



# Health Workers' VOICES: A Tool to Measure Governance Outcomes in Sexual, Reproductive & Maternal Health Programs

# TOOL





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Recommended citation for any reference:

CARE USA. (2014). *Health Workers' Voices in Open, Inclusive Communities and Effective Spaces (Health Worker VOICES): A tool to measure governance outcomes in sexual, reproductive and maternal health programs*. Atlanta, GA: Author.

## Health Workers' Voices in Open, Inclusive Communities and Effective Spaces (VOICES):

*A Tool to Measure Governance Outcomes in Sexual, Reproductive and Maternal Health Programs<sup>1</sup>*

**Overview/Background:** There is growing popularity, and promise, for social accountability approaches as a means to accelerate progress for maternal and newborn health,<sup>2</sup> yet there is limited and mixed evidence of the effectiveness of such approaches in improving health services and outcomes.<sup>3</sup> Further, very few studies demonstrate the links with broader governance and empowerment goals,<sup>4</sup> elements which are critical to sustainable and equitable development. To contribute to filling this gap, CARE developed two survey tools **Women's VOICES** and **Health Workers' VOICES** – to evaluate the impact of one social accountability approach, the Community Score Card (CSC)®<sup>5</sup>, on governance processes and health service delivery outcomes in Malawi.<sup>6</sup> As global research on social accountability in health continues to expand, we hope these measures will be of use to others attempting to evaluate program effectiveness.

Underpinning these tools is CARE's Community Score Card Theory of Change, which is informed by CARE International's Governance Programming Framework,<sup>7</sup> and hypothesizes that the CSC cultivates 1) empowered women and community members, 2) empowered health workers, and 3) expanded, inclusive, and effective negotiated spaces. These domains interact and influence each other, resulting in improved health behaviors, increased utilization of and satisfaction with services, and a responsive, effective, accountable health system. The ultimate result is reduced maternal and neonatal mortality.

**Health Workers' VOICES** is designed for use with a wide range of health workers and consists of 24 scales that measure changes in a) health worker empowerment and b) negotiated spaces expanded, inclusive and effective.

**Tool Development:** To develop measures for the **Health Workers Empowered domain** we adapted several of the scales from the Women and Community Members Empowered domain to measure similar constructs relevant to health workers, including self-efficacy; social cohesion and collective efficacy; perception of service quality and service efficacy; and knowledge and awareness of rights. Given that motivation is critical to health worker performance, as well as a high-quality, well-functioning health system<sup>8</sup> this domain includes scales that measure health worker motivation, such as perception of supervisor support and appreciation, and work attachment and satisfaction.<sup>9</sup>

The measures in the **Negotiated Spaces Expanded, Inclusive and Effective domain** were informed by the Governance Programming Framework, which calls for collaborative and equal engagement between power holders and citizens; transparent, equitable and high quality negotiation spaces; all parties believe that working together is the best way to achieve impact; and power-holders that are responsive and accountable. The scales developed to measure these characteristics include level of citizen and health worker participation in negotiated spaces, collective efficacy and mutual responsibility, joint monitoring and accountability, participation in collective action, and items to measure the transparency, equity and quality of negotiated spaces.

**Evaluation:** We examined the psychometric properties of the measures in each of these domains using baseline data from a cluster randomized trial of the Community Score Card in Malawi, with 10 matched pairs of health facilities and surrounding catchment areas; one of each pair was randomly assigned to either the intervention or the comparison arm. The Health Workers' VOICES measures were field tested through interviews with 279 health workers, including doctors, clinical and medical officers, nurses, midwives, patient attendants, and community health workers. Data from field tests were analyzed using exploratory factor analysis and reliability analysis, and then further refined.

<sup>1</sup> Seberty Kuhlmann, A., et. al. Women's and Health Workers' VOICES: Measuring Governance Outcomes in Reproductive and Maternal Health Programmes. *Development Policy Review*. In press, 2016.

<sup>2</sup> iERG, 2013; United Nations Secretary-General BanKi-moon (2010) 'Global Strategy for Women's and Children's Health', New York: United Nations.

<sup>3</sup> Boydell et al 2014; Fox, 2014; Gaventa and McGee, 2013; Joshi, 2013.

<sup>4</sup> Gaventa & McGee, 2013; Joshi, 2013.

