ASSESSMENT OF QUALITY OF FAMILY PLANNING SERVICE, BAHAR-DAR SPECIAL ZONE, AMHARA REGIONAL STATE.

BY

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A thesis submitted to the school of Graduate Studies of Addis Ababa University in partial fulfillment of the requirements for the degree of master of public health in department of community health.

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Assessment of quality of family planning service, Bahar Dar Special Zone, Amhara Regional State: A cross-sectional study

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The thesis my original work, has not been presented for a degree in only other university and that all sources of materials used for the thesis has been duly acknowledged.

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ACRONYMS

ARHB	Amhara Regional Health Bureau
B/F	Breast Feeding
F/P	Family Planning
FGAE	Family Guidance Association Of Ethiopia
Gvt	Government
HSDP	Health Service Delivery Points
HC	Health Center
HP	Health Post
HS	Health Station
IUCD	Intra Uterine Contraceptive Device
IEC	Information, Education, and Communication
LMP	Last Menstrual Period
MOH	Ministry Of Health
MCH	Maternal and Child Health
NGO	Non-Governmental Organization
OR	Odds Ratio
P/E	Physical Examination
SD	Standard deviation
WHO	World Health Organization

Abstract

Quantitative cross-sectional and qualitative studies were conducted from August 2004 to may 2005 based on J. Bruce analytical framework to assess the status of quality of family planning service in B/Dar special zone, Amhara Regional state. In this study, 412 female contraceptive users for exit interview and 209 female clients for observation were participated from eight family planning service delivery points. Eight service providers, one Regional maternal and child health team leader, and one Zonal department head were interviewed.

Contraceptive supplies and logistics were generally inadequate. Injectable (51.7%) and oral contraceptive pills (47%) were the most frequently used. Most of the clients were not told relevant information on other contraceptive methods and were not popular. Three hundred eight (74.8%) clients received sufficient information on the method provided and 309(75%) of clients responded that contact time with providers was about the right. Among 133 clients who prefer this clinic from their closest site, 82(61.7%) were due to preference of that provider. Clients' mean waiting time was 48 SD $\pm$ 51 minutes. Limitations in Supervisory system and staff training were identified as constraints to the quality of family planning service. There was significant difference in clients' satisfaction by Governmental and Non-Governmental health service delivery points, OR= 0.480, 95% CI (0.255,0.904). Several short falls were revealed by this study in quality of care in family planning service at B/Dar Special zone. Therefore quality should be considered as integral part of all family planning service delivery points in this Zone.

Key words: - Quality, Family planning, satisfaction, Bahar-Dar

Introduction

Improving quality of family planning services offers many benefits; information and service will be accessible, clients make informed decisions, and public will have a more positive view of health care and its providers. Good quality family planning service helps individuals and couples meet their reproductive health needs safely and effectively (1). Thus it could help to increase family planning users and it could contribute to control morbidity and mortality rate and unplanned population growth.

Studies in a number of countries indicated that wherever fertility is high, maternal, infant and child mortality rates are high too. In parts of Sub-Saharan Africa, there were more than 1,500 maternal deaths for every 100,000 live births; in USA this ratio was 12 deaths per 100,000 live births (3). Unsafe abortion is the cause for one in every four maternal death and in some countries as high as 50%(3). In Ethiopia, maternal mortality rate estimates the range between 500-1400 per100.000 live births (3,4). One out of seven in Ethiopia dies due to pregnancy & related causes, with more than 50% resulting from unsafe abortion, thus making Ethiopian women at reproductive health risk (5).

Rapid population growth has become the major threat facing the world to day. Global population did not reach one billion until 1800; in mid 1992 it reached 5.5 billion. As the 20^{th} century ends, UN demographers believed that the world population will total 6.2 billion (6,7) The population of less developed regions of the world including Africa, most of Asia, and Latin America is growing four times faster than the more developed Regions such as Europe, North America, and Australia. By the year 2025, world population may reach a hopping 8.5 billion (6).

Unplanned population growth could have an effect on the environment and on people's quality of life.

Ethiopia is one of the most populous countries in Africa. It stands after Nigeria and Egypt. According to the 1994 census, the projected estimate for the year 2001 was 65.3-million with annual growth rate of 2.6 (8). The Ethiopian population growth is increasing alarmingly from year to year and it reached to 69,127,021 in 2002/03. Current population is estimated to be 71 million with the rate of natural increase 2.7% & total fertility rate of 5.9(9). If the population growth continues at this rate, it is expected to be double in less than 23 years (10). High population growth rates put pressure on the already meager resources and pose a serious challenge to developing nations (11). For all the above reasons, provision of family planning services has become the intervention of choice to slow the demographic explosions (12). It is also part of strategies to reduce the high rates of maternal, infant, child morbidity and mortality (13).

The international Planned Parenthoods Federation (IPPF) has played a great role in the expansion of family planning program worldwide. International Planned Parenthoods Federation has adopted the concept of sexual and reproductive health agenda in its vision 2000. In 1994, the International Conference on Population and Development (ICPD) held in Cairo gave great attention to IPPF's reproductive and sexual health agenda. It emphasized peoples' right to reproductive health and the most important was quality service. Service should be accessible, acceptable, and convenient to all contraceptive users (14). In addition to the role of clients' right, choice and consent had been strongly indorsed by most nations of the world through support of the program of action of the 1994 international conference on population and development

(ICPD) in Cairo. These rights rest on the recognition of the basic rights of all couples and individuals to decide freely and responsibly the number, spacing, timing of their children and to have information and means to do so (15). The decision has to be made freely without any coercion, after the individual has been fully informed about the benefit of planning of family size, the methods one can use, the relative advantage and disadvantage of the method as well as the expected side effects of all the methods thy are provided.

The need for family planning service in Ethiopia is evidenced by its population growth, morbidity and mortality statistics. Due to rapid population growth, systematic provision of family planning service had begun in 1966,when the Family Guidance Association of Ethiopia (FGAE) was established as Non-Governmental, non-profitable organization by small group of concerned individuals (16).

In Ethiopia, there have been some efforts in family planning service to increase contraceptive prevalence rate. The Ethiopian population policy, which was adopted in 1993, has the objective of reducing the total fertility rate; as well as raising the contraceptive prevalence rate to a national coverage of 44% by the year 2015 (17). This effort was focused on expanding the service for previously uncovered areas by increasing the number of health institutions and other outlets. But still the Contraceptive Prevalence Rate is low (21.5%) (18). High fertility in Ethiopia is linked to both early marriage &low level of contraceptive use (19). Family planning program alone in all circumstances cannot achieve the societal objectives of population stabilization. There must be a need to maintain the balance between availability and quality of service to improve family planning service utilization.

Assessment of the quality of service delivery in health facilities is receiving growing recognition as a strategy for monitoring and evaluation of primary health care program in developing countries (including family planning). Recently, the idea of quality improvement has been used in managing health services, including those offered by Family planning Program (20). Review of existing literatures strongly suggest that the quality of services provided are an important determinant of acceptance and continuation rates, and therefore a major contributor to increase in contraceptive prevalence rate (21). Despite the presence of family planning services, contraceptive prevalence rate is low in Ethiopia. Therefore assessment of quality of family planning service at any level in our country is very important. Increasing quality of family planning service could help to sustain contraceptive use. This study may provide important information to family planning providers, policy makers, and program managers to improve quality of family planning service in the future.

In this study, the framework of J.Bruce developed in 1990 was used to guide the assessment of fundamental activities for describing the quality of care provided by a family planning program services in B/Dar special zone. This study places particular emphasis on the interactions between provider and clients, because, these are seen as the key variables of service provision that influence the quality of care offered.

Therefore, this survey was intended to identify the quality of service provided at individual and service level by assessing such elements like waiting time, privacy, hours of opening time and so on. The study tried also to examine the availability and functionality of logistics and supplies at each family planning service delivery points.

II. Literature review

What is Quality?

Good quality means "doing the right things right"(22). Quality in health care and family planning has been defined in many ways (23). From public health perspective, quality means offering the general health benefits, with the list health risk to the greater number of people, given the available resources. Also, good quality means either meeting minimal standards for adequate care or achieving high standards of excellence. Quality can refer to the technical quality of care to the non-technical aspect of service delivery such as clients' waiting time and staff attitudes, and to programmatic elements such as policies, infrastructures, access, and management (24,25,26). In health care and Family Planning Program service, this means offering a range of services that is safe, effective and that satisfy clients' needs and wants. Quality has different meaning to different people. Quality in this study is defined interms of the way individual couples (clients) are treated by the family planning service delivery points.

A. Quality interms of Provider perspective: -Historically, for the health care providers, quality has meant clinical quality of care offering technical competent, effective, safe care that contributes to an individual's well being. For their part, program managers recognize that support services for example logistics and record keeping-also are important to quality of service delivery.

B. Quality interms of Clients perspective: -Addressing clients' concern is as essential to good quality of care as technical competence. For clients, quality depends largely on their interaction with providers, such attributes as waiting time, privacy, and ease of access to care. The value of client's perspective on family planning service was increasingly recognized during the 1980th

(27). A framework published by Judith Bruce in 1990, together with measurement and assessment tools developed by Anrudh Jain, has been especially influential in focusing attention on the clients' perspective (21,24).

