431 fully completed questionnaires). It is noteworthy that another 28.4% from initially contacted 1277 beneficiaries responded that they were not UHC beneficiaries. This leads to conclude that part of the beneficiaries is not informed about their status (for more details, see Table 1 below):

**Table 1: Response rate for assessment of component I (planned OP)**

<b>Result</b>	<b>n</b>	<b>%</b>
Completed interview	431	33.8
Incomplete interview	10	0.8
Non-response (disagree to participate)	346	27.1
Is not an UHC Program beneficiary (as reported by respondent)	363	28.4
Did not utilize health service during the last 1 year	127	9.9
<b>Total</b>	<b>1277 (individuals contacted)</b>	

Within the assessment of component II (IP and Emergency OP services) about half as many beneficiaries were contacted initially (647 in total) to reach desired sample size. Such a significant difference in response rates was achieved due to differences in the registries of the UHC Program beneficiaries used as a sampling base (mentioned above). 72% out of initially contacted 647 beneficiaries actually agreed to participate in the study; however, 55.3% of them answered all survey questions (358 fully completed questionnaires). The number of beneficiaries who reported that they were not the UHC Program beneficiaries amounted to only 6.5 % compared to 28.4% within component I (the latter also represented exclusion criteria for participation in the study). For more details about response rate and sample characteristics see Table 2 below:

**Table 2: Response rate for assessment of component II (IP and emergency OP)**

<b>Result</b>	<b>n</b>	<b>%</b>
Completed interview	358	55.3
Incomplete interview	3	0.5
Non-response (disagree to participate)	181	28.0
Is not a UHC Program beneficiary (as reported by respondent)	42	6.5
Did not utilize health services during the last 1 year	63	9.7
<b>Total</b>	<b>647 (individuals contacted)</b>	

Sample sizes were defined as 430 and 360 separately for two different components (a. planned OP and b. IP and emergency OP) with 95% Confidence Level and 5% confidence interval. The sample sizes allow generalization of survey findings across all UHC Program beneficiaries; however, limitations of survey should be carefully taken into consideration while generalizing findings across the entire population (see below the section: Survey Limitations).

Survey participants (program beneficiaries) were randomly sampled from the lists of registered patients who utilized one of the services during the last year. Survey applied systematic

sampling strategy to recruit the individual patients for the survey (a type of probability sampling method in which sample members from a larger population are selected according to a random starting point and a fixed, periodic interval – sampling interval. Sampling interval was calculated by dividing the number of registered patients (for two different types of service utilization – in-patient and out-patient separately) by the desired sample size (N=430 and N=360). The starting points were selected at random. Lists were organized by alphabetical and regional order (final sample is proportionally distributed across the regions). Proportional weights were calculated and applied and respectively, weighted analysis is performed and presented.

In parallel to the quantitative survey focus-group discussions with a) service providers involved in the UHC Program implementation and b) program beneficiaries - were organized and conducted. Four group discussions were conducted with service providers (2 groups with hospital level physicians and 2 groups – with PHC level physicians). In addition, two group discussions (mixed) were conducted with UHC Program beneficiaries. The maximum number of participants per group was defined as 12. Duration of FGD session was 1.5 hours. All groups were transcribed verbatim and analyzed later. Confidentiality of study respondents is strictly maintained.

## **Survey limitations**

- Sampling universe from which survey sample is drawn is limited to those beneficiaries only with phone numbers indicated in the registry (indicating phone number is not obligatory field to be filled in during the registration);
- The current survey covers only those UHC Program beneficiaries who actually utilized the services within the program in order to explore their satisfaction with received services according to different components of care. Respectively, the study does not cover those beneficiaries who did not/could not utilize services due to different personal and/or objective reasons.

## Results

### Quantitative Survey (Telephone Interview)

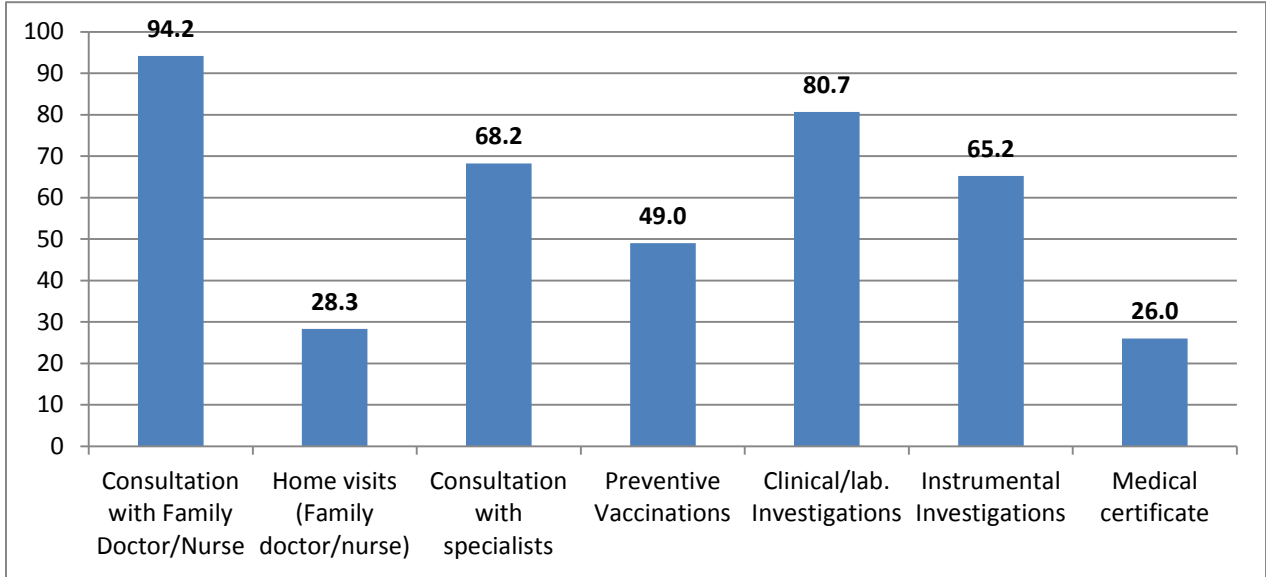
#### Component I: Planned OP Services - Beneficiaries' Awareness of UHC Program Entitlements and their Level of Satisfaction with Received Services

Survey sample, within the assessment of component I, covered 431 individuals in total including 34.2% male and 65.8% female participants. In addition, 35% of survey respondents reside in capital city and rest of them - in different parts of the country (survey sample is proportionally distributed across the regions). Average age of beneficiaries is 42. Slightly less than half of survey participants have received higher education and one-third - complete secondary education. The rest of the respondents have received incomplete secondary, incomplete higher and vocational education.

At the very beginning of the interview participants were asked to list all planned OP services they knew they were eligible for within the UHC Program. Results suggest that the vast majority of program beneficiaries are well-informed that consultation with family doctor/nurse is included in the UHC program benefits package (app. 95% mentioned this particular service). More than 80% of the participants are aware that some of clinical/laboratory investigations are also covered within the UHC program. About 65% of the beneficiaries know that selected instrumental investigations are also covered by the UHC Program (see details in Table 3 below).

It is noteworthy that more than one half of the UHC Program beneficiaries think that they still need more information regarding the services and procedures covered by the program and consider it as a priority issue to be taken into consideration while improving the program implementation in the future.