<sup>5</sup> To learn more about CARE's Community Score Card visit: <http://familyplanning.care2share.wikispaces.net/The+Community+Score+Card>

<sup>6</sup> To learn more about the Community Score Card project in Malawi visit: <http://familyplanning.care2share.wikispaces.net/Maternal+Health+Project>

<sup>7</sup> CARE. (2011). "Towards Better Governance: Monitoring and Evaluation of Governance Programmes Guidance Note." *Monitoring and Evaluation of Governance Work*. CARE International UK.

<sup>8</sup> Mutale et. al, 2013; Franco et.al, 2004; Dieleman et. al, 2003

<sup>9</sup> Scales were adapted from a survey developed by Georgia Institute for Technology for CARE, which was based upon health worker motivation literature.

## Health Workers' VOICES: A Tool to Measure Governance Outcomes in Sexual, Reproductive and Maternal Health Programs

Domain	Scales	# of Items	Alpha	Mean	SD	Range
<b>Women and Community Members Empowered</b>	<i>Knowledge &amp; Awareness of Rights</i>					
	<i>Rejection of Intimate Partner Violence*</i>					
	<i>Belief in Women's Right to Refuse Sex</i>					
	<i>Women's Participation in Household Decision-Making</i>					
	<i>a. Healthcare Decision-making</i>					
	<i>b. Abbreviated Household Decision-making</i>					
	<i>Self-efficacy for Participation at Community Meetings</i>					
	<i>a. Self-efficacy to Attend Community Meetings</i>					
	<i>b. Self-efficacy to Speak out at Community Meetings</i>					
	<i>Self-efficacy for Service Utilization</i>					
	<i>Outcome Expectations for Participation</i>					
	<i>Outcome Expectations for Service Utilization*</i>					
	<i>Perception of Service Quality*</i>					
	<i>Collective Efficacy (Community Members Alone)</i>					
	<i>Social Cohesion</i>					
	<i>Community Support in Times of Crisis</i>					
	<i>Participation in Community Groups</i>					
<i>Help from Community Groups</i>						
<i>Participation in Collective Action (Community Members Alone)</i>						
<b>Negotiated Space Expanded, Inclusive &amp; Effective</b>	Mutual Responsibility for and Support of Services	11	<b>α.73</b>	1.19	.20	0-2
	Collective Efficacy (Health Workers and Community Members)	1	--	4.84	.41	1-5
	Participation in Negotiated Spaces* <sup>2</sup>	8	--	1.14	1.55	0-8
	Participation in Health Committee* <sup>2</sup>	2	--	1.37	.78	0-2
	Participation in Collective Action (Health Workers and Community Members) <sup>2</sup>	1	--	1.30	.46	1-2
	Joint Monitoring and Accountability of Services	2	N/A	N/A	N/A	N/A
	Transparency (of negotiated spaces)	2	N/A	N/A	N/A	N/A
	Equity (of negotiated spaces)	3	N/A	N/A	N/A	N/A
	Quality (of negotiated spaces)	3	N/A	N/A	N/A	N/A
<b>Health Workers Empowered</b>	Knowledge & Awareness of Rights <sup>3</sup>	10	<b>α.59</b>	3.95	.39	1-5
	Self-efficacy for Participation	3	<b>α.83</b>	4.74	.49	1-5
	Outcome Expectations for Participation	6	<b>α.65</b>	4.05	.54	1-5
	Self-efficacy for Delivering Quality Services	2	<b>α.62</b>	4.78	.43	1-5
	Perception of MNCH Service Efficacy	7	<b>α.89</b>	4.65	.41	1-5
	Perception of Service Quality <sup>4</sup>	15	<b>α.84</b>	4.21	.43	1-5
	a. Recommendation of Services	1	--	3.20	1.50	1-5



	Collective Efficacy (Health Workers Alone) <sup>1</sup>	1	--	4.85	.41	1-5
	Social Cohesion <sup>1</sup>	11	<b>α.76</b>	4.14	.45	1-5
	Perception of Supervision*	3	--	13.14	1.5	3-15
	Perception of Supervisor Appreciation	4	<b>α.63</b>	4.13	.67	1-5
	Work Attachment & Satisfaction	9	<b>α.70</b>	3.80	.54	1-5
	a. Turnover Intention	1	--	2.91	1.37	1-5
	b. Compensation Consistency	1	--	2.45	1.30	1-5
	Attitudes Towards Patients	9	<b>α.32</b>	3.47	.35	1-5
*Indices, no alpha reliability reported						

### Scale Items Adapted From:

- <sup>1</sup> CARE USA. (2014). *Women's Empowerment – Multidimensional Evaluation of Agency, Social Capital & Relations (WE-MEASR): A tool to measure women's empowerment in sexual, reproductive and maternal health programs*. Atlanta, GA: Author.
- <sup>2</sup> DeSilva, M.J., Harpham, T., Tuan, T., Bartolini, R., et al. (2006). Psychometric and cognitive validation of a social capital measurement tool in Peru and Vietnam. *Social Science and Medicine*, 62 (4), 941-953.
- <sup>3</sup> Developed by CARE based on the Malawi Charter on Patients' and Health Service Providers' Rights and Responsibilities
- <sup>4</sup> Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. National Academy of Sciences, 2001. Web.