How can we judge client's satisfaction in quality of family planning service?

A growing body of research is discovering what clients want & how to measure client satisfaction. In both developed & developing countries, clients share seven major concerns (28, 29). These are:

Respect: -clients want to be treated with respect and friendliness.

Understanding: -Clients value individualized service and prefer providers who make the effort to understanding their particular situation and needs.

Complete and accurate information: -Clients value information. They worry that family planning providers are not telling them all facts, especially negative information about contraceptive methods.

Technical competence: -Clients can and do judge the technical competence of the service they receive.

Access: -Family planning clients want ready access to contraceptive service and supplies. Services have to be reliable, affordable, and without barriers.

Fairness: - Clients want providers to offer thorough explanations and examinations to every one alike. They complain that providers offer preferential treatment to friends, relatives…etc.

Results: -Clients come for service for a specific purpose. They are dissatisfied when told to come back another time or to go a different facility.

Benefit of good quality

Assuring the good quality of service is an ethical obligation of health care providers (30). Research is beginning to show that good quality also offers practical benefits to family planning clients and programs (30). These include: -

1. ***Safety and effectiveness***: -Good qualities make contraception safer and more effective. If poorly delivered, some family planning service can cause infection, injuries, and in rare cases death. Poor services also can lead to incorrect, inconsistent, or discontinued contraceptive use (31). Good quality family planning is effective, because, it helps to inform clients fully; screen clients for medical eligibility, clients choose for the methods that suit their individual circumstances, teach clients how to use their methods properly, and support clients when they encounter problems or decide to switch methods.
2. ***Greater client satisfaction and continuation:*** Good cares attract, satisfy, and keep clients by offering them the service, supplies, information, and emotional support they need to meet their individual goals.

   Studies found that good service encourage people to continue using contraception when they want to avoid pregnancy. For example in China, women were far more likely to continue using injectable contraception when they had been thoroughly counseled on how the method works and its side effects. Only 11% of women receiving good counseling had dropped out at one year compared with 42% of women receiving limited counseling (32). In Bangladesh, rural women were asked whether the field worker serving them was responsive, sensitive to their need for privacy, sympathetic, and informative. Women who felt they received good care, as judged by their answer to the questions, were 27% more likely to continue using a method and 72% more

likely to continue using a method for up to two months than women who felt they had received poor care (33).

3. ***Wider use of contraception***: -Clients use contraception with various specific aspects of quality of care, including the thoroughness of counseling, receiving one's preferred method, and availability of services (31,34).

4.More job satisfaction to providers: -Providers derive greater personal and professional satisfaction from their job when they can offer good quality of care and can feel their work is valuable. For example, project that empowered health care workers' to develop their own solutions to local problems reduce workers' absenteeism in Uganda (35).

5.Ensuring access to service: -Quality family planning service is closely linked to accessibility. Ensuring access to service means, making good quality, affordable care available where and when convenient to public. When a facility lacks properly trained staff, opens irregularly, suffers from supply shortages, charge high prices, or blocks care with unnecessary medical barriers, the community does not have adequate access to service (36).

Quality of care as a factor that can inhibit the use of Family Planning services

Once a client reaches the service delivery point; his or her decision to adopt or sustain contraceptive use is influenced by the quality of care provided. The unmet need, which refers to married women and unmarried adolescents who are sexually active may want to use contraception, but because of poor quality family planning service or expectation of poor service or some have been poorly treated at family planning clinic can keep them from using the service. Satisfied users will generate demand in the community and assist in the recruitment of additional accepters. Without significant attention to quality, it would be difficult to lower fertility rates through voluntary means (21). Studies in Peru showed that Contraceptive prevalence rate would

be 16-23% greater in all women lived in cluster with the highest quality service compared with the lowest (37). The decision to initiate and continue to practice contraception may depend on the quality of care available to women, in particular the choice of methods provided, the information elicited for the women and communicated to her, and the nature of personal treatment given (38). Existing literature and analysis suggest that improvement in quality of family planning service by enhancing the choice of contraceptive methods available in a country would increase the over all practice of contraception and thus would result in fertility reduction (21).

Studies regarding status of quality of F/P service in Ethiopia are not carried out sufficiently. How ever studies in Jimma (38), showed that, 69(10.9%) and 14(8.1%) of those who reported problems expressed dissatisfaction with waiting time and solution given by providers respectively. Method unavailability was the reason in most services delivery points for providing methods different from client choice. In this study again provider's special training and time of training have shown significant difference on quality of indicators. Several constraints in the service provision of family planning were also identified (38).

Another study in A.A (39) has shown that shortage of logistics and supplies, poor clients record, inadequate supervision, poor counseling service, and long waiting time were major constraints to satisfy clients. These and other studies in developing countries showed that, the presence of low quality of family planning service contribute to lessened service utilization (21,38). Assessment of the quality of service delivery in health facilities is receiving growing recognition as a strategy for monitoring and evaluation of primary health care program in developing countries.

Analytical frame wok of the study

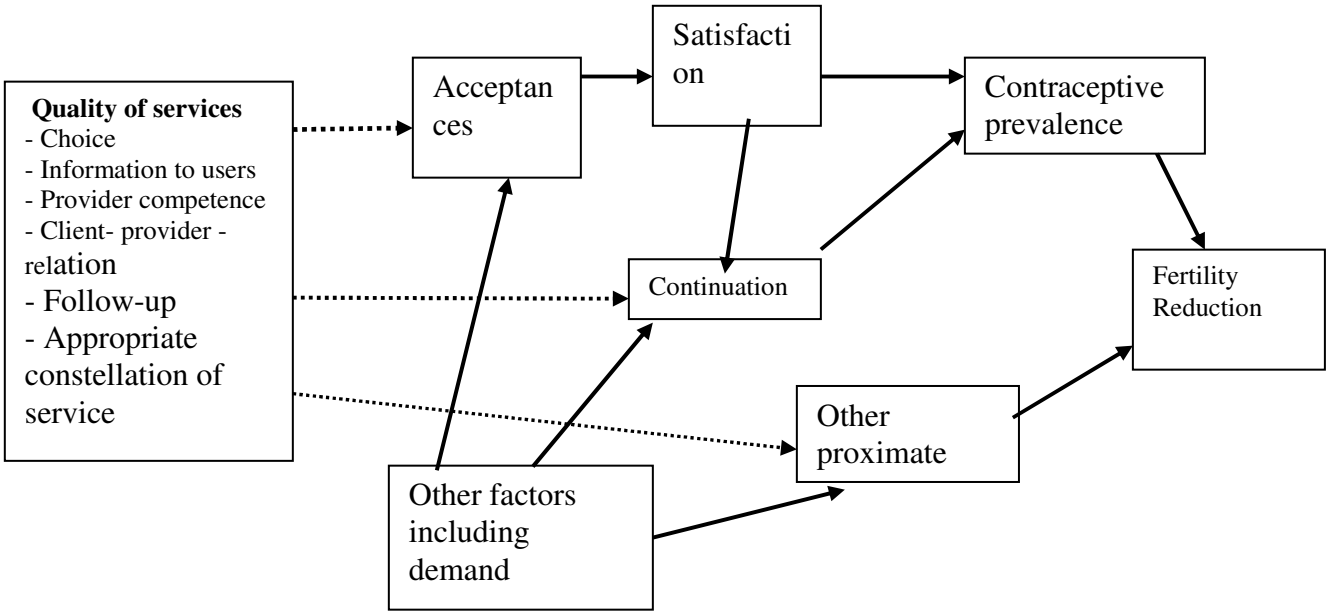
In this study, the J. Bruce (1990) framework was used, which is the central paradigm for quality in international family planning Program. This framework emphasizes the importance of the client's perspective. It defines quality of care in terms of six fundamental elements (40). These are;

- ***Choice of contraceptive methods***: - Refers to both the number methods offered on a consistent bases and their intrinsic availability.
- ***Information given to clients: -*** consists of at least three key elements that help users in selecting and practicing contraceptive effectively.
    1. Information about contraception, risks, and benefits of various methods
    2. Information how to use methods, its potential side effects, and how to manage those side effects.
    3. Information about what users can expect from service providers regarding advice, support, supply, and referral to other service if needed.
- ***Provider competence***: -Refers to the skills and experience of providers.
- ***Client-provider interaction: -***Are related in the received effective content of contacts between providers and clients. The notion here is that couple should feel positive about the service system, particularly the personnel with whom they interact, and should trust their capacity and have their good will.
- ***Re-contact & follow-up mechanism: -***Refers to a program's interest in and ability to promote continuity of use, whether well-informed user manage that continuity on their own or the program has formal mechanism to assure it.

- ***Appropriate constellation of service: -***means situating family planning service so that they are both acceptable and convenience to clients.