**Table 3: Planned OP services mentioned by the respondents as part of the UHC Program entitlements (level of knowledge in UHC Program entitlements)**

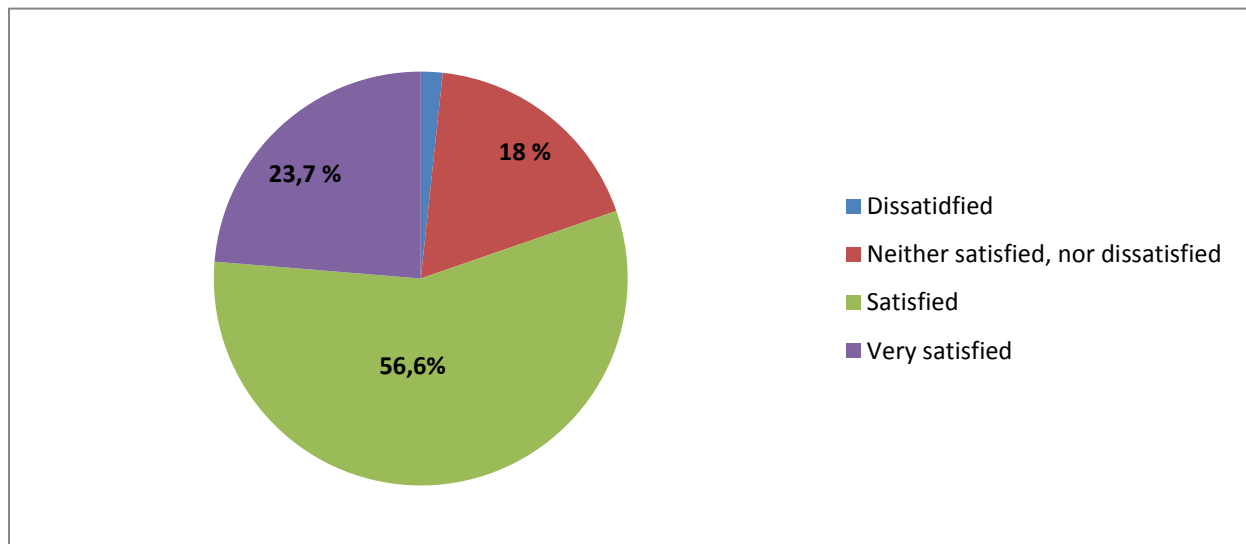


Survey participants were asked to provide their assessment of Planned OP services within the UHC Program in general and for different care components separately. The participants were requested to provide assessment scores (using 5 point Likert scale, where 1 stands for very dissatisfied and 5 – for very satisfied) to each of the service component. Care components to be assessed included the following: general conditions of the medical facility (infrastructure, hygiene, heating etc.), availability of medical equipment, professional qualification of family doctors/nurses, medical personnel's attitude towards patients, time spent with patients by family doctors/nurses, waiting period, availability of medical specialists (if needed), professional qualification of medical specialists, medical specialists' attitude towards patients, time spent with patients by medical specialists, general satisfaction with received planned OP services.

Overall satisfaction of the UHC Program participants with received planned OP services within the program is very high (80.3% of participants reported that they were satisfied or very satisfied with received planned OP services). In particular, more than one half of the respondents are satisfied and another one fifth is very satisfied with received OP services. Only 1.7% reported dissatisfaction with planned OP services received within UHC Program (see table 4 below). It is noteworthy that still there is about 18% of the program beneficiaries who are not certain about their assessment of the planned OP component within the UHC Program and preferred to provide neutral score meaning neither satisfied nor dissatisfied with received services.



**Table 4: Overall satisfaction of beneficiaries with planned OP services within the UHC Program**



With regard of different components of OP care mentioned above, the share of beneficiaries who are not satisfied with received planned OP services does not exceed 7.6 % (the maximum share of dissatisfied beneficiaries is observed with regard to “waiting period”). For all other components of planned OP care mentioned above, the share of dissatisfied patients varies between 0.2 to 3.4% for different care components. It is important to note that the share of those patients who reported that they were neither satisfied nor dissatisfied with received care (for different care components) ranges between 14.5 and 29.8 percentage points (the latter corresponds for waiting period).

12.3 % of the UHC program beneficiaries (53 respondents) reported that they had a case during the last one year when they needed to receive qualified medical out-patient care and could not/did not receive it due to a number of reasons. The respondents mentioned the following barriers to receiving care: 40.3% of beneficiaries were told that this particular service was not covered within the UHC Program; another 22.9% of the survey respondents mentioned that they themselves decided not to visit the PHC facility as they knew in advance that they would be rejected by service providers (by the reason that service is not covered within the UHC Program); about 20% of the participants mentioned that they were unable to make an appointment with doctor on time and therefore, were not able to receive needed care.

About 85% of the UHC Program beneficiaries think that the most positive aspect/achievement of the UHC Program is the financial support provided by the government. More than one half of the

program beneficiaries consider free choice of medical facilities/physicians as the most positive aspect of the program. Moreover, more than one third of the beneficiaries mentioned increased availability of medical services as the major achievement of the program. One fifth of the beneficiaries consider that by introducing the UHC Program government declared that health sector was a priority in the country.

More than 60% of the program beneficiaries consider that further expansion of the program is needed. Beneficiaries think that some services should be added to the UHC Program OP services benefits package. The main concern with regard to this issue is related to the coverage of pharmaceutical benefits by the UHC Program (77.7%). About one third of the beneficiaries reckon that procedures need to be further simplified in order to decrease the level of barriers to receiving needed medical care.

About 40% of the program beneficiaries think that involvement in the UHC Program significantly improved their affordability and accessibility to PHC services. Another 37.4% think that their access to medical services was somehow improved as a result of their enrollment in number of beneficiaries (16%) who think that their physical and financial accessibility to healthcare services remained the same. Very small number of program participants (1.6%) reported that UHC Program had negative influence and affected their access to needed services.

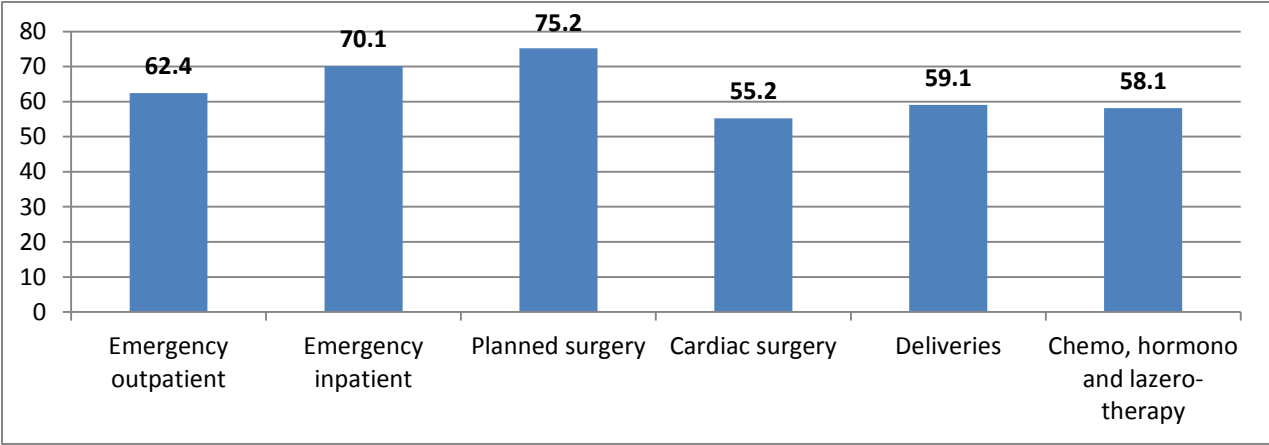
### **Component II: IP and Emergency OP Services - Beneficiaries' Awareness of UHC Program Entitlements and their Level of Satisfaction with Received Services**

Survey sample, within the assessment of component II, covered 358 individuals who have utilized IP and/or emergency OP services within the UHC Program (of which 33.5 per cent male and 66.5 per cent female participants). About 38% of survey respondents are residents of the capital city and rest of them live in different regions of the country (survey sample is proportionally distributed across the regions). Average age of beneficiaries is 44. 42.5% of the survey participants have received higher education and another 39.4 % - complete secondary education.

At the very beginning of the interview participants were asked to list all planned OP services they knew they were eligible for within the UHC Program. Results suggest that more than one third of program participants were unable to list particular IP services covered within the UHC Program. Qualitative survey findings suggest that the vast majority of the program beneficiaries learnt about services they were eligible for only when they needed them.

Table 5 below presents findings about level of awareness of program beneficiaries about the IP services they are entitled to.