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**DOMAIN:  
NEGOTIATED SPACE  
EXPANDED, INCLUSIVE AND EFFECTIVE**

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## Mutual Responsibility

Purpose: To measure if respondent believes that working together is the best way to achieve impact - improved access, utilization and provision of quality health services.

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### Mutual Responsibility for and Support of Services

*(Interviewer:) Now, I'm going to ask about who you think is most likely to have an impact on several issues. For each question, think about whether community members alone; health providers and district government officials together, community members together with health providers and district government officials; higher level government and institutions (like the national government); or no group is likely to have much of an impact.*

- 1. Who is most likely to have an impact on increasing the availability of health services in this community?*
- 2. Who is most likely to have an impact on improving working conditions for health workers like yourself?*
- 3. Who is most likely to have an impact on reducing wait times at the health facility?*
- 4. Who is most likely to have an impact on increasing the availability of equipment and supplies (like test kits)?*
- 5. Who is most likely to have an impact on increasing funding for improvements in health services?*
- 6. Who is most likely to have an impact on making sure that pregnant women in the community have transportation to the hospital during emergencies?*
- 7. Who is most likely to have an impact on making sure staff at the health facility are friendly and treat women well?*
- 8. Who is most likely to have an impact on making sure health workers keep patients' information private?*
- 9. Who is most likely to have an impact on making sure the poorest and most vulnerable women and children in the community receive care?*
- 10. Who is most likely to have an impact on increasing the availability of skilled birth attendants at the health facility?*
- 11. Who is most likely to have an impact on increasing the number of women who go to the health facility to deliver their babies?*

Item response options: Community members alone; Health Providers And District Government Officials, Community Members Together with Health Providers and District Government Officials; Higher Level Government Officials and Institutions (like the national government); or No Group is Likely to have an Impact.

Items were scored as follows:

- Community Members Together with Health Providers and District Government Officials = 2
- Community members alone, Health Providers And District Government Officials, or Higher Level Government Officials and Institutions (like the national government) = 1
- No Group is Likely to have an Impact = 0

The scale was constructed by summing the item scores and dividing by the number of items. The scale score range is 0-2, and a higher scale score indicates higher level of mutual responsibility.

# of Items	Alpha	Mean	SD	Range
11	$\alpha.73$	1.19	.20	0-2

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## Collective Efficacy

Purpose: To measure respondents' confidence that if a group acts together, they can effect change.

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### Collective Efficacy (Health Workers AND Community Members)

*(Interviewer:) Ok, now I am going to ask some questions about how health workers in this area work together.*

- 1. How sure are you that health workers in this area/health facility AND community members can work together to improve health services for women & children?*

Item response options: 5-point Likert scale, where Completely Sure = 5, Somewhat Sure = 4, Neither Sure/Unsure = 3, Somewhat Unsure = 2, and Not at all Sure = 1

# of Items	Alpha	Mean	SD	Range
1	--	4.84	.41	1-5



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## Social Participation and Collective Action

Purpose: To measure if citizens have greater capacities to articulate their aspirations and needs, to voice and negotiate their demands for change and to get organised for collective actions within existing groups or spaces in a community, as well as if citizens receive support/help from those groups.

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(Interviewer:) Now, I would like to ask you a few questions about activities at the health facility and surrounding communities.

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### Participation in Negotiated Spaces

(Interviewer:) Do you belong to any of the following groups? (READ EACH ITEM AND PAUSE AFTER EACH ONE)

- A. Village Health Committee
- B. Village AIDS Committee
- C. Village Action Committee
- D. Village Development Committee
- E. Area Development Committee
- F. Area Executive Committee
- G. Maternal and Newborn Health (MNH) Committee
- H. Any others?

Item response options: Yes, No or Doesn't exist, where Yes = 1, No = 2, Doesn't exist = 7

The index was constructed by summing all of the 1 = Yes item responses. Index score range is 0-8 and a higher index score indicates a higher level of participation of health workers in existing negotiated spaces.