  The Bruce analytical framework, links the quality of service elements to fertility and schematically presented (figure 1). Solid lines depict relationship that is adequately supported by empirical evidence, and the broken lines represent hypothesized relationships that currently do not have an adequate empirical base. The description of the framework moves backward from fertility on the right side of figure 1 to quality of service elements on the left side .The analytical framework shown in figure 1 treats fertility as a function of contraceptive prevalence & other proximate determinants taken together as a group. Enhancing satisfaction among users and increase continuity of use hypothesizes improvement in quality of services by enhancing satisfaction among users and increase continuity of use to raise the prevalence rate. In sum, the improvement in quality of services is hypothesized to decrease fertility mainly by increasing acceptance, continuation, and thus prevalence of contraceptive use (40).

Figure 1: - schematic presentation of linkage between quality of F/P service and fertility (24).



Quality of care is not a luxury that only the resource-rich industrialized nations can afford. Even where limited resource constrains a program managers have opportunities to make choice that can advance their programs toward greater attainment of quality of care objective (41). The focus of attention on health service in developing world has generally been directed toward improving coverage rather than quality of service (42). Lately, however, awareness of this problem has increased, and experts have pointed out the need to let developing countries gain from the progress made in the field of quality assurance (43).

Technical competence, interpersonal relationship with clients, availability of method mix, and degree of satisfaction of clients are important components of quality and hence are expected to improve through better compliance with the service. Therefore this study has tried to assess status of quality of Family Planning service at B/Dar Special Zone using theoretical framework of Bruce.

III.Objectives: -

1. **General objective**

To assess the status of quality of Family Planning services in B/Dar special Zone, Amhara Regional State.

2. **Specific objectives**

–To assess the knowledge and skills of Family Planning service providers on contraceptive methods.

–To identify client satisfaction with the service.

–To describe client-provider interaction in Family Planning service.

–To assess the availability, adequacy of logistic & supplies for family planning service.

IV. **Subjects and methods**

1. **Study design**

Both qualitative and quantitative cross-sectional study was carried out to describe the status of quality of family planning service in Bahar-Dar Special Zone, Amhara Regional State in January 2005. The study was based on the framework of J.Bruce (1990) to explain the response of clients and family planning service providers on family planning service.

2. Study area

Bahar-Dar Special Zone is one of the eleven zones in Amhra Regional State, which is located in the northwestern part of Ethiopia. Bahar-Dar town is the capital city of Amhara Regional State, Bahar-Dar Special Zone and West Gojjam administrative zone. Bahar-Dar Special Zone is located 565kms from Addis Ababa and bounded by S/Gondar in the north, West Gojjam in the east and south, Lake Tana in western part. This town is recently recognized as one of the tourist attraction area in the country and a growing metropolitan hosting a number of gusts from many areas in the country and other parts of the world. With the new administrative organization, B/Dar Special Zone includes 17 kebeles for B/Dar town, four other small towns, and five surrounding rural kebeles. According to Planning and Economy Bureau of Amhara Regional State, total population of Bahar-Dar Special Zone in 2004/05 was expected to be 188,964. From this population 168, 084(88.9%) were resident of B/Dar town, while 20,880(11.1%) was rural population. Out of the total population 32,123 were females who were eligible for contraceptive use.

There are many economical and social institutions in this zone. Currently there are one referral hospital, Two Governmental Health centers, seven health posts and three non-governmental

clinics, which are providing family planning service. The contraceptive prevalence rate for B/Dar town was 41.7%, for Zegie area 65%, the rest towns and rural kebeles was about 7%(B/Dar special Zone annual repot for1996 EC).

3. Source population: - All females' family planning users and all family planning service delivery points in B/Dar Special Zone

4. Study units: - All females family planning users and service providers who were available during data collection time.

5. **Inclusion & exclusion criteria**

All females who were family Planning users at the time of data collection were included in the study, but male family planning users at the time of data collection were excluded from the study.

6. **Sample size determination**

The required sample size was determined by using single population proportion formula considering the following assumptions:

Proportion of 50% (considering clients satisfaction with availability of skilled personnel and contraceptive methods),

Level of significance, p = 0.05%,

Margin of error = 5%, and

Non-response rate = 10%

The formula for calculating the sample size was,

$$n = \frac{(z\alpha/2)^2 P(1-P)}{d^2}.$$

With the above assumptions, the sample size was calculated and the over all sample size was found to be =384 +38(10% non-response rate) = 422(family planning users).

Data was collected continuously until the required sample size was obtained. All service providers and females family planning users who were available during data collection time were included in the sample unit.

7. Data collection instruments

The data collection instrument was an anonymous closed-ended questionnaire to be interviewed by data collectors, which consists of different parts like socio-demographic variables, clients' satisfactions, availabilities of methods, and knowledge of clients on contraceptive methods. For qualitative parts, structured checklists used for observation of client-provider interaction, inventory of logistics and supplies, in-depth interview for service providers, Regional, and Zonal coordinators.

8. Questionnaire development and data collection

A questionnaire was developed based on J.Bruce analytical framework. The questionnaire was developed after review of relevant literatures. A number of questions that could address the objective of this study were gathered and adapted. The first draft of English questionnaire was produced and valuable comments were received from different sources to improve the quality of instrument. After extensive revision of the English questionnaire, the final English version was translated to Amharic language and again commented by those who have good command on both English and Amharic languages. This was done because the local language for the study area was Amharic and this makes easier for data collectors to communicate with family planning service users. The format of questionnaire for exit interview consists of likert type and ranking

format. Likert type approach provided clients with a statement asking them to indicate how strongly they agree or disagree (having a scale of range 1 disagree to 3 agree). In ranking format, lists of alternatives were given to clients and they were asked to rank their provider preference. The questionnaire was pre-tested in Family Guidance Association clinic, and Kazanches Health center in Addis Ababa, to ensure that the questionnaire was clear for the respondents. Later, after one day training, data collectors filled the questionnaire at six-health service delivery points in Bahar-Dar Special Zone and then it was checked for its clarity, understandability, completeness, reliability, plus consistency and then correction was made accordingly.

Eight 12^{th} grade complete and fluent Amharic speakers for exit interview, three (2 health officers and one experienced nurse) for direct observation of client provider interactions and one supervisor were recruited and trained for data collection. One day theoretical and one day practical training was given. The training was based on the guide that was developed by principal investigator for data collectors and clarifying how to interview the questionnaire. They were allowed to fill the questionnaire and later discussion was made in all contents of the format and areas of difficulties were revised. Beside this, they were trained on their responsibilities for describing the purpose of the study, giving orientation, telling service users and providers the importance of honest and sincere reply, on responding to questions.

For qualitative study, fifty percent of the clients were observed while the service was provided at the spot. For this purpose, data collectors were provided with checklists to mark yes/no answers and other activities, which reflect the quality of family planning services. Since data collectors were health professionals, they wore a white coat to blend in to the service delivery. Then

observers obtained permission from both providers and clients to be present during individual counseling and clinical examination.

An in-depth interview was also conducted for eight family planning service providers, Zonal health department head, Regional family health team leader and head of pharmacy department. Service providers were asked about their training, knowledge and skills about contraceptive methods and procedures, and the interview for zonal and regional heads were about logistics and supplies. Inventory was also made on the presence and functionality of the different logistics and supplies at the service delivery points.

The principal investigator and the coordinator strictly follow the over all activities for each activity on daily base to ensure the completeness of questionnaire, to give further clarification and support for data collectors.

9. The study variables

A. Dependant variable: -

Family planning users satisfaction

B. Independent variables are: -

- ✓ Provider competence (knowledge, skills and experience),
- ✓ Information about methods,
- ✓ Respecting by providers,
- ✓ Socio-demographic variables, and
- ✓ Accessibility &availability of logistics and supplies.

10. Data management and analysis: -

Dummy tables that consider the main research questions were drafted after designing the questionnaire. The completed questionnaire was checked for completeness, consistency and coded by the principal investigator.

The principal investigator entered the data in to EPI info version 6.2 soft ware programs. Then data clean up was performed to check for, accuracy, consistencies, & values. Any error then identified and was corrected. To determine satisfaction of respondents by the service provision, satisfaction questions like agreement on opening time of the clinic, agreement on waiting time, feeling of waiting time by clients, information obtained from providers, time to communicate with providers, and privacy was recoded and scored. The mean score was calculated and those who scored equal and above the mean were categorized under "satisfied" and those who scored below the mean were categorize under "not satisfied". Then satisfaction was cross- tabulated using chi-square test to look for an association between variables. Odds ratio was also used to determine the strength of association of selected variables. Finally binary logistic regression was applied to identify the confounding effect of each explanatory variable on the out come variable using SPSS 11.0 window version software.

11. Data quality assurance

The questionnaire was pre-tested before the actual data collection. Training was given for data collectors and questionnaire was prepared by local language. Data collectors were instructed to check the completeness of each questionnaire at the end of each interview. The principal investigator together with coordinator rechecked completeness of the questionnaire immediately after interview at field level and during submission.

13**. Operational definitions**

1- **Quality:** - in health care and Family Planning service, this means offering a range of service that are safe, effective and that satisfy clients needs and want.

2- **Logistics:** - Family Planning equipment, supplies and physical set-ups like storage facilities for use by service delivery points.

3- **Choice of methods**: - The freedom given to clients to choose a method according to their Family planning intention, preference, & health status.

4- **Information Given to clients**:- The information imparted during service contact that enables to choose, and employ contraceptive methods effectively

5- Waiting Time: The time gap between the client's arrival at the SDP and the time the client received F/P services.