**Table 5: IP services mentioned by the respondents as part of the UHC entitlements (level of awareness of UHC Program entitlements)**

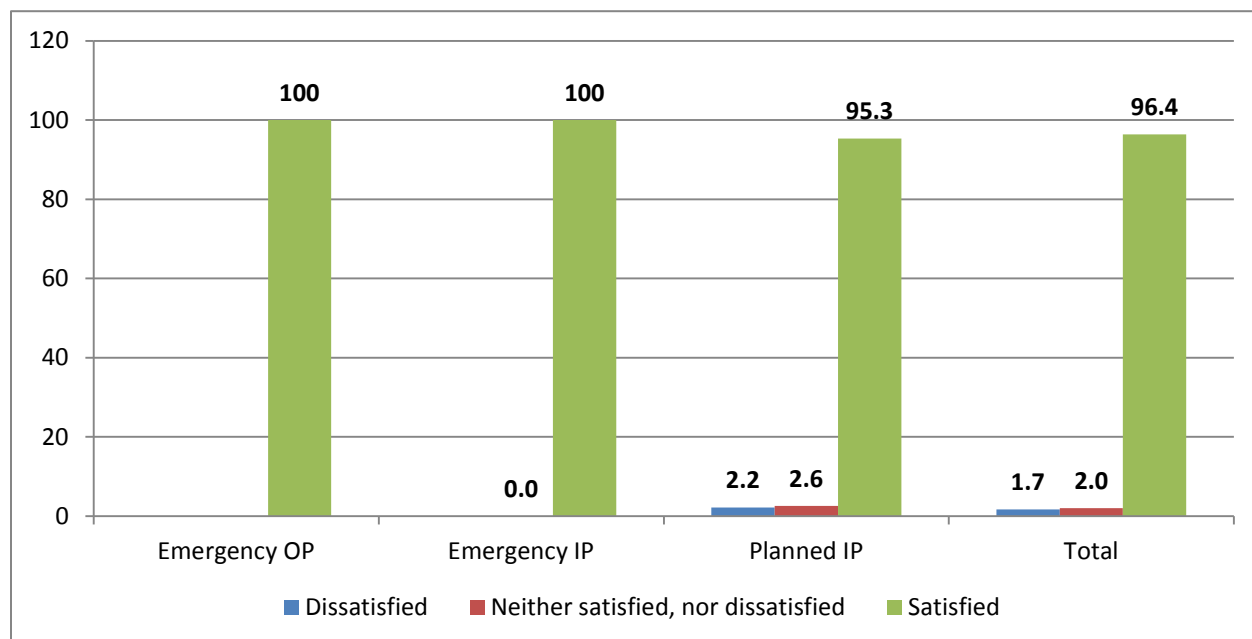


The survey participants were asked to assess the UHC Program according to the different in-patient care components. Participants were requested to assign assessment score (from 1 to 5) to each of the care component.

The study captured program beneficiaries who have utilized different type of medical services since the launch of the program. Study findings suggest that 13.4% of survey participants utilized emergency in-patient services, about one fifth benefited from receiving planned surgical interventions within the UHC Program and more than 15% utilized chemo, hormone and/or laser therapy services. Emergency OP, cardiac surgery and delivery services were utilized by 8.7, 3.6 and 9.2 % respectively.

Satisfaction of the UHC Program participants with received IP and emergency OP services is very high (96.4 per cent overall). Table 6 below presents satisfaction results by different types of services utilized by the program beneficiaries to demonstrate differences across the segments (if any). Results suggest that the overall satisfaction with received IP and emergency OP services is extremely high for all three types of services (for more details see table 6)

**Table 6: Overall satisfaction of beneficiaries with IP and emergency OP services within the UHC Program**



Participants' satisfaction was assessed with regard to 18 different components of care, namely: speed/flexibility of hospital admission procedures, courtesy of personnel who admitted patients, general conditions of hospital wards, cleanliness/sanitary standards/hygienic norms of the hospital, doctors' attitude/courtesy towards patients, physicians' professional qualification, nurses' attitude/courtesy towards patients, nurses' professional qualification, food quality provided by the hospital, conditions for overnight stay for patients' caregivers, time spent with patients by physicians, hospital stay duration (number of days), speed/flexibility of hospital discharge procedures, responsiveness of hospital personnel to patients needs/requirements, pediatric service (only in case of delivery), attitude/courtesy of personnel of the Social Service Agency's (SSA), speed of action/responsiveness of the SSA personnel and general satisfaction with received IP and/or emergency OP services.

The share of those beneficiaries, who reported dissatisfaction with received IP and/or emergency OP services, varies between 0.9 and 5.7 percentage points for different parameters of care. The maximum share of dissatisfied beneficiaries (5.7%) is observed with regard to "conditions for overnight stay for patients' caregivers" and performance of the Social Service Agency (more than 4 % of beneficiaries assess negatively SSA's responsiveness and courtesy towards them).

11.1 % of the UHC Program beneficiaries (40 respondents) reported that they had a case during the last one year when they needed hospitalization and could not/did not receive it due to a number of reasons. Majority of patients (62.5%) reported that they did not visit hospitals because they knew in advance that they would be rejected by providers.

About 78.2% of UHC Program beneficiaries think that the most positive aspect/achievement of the UHC Program is financial support provided by the government. For more than one third of the program beneficiaries' free choice of medical facilities/physicians is the most positive aspect of the program. In addition, 29.1% of beneficiaries mentioned increased availability of medical services as the major achievement of the program and more than one fifth of the beneficiaries consider that by introducing the UHC Program government declared that population's health was the priority in the country.

About 40% of the program beneficiaries consider that further expansion of the program is needed. Beneficiaries think that some services should be added to the UHC Program benefits package. The main concern with regard to this issue is related to the coverage of pharmaceutical benefits by the UHC Program (60.2%). More than one fourth of the respondents consider that procedures needs to be further simplified in order decrease level of barriers to receive the needed medical care.

About 60% of the program beneficiaries think that that involvement in the UHC Program significantly improved their physical and financial accessibility to IP services. Another 28.8% think that their access to medical services was somehow improved as a result of their enrollment in the UHC Program. It is noteworthy that some beneficiaries (7.8%) think that their physical and financial accessibility to healthcare services remained the same. Very small number of program participants (0.8%) reported that the UHC Program had negative influence and affected their access to needed services.

## **Qualitative Survey (Focus-group Discussions)**

### **Hospital Level Service Providers**

- The overall assessment of the UHC Program by secondary level providers is positive. They consider it very successful for a number of reasons: due to improved access of the population to healthcare services and increased population coverage (“... *too many*

*beneficiaries receive needed medical care, such coverage was not achieved before ...”; “... too many people resolved their healthcare problems. It is really important ...”)*

- However, providers complain about low level of awareness of the program beneficiaries of those medical services they are eligible for within the UHC Program. Providers mentioned that the vast majority of program beneficiaries had one simple argument to receive services they needed: *“... All services are free for me and this is provided by the Government...”*. Providers say that there are a number of cases/nosologies not covered under the UHC Program and providers have to inform patients about the exceptions. Providers express their concern that such facts frequently cause negative attitude of beneficiaries to service providers: *“... beneficiaries often consider us as their enemies due to the fact that we are the only source of information who notify them of the services not covered within the UHC Program ... ”*
- Providers blame ambulance personnel for providing the beneficiaries with incorrect information about services and procedures covered by the UHC Program: *“... ambulance doctors often tell beneficiaries that if they are taken in an ambulance to the hospital, all medical services will be free at the facility. It’s obviously not true...”*
- One provider mentioned that 30% of the patients who were taken in an ambulance to the hospital are eligible for PHC services. The provider mentioned several reasons: in some cases PHC level physicians call ambulance service due to absence of needed specialist (e.g. proctologist). Another reason named by the provider was that ambulance personnel try to satisfy beneficiaries’ requests and avoid problems.
- One more service provider mentioned that general aim of the UHC Program was very good and positive; however, healthcare system was not ready to respond to increased requirements of the program: *“...even us, service providers, are not fully informed about all details of those cases/nosologies covered by the program. It is mostly related to planned IP services, as for emergency- all aspects are covered ...”*
- Another provider discussed the issue of providers’ awareness from different angles. Namely, the respondent mentioned that although all facilities had written documents where program description was outlined thoroughly, still there were some ambiguities that caused problems ultimately: *“... e.g. an UHC Program beneficiary comes to my hospital with simple headache. I know that I can provide to the patient medical service to manage this headache in order to remove the symptom. I know that this service is covered within the program. However, I cannot be 100% sure that this patient does not need additional investigation/intervention in order to prove diagnosis. Therefore, I have to do CT to make final diagnosis. If CT diagnostics show that there is nothing serious, patient needs to pay for*

*the service...*”. Provider recommends developing a list of necessary investigations, manipulations, interventions per each nosology covered through the UHC Program that would be helpful for the doctor.

- Majority of hospital providers discussed different aspects related to hotline service (15-05). First of all, providers complain that majority of patients frequently use hotline service in order to pressure doctors to provide services and usually they succeed. Secondly, majority of providers talked about poor performance of hotline service workers: “...*in most cases they give the beneficiaries one simple standard message – please provide invoice from the hospital and we will review your case and they do so even in case if they know for sure that this case is not covered by the program ...*”
- Moreover, one of the providers mentioned that waiting period to get approval from the SSA frequently was prolonged (took more than 6 months), which in a number of cases caused changing of an initial diagnosis mentioned in the Form #100 and in such case patients had to undergo these procedures one more time.
- One provider mentioned that increased number referrals to the secondary level within the UHC Program were frequently caused by the beneficiaries themselves: “... *none of the beneficiaries want to wait for the doctor. e.g. if a specialist works only on Wednesdays in a clinic and a patient is feels bad on Monday, he/she does not want to wait 3 more days and visits the hospital by his/her decision...*”
- Secondary level providers believe that UHC Program mostly relies on well-functioning PHC level; therefore, they recommend further strengthening of the PHC level and preparing them to respond to increased requirements of the UHC Program.
- Providers also talked about the need for possible further expansion of the program e.g. coverage of upper respiratory system by the UHC Program, considering that 50% of pediatric patients referrals represent such cases.