# of Items	Alpha	Mean	SD	Range
8	--	1.14	1.55	0-8

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### Participation in Health Committee

(Interviewer:)

1. In the past 6 months, have you met with the Village Health Committee to discuss and work on health issues?
2. In the past 6 months, have you met with the Health Center Committee to discuss and work on health issues?

Item response options: Yes or No, where Yes = 1, and No = 0

The index was constructed by summing all of the 1 = Yes item responses. Index score range is 0-2 and a higher index score indicates a higher level of participation of health workers in health committees.

# of Items	Alpha	Mean	SD	Range
2	--	1.37	.78	0-2

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### Participation in Collective Action (Health Workers AND Community Members)

(Interviewer:) Now, I would like to ask you some questions about the interaction between health providers in this catchment area and community members.

1. In the past 6 months, have you and other health providers in this health catchment area worked together with community members to improve health services?

Item response options: Yes or No, where Yes = 1, and No = 2

# of Items	Alpha	Mean	SD	Range
1	--	1.30	.46	1-2

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### Joint Monitoring and Accountability of Services

(Interviewer:) Now, I would like to ask more about these meetings. In the past 6 months, have there been meetings between the community, health providers, and district government authorities during which...

1. Problems or other issues with health services were discussed?
2. Plans for improving health services were made?

Item response options: Yes = 1, No = 2, Don't Know = 8

**No results available at this time.**

### References

All 'Participation in...' items were adapted from:

DeSilva, M.J., Harpham, T., Tuan, T., Bartolini, R., et al. (2006). Psychometric and cognitive validation of a social capital measurement tool in Peru and Vietnam. *Social Science and Medicine*, 62 (4), 941-953.

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## Transparency, Equity and Quality of Negotiated Spaces

Purpose: In order to ensure negotiated spaces are expanded and inclusive, as well as conducive to effective negotiations between power holders, health workers and the community, spaces must be transparent, equitable and of high quality. These items are possible measures of these concepts.

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*(Interviewer:) Now, I would like to ask you some questions about the interaction between health providers in this catchment area and community members.*

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### Transparency (of negotiated spaces)

*(Interviewer:) Now, I would like to ask more about this work between health providers and community members. In the past 6 months, have there been meetings between the community, health providers, and district government authorities during which...*

- 1. Information about health services was shared?*
- 2. Community members voiced their concerns about health services?*

Item response options: Yes = 1, No = 2, Don't Know = 8

**No results available at this time.**

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### Equity (of negotiated spaces)

*(Interviewer:)*

- 1. Now, I would like to ask more about this work between health providers and community members. In the past 6 months, have there been meetings between the community, health providers, and district government authorities during which health issues of concern to the most vulnerable and marginalized groups were discussed?*
- 2. Did at least half of the community attend these meetings?*
- 3. Were at least half of those from the community who attended these meetings women and girls?*

Item response options: Yes = 1, No = 2, Don't Know = 8

**No results available at this time.**

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### Quality (of negotiated spaces)

*(Interviewer:) In the past 6 months have meetings between health workers, officials and the community been...*

- 1. Well run?*
- 2. Inclusive of broad participation from the community?*
- 3. Focused on important issues?*

Item response options: Yes = 1, No = 2, Don't Know = 8

**No results available at this time.**

**DOMAIN:  
HEALTH WORKERS  
EMPOWERED**

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## Knowledge and Awareness of Rights

Purpose: This scale measures health workers' awareness of their duties to ensuring patients' rights to appropriate, respectful, adequate and confidential care are upheld; as well as awareness of their own rights to supplies, equipment, respect, and a safe and conducive environment to carry-out their work.

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### Knowledge and Awareness of Rights

(Interviewer:) Now, I would like to ask you some questions about health care services in your community. For each of the following statements, please let me know whether you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree.

1. Women have the right to get family planning services without their husband's permission.
2. Patients must accept a treatment if the health worker tells them they need it.\*
3. Adolescents **do not** have the right to obtain family planning services.\*
4. Patients have a right to complain about the quality of health services they receive.
5. As a health care provider, I have a right to have the equipment and supplies I need to do my job.
6. As a health care provider, I can't really expect to have clear working hours and rest periods.\*
7. As a health care provider, I have a right to file a complaint if I feel I am not being treated with respect by my employer.
8. As a health care provider, I have a right yell at a woman if she does not listen to me.\*
9. The government of Malawi ensures that maternal and child health services are provided free of charge.
10. Community health workers (i.e. HSAs) should visit pregnant women and new mothers/babies at home.