6- Interpersonal relations: personal dimensions for service, principally the received affective contents of exchanges between providers and clients.

V. Ethical clearance

Before the fieldwork, ethical clearance was obtained from Faculty of medicine, Ababa University. Then formal letter of cooperation was written from Amhara Regional Health Bureau to B/Dar Special Zone department of health and then to each service delivery points. Response of clients was anonymous and data collectors informed to clients that they have full right to discontinue or refuse to participate in the study. A letter of agreement was also attached to questionnaire to obtain the permission of each individual.

VI. Result

I. Socio-demographic characteristics

A total of four hundred and twelve female clients from eight family planning service delivery points were interviewed. Ten clients were not volunteer to be interviewed. Thus the response rate was 412(97.6%). Table 1 shows the socio-demographic characteristics. Four Governmental clinics were excluded from the study, because they were out of stock during data collection time. Family guidance association clinic was providing contraceptives for these areas 2-3 times per week as an outreach service. Three hundred sixty six (88.8%) were urban, the rest were rural dwellers. Three hundred thirty (80.1%) were repeat clients. The mean age was 25 SD $\pm$ 9.7 years old with range between 14-47 years. The majority of participants 142(34.5%) were between 20-24 years old. About 355(86.2%) were married, and out of this 335(81.3%) were married and live together with their husbands, 50(12.1%) were not married, the rest were widowed and divorced. Three hundred eight (74.8%) had children, out of these 210(68.1%) had 1-2 children, others had 3 and above. From those who had children, 155(50.3%), were mothers with breast-feeding at the time of data collection. The majority of the clients, 158(38.2%) were illiterates and 107(26%) were high school completed and above. Almost all members of the study population 396(96.1%) were Amhara by ethnicity, the rest were Agew, Oromo, Tigre, and Gurage. Majority of contraceptive users 366(88.8%) were orthodox Christian. Regarding to occupation, one hundred eighty five (44.9%) housewife, 62(15%) Governmental and Non-Governmental full time workers, 138(33.5%) merchants, farmers & 27(6.6%) were unemployed.

Table1. Socio- demographic characteristics of respondents, B/Dar special zone, Jan. 2005

Demographic variables	(n=412)	
	No	%
Age group		
14-19	61	14.8
20-24	142	34.5
25-29	115	27.9
30-34	40	9.7
35 & above	54	13 .0
Repeat	330	80.1
New	82	19.9
Residence		
Rural	46	11.2
Urban	366	88.8
Marital status		
Not married	50	12.1
Married & live together	335	81.3
Married but not live together	20	4.9
Widowed &Divorced	7	1.7
Number of Women with children	308	74.8
Breast-feeding	155	50.3
Number of Women without children	104	25.
Educational status		
Illiterates	158	38.32
Read& write only + elementary (1-8)	147	35.67
High school completed & above	107	25.97
Religion		
Orthodox	366	88.8
Muslim & others	46	11.2
Ethnicity		
Amhara	396	96.1
Others	16	3.9
Occupation		
House wife	185	44.9
Governmental & Non-Governmental Workers	62	15
Merchants, Farmers & others	165	40

II. Exit interview

1. Assessment of clients knowledge (new & repeat)

The family planning service delivery points offer primarily two methods-the pills and injectable. However, the dominant method was injectable 213(51.7%). Close to injectable, the second dominant method was the pill 194 (47%). Based on this, assessment of knowledge was made to F/P users (tab 2).

Among injectable users, 138(64.8%) knew the type of injection they were using, 208(97.7%) understood how often they could get their injection. More than three fourths (85%) of injectable users knew about the importance of this method. Concerning the problems and side effects 125(58.7%) responded that they would return to the health institutions if problem arises apart from their regular visit. Some of the problems mentioned were, sever headache (40%) and excess vaginal bleeding 55(44%). About the next visit 204(95.8%) knew their exact revisit day, the rest were hesitating to mention the exact day to revisit the clinic.

From all 194 pills users, 180(92.8%) knew when and how to start their first pill, the rest hesitated to tell the exact time when to begin, 190(98%) respond how often they could take the pill, and 155(79%) mentioned the importance of pills. Out of 194 pills users, 115(59.3%) mentioned some of the problems that they may experience while taking the pills. Some of the problems mentioned were; chest pain 78(67.8%), sever headache 102(88.7%), sever leg pain 70(60.9%), and vision problem 68(59%).

Table 2: Response of clients on knowledge questions for contraceptive methods, B/ Dar Special zone, Jan 2005

Knowledge questions	(No=194) No	%
1) PILLS		
When to start pills		
Know	180	92.8%
No answer	14	7.2
Interval to take pills		
One tab per day	190	98.0
Don't know	4	2.1
Importance of pills		
Know	155	79.9
Don't know	39	20.1
Problems on taking pills		
No problem	79	40.7
There is problem	115	59.3

Mild problems stated (N=115)

	Yes	%	No	%
Mild headache	77	67.0	38	33.0
Mild weight gain	49	42.6	66	57.4
Nausea	63	54.8	52	45.2
Spotting	62	53.9	53	46.1
Major problems stated	**(N=115)**			
Chest pain	78	67.8	37	32.2
Sever headache	102	88.7	13	11.3
Sever leg pain	70	60.9	45	39.1
Vision problem	68	59.2	47	40.8

2) INJECT ABLE	**(n=213)**			
	Yes	**%**	**No**	**%**
Do you know your injection type?	138	64.8	75	35.2
How often should you get it?				
Every month	03	1.4		
Every 2 or 3 months	208	97.7	5	2.3
Major problems cause to return before appointment?				
No problem	88	41.3		
There are problems	125	58.7		
Major problems stated that cause to return before appointment (N=125)				
Headache	40	32	85	68
Excess vaginal bleeding	55	44	70	56

2. View of clients on accessibility of health service delivery points.

Agreement on opening time for both new and repeat clients was, 377(91.5%) agreed, 26(6.3%) disagree, and others were 9(2.2%). Client Waiting time was recorded and the median time was 48 SD $\pm$ 51 minutes ranging from1 minutes to 3 hours and thirty minutes. Distance of clients' home from the service delivery points was evaluated by the clients themselves, those who traveled less than half an hour were 220(53.4%), half to one hour 142(34.5%), and more than one hour were 50(12.1%).

The response of clients on waiting time was 355(86.2%) short and 57(13.8%) long (table 3).

3. Client provider interaction

About three fourth of clients (75%) responded that time to communicate with provider was about right, 92(22.3%) said time was short, and 11(2.7%) did not want to respond.

Three hundred seventy seven (91.5%) clients responded provider was easily understandable, 26(6.3%) said difficult to understand, and 9(2.2%) did not want to speak about providers. Hundred seventeen clients were asked some questions to service provider about contraceptive methods they were provided, out of these 98(83.8%) were satisfied with the answer given by service provides, 9(7.7%) partially satisfied, and 10(8.5%) were not satisfied. Privacy was maintained for 289(70.1%), the rest 123(29.9%) were dissatisfied and enough privacy was not maintained (table 3). Among 133 clients who prefer this clinic from their closest site, 82(61.7%) were by the preference of service provider. This response was 23(17.3%), from hospital, 29(21.8%) from Family Guidance Association of Ethiopian (FGAE) clinic. Out of 330 repeated clients 216(65.5%) responded that service provides had good behavior.

Clients' satisfaction was identified by each family planning service delivery points and finally described by Governmental and Non-Governmental (table 4). For Non-Governmental clinics; information was obtained in 87.4% of service users, the response of understanding service providers by clients was 95%, agreement of consultation time 89.5%, and agreement on maintaining of privacy was 72.7%, while for Governmental clinics as indicated in the table. All the above responses were a beat below comparing to non-Governmental clinics.

4. Information given to the clients

Three hundred eight (74.8%) received sufficient information and service, 47(11.4%) did not get the service and information, 28(6.8%) not satisfied by information and service, and 29(7%) received the service from service provide (table three). The reason for dissatisfaction was, 30(28.8%) provider was not interested, 42(40.4%) the method they need was not available, and 32(30.8%) due time shortage.

Out of 82 new clients, explanation was given for 63(76.8%) how the method works, 79(96.3%) how to use the method, 61(74.3%) about side effects of the methods, 61(74.4%) return if problems arises, 66(80.5%) possibility of changing methods if the method is not wanted by the clients, and 68(82.9%) information given about other methods. During explanation of methods, least attention was given to spermicidal (30%). Natural contraceptive methods were not mentioned at all. Explanation of methods to new clients is indicated in table 5.