### **PHC Level Service Providers**

- PHC level providers also consider that the UHC Program is very successful in general as it covers those groups of the population, who were never insured before. Therefore, providers see the major benefit of provided universal coverage in increased detection and respectively, increased prevention of number of diseases within the UHC Program beneficiaries.
- Providers observations suggest that the vast majority of respondents are satisfied with care received at PHC level within the UHC Program: “... *they are satisfied that consultation with*

*family doctor is 100% financed by the program, however they are satisfied with even those services for which they have to pay 30% as this service is still provided with discount...*

- Providers mentioned that they observe increased number of patients' referrals to the PHC level: *"... all people can now freely come to the polyclinic and receive consultation from family doctor. People were not able to do this before..."*
- PHC level providers consider that PHC program beneficiaries are well-informed about the services and procedures covered by and related to the program: *"...they know everything. The first question patients ask while entering the PHC facility is, <which services can I receive for free within the program?> We explain them all details ..."*
- Providers mentioned the problem related to the waiting time, which is not acceptable for the majority of program beneficiaries: *"... all patients need to receive the service immediately that is not realistic at all. Frequently this causes patients dissatisfaction and we have to deal with such cases..."*
- The vast majority of PHC providers mentioned the problem of non-purposeful utilization of home visits by family doctors: *"... the vast majority of patients are not informed well regarding the protocol details related to utilization of home visits and they frequently over-utilize it..."*
- Moreover, PHC providers blame hotline personnel for providing the beneficiaries with incorrect information: *"... they respond in a simple way that the visit is covered by the program without adding a very important detail <it is covered according to the terms and conditions of the protocol and this is under physicians' decision>..."*
- PHC providers complain that their scope has been significantly increased due to increased number of the UHC Program beneficiaries that negatively influence the quality of their work: *"... patients should not expect high quality services provided by PHC providers as we receive approximately 20-30 patients per day and have maximum 15 minutes per patient..."; "... when doctors' consultation per patient costs 10-50 tetri, quality aspects of care cannot be discussed and even mentioned at all..."*. Providers recommend revisiting normative parameters of care and adjusting min/max number of patient-visits per doctor taking onto consideration the existing reality.
- The majority of PHC providers consider that PHC system is not ready yet for free choice of medical facilities as due to increased scope of family doctors they are not able to satisfy all requests for home visits that ultimately increases patients' dissatisfaction in such cases.
- Vast majority of PHC providers mentioned that they are completely under-motivated financially. They consider that their salary scales should be adjusted to the public sector



servant's average salary scale, where rates are much higher compared to PHC level facilities workers' salaries.

### Program Beneficiaries

- The UHC Program beneficiaries (those who have registered and actually received medical services within UHC Program) reported that they were generally very satisfied with received medical services
- Majority of beneficiaries assess speed of action and courtesy of medical providers towards the patients very positively, while the rest of the patients complain about long waiting period
- There were a number of respondents who complained about extremely limited time spent by the doctors with the patients that is not enough for them to talk about all health related problems they have. Beneficiaries mentioned that doctors frequently explained to them that rest of the health related problems would be tackled during the next visit that was completely unacceptable for them: *"...I will wait but will my problem wait till the next visit?"*
- Majority of beneficiaries observe excessive number of beneficiaries in front of doctors' offices that creates problems for them in order to get advice from doctor on time. However, beneficiaries are tend not to blame their doctors in this regard, they think that number of patients per doctor represent the major problem and this does not relate to doctors' personal characteristics at all.
- Some of the respondents mentioned that beneficiaries themselves needed some time to adapt to this "new procedures", as majority of population were not familiar with this type of program as they had never involved in insurance schemes before. Thus, beneficiaries believe that the problems will be removed gradually.
- Vast majority of the interviewed beneficiaries mentioned that the only source of information regarding the program-related procedures and covered services was a family doctor. Respondents outlined that regardless the fact that they had written documents where all covered services were listed; they still needed further clarifications regarding the content provided there.
- One part of the participants complained about poor performance of hotline service: *"... the line is busy all the time, I was not able to use their service despite several attempts ..."*
- Free choice of the medical provider/facility is considered to be the one of the main achievements/positive aspects of the UHC Program by the vast majority of study respondents

- Besides, majority of interviewed beneficiaries consider that they have greatly benefited from being involved in the UHC Program that ultimately increased their access to needed medical services

## Annexes

### Annex 1: Analysis Tables

#### Component I: Planned Out-patient Services

##### Part 1: Sample characteristics

###### 1.1. Response rate

Result	N	%
Completed interview	431	33.8
Incomplete interview	10	0.8
Non-response (disagree to participate)	346	27.1
Is not a UHC Program beneficiary (as reported by respondent)	363	28.4
Have not utilized health service during last 1 year	127	9.9
<b>Total</b>	<b>1277 (individuals contacted)</b>	

###### 1.2. Regional distribution

Regions	N	%
Tbilisi	151	35.0
Imereti	58	13.4
Shida Kartli	28	6.6
Kvemo Kartli	53	12.3
Samtskhe-Javakheti	16	3.8
Racha-Lechkhumi & Kvemo Svaneti	1	0.2
Samegrelo & Zemo Svaneti	37	8.7
Kakheti	29	6.7
Guria	14	3.2
Adjara	38	8.7
Mtskheta-Mtianeti	7	1.5
<b>Total</b>	<b>431</b>	<b>100.0</b>

###### 1.3. Age group distribution

Age groups	n	%
18-25	36	8.4
26-35	107	24.8
36-45	103	24.0
46-55	94	21.9
56-65	55	12.8
> 65	35	8.1
<b>Total</b>	<b>431</b>	<b>100.0</b>

#### 1.4. Gender distribution

Gender	n	%
Male	147	34.2
Female	284	65.8
<b>Total</b>	<b>431</b>	<b>100.0</b>

#### 1.5. Distribution -Tbilisi vs. Regions

Location	n	%
Tbilisi	151	35.0
Regions	280	65.0
<b>Total</b>	<b>431</b>	<b>100.0</b>

#### 1.6. Education received by survey participants

Respondents' education	n	%
No education	2	0.4
Incomplete secondary	9	2.0
Secondary	143	33.2
Technical	44	10.1
Incomplete higher	12	2.7
Higher	194	45.0
No answer	28	6.5
<b>Total (N)</b>	<b>431</b>	<b>100.0</b>

### Part 2: Satisfaction with Universal Health Care Program (UHC Program)

#### 2.1. Participants' awareness of UHC Program entitlements (multiple answers, question #12)

Health Care Services mentioned by the respondents	Tbilisi	Regions	Total
	% (yes)		
Consultation with Family Doctor/Nurse	92.1 (139)	95.4 (267)	94.2 (406)
Home visits (Family doctor/nurse)	30.5 (46)	27.1 (76)	28.3 (122)
Consultation with specialists	62.3 (94)	71.4 (200)	68.2 (294)
Preventive Vaccinations	53.0 (80)	46.8 (131)	49.0 (211)
Clinical/lab. Investigations	84.1 (127)	78.9 (221)	80.7 (348)
Instrumental Investigations	62.3 (94)	66.8 (187)	65.2 (281)
Medical certificate	24.5 (37)	26.8 (75)	26.0 (112)
<b>Total (N)</b>	<b>151</b>	<b>280</b>	<b>431</b>

## 2.2. Health service utilization (last year, multiple answers, question #13)

Health Care Services mentioned by the respondents	Tbilisi	Regions	Total
	% (yes)		
Consultation with Family Doctor/Nurse	84.1 (127)	85.4 (239)	84.9 (366)
Home visits (Family doctor/nurse)	7.9 (12)	6.8 (19)	7.2 (31)
Consultation with specialists	39.1 (59)	36.8 (103)	37.6 (162)
Preventive Vaccinations	9.9 (15)	7.5 (21)	8.4 (36)
Clinical/lab. Investigations	52.3 (79)	41.4 (116)	45.2 (195)
Instrumental Investigations	30.5 (46)	25.4 (71)	27.1 (117)
Medical certificate	11.9 (18)	8.2 (23)	9.5 (41)
<b>Total (N)</b>	<b>151</b>	<b>280</b>	<b>431</b>