Item response options:

- 5-point Likert scale, where Strongly Agree = 5, Agree = 4, Neither Agree Nor Disagree = 3, Disagree = 2, and Strongly Disagree = 1
- Items with \* were reverse coded, where Strongly Agree = 1, Agree = 2, Neither Agree Nor Disagree = 3, Disagree = 4, and Strongly Disagree = 5

The scale was constructed by summing the item scores and dividing by the number of items. The scale score range is 1-5, and a higher scale score indicates a higher level of knowledge and awareness of rights.

# of Items	Alpha	Mean	SD	Range
10	$\alpha.59$	3.95	.39	1-5

### References

All items were developed by CARE USA SRMH Team based on the Malawi Charter on Patients' and Health Service Providers' Rights and Responsibilities.



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## Self-efficacy

Purpose: Questions about self-efficacy measure confidence in performing a specific behavior under various conditions (personal, physical, social and environmental). These scales ask health workers about their self-efficacy to carry-out certain actions in order to improve their own performance as well as the quality of health services in the community and/or in one's own health facility.

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*(Interviewer:) Now, I am going to ask you some questions about how confident you feel in your own ability to do certain things. For each of the following statements I would like you to tell me whether you are completely sure you could do it, somewhat sure you could do it, neither sure or unsure you could do it, somewhat unsure you could do it, not at all sure you could do it.*

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### Self-efficacy for Participation

*(Interviewer:)*

- 1. How sure are you that you can speak up in community or health facility meetings about things that need improvement in your health facility or catchment area?*
- 2. How sure are you that you can ask people in the community what health services their community needs?*
- 3. How sure are you that you can answer questions and share information with the community about the health services that are available?*

Item response options: 5-point Likert scale, where Completely Sure = 5, Somewhat Sure = 4, Neither Sure/Unsure = 3, Somewhat Unsure = 2, and Not at all Sure = 1

The scale was constructed by summing the item scores and dividing by the number of items. The scale score range is 1-5, and a higher scale score indicates higher self-efficacy for participation.

# of Items	Alpha	Mean	SD	Range
3	<b>α.83</b>	4.74	.49	1-5

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### Self-efficacy for Delivering Quality Services

*(Interviewer:)*

- 1. How sure are you that you can do things to improve your own performance at work?*
- 2. How sure are you that you personally can do things to contribute to improving the quality of services in your health facility or catchment area?*

Item response options: 5-point Likert scale, where Completely Sure = 5, Somewhat Sure = 4, Neither Sure/Unsure = 3, Somewhat Unsure = 2, and Not at all Sure = 1

The scale was constructed by summing the item scores and dividing by the number of items. The scale score range is 1-5, and a higher scale score indicates higher self-efficacy to go to the health facility.

# of Items	Alpha	Mean	SD	Range
2	<b>α.62</b>	4.78	.43	1-5

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## Outcome Expectations for Participation

Purpose: To measure the degree to which the respondent expects a positive outcome from taking a particular action or engaging in a particular activity or behaviour. The questions in this scale primarily pertain to quality improvement activities.

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### Outcome Expectations for Participation

*(Interviewer:) Now, I would like to ask you a few more questions about the interaction between community members and health providers in this area. Please remember that everything you tell me will be kept private. For each of the following statements, please let me know whether you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.*

- 1. It is important for health officials to share information with the community on services available, funding, and plans.*
- 2. I do **not** have enough time to participate in community meetings.\**
- 3. Quality improvement efforts at work do **not** usually succeed.\**
- 4. I would **not** feel comfortable having my work monitored by members of the community.\**
- 5. I feel good when I am able to respond to community concerns about health services in this area.*
- 6. If the community is involved in quality improvement efforts, these efforts are more likely to be successful.*

Item response options:

- 5-point Likert scale, where Strongly Agree = 5, Agree = 4, Neither Agree Nor Disagree = 3, Disagree = 2, and Strongly Disagree = 1
- Items with \* were reverse coded, where Strongly Agree = 1, Agree = 2, Neither Agree Nor Disagree = 3, Disagree = 4, and Strongly Disagree = 5

The scale was constructed by summing the item scores and dividing by the number of items. The scale score range is 1-5, and a higher scale score indicates higher outcome expectations for participation.