Table3: Response of clients' satisfaction, by predictor variables B/Dar special zone, Jan.2005

(No =412) Clients responses	No	%
Agreement on opening time for HSDP		
Agree	377	91.5
Disagree	26	6.3
Don't know opening time	7	1.7
No answer	2	0.5
Feeling of clients about waiting time		
It was short	355	86.2
Long time	52	12.6
Don't want speak	5	1.2
Getting desired information & service		
Yes	308	74.8
No	47	11.4
Not satisfied for both service & information	28	6.8
Got the service but not the information	29	7
Time to communicate with provider		
Very short	92	22.3
Sufficient	309	75
No answer	11	2.7
Understanding service provider		
Easy to understand	377	91.5
Very difficult to understand	26	6.3
No answer	9	2.2
Privacy during consultation		
There was privacy	289	70.1
No privacy	123	29.9

Table 4: - Relationship of client satisfaction by Governmental and Non-Governmental health service delivery points, B/Dar special zone.Lan.2005

Variables	Gvt. clinics		NGOs clinics	
	No	%	No	%
Agreement on opening time				
Not agree	29	10.8	6	4.2
Agree	240	89.2	137	95.8
Feeling of waiting time				
Short	232	86.2	123	86
Long	37	13.8	20	14
Information obtained				
No	86	32	18	12.6
Yes	183	68	125	87.4
Understanding the provider				
No	29	10.8	6	5
Yes	240	89.2	137	95
Enough time for consultation				
No	77	28.6	15	10.5
Yes	192	71.4	128	89.5
Privacy maintained				
No	84	31.2	39	27.3
Yes	185	68.8	104	72.7

5. Methods of Choice by family planning users

The majority of contraceptive users were injectable and oral pills users. From 412 clients, 213(51.7%) were injetable users, and 194(47%) were oral pill users. Out of 330 repeated clients 172(52.1%) oral contraceptive, 157(47.6%) injectable and only one client were Norplant users. From 82 new clients, 56(68.3%) injectable, 22(26.8%) pill, one client IUCD, one client tubal legation, and two clients were Norplant users.

Table 5: Method choice and information given to new client, B/Dar special zone, Jan.2005

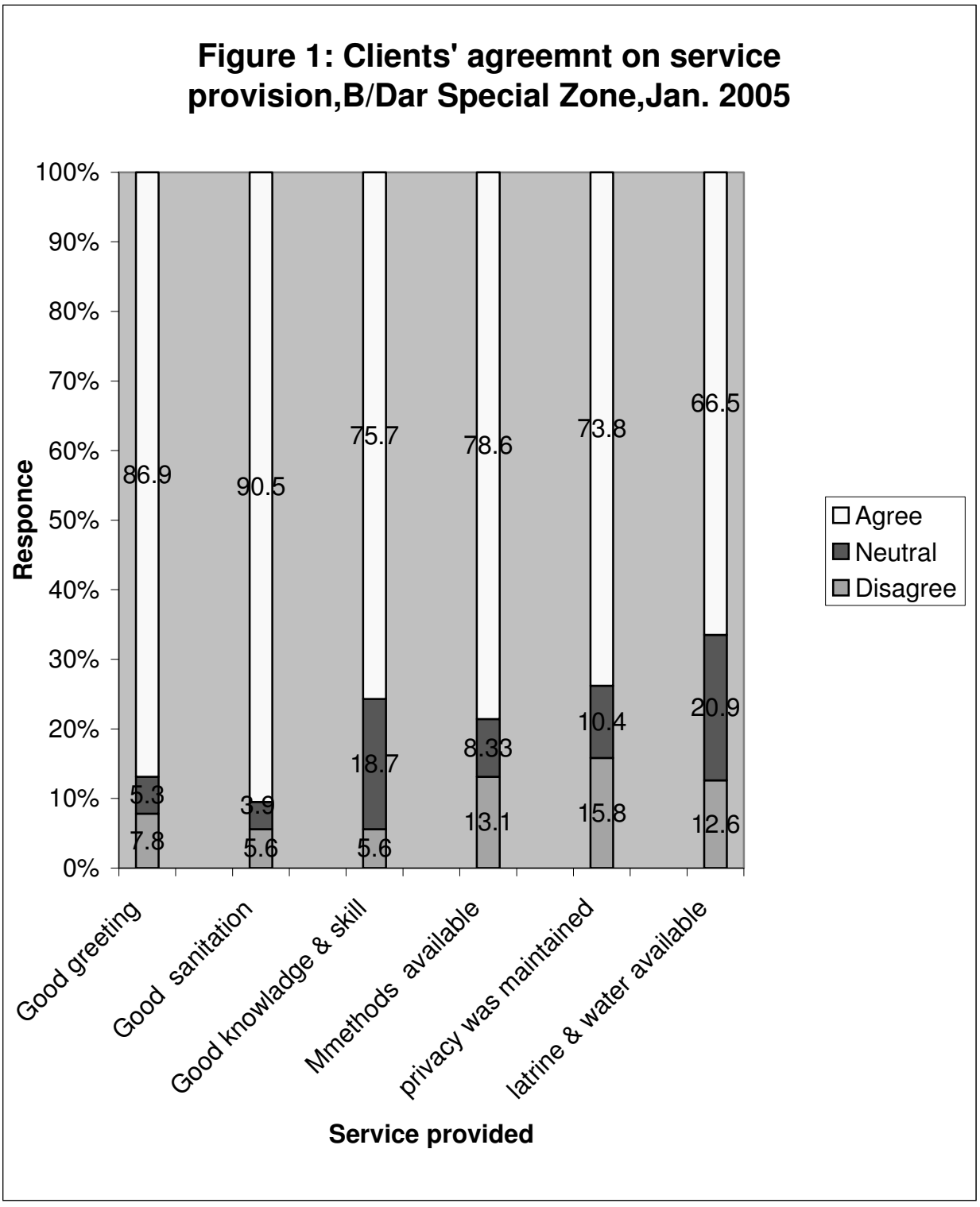
Item for response	N0 (N=82)	%
Method started		
Injection	56	68.3
Pills	22	26.8
Norplant	2	2.4
IUCD	1	1.2
Tubal ligation	1	1.2

Explanation about method	**Yes**	**%**	**No answer**	**%**
How the method work	63	76.8	19	23.2
How to use the method	79	96.3%	3	3.7
Side effect of the method	61	74.4	21	25.6
Return if problem arises	61	74.4	21	25.6
Possibility of change method	66	80.5	15	18.3
Told about other methods	68	82.9	14	17.1
Told about other methods (n=168)				
Pills	65	95.6	3	4.4
Inject able	66	97.1	2	2.9
Spermicidal	21	30	47	69.1
Diaphragm	26	38.2	42	61.8
IUCD	36	52	32	47.1
Condom	48	70.62	20	29.4
Tubal ligation	39	57.4	29	42.6
Norplant	49	72.1	19	27.9

6. Clients Scale of agreement on service satisfaction

Different questions about different family planning service provision were asked to clients, and the response on level of agreement is indicated in figure1. Three hundred fifty eight (86.9%) agreed on provider greeting, 312(75.7%) agreed on service providers' good knowledge and skill, 274(66.5%) agreed on availability of latrine and water in the waiting place, 324(78.6%) agreed on availability of different methods. Agreement level by Governmental and Non-Governmental family planning service delivery points is listed in table 6.

Agreement on cleanliness and sanitation on provider procedure 87.4%, provider knowledge and skill 68%, availability of different methods 73.2%, and good provider greeting 84.4% for Governmental clinic. Response of agreements on Non-Governmental clinics were a beat higher and it was 96.5%, 90.2%, 88.8%, 91.6% for cleanliness and sanitation of provider procedure, provider knowledge and skill, availability of different methods, and provider greeting respectively.



Scale: 1= disagree 2= neutral 3= agree

Table 6—Clients level of agreement of clients on service provision by Governmental and Non-Governmental HSDP

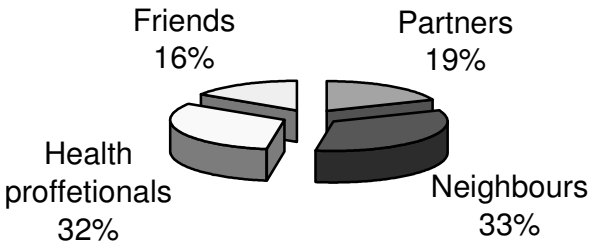
Variables	Governmental clinics			Non-Governmental clinics		
	Disagree	**Neutral**	**Agree**	**Disagree**	**Neutral**	**Agree**
Cleanliness and sanitation of provider procedure is good	19(7.06%)	15(5.6%)	235(87.4%)	4(2.8%)	1(0.7%)	138(96.5%)
Provider knowledge & skill is good	16(5.9%)	70(26%)	183(68%)	7(4.9%)	7(4.9%)	129(90.2%)
Different methods are available	44(16.4%)	28(10.4%)	197(73.2%)	10(7%)	6(4.2%)	127(88.8%)
Greeting of provider is good	23(8.6%)	19(7.1%)	227(84.4%)	9(6.3%)	3(2.1%)	131(91.6%)
There is adequate latrine and water in the waiting area	40(14.9%)	48(17.8%)	181(67.3%)	12(8.4%)	38(26.6%)	93(65%)

7. Preference of providers by clients

Respondents were asked to rank their preferred service providers that family planning service could be obtained better. Out of 378 clients, 186(49.2%) preferred female nurse as their first choice, 128(33.9%) preferred doctors as their first choice, and 59(15.6%) preferred male nurses as their first choice.

Clients were informed for the first time about service provision of their family planning service delivery points from different sources (figure 2). Neighbors were the most frequent source of information, and health professionals were the second.