## 2.3. Satisfaction with planned ambulatory services by service components (question #16)

### 1. General Conditions of the medical facility (infrastructure, hygiene, heating etc.) (chi square=6.4, p=0.173)

Location	Very dissatisfied		Dissatisfied		Neither satisfied, nor dissatisfied		Satisfied		Very satisfied		Total
	n	%	n	%	n	%	n	%	n	%	N
Tbilisi	5	3.4	3	2.0	23	15.4	73	49.0	45	30.2	149
Regions	3	1.1	3	1.1	61	21.9	142	50.9	70	25.1	279
<b>Total</b>	<b>8</b>	<b>1.9</b>	<b>6</b>	<b>1.4</b>	<b>84</b>	<b>19.6</b>	<b>215</b>	<b>50.2</b>	<b>115</b>	<b>26.9</b>	<b>428</b>

### 2. Availability of medical equipment (chi square=5.1, p=0.273)

Location	Very dissatisfied		Dissatisfied		Neither satisfied, nor dissatisfied		Satisfied		Very satisfied		Total
	n	%	n	%	n	%	n	%	n	%	N
Tbilisi	3	2.1	5	3.6	24	17.1	73	52.1	35	25.0	140
Regions	2	0.7	4	1.5	59	21.6	130	47.6	78	28.6	273
<b>Total</b>	<b>5</b>	<b>1.2</b>	<b>9</b>	<b>2.2</b>	<b>83</b>	<b>20.1</b>	<b>203</b>	<b>49.2</b>	<b>113</b>	<b>27.4</b>	<b>413</b>

### 3. Professional qualification of medical personnel (family doctor/nurse) (chi square=19.2, p=0.001)

Location	Very dissatisfied		Dissatisfied		Neither satisfied, nor dissatisfied		Satisfied		Very satisfied		Total
	n	%	n	%	n	%	n	%	n	%	N
Tbilisi	0	0.0	2	1.4	19	13.4	41	28.9	80	56.3	142
Regions	2	0.7	1	0.4	50	18.4	12	44.4	97	35.7	272
<b>Total</b>	<b>2</b>	<b>0.5</b>	<b>3</b>	<b>0.7</b>	<b>69</b>	<b>16.7</b>	<b>16</b>	<b>39.3</b>	<b>177</b>	<b>42.8</b>	<b>414</b>

**4. Medical personnel's (family doctor/nurse) attitude towards patients (chi square=21, p=0.00)**

Location	Very dissatisfied		Dissatisfied		Neither satisfied, nor dissatisfied		Satisfied		Very satisfied		Total
	n	%	n	%	n	%	n	%	n	%	N
Tbilisi	0	0.0	1	0.7	14	9.9	39	27.5	88	62.0	142
Regions	0	0.0	1	0.4	51	18.7	115	42.1	106	38.8	273
<b>Total</b>	<b>0</b>	<b>0.0</b>	<b>2</b>	<b>0.5</b>	<b>65</b>	<b>15.7</b>	<b>154</b>	<b>37.1</b>	<b>194</b>	<b>46.7</b>	<b>415</b>

**5. Time spent with patients (family doctor/nurse) (chi square=19.2, p=0.00)**

Location	Very dissatisfied		Dissatisfied		Neither satisfied, nor dissatisfied		Satisfied		Very satisfied		Total
	n	%	n	%	n	%	n	%	n	%	N
Tbilisi	0	0.0	2	1.4	14	10.0	45	32.1	79	56.4	140
Regions	0	0.0	3	1.1	57	21.3	114	42.5	94	35.1	268
<b>Total</b>	<b>0</b>	<b>0.0</b>	<b>5</b>	<b>1.2</b>	<b>71</b>	<b>17.4</b>	<b>159</b>	<b>39.0</b>	<b>173</b>	<b>42.4</b>	<b>408</b>

**6. Waiting period (chi square=7.5, p=0.110)**

Location	Very dissatisfied		Dissatisfied		Neither satisfied, nor dissatisfied		Satisfied		Very satisfied		Total
	n	%	n	%	n	%	n	%	n	%	N
Tbilisi	6	4.1	8	5.5	42	29.0	50	34.5	39	26.9	145
Regions	5	1.8	13	4.7	84	30.2	124	44.6	52	18.7	278
<b>Total</b>	<b>11</b>	<b>2.6</b>	<b>21</b>	<b>5.0</b>	<b>126</b>	<b>29.8</b>	<b>174</b>	<b>41.1</b>	<b>91</b>	<b>21.5</b>	<b>423</b>

**7. Availability of medical specialists (if needed) (chi square=8.4, p=0.038)**

Location	Very dissatisfied		Dissatisfied		Neither satisfied, nor dissatisfied		Satisfied		Very satisfied		Total
	n	%	n	%	n	%	n	%	n	%	N
Tbilisi	0	0.0	3	2.1	28	19.4	59	41.0	54	37.5	144
Regions	0	0.0	6	2.2	69	25.6	130	48.1	65	24.1	270
<b>Total</b>	<b>0</b>	<b>0.0</b>	<b>9</b>	<b>2.2</b>	<b>97</b>	<b>23.4</b>	<b>189</b>	<b>45.7</b>	<b>119</b>	<b>28.7</b>	<b>414</b>

**8. Professional qualification of medical specialists (chi square=16.3, p=0.001)**

Location	Very dissatisfied		Dissatisfied		Neither satisfied, nor dissatisfied		Satisfied		Very satisfied		Total
	n	%	n	%	n	%	n	%	n	%	N
Tbilisi	0	0.0	0	0.0	14	9.9	58	41.1	69	48.9	141
Regions	1	0.4	0	0.0	47	17.5	141	52.6	79	29.5	268
<b>Total</b>	<b>1</b>	<b>0.2</b>	<b>0</b>	<b>0.0</b>	<b>61</b>	<b>14.9</b>	<b>199</b>	<b>48.7</b>	<b>148</b>	<b>36.2</b>	<b>409</b>

**9. Medical specialists' attitude towards patients (chi square=25.8, p=0.00)**

Location	Very dissatisfied		Dissatisfied		Neither satisfied, nor dissatisfied		Satisfied		Very satisfied		Total
	n	%	n	%	n	%	n	%	n	%	N
Tbilisi	0	0.0	0	0.0	12	8.4	53	37.1	78	54.5	143
Regions	0	0.0	0	0.0	47	17.7	140	52.8	78	29.4	265
<b>Total</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>59</b>	<b>14.5</b>	<b>193</b>	<b>47.3</b>	<b>156</b>	<b>38.2</b>	<b>408</b>

**10. Time spent with patients (medical specialists) (chi square=13.1, p=0.004)**

Location	Very dissatisfied		Dissatisfied		Neither satisfied, nor dissatisfied		Satisfied		Very satisfied		Total
	n	%	n	%	n	%	n	%	n	%	N
Tbilisi	0	0.0	2	1.4	15	10.6	63	44.7	61	43.3	141
Regions	0	0.0	1	0.4	47	17.7	145	54.5	73	27.4	266
<b>Total</b>	<b>0</b>	<b>0.0</b>	<b>3</b>	<b>0.7</b>	<b>62</b>	<b>15.2</b>	<b>208</b>	<b>51.1</b>	<b>134</b>	<b>32.9</b>	<b>407</b>

**11. General satisfaction with planned ambulatory services within the UHC Program (chi square=3.5, p=0.328)**

Location	Very dissatisfied		Dissatisfied		Neither satisfied, nor dissatisfied		Satisfied		Very satisfied		Total
	n	%	n	%	n	%	n	%	n	%	N
Tbilisi	0	0.0	3	2.0	20	13.5	90	60.8	35	23.6	148
Regions	0	0.0	4	1.5	56	20.4	149	54.4	65	23.7	274
<b>Total</b>	<b>0</b>	<b>0.0</b>	<b>7</b>	<b>1.7</b>	<b>76</b>	<b>18.0</b>	<b>239</b>	<b>56.6</b>	<b>100</b>	<b>23.7</b>	<b>422</b>

#### 2.4. Remained barriers to care for the UHC Program beneficiaries (question #17)

Location	During last 1 year, did you have a case when you needed to get planned out-patient service and could not/did not receive it?		
	N (yes)	% (yes)	N
Tbilisi	18	11.9	151
Regions	35	12.5	280
<b>Total</b>	<b>53</b>	<b>12.3</b>	<b>431</b>

Reasons for not getting needed medical service (question #18)	n	%
Knew in advance that would be rejected and did not have enough money	12	22.9
Was told that the needed service was not covered by the UHC Program	22	40.3
Was unable to make an appointment with a doctor on time	10	19.4
No answer	9	17.0
<b>Total</b>	<b>53</b>	