# of Items	Alpha	Mean	SD	Range
6	<b>α.65</b>	4.05	.54	1-5

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## Perception of MNCH Service Efficacy

Purpose: To measure respondent's understanding of (and perception of the effectiveness of???) minimal MNCH services required for a healthy mothers and children.

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### Perception of MNCH Service Efficacy

(Interviewer:) Now, I would like to ask you a few questions about the health services provided in this area. For each of the following statements, please let me know whether you strongly agree, agree, neither agree nor disagree (no opinion), disagree, or strongly disagree.

1. Getting a health check during pregnancy is important for a healthy pregnancy.
2. Delivering a baby at home is just as safe as delivering a baby at a health facility. \*
3. Exclusive breastfeeding for the first 6 months of life (no water or other liquids) is the best thing for a baby's health.
4. It is important for a women and her baby to get checked within 1 week of delivery.
5. All pregnant women should get tested for HIV so they can prevent infection of their babies.
6. It is important for women to understand danger signs during pregnancy so that they can seek care immediately.
7. It is important for pregnant women to think about what method of contraception they want to use after the baby is born.

Item response options:

- 5-point Likert scale, where Strongly Agree = 5, Agree = 4, Neither Agree Nor Disagree = 3, Disagree = 2, and Strongly Disagree = 1
- Items with \* were reverse coded, where Strongly Agree = 1, Agree = 2, Neither Agree Nor Disagree = 3, Disagree = 4, and Strongly Disagree = 5

The scale was constructed by summing the item scores and dividing by the number of items. The scale score range is 1-5, and a higher scale score indicates higher perceived efficacy of MNCH interventions.

# of Items	Alpha	Mean	SD	Range
7	<b><math>\alpha</math>.89</b>	4.65	.41	1-5

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## Perception of Service Quality

Purpose: These questions aim to measure aspects of service quality, including equity, effectiveness, and patient-centred, from the perspective of health workers.

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(Interviewer:) Now I would like to ask you some questions about the health services in your community. For each of the statements below, please let me know whether you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.

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### Perception of Service Quality

1. At this health facility [NAME], men are welcome to accompany their wives during pregnancy and delivery care.
2. At this health facility [NAME], a family member or friend is welcome to accompany a woman during delivery.
3. At this health facility [NAME], patients expect to wait a long time for services.\*
4. At this health facility [NAME], women are left unattended for long periods during labour and delivery.\*
5. At this health facility [NAME], patients' private information is kept safe and not shared with others.
6. At this health facility [NAME], health workers treat patients with respect.
7. At this health facility [NAME], adolescents feel comfortable asking for family planning services.
8. At this health facility [NAME], the health facility is clean.
9. At this health facility [NAME], health facility staff are present and available during official working hours.
10. At this health facility [NAME], patients expect to get high quality health services.
11. At this health facility [NAME], health workers sometimes yell at pregnant women for coming to the health facility for delivery too late.\*
12. At this health facility [NAME], there are frequent stock outs of needed drugs and supplies.\*
13. At this health facility [NAME], staff members do not feel comfortable speaking up if they see a problem with care provided.\*
14. At this health facility [NAME], skilled staff members are available to provide delivery care 24 hours a day, 7 days a week.
15. I would feel comfortable with the quality of care as a patient at this facility.

Item response options:

- 5-point Likert scale, where Strongly Agree = 5, Agree = 4, Neither Agree Nor Disagree = 3, Disagree = 2, and Strongly Disagree = 1
- Items with \* were reverse coded, where Strongly Agree = 1, Agree = 2, Neither Agree Nor Disagree = 3, Disagree = 4, and Strongly Disagree = 5

The scale was constructed by summing the item scores and dividing by the number of items. The scale score range is 1-5, and a higher scale score indicates higher perceptions of service quality.

# of Items	Alpha	Mean	SD	Range
15	$\alpha.84$	4.21	.43	1-5

- a. A single-item **Recommendation of Services** question also corresponds with this scale

1. I would **not** recommend that my friend or relative come to this health facility [NAME] to deliver a baby.\*

Item was reverse coded. Item response options: 5-point Likert scale, where Strongly Agree = 1, Agree = 2, Neither Agree Nor Disagree = 3, Disagree = 4, and Strongly Disagree = 5

# of Items	Alpha	Mean	SD	Range
1	--	3.20	1.5	1-5

## References

Adapted from:

All items were developed by CARE USA SRMH Team based on the Institute of Medicine's definition of quality

Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. National Academy of Sciences, 2001. Web.