Figure 2:Pie chart showing sources of information for family planning users in B/Dar special zone, Jan. 2005



In order to assess the relative importance of each predictor of contraceptive use and client satisfaction, binary logistic regression analysis was carried out.

For clients' satisfaction: number of children, education, age, residence, having children, and breast-feeding were not found to be significant ($p>0.05$), where as health institution and marital status were significant ($p<0.05$) (table7).

Table7: Relation of Scio-demographic variables with service satisfaction

Variable	Satisfaction		OR (95%)CI	
	Yes	No	Crude	Adjusted
Numbers of children				
One-Two	148	62	0.691(0.395,1.209)	0.751(0.369,1.527
More than two	76	22	1	1
Health institution				
Governmental	181	88	0.457(0.278,0.750)	0.480(0.255,0.904)*
Non-Governmental	117	26	1	1
Education				
Illiterate	144	54	1.039(0.674,1.601)	1.015(0.597,1.781)
Educated	154	60	1	
Marital status				
Not married	29	21	0.477(0.26,0.878)	0.167(0.044,0.624)*
Married	269	93	1	1
Age				
14-29	266	92	0.751(0.439,1.282)	0.810(0.394,1.667)
30 & above	72	22	1	1
Residence				
Rural	31	15	0.766(0.397,1.48)	0.677(0.313,1.465)
Urban	267	99	1	1
Having children				
Yes	223	85	1.014(0.619,1.666)	0.0189(0.000,5.6E+09)
N0	75	29	1	1
Breast-feeding				
Yes	115	40	1.236(0.751,2.035)	1.447(0.841,2.490)
No	107	46	1	1

NB: * =Significant

II. Observation

1.Provider competence

The assessment of indicators for quality of family planning care on provider knowledge and skill were observed for 121 repeat and 88 new clients. The family planning service routine activities were observed in seven health service providers (2 males, 5 females) while they were giving service in one Governmental referral Hospital, one Health Center one clinic, and in two Non-Governmental clinics. (Table 8). A respectful and friendly way greeting was offered for a total of 187 (89.5%) clients. This respectful greeting was 85(96.6%) for new client. The mean waiting time for observation was 3 SD $\pm$ 2.9 minutes, ranging from 1 minutes to 30 minutes. Out of the new clients, 76(86.4%) got their choice of preference. During consultation of the new clients, IEC materials like flipchart 31(35.2%), pamphlets 21(23.9%), different contraceptive methods 50(56.8%), posters (26(29.5%), and anatomical models 5(5.7%) were used by providers to explain about the preferred methods (figure 4).

Other common procedures observed for new clients were; asking LMP 84 (95.5%), taking weight 60(68.2%), taking blood pressure 56(65.9%), and physical examination performed for 24(27.3%). Regarding to pelvic examination, 24 new clients were examined by family planning service providers. Techniques of providers were observed while they were doing pelvic examination. Twenty three (95.8%) clients were informed about the procedure, only 3 providers (12.5%) wash hands before and after the procedure, sterile technique was maintained in 21(87.5%) service providers, and out come was informed for 23(95.8%) service users (figure 3).

Out of 88 new clients, 56 were injectable contraceptive users. Techniques of provider were observed while they were giving injection. All providers select appropriate injection site and disinfect it plus maintain sterile technique by using new/sterile needles and syringes. In all cases DEPO vials were well shaken before drawing in to the syringes (most of the time clients do it). Only one provider massaged injection site after giving DEPO injection. All clients received their injections by service provides in the same room. At the end of all procedures, all providers gave some form of written reminder for next revisit. Other issues were also discussed during consultation time, for example, abortion 2(2.8%), sexually transmitted diseases, 4(5.6%), immunization 17(19.3%), and IUCD for only one family planning user.

There was difference on information provision between NGOs' and Governmental health service delivery points on different methods other than the common methods (injection & pills). For Non-Governmental health service the information was, 35(39.8%), 33(37.5%), 189(20.5%), 15(17%), 1(1.1%), 169(18.2%), and 35(39.8%) for condom, IUCD, spermicidal, sterilization, natural method, diaphragm, and Norplant respectively, while 5(5.7%), 32(36.5%), 1, 0, 0, 1, and 1 for condom, IUCD, Spermicidal, Sterilization, natural method, Diaphragm, Norplant respectively in Governmental HSDP. (Table 10)

Among IEC materials used in HSDP, most of them were used in Non Governmental clinics, for example, in NGO clinics: flip chart 30, pamphlets19, contraceptive methods 33, posters 26,and anatomical models 5,wile in Governmental clinics 1 flip chart, 2 pamphlets, 17 contraceptive methods, 1 poster, and no anatomical models were used.

In NGO clinics, out of 94 clients, 87(92.6%) were asked about their LMP, weight was measured for 86(91.5%) clients, for 87 (92.6%) users blood pressure was considered,

and physical examination was performed for 31(33%) clients. Regarding to Governmental health service delivery points, out of 115 clients, LMP was asked for 111(96.5%) clients, other vital signs were considered for only some clients. Weight 52(45.2%), blood pressure 52(45.2%), and physical examination for only one client were considered (table8). All pelvic examination (27 clients) was performed in Non-governmental clinics.

figure 3:Bar graph showing provider technique during pelvic examination in B/Dar special zone, Jan. 2005

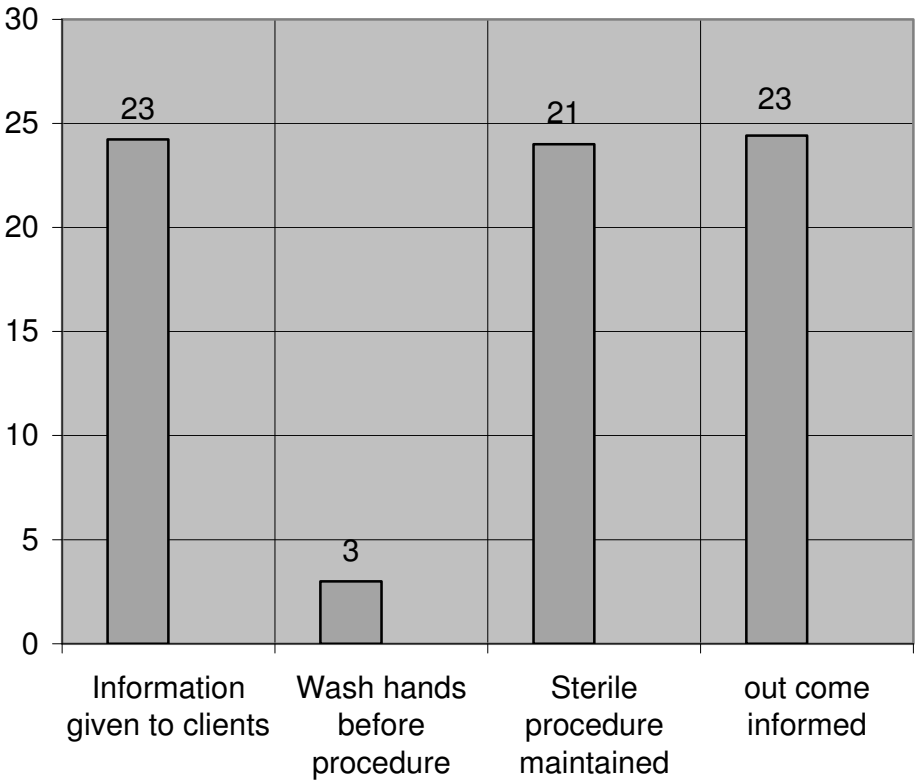


Figure 4:Bar chart showing IEC materials used for new clients,B/Dar Special zone, Jan. 2005