#### 2.5. Positive outcomes of the UHC Program according to the beneficiaries (question #19)

The most positive aspect/achievement of the UHC Program as seen by beneficiaries	Tbilisi	Regions	Total
Financial support	86.3 (126)	83.0 (224)	84.1 (350)
Free choice of medical facilities and/or physicians	42.9 (63)	56.1 (151)	51.4 (214)
Availability of medical services	36.7 (54)	34.8 (94)	35.5 (148)
Health care became a priority	24.5 (36)	17.0 (46)	19.7 (82)
<b>Total</b>	<b>147</b>	<b>270</b>	<b>417</b>

#### 2.6. Areas to consider for further improvement within the UHC Program as recommended by the beneficiaries (question #20)

Areas for improvement	Tbilisi	Regions	Total
More information about services/procedures	40.8	58.5	52.3
Increase service coverage	51.4	69.3	62.9
Include pharmaceutical benefit in the package design	77.6	77.8	77.7
Simplify procedures	31.3	26.4	28.1
<b>Total (N)</b>	<b>147</b>	<b>270</b>	<b>417</b>

#### 2.7. Did the UHC Program improve/worsen population's access to health care services (question #21)

Location	Significantly Improve	Somehow improve	Remains the same	Worsen	No answer	N
Tbilisi	35.1	35.1	23.8	2.6	3.3	151
Regions	42.5	38.6	11.8	1.1	6.1	280
<b>Total</b>	<b>39.9</b>	<b>37.4</b>	<b>16.0</b>	<b>1.6</b>	<b>5.1</b>	<b>431</b>



## Component II: In-patient and Emergency Out-patient Services

### Part 1: Sample characteristics

#### 1.1. Response rate

Result	n	%
Completed interview	358	55.3
Incomplete interview	3	0.5
Non-response (disagree to participate)	181	28.0
Is not an UHC Program beneficiary (as reported by respondent)	42	6.5
Have not utilized health service during last 1 year	63	9.7
<b>Total</b>	<b>647 (individuals contacted)</b>	

#### 1.2. Regional distribution (weighted)

Regions	n	%
Tbilisi	137	38.2
Imereti	47	13.1
Shida Kartli	25	7.0
Kvemo Kartli	31	8.5
Samtskhe-Javakheti	10	2.8
Samegrelo & Zemo Svaneti	31	8.8
Kakheti	27	7.5
Guria	13	3.6
Adjara	32	8.9
Mtskheta-Mtianeti	6	1.5
<b>Total</b>	<b>358</b>	<b>100.0</b>

#### 1.3. Age group distribution (weighted)

Age groups	n	%
18-25	31	8.7
26-35	87	24.2
36-45	67	18.7
46-55	97	27.0
56-65	63	17.6
> 65	14	3.8
<b>Total</b>	<b>358</b>	<b>100</b>

#### 1.4. Gender distribution (weighted)

Gender	n	%
Male	120	33.5
Female	238	66.5
<b>Total</b>	<b>358</b>	<b>100</b>

### 1.5. Distribution -Tbilisi vs. regions (weighted)

Location	n	%
Tbilisi	137	38.2
Regions	221	61.8
<b>Total</b>	<b>358</b>	<b>100</b>

### 1.6. Education received by survey participants (weighted)

Respondents' education	n	%
No education	2	0.4
Incomplete secondary	7	1.8
Complete secondary	141	39.4
Technical	35	9.8
Incomplete higher	13	3.7
Higher	152	42.5
No answer	8	2.4
<b>Total (N)</b>	<b>358</b>	<b>100</b>

## Part 2: Patients' level of satisfaction with received In-patient services (including emergency OP) within Universal Health Care Program (UHC Program)

### 2.1. Participants' awareness of UHC Program IP entitlements (multiple answers, question #11)

Health Care Services mentioned by the respondents	Tbilisi	Regions	Total
	% (yes)		
Emergency outpatient	61.3 (83)	63.1 (140)	62.4 (224)
Emergency inpatient	64.7 (88)	73.4 (163)	70.1 (251)
Planned surgery	75.9 (103)	74.8 (166)	75.2 (270)
Cardiac surgery	53.3 (72)	56.3 (125)	55.2 (198)
Deliveries	56.6 (77)	60.6 (134)	59.1 (211)
Chemo, hormonal and laser therapy	57.7 (78)	58.4 (129)	58.1 (208)
<b>Total (N)</b>	<b>136</b>	<b>222</b>	<b>358</b>

### 2.2. Health service utilization (last year, multiple answers, question #13)

Health Care Services mentioned by the respondents	Tbilisi	Regions	Total
	% (yes)		
Emergency outpatient	13.9 (18)	7.2 (16)	9.8 (35)
Emergency inpatient	13.1 (17)	18.6 (41)	16.6 (59)
Planned surgery	47.8 (65)	54.3 (120)	51.8 (185)
Cardiac surgery	2.2 (3)	5.0 (11)	3.9 (14)
Deliveries	10.3 (14)	10.4 (23)	10.4 (37)
Chemo, hormonal and laser therapy	18.2 (25)	16.7 (37)	17.3 (62)
<b>Total (N)</b>	<b>136</b>	<b>222</b>	<b>358</b>

### 2.3. Last medical service utilized (IP /Emergency OP)

Last medical service utilized	n	%
Emergency out-patient	31	8.7
Emergency in-patient	48	13.4
Planned surgery	177	49.4
Cardiac surgery	13	3.6
Delivery	33	9.2
Chemo-, hormonal and laser therapy	56	15.6
<b>Total</b>	<b>358</b>	<b>100</b>

### 2.4. The patient fully paid for the service, partially or did not pay at all?

Did you pay for the service?	Tbilisi		Regions		Total
	n	%	n	%	N
Yes, fully	10	47.6	11	52.4	21
Yes, partially	91	33.8	178	66.2	269
No	36	52.9	32	47.1	68
<b>Total</b>	<b>137</b>	<b>38.3</b>	<b>221</b>	<b>61.7</b>	<b>358</b>

### 2.5. Satisfaction with planned ambulatory services by service components (question #16)

#### 2.5.1. Speed/flexibility of hospital admission procedures (chi square=16.9, p=0.031)

Type of last service utilized	Very dissatisfied		Dissatisfied		Neither satisfied, nor dissatisfied		Satisfied		Very satisfied		Total
	n	%	n	%	n	%	n	%	n	%	N
Emergency OP	0	0.0	1	3.6	0	0.0	18	64.3	9	32.1	28
Emergency IP	0	0.0	0	0.0	3	6.5	11	23.9	32	69.6	46
Planned IP	4	1.4	6	2.2	18	6.5	96	34.8	152	55.1	276
<b>Total</b>	<b>4</b>	<b>1.1</b>	<b>7</b>	<b>2.0</b>	<b>21</b>	<b>6.0</b>	<b>125</b>	<b>35.7</b>	<b>193</b>	<b>55.1</b>	<b>350</b>

#### 2.5.2. Courtesy of personnel who admitted you/your child (chi square=16.3, p=0.038)

Type of last service utilized	Very dissatisfied		Dissatisfied		Neither satisfied, nor dissatisfied		Satisfied		Very satisfied		Total
	n	%	n	%	n	%	n	%	n	%	N
Emergency OP	0	0.0	0	0.0	1	3.6	18	64.3	9	32.1	28
Emergency IP	0	0.0	0	0.0	1	2.1	11	23.4	35	74.5	47
Planned IP	4	1.4	2	0.7	12	4.3	93	33.7	165	59.8	276
<b>Total</b>	<b>4</b>	<b>1.1</b>	<b>2</b>	<b>0.6</b>	<b>14</b>	<b>4.0</b>	<b>122</b>	<b>34.8</b>	<b>209</b>	<b>59.5</b>	<b>351</b>

**2.5.3. General conditions of hospital wards (chi square=16.5, p=0.035)**

Type of last service utilized	Very dissatisfied		Dissatisfied		Neither satisfied, nor dissatisfied		Satisfied		Very satisfied		Total
	n	%	n	%	n	%	n	%	n	%	N
Emergency OP	0	0.0	1	3.7	4	14.8	15	55.6	7	25.9	27
Emergency IP	0	0.0	0	0.0	2	4.4	11	24.4	32	71.1	45
Planned IP	4	1.5	5	1.9	18	6.8	86	32.5	152	57.4	265
<b>Total</b>	<b>4</b>	<b>1.2</b>	<b>6</b>	<b>1.8</b>	<b>24</b>	<b>7.1</b>	<b>112</b>	<b>33.2</b>	<b>191</b>	<b>56.7</b>	<b>337</b>