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## Collective Efficacy

Purpose: These items measures respondents' confidence that if a group acts together, they can effect change.

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### Collective Efficacy (Health Workers Alone)

(Interviewer:) *Ok, now I am going to ask some questions about how health workers in this area work together.*

1. *How sure are you that health workers in this area/health facility can work together to improve health services for women & children?*

Item response options: 5-point Likert scale, where Completely Sure = 5, Somewhat Sure = 4, Neither Sure/Unsure = 3, Somewhat Unsure = 2, and Not at all Sure = 1

# of Items	Alpha	Mean	SD	Range
1	--	4.85	.41	1-5

### References

Adapted from:

CARE USA. (2014). *Women's Empowerment – Multidimensional Evaluation of Agency, Social Capital & Relations (WE-MEASR): A tool to measure women's empowerment in sexual, reproductive and maternal health programs*. Atlanta, GA: Author.

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## Social Capital

Purpose: The social cohesion scale measures perceptions of mutual aid, trust, connectedness and social support. These items thus incorporate not only cognitive social capital domains but also a major dimension of structural social capital (social support).

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### Social Cohesion

(Interviewer:) Now, I am going to ask you some questions about your relationship with your co-workers. Please remember that everything you tell me stays private. For each of the following statements, please let me know whether you strongly agree, agree, neither agree nor disagree (no opinion), disagree, or strongly disagree.

1. I cannot rely on the people I work with to give me advice.\*
2. I can rely on the people I work with to help me out with a difficult patient.
3. Oftentimes there is conflict among the people I work with.\*
4. I enjoy the people I work with.
5. In general, the people I work with only worry about themselves.\*
6. I can rely on the people I work with to stand up for me if I point out a problem at work.
7. I can rely on the people I work with to support me when I try to improve my performance at work.
8. I can trust the majority of people I work with
9. In general, the people I work with get along well.
10. The people I work with will resent me if I try to do things to improve the quality of care in this area/facility.\*
11. The people I work with treat me with respect.

Item response options:

- 5-point Likert scale, where Strongly Agree = 5, Agree = 4, Neither Agree Nor Disagree = 3, Disagree = 2, and Strongly Disagree = 1
- Items with \* were reverse coded, where Strongly Agree = 1, Agree = 2, Neither Agree Nor Disagree = 3, Disagree = 4, and Strongly Disagree = 5

The scale was constructed by summing the item scores and dividing by the number of items. The scale score range is 1-5, and a higher scale score indicates higher social cohesion.

# of Items	Alpha	Mean	SD	Range
11	$\alpha.76$	4.14	.45	1-5

### References

Adapted from:

CARE USA. (2014). *Women's Empowerment – Multidimensional Evaluation of Agency, Social Capital & Relations (WE-MEASR): A tool to measure women's empowerment in sexual, reproductive and maternal health programs*. Atlanta, GA: Author.

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## Perception of Supervisor Support

Purpose: To measure respondent's perception of supervisor support and appreciation - components which are critical to health worker motivation, retention and improved performance, and thus improved service quality.

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### Perception of Supervision

(Interviewer:) Now, I would like to ask you a few questions about your work situation. Please remember that everything you tell me will be kept private.

1. How often do you meet with you supervisor?
2. How often do you review & discuss your work with your supervisor?
3. How often do you report on your work to your supervisor?

Item response options: Weekly, Monthly, Quarterly, Annually, Never; where Weekly = 5, Monthly = 4, Quarterly = 3, Annually = 2 and Never = 1.

This index was constructed by summing the item scores. The score range is 3-15, and a higher score indicates higher perception of supervision support.

# of Items	Alpha	Mean	SD	Range
3	--	13.14	1.50	3-15

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### Perception of Supervisor Appreciation

(Interviewer:) Now, I would like to ask you a few questions about your relationship with your supervisor. Again, please remember that everything you tell me will be kept confidential. For each statement, please let me know whether you strongly agree, agree, neither agree nor disagree (no opinion), disagree, or strongly disagree.

1. My supervisor appreciates my efforts to do a good job.
2. My supervisor does **not** take my recommendations for improvements at work seriously.\*
3. My supervisor does his/her best to make sure I have everything I need to be successful at my job.
4. My supervisor encourages me to work on things that will improve the quality of care in our area.