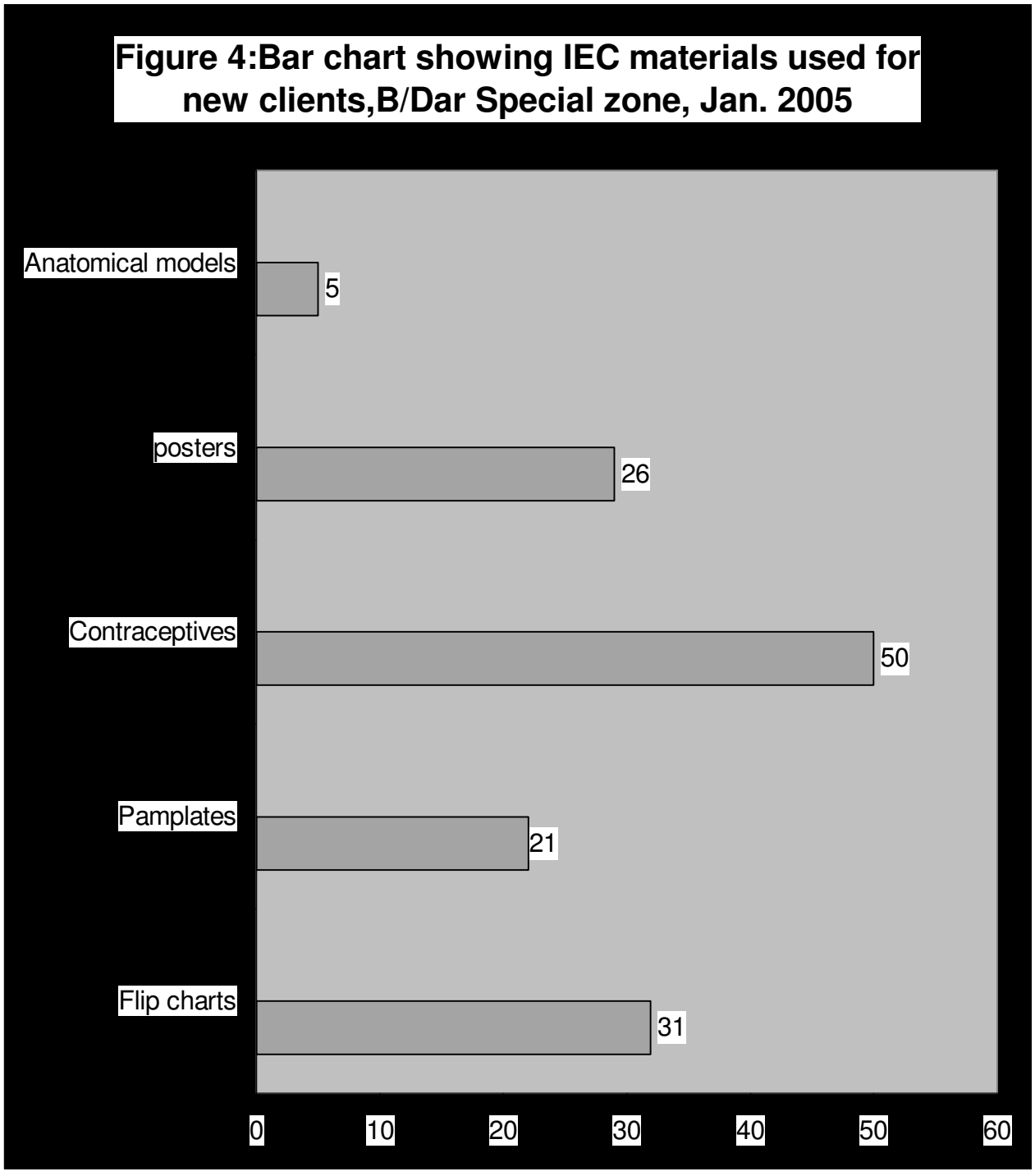


Table 8: Client/provider interaction during observation by Governmental and Non-Governmental health service delivery points, B/Dar special zone, Jan. 2005.

	NGO (n=94)		Governmental	
	Yes	**%**	**Yes**	**%**
Greeting	83	88.3	104	90.4
Discussion of methods				
Pills	49	52	73	63.5
Condom	35	37	5	4.3
IUCD	33	35	32	27.8
Spermicidal	18	19	1	0.9
Permanent method	15	16	0	0
Natural methods	5	5.3	0	0
Diaphragm	16	17	1	0.9
Norplant	35	37.2	33	28.7
Injection	54	57	98	85.2
Physical examination and information given				
LMP asked	87	92.6	111	96.5
Weight measured	86	91.5	52	45.2
Blood pressure measured	87	92.6	52	45.2
Physical examination done	31	33	1	0.9
Show how to use method	59	62.8	23	20
Told advantage	59	62.8	23	20
Told side effects	48	51	50	43.5
Told possibility of switching method	48	51	50	43.5
Return if problem arises	49	52	30	26.1
Written reminder given	94	100	114	99.1

2. Functional capacity (logistics and supplies)

Eight family planning service delivery points were observed that were felt to be crucial to its capacity to function effectively, and that may influence the quality of care provided.

2.1. Infrastructure

Generally speaking, the waiting areas for clients had functional toilets, adequate seats and were protected from sun, wind & rain except one Governmental (Gvt) health center. But more than three quarters of the toilettes were with poor sanitation. Official opening time for 5 Governmental and one Non-Governmental (NGO) HSDPs was from Monday to Friday 8.30am in the morning & 1.30pm in the afternoon. One Non-Governmental clinic was functional from Monday to Saturday from 8.00 to 12.00am in the morning & 1.00 to 5.00pm in the afternoon. Another one NGO clinic had official opening time from Monday to Friday 8.00am in the morning & 1.00pm in the afternoon. Except two NGO clinics, there was no sign announcing that family planning service is available. Except three NGO clinics, there was no sufficient staff assigned to work in family planning service. Most of the time nurses, health assistants, & junior nurses work in family planning services by shifting whether they are trained or not in family planning service. In all clinics, the counseling & examination areas were reasonably private. All of the health service delivery points had registration books for recording multiple revisits or for new clients. The condition of recording system was good except one Governmental clinic, but they don't use it for tracing of defaulters. In general, all family planning service delivery points did not have any means of tracing defaulters.

2.2. Logistics and supplies

Except one governmental clinic, all of them had at least three IEC materials, but in most governmental clinics they don't use it. Blood pressure apparatus and antiseptic solutions were available in all health institutions. Sterilizer and weight scale were available in all HSDPs except two Governmental clinics. Uterine sound was not available in one NGO. clinic and in 3 Gvt. clinics, while speculum and scissors were not available in one GVT. health center, & in one NGO. clinic. In addition, tenaculum was not available in one NGO. & in three Gvt. Clinics. Examination tables were available in all HSDPs except in one Gvt hospital. Sterile gloves, thermometers, sterile/disposable needles and syringes, were sufficiently available in all HSDPs, except none in one Gvt health center. Except two Gvt. Clinics, all SDPs had laboratory units, but pregnancy test was available in two NGOs. and in two Gvt HSDPs. Regarding surgical contraception, Mini lap kits were available in two NGOs and in one Gvt family planning service delivery points.

Availability of contraceptive methods were assessed in each HSDPs and among the family planning methods, only condom was available in all HSDPs. Pills were available in 2 NGOs and in 3 Gvt.clinics, while injectable (DEPO) was available in 3 NGOs and in 3 Gvt. Clinics. Norplants were also available in two NGOs. and in one Gvt health center. For the rest Diaphragm and only progesterone only pill were present only in one Gvt.health center. The procedure for tubal legation and vasectomy was carried out only in two NGOs clinics. Even though the stores were empty in most health service delivery points, the general condition was good. Stores were protected from sun, rain, wet, and

rats. In most Governmental family planning service, contraceptive methods were stored in the same shelve but isolated in separate area.

2.3. Management & supervision

Awareness of management process was measured by the availability of documents and supervision. These documents were satisfactory almost in all service delivery points. All family planning service delivery points had monthly statistics reports about family planning activities. But supervision was generally inadequate. Supervisory visit was made for 2 NGOs., and for one Gvt. Service delivery points before 3 months. More than 3/4th of the clinics did not get feed back. In daily registration books some of the records in most family planning service delivery points were incomplete.

2.4. Follow-up or continuity mechanisms

After receiving the contraceptive methods, most clients were given some appointment card with the date for revisit and told when to return. In all health service delivery points, no system was designed for follow-up to clients who did not return. Providers informed for all new clients when to return to the clinic for re-supply or check up. Referral system is good but more than 3/4th of health service delivery points did not get feed back.

During observation, there was no time punctuality in most Non-governmental health service delivery points. For example in one Governmental clinic and two health centers most of the time providers were busy by other activities and family planning users were waiting for them. In one Non-Governmental clinic, even though the official opening time was 8 AM, in some days they started to provide contraceptives at 9 AM.

III. In-depth interview

An in depth interview was carried out to assess the knowledge and skill of service providers. From each family planning service delivery points , one service provider was interviewed and responded to the questions. Out of service providers 5 of them were nurses, one health assistant, and two junior nurses. The average service year in family planning program was 3.3 years with range of 2 months to 7 years. Five service providers had training; 2 of them had trained on basic family planning service, 2 integrated health services, and 1 in logistic and supplies. Almost all trained providers were from private health service delivery points. Except one, all providers had trained before two years.

Knowledge and skill questions were asked on each specific contraceptive method for family planning service providers. For injectable and oral pills all provides had good knowledge and skill especially on providing injection, and at least they mention 3 side effects, contra indications, importance, advantage and disadvantage for both methods. Only two providers could not explain about side effects of pills. Concerning Norplant and IUCD, only two providers were able to perform the procedure, six providers mentioned at least 3 side effects, contra indications, importance, advantage and disadvantage of IUCD and Norplant. But two providers could not explain about side effects of both Norplant and IUCD. For vasectomy, all providers did not have the skill to perform the procedure, but except 2 who don't know its side effects all mentioned its importance, and side effects.

For breast-feeding mothers all providers replied that they provided them with only progesterone containing pill.

All family planning service providers knew when to start contraceptive methods for the first time. For one missed pill, all providers said that they would advice their clients to take it as soon as they remember and continue the rest as she was doing before. For two missed pills, all said again advice the clients to take them as soon as they remember except two providers who said that they advise them to add some more barrier methods. For 3 or more missed pills, again two provides said that clients should be supported by barrier methods, 3 of them suggested to stop sexual intercourse, the rest three said stop taking pill. For the question “how the client check whether the IUCD is in place or not”, all responded for checking of the thread, but one provider said that they have to check also expulsion of thread during menstruation on the pad and after sexual intercourse. On the problem, which is beyond their capacity, all replied for referral of clients to higher health institution. Information given by service providers to new clients about service provision, see table 5.