**2.5.4. Cleanliness/sanitary standards/Hygienic norms of the hospital (chi square=19.6, p=0.010)**

Type of last service utilized	Very dissatisfied		Dissatisfied		Neither satisfied, nor dissatisfied		Satisfied		Very satisfied		Total
	n	%	n	%	n	%	n	%	n	%	N
Emergency OP	0	0.0	0	0.0	6	21.4	14	50.0	8	28.6	28
Emergency IP	0	0.0	0	0.0	1	2.1	13	27.7	33	70.2	47
Planned IP	4	1.5	2	0.7	18	6.7	82	30.6	162	60.4	268
<b>Total</b>	<b>4</b>	<b>1.2</b>	<b>2</b>	<b>0.6</b>	<b>25</b>	<b>7.3</b>	<b>109</b>	<b>31.8</b>	<b>203</b>	<b>59.2</b>	<b>343</b>

**2.5.5. Doctors' attitude/courtesy towards the patient (chi square=16.2, p=0.013)**

Type of last service utilized	Very dissatisfied		Dissatisfied		Neither satisfied, nor dissatisfied		Satisfied		Very satisfied		Total
	n	%	n	%	n	%	n	%	n	%	N
Emergency OP	0	0.0	0	0.0	3	10.3	13	44.8	13	44.8	29
Emergency IP	0	0.0	0	0.0	1	2.2	6	13.0	39	84.8	46
Planned IP	3	1.1	0	0.0	8	2.9	74	26.9	190	69.1	275
<b>Total</b>	<b>3</b>	<b>0.9</b>	<b>0</b>	<b>0.0</b>	<b>12</b>	<b>3.4</b>	<b>93</b>	<b>26.6</b>	<b>242</b>	<b>69.1</b>	<b>350</b>

**2.5.6. Physicians' professional qualification (chi square=26.8, p=0.001)**

Type of last service utilized	Very dissatisfied		Dissatisfied		Neither satisfied, nor dissatisfied		Satisfied		Very satisfied		Total
	n	%	n	%	n	%	n	%	n	%	N
Emergency OP	0	0.0	1	3.6	3	10.7	13	46.4	11	39.3	28
Emergency IP	0	0.0	0	0.0	2	4.4	3	6.7	40	88.9	45
Planned IP	2	0.7	2	0.7	6	2.2	80	29.0	186	67.4	276
<b>Total</b>	<b>2</b>	<b>0.6</b>	<b>3</b>	<b>0.9</b>	<b>11</b>	<b>3.2</b>	<b>96</b>	<b>27.5</b>	<b>237</b>	<b>67.9</b>	<b>349</b>

**2.5.7. Nurses' attitude/courtesy towards patients (chi square=22.9, p=0.004)**

Type of last service utilized	Very dissatisfied		Dissatisfied		Neither satisfied, nor dissatisfied		Satisfied		Very satisfied		Total
	n	%	n	%	n	%	n	%	n	%	N
Emergency OP	0	0.0	1	4.0	1	4.0	15	60.0	8	32.0	25
Emergency IP	0	0.0	0	0.0	1	2.3	6	13.6	37	84.1	44
Planned IP	3	1.1	2	0.7	13	4.8	80	29.3	175	64.1	273
<b>Total</b>	<b>3</b>	<b>0.9</b>	<b>3</b>	<b>0.9</b>	<b>15</b>	<b>4.4</b>	<b>101</b>	<b>29.5</b>	<b>220</b>	<b>64.3</b>	<b>342</b>

**2.5.8. Nurses' professional qualification (chi square=21.8, p=0.005)**

Type of last service utilized	Very dissatisfied		Dissatisfied		Neither satisfied, nor dissatisfied		Satisfied		Very satisfied		Total
	n	%	n	%	n	%	n	%	n	%	N
Emergency OP	0	0.0	0	0.0	3	12.0	13	52.0	9	36.0	25
Emergency IP	0	0.0	0	0.0	1	2.4	4	9.8	36	87.8	41
Planned IP	3	1.1	2	0.7	10	3.7	86	32.0	168	62.5	269
<b>Total</b>	<b>3</b>	<b>0.9</b>	<b>2</b>	<b>0.6</b>	<b>14</b>	<b>4.2</b>	<b>103</b>	<b>30.7</b>	<b>213</b>	<b>63.6</b>	<b>335</b>

**2.5.9. Food quality provided by the hospital (chi square=6.5, p=0.589)**

Type of last service utilized	Very dissatisfied		Dissatisfied		Neither satisfied, nor dissatisfied		Satisfied		Very satisfied		Total
	n	%	n	%	n	%	n	%	n	%	N
Emergency OP	1	5.3	0	0.0	2	10.5	10	52.6	6	31.6	19
Emergency IP	0	0.0	1	3.8	1	3.8	8	30.8	16	61.5	26
Planned IP	4	2.5	3	1.9	8	5.0	65	40.4	81	50.3	161
<b>Total</b>	<b>5</b>	<b>2.4</b>	<b>4</b>	<b>1.9</b>	<b>11</b>	<b>5.3</b>	<b>83</b>	<b>40.3</b>	<b>103</b>	<b>50.0</b>	<b>206</b>

**2.5.10. Overnight conditions for the patients caretaker (chi square=14.7, p=0.066)**

Type of last service utilized	Very dissatisfied		Dissatisfied		Neither satisfied, nor dissatisfied		Satisfied		Very satisfied		Total
	n	%	n	%	n	%	n	%	n	%	N
Emergency OP	0	0.0	1	6.7	1	6.7	9	60.0	4	26.7	15
Emergency IP	0	0.0	0	0.0	0	0.0	5	21.7	18	78.3	23
Planned IP	7	4.0	4	2.3	16	9.2	65	37.4	82	47.1	174
<b>Total</b>	<b>7</b>	<b>3.3</b>	<b>5</b>	<b>2.4</b>	<b>17</b>	<b>8.0</b>	<b>79</b>	<b>37.3</b>	<b>104</b>	<b>49.1</b>	<b>212</b>

**2.5.11. Time spent with you/your child by main physician (chi square=21.6, p=0.006)**

Type of last service utilized	Very dissatisfied		Dissatisfied		Neither satisfied, nor dissatisfied		Satisfied		Very satisfied		Total
	n	%	n	%	n	%	n	%	n	%	N
Emergency OP	0	0.0	0	0.0	1	4.5	16	72.7	5	22.7	22
Emergency IP	0	0.0	0	0.0	2	4.9	7	17.1	32	78.0	41
Planned IP	3	1.2	2	0.8	12	4.8	85	33.9	149	59.4	251
<b>Total</b>	<b>3</b>	<b>1.0</b>	<b>2</b>	<b>0.6</b>	<b>15</b>	<b>4.8</b>	<b>108</b>	<b>34.4</b>	<b>186</b>	<b>59.2</b>	<b>314</b>

**2.5.12. Duration of hospital stay (number of days) (chi square=12.2, p=0.140)**

Type of last service utilized	Very dissatisfied		Dissatisfied		Neither satisfied, nor dissatisfied		Satisfied		Very satisfied		Total
	n	%	n	%	n	%	n	%	n	%	N
Emergency OP	0	0.0	0	0.0	0	0.0	10	58.8	7	41.2	17
Emergency IP	0	0.0	0	0.0	4	11.4	6	17.1	25	71.4	35
Planned IP	1	0.4	2	0.9	12	5.3	90	40.0	120	53.3	225
<b>Total</b>	<b>1</b>	<b>0.4</b>	<b>2</b>	<b>0.7</b>	<b>16</b>	<b>5.8</b>	<b>106</b>	<b>38.3</b>	<b>152</b>	<b>54.9</b>	<b>277</b>

**2.5.13. Speed/flexibility of hospital discharge procedures (chi square=20.6, p=0.008)**

Type of last service utilized	Very dissatisfied		Dissatisfied		Neither satisfied, nor dissatisfied		Satisfied		Very satisfied		Total
	n	%	n	%	n	%	n	%	n	%	N
Emergency OP	0	0.0	0	0.0	0	0.0	17	70.8	7	29.2	24
Emergency IP	0	0.0	1	2.6	0	0.0	10	25.6	28	71.8	39
Planned IP	2	0.8	1	0.4	15	6.1	88	35.6	141	57.1	247
<b>Total</b>	<b>2</b>	<b>0.6</b>	<b>2</b>	<b>0.6</b>	<b>15</b>	<b>4.8</b>	<b>115</b>	<b>37.1</b>	<b>176</b>	<b>56.8</b>	<b>310</b>