Item response options:

- 5-point Likert scale, where Strongly Agree = 5, Agree = 4, Neither Agree Nor Disagree = 3, Disagree = 2, and Strongly Disagree = 1
- Items with \* were reverse coded, where Strongly Agree = 1, Agree = 2, Neither Agree Nor Disagree = 3, Disagree = 4, and Strongly Disagree = 5

The scale was constructed by summing the item scores and dividing by the number of items. The scale score range is 1-5, and a higher scale score indicates higher perception of supervisor appreciation for work.

# of Items	Alpha	Mean	SD	Range
4	<b>α.63</b>	4.13	.67	1-5

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## Work Attachment and Satisfaction

Purpose: To measure respondent's work attachment and satisfaction - components which are critical to health worker motivation, retention and improved performance, and thus improved service quality.

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(Interviewer:) Now, I am going to ask you some questions about your relationship to your job. Again, everything that you tell me stays private. For each of the following statements, please let me know whether you strongly agree, agree, neither agree nor disagree (no opinion), disagree, or strongly disagree.

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### Work Attachment and Satisfaction

(Interviewer:)

1. My family is proud of the work I do.
2. This work takes away too much time from my family.\*
3. I really like my job.
4. I do **not** have the equipment and materials to do my job well.\*
5. I do **not** have as much control over my work as I would like to have.\*
6. I have access to all the information that I need to do my job well.
7. I have regular access to someone I can go to for help when I need it to do my job well.
8. I am recognized for my good performance with awards or other compensation.
9. If I complain about my working conditions, I might lose my job.\*

Item response options:

- 5-point Likert scale, where Strongly Agree = 5, Agree = 4, Neither Agree Nor Disagree = 3, Disagree = 2, and Strongly Disagree = 1
- Items with \* were reverse coded, where Strongly Agree = 1, Agree = 2, Neither Agree Nor Disagree = 3, Disagree = 4, and Strongly Disagree = 5

The scale was constructed by summing the item scores and dividing by the number of items. The scale score range is 1-5, and a higher scale score indicates higher work attachment and satisfaction.

# of Items	Alpha	Mean	SD	Range
9	<b><math>\alpha</math>.70</b>	3.80	.54	1-5

- a. A single-item **Turnover Intention** question corresponds with this scale

(Interviewer:)

1. I would do something else if I thought I could get another job.\*

Item was reverse coded. Item response options: 5-point Likert scale, where Strongly Agree = 1, Agree = 2, Neither Agree Nor Disagree = 3, Disagree = 4, and Strongly Disagree = 5

# of Items	Alpha	Mean	SD	Range
1	--	2.91	1.37	1-5

b. A single-item **Compensation Consistency** question corresponds with this scale

*(Interviewer:)*

1. *I receive regular and reliable payment for my work.*

Item response options: 5-point Likert scale, where Strongly Agree = 5, Agree = 4, Neither Agree Nor Disagree = 3, Disagree = 2, and Strongly Disagree = 1

# of Items	Alpha	Mean	SD	Range
1	--	2.45	1.30	1-5



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## Attitudes Towards Patients

Purpose: To measure respondent's understanding of obligations to meet patients' needs, as well as their strengthened capacity demonstrate greater accountability towards and be responsive to their patients.

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### Attitudes Towards Patients

(Interviewer:) Now, I am going to ask you some questions about patients in general and the communities in this area. Everything that you tell me will be kept private. For each of the following statements, please let me know whether you strongly agree, agree, neither agree nor disagree (no opinion), disagree, or strongly disagree.

1. My patients really appreciate my help.
2. I should **not** have to provide reproductive health services to unmarried women and girls.\*
3. People in the community do not appreciate my efforts to provide services in the community.\*
4. Patients should expect everything they say to me to be kept private.
5. I get frustrated when a woman in this community chooses to deliver her baby at home.\*
6. Men in this community want to support their wives when they are pregnant.
7. People in the community are willing to do whatever they can to improve the health of the women and children here.
8. Health workers know what service the community needs most.\*
9. Patients are often to blame for their poor health outcomes.\*

Item response options:

- 5-point Likert scale, where Strongly Agree = 5, Agree = 4, Neither Agree Nor Disagree = 3, Disagree = 2, and Strongly Disagree = 1
- Items with \* were reverse coded, where Strongly Agree = 1, Agree = 2, Neither Agree Nor Disagree = 3, Disagree = 4, and Strongly Disagree = 5

The scale was constructed by summing the item scores and dividing by the number of items. The scale score range is 1-5, and a higher scale score indicates more positive attitudes towards patients.

# of Items	Alpha	Mean	SD	Range
9	<b><math>\alpha</math>.32</b>	3.47	.35	1-5





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