Finally, all family planning service providers were asked about the current existing problems. Except 3 Non-Governmental clinics, there was complaint about lack of manpower, acute shortage of different contraceptive methods and unavailability of some logistics. The principal investigator had discussed the above problems with Regional maternal and child health service team leader and head of Zonal health department. They responded that, the problem for shortage of contraceptive methods was throughout the region. By now they have negotiated with one sponsor Non-

Governmental organization and promise is given to make accessible all contraceptive methods throughout the region from next year onward and this will solve the problem. The other problem stated was, high turn over of staff workers in family planning service, no basic family planning and other on job training was provided, some methods and materials locked when permanent providers are away from the area. For example in three Governmental family planning service clinics, staffs that were permanently assigned were away from the area and they locked some logistics. Staffs who assigned there temporarily were complaining not only accessibility of logistics and supplies but it affects also their psychology.

Discussion

In Ethiopia, studies and information on quality of family planning service is very scarce, and this study will help policy makers, service providers, and program coordinators to improve quality family planning service in Bahar Dar Special Zone.

This study identified major constraints in family planning service delivery points in B/Dar special zone, which was related to quality of family planning issues. Only female clients were selected for this study. Because in our situation male partners do not attend regular F/P service and it is difficult to get the required sample size that can be representative for male clients at health institution level. Young women who were 20-24 years old were high contraceptive users (34.5%). This was a beat higher than studies in Jima (30.1%) (38). Studies in Lesotho showed similar to this study (37.1%)(44). About 355(86.2%) of the clients were married. The probable reason for this high proportion of married women could be due to regular sexual contact with their husband and fear of unwanted pregnancy. Secondly, married women do not afraid of cultural influence and they can use contraceptive methods anywhere freely. Most family planning users in this study were also illiterate, read and write or completed elementary school. The probable reason for this might be early marriage and being housewife. Being housewife cause them to interrupt their education, because they are caretakers for the whole families and they did not have time to attend their school. Lower educational status of clients might make them unable to ask questions and less understand information about different methods.

Three hundred fifty five (86.2%) of the clients responded that waiting time was short; the mean waiting time to get the service was 48 minutes, which was higher than studies in Jimma (31.7 minutes) (38) and Bangladesh (30minutes) (47). The mean waiting time suggested by those

dissatisfied users was 26.8 and 10.6 minutes in Jimma and Bangladesh respectively. Although the majority of the clients said that waiting time is short, this possibly might be due to some desirability bias. Therefore long waiting time was one of the deficiencies identified in this study. Similar study was also reported in Kenya (39,45). Researchers also have shown that long waiting time is a principal factor leading to high rate of program and method discontinuation (46). For this study, the median consultation time was 3 minutes. This was similar to studies in Jimma and Bangladesh where the average consultation time was (3.1, 2.3 minutes) respectively (38, 44)).

Three hundred eight (74.8%)clients received information about service and methods in this study. Of the new clients, a range of 60-68 clients were given information about side effects, contraindication, method change, and others. This was similar with studies in Kenya (60%) (45). This is not sufficient and attention has to be given since each client has the right to get information. Clients' lack of information regarding to the above issues is likely to result in a negative attitude towards methods whenever they experience the above problems. This might increase the probability of discontinuation of contraceptive methods.

Concerning contraceptive methods, this study identified that there was unavailability and shortage of different contraceptive methods. Studies in Jima and Addis Ababa also have shown similar problems (37,39). Limited methods, which were identified by this study, were the problem in all health service delivery pints. Unavailability and shortage of contraceptive supplies can be a major determinant that can affect choice of methods to clients This makes family planning users to be restricted with some methods since any one method is unlikely to be accepted by all clients. When clients get different methods in the health service delivery points, they can get the chance to prefer their choice. When clients get the method they want, they use

them longer and more effectively. Unavailability of different methods may be the probability of not providing the client choices. During data collection time, 36.7% contraceptive users were breast-feeding mothers, but only one clinic had progesterone only pill and lactational amenorrhea method was not discussed in all health service delivery points. This might be service providers did not consider its importance or might be lack of knowledge. Injection was the dominant method for new clients (68.35%). The second dominant method was contraceptive pills (26.8%). In some African countries like Zimbabwe and Morocco, oral contraceptive methods accounted for 86% and 76% respectively of all the methods by the new clients (48). The reason for high injection users in this study might be clients' preference for its long effect and does not require daily base remembrance. Permanent methods, Norplants, Condoms, and IUCD were not popular in this study area. But studies in India (49), Kenya (45), permanent method was popular and used by majority of clients. The probable reason for low use of Norplant, surgical contraception, and IUCD in this study might be shortage of trained staffs, unavailability of methods, and inadequate information given to clients. Condoms were available sufficiently in all health service delivery points, but it is not widely used by clients. This might be because of availability of condoms in shops, hotels, and pharmacies. Since they can get it from many sources, they can buy and utilize it whenever they demand it.

A sign indicating the availability of family planning service was posted in only two Non-Governmental health service delivery points. Studies in Addis Ababa showed that a sign indicating availability of service delivery points were posted in more than half of the health institutions which is far better than this study (39). Signs were displayed in 52% and 11% of health service delivery points in Nigeria and Tanzania respectively (50). Unavailability of sign of

posts can decrease popularity, and clients might not be aware of the availability of family planning service delivery points around that area.

Even though the waiting areas for clients in all family planning service delivery points had latrine and water, in most clinics the sanitation of latrines were with poor condition and common with other out patients. Daily registration books were available in all family planning service delivery points, but in most clinics it was incomplete and records were not used by providers to follow their clients. All family planning service delivery points had no mechanisms to trace defaulters. Study in Addis Ababa showed that in a third of health institutions, clients record was in poor order (39). Studies in Burkina Faso also has shown that there was lack of follow up mechanisms in the country (51), but in Kenya, 48% of service providers had some mechanisms for follow up of clients (45). In Latin America, poor follow up mechanisms have been also documented (52). One probable reason for defaulting of clients might be poor service provision. Therefore tracing of defaulters can help to identify problems and possible measures can be planned to improve quality service. Referral system seems good, but more than three fourths of health service delivery points did not get feed back. Feedback should be considered as a central issue to improve the failure, increase improvement to job performance, and to promote commitment by service providers. All family planning service delivery points had monthly statistical reports on family planning service activities, but supervisions from higher institutions was inadequate. Supervision was made for only 2 Non-Governmental and for one Governmental clinics before three months of data collection time. Inadequate supervision was also documented in Jima where all health service delivery points had not received supervisory visit with in three months prior to data collection time (38). Poor supervision was reported in some African countries like Burkina Faso (48), and Nigeria (50). Strong supervision and control system can

help to strengthen and maintain good quality of family planning service activities. All the above conditions can contribute negative effect to continuity mechanism in quality family planning service. For example, study done in Tanzania, supervision showed improvement in quality of family planning service activities (53).

In all health service delivery points, at least three IEC materials were available except in one Governmental health center. But during observation, most of them were not utilized by service providers. The probable reason for not utilizing them might be work over load, because staffs are working family planning service with other out patient activities and shortage of staffs, especially in governmental health service delivery points, or might be most providers did not understand the importance of IEC materials or under estimate them. Even though about 61.7% of family planning users had some informal and formal education, there were no educational materials like pamphlets to be distributed to clients. Studies in Burkina Faso (48), Nigeria, Tanzania, and Zimbabwe (50) had shown that IEC materials were not widely available. However, studies in Latin America showed that broad range of IEC materials were used to disseminate information (52). Information, education, and communication materials are important source to disseminate information, especially where there is shortage of staffs like B/Dar special Zone, which is the site for this study.

Inadequate training for family planning serves providers was the other shortage detected in this study. Except non-Governmental clinics, service providers in most Governmental clinics did not get basic or on job family planning service training. Due to shortage of manpower, they were providing family planning service by shifting in addition to other out patient activities.

Inadequate training was also reported in other countries like Tanzania, 41%, in Zimbabwe 30%, and in Nigeria 6% of service delivery points had no trained staffs (50).

Service providers had given less attention for taking blood pressure, weight, and doing physical examination. For example, for new clients, weight 68%, blood pressure 65%, was measured and physical examination was performed for 27.3% clients. Taking vital signs for repeat clients is uncommon especially in governmental health service delivery points. This is very serious issue, because contraceptives have their own side effects and contraindications. All vital signs and physical examination have to be done before and after contraceptive methods are provided.

Strengths and weakness of the study

Strength of the study

1. Qualified data collectors used for observation of client/provider interaction
2. Data collectors had exposure before this time and were well experienced for exit interview
3. Privacy was maintained as far as possible during observation and exit interview. This might make clients feel free to give information about health institution and about service providers.
4. Well structured questionnaire and check lists used
5. Full information was given about the objective of the study and agreement was obtained from clients, before data collection, and daily checkup made for the completeness of the questionnaire at field level and during data collection time.
6. Triangulation methods were used to collect the data from different sources to