**2.5.14. Responsiveness of hospital personnel to patients' needs/requirements (chi square = 22.5, p=0.004)**

Type of last service utilized	Very dissatisfied		Dissatisfied		Neither satisfied, nor dissatisfied		Satisfied		Very satisfied		Total
	n	%	n	%	n	%	n	%	n	%	N
Emergency OP	0	0.0	1	3.8	0	0.0	18	69.2	7	26.9	26
Emergency IP	0	0.0	0	0.0	0	0.0	8	21.6	29	78.4	37
Planned IP	2	0.8	3	1.2	12	4.9	85	35.0	141	58.0	243
<b>Total</b>	<b>2</b>	<b>0.7</b>	<b>4</b>	<b>1.3</b>	<b>12</b>	<b>3.9</b>	<b>111</b>	<b>36.3</b>	<b>177</b>	<b>57.8</b>	<b>306</b>

**2.5.15. Pediatric services (only in case of delivery) (chi square=1.2, p=0.563)**

Type of last service utilized	Very dissatisfied		Dissatisfied		Neither satisfied, nor dissatisfied		Satisfied		Very satisfied		Total
	n	%	n	%	n	%	n	%	n	%	N
Emergency OP	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Emergency IP	0	0.0	0	0.0	0	0.0	0	0.0	1	100.0	1
Planned IP	0	0.0	0	0.0	2	5.7	17	48.6	16	45.7	35
<b>Total</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>2</b>	<b>5.6</b>	<b>17</b>	<b>47.2</b>	<b>17</b>	<b>47.2</b>	<b>36</b>

**2.5.16. Attitude/courtesy of Social Service Agency's (SSA) personnel (chi square=6.8, p=0.553)**

Type of last service utilized	Very dissatisfied		Dissatisfied		Neither satisfied, nor dissatisfied		Satisfied		Very satisfied		Total
	n	%	n	%	n	%	n	%	n	%	N
Emergency OP	0	0.0	0	0.0	2	18.2	5.0	45.5	4	36.4	11
Emergency IP	2	6.3	0	0.0	0	0.0	12.0	37.5	18	56.3	32
Planned IP	7	3.1	3	1.3	17	7.6	88	39.5	108	48.4	223
<b>Total</b>	<b>9</b>	<b>3.4</b>	<b>3</b>	<b>1.1</b>	<b>19</b>	<b>7.1</b>	<b>105</b>	<b>39.5</b>	<b>130</b>	<b>48.9</b>	<b>266</b>

**2.5.17. Speed of action/responsiveness of SSA personnel (chi square=3.6, p=0.893)**

Type of last service utilized	Very dissatisfied		Dissatisfied		Neither satisfied, nor dissatisfied		Satisfied		Very satisfied		Total
	n	%	n	%	n	%	n	%	n	%	N
Emergency OP	0	0.0	0	0.0	1	8.3	7	58.3	4	33.3	12
Emergency IP	2	6.3	0	0.0	1	3.1	12	37.5	17	53.1	32
Planned IP	8	3.7	1	0.5	16	7.3	92	42.2	101	46.3	218
<b>Total</b>	<b>10</b>	<b>3.8</b>	<b>1</b>	<b>0.4</b>	<b>18</b>	<b>6.9</b>	<b>111</b>	<b>42.4</b>	<b>122</b>	<b>46.6</b>	<b>262</b>

**2.5.18. General satisfaction with received in-patient services (chi square=21.6, p=0.006)**

Type of last service utilized	Very dissatisfied		Dissatisfied		Neither satisfied, nor dissatisfied		Satisfied		Very satisfied		Total
	n	%	n	%	n	%	n	%	n	%	N
Emergency OP	0	0.0	0	0.0	0	0.0	19	73.1	7	26.9	26
Emergency IP	0	0.0	0	0.0	0	0.0	9	21.4	33	78.6	42
Planned IP	2	0.9	3	1.3	6	2.6	99	42.1	125	53.2	235
<b>Total</b>	<b>2</b>	<b>0.7</b>	<b>3</b>	<b>1.0</b>	<b>6</b>	<b>2.0</b>	<b>127</b>	<b>41.9</b>	<b>165</b>	<b>54.5</b>	<b>303</b>

**2.6. Did you have a case when you needed hospitalization and could not/didn't receive it during the last one year? (Question #17)**

Needed hospitalization and did not receive	Tbilisi		Regions		N
	n	%	n	%	
Yes	16	38,5	24	61,5	40
No	117	37,4	196	62,6	313
No answer	4	80,0	1	20,0	5
<b>Total</b>	<b>136</b>	<b>38,1</b>	<b>221</b>	<b>61,9</b>	<b>358</b>

**2.7. Why you/ your child were not able to receive the needed service? (question #18)**

Knew in advance that would be rejected by the Agency	25	62,5
Was rejected by the Agency	6	15
Waiting period was too long	1	2,5
No answer	8	20
<b>Total</b>		<b>40</b>

**2.8. Positive outcome of UHC Program according to the beneficiaries (question #19)**

The most positive aspect/achievement of the UHC Program as seen by beneficiaries	Tbilisi	Regions	Total
Financial support	77.2 (105)	78.8 (175)	78.2 (280)
Free choice of medical facilities and/or physicians	33.1 (45)	29.7 (66)	31.0 (111)
Availability of medical services	25.0 (34)	31.5 (70)	29.1 (104)
Health care became a priority	18.4 (25)	21.3 (47)	20.2 (72)
<b>Total</b>	<b>136</b>	<b>222</b>	<b>358</b>

**2.9. Areas to consider for further improvement within the UHC Program as recommended by the beneficiaries (question #20)**

Areas for improvement	Tbilisi	Regions	Total
More information about the services/procedures	30.9 (42)	28.4 (63)	29.3 (105)
Improve service coverage	38.7 (53)	39.4 (87)	39.1 (140)
Include pharmaceutical benefit in the package design	61.8 (84)	59.3 (131)	60.2 (215)
Simplify procedures	27.9 (38)	25.3 (56)	26.3 (94)
<b>Total (N)</b>	<b>137</b>	<b>221</b>	<b>358</b>

**2.10. Did the UHC Program improve/worsen population's access to health care services (question #21)**

Location	Significantly Improved	Somehow improved	Remained the same	Worsened	No answer	N
Tbilisi	54.0%	32.8%	9.5%	1.5%	2.2%	137
Regions	64.3%	26.2%	6.8%	0.5%	2.3%	221
<b>Total</b>	<b>60.3%</b>	<b>28.8%</b>	<b>7.8%</b>	<b>0.8%</b>	<b>2.2%</b>	<b>358</b>



## Annex 2: Focus-group Discussion Guides

### Topic Guide for FGD with the UHC Program Providers

1. How often do you provide services to the UHC Program beneficiaries?
2. What are the main problems that you face in serving the UHC Program beneficiaries?
3. Do you think they refer to your facility more frequently compared to 1 year ago? If yes, why? If no, why?
4. Do the UHC Program beneficiaries have any barriers to receiving needed medical services? What are these problems? (Probe for problems having with providers, beneficiaries themselves, agency etc.)
5. Are you regularly reimbursed by the agency with which you have contacted or are there any delays? If there are delays, why?
6. Are you sufficiently motivated to provide services to the UHC Program beneficiaries? If yes, what is your motivation? If no, what would be your suggestions in this regard?
7. What problems do you see in successful implementation of the UHC Program?
8. What problems do you see in management of the UHC Program?
9. How would you assess the UHC Program in general? Is it successful so far? If yes, why? If no, why?
10. What would be your recommendations about the UHC Program further improvement in order to better address the needs of population?

### Topic Guide for FGD with the UHC Program Beneficiaries

1. Do you know what services can you get for free as an UHC Program beneficiary? If yes, how did you obtain the information?
2. Do you know where you can get free medical services? If yes, how did you obtain the information?
3. Do you have any barriers to receiving needed medical services? What are these problems? (Probe for problems having with agency, medical facilities, providers etc.)
4. Were you ever refused to render medical services you were eligible for? If yes, why?
5. Do you know whom to refer in case of any problems related to receiving the needed healthcare services? If yes, how did you obtain this information?
6. Which uncovered services do you wish to be covered by the UHC Program?
7. Do you feel your involvement in the UHC Program improved your physical and financial access to the medical services you need? If yes, how? If not, why?

8. Do you think you benefited from being involved in the UHC Program? If yes, how? If not, why?
9. Do you use medical services now more frequently compared to 1 year ago? If yes, why?
10. What would be your recommendations about the UHC Program further improvement in order to better address the needs of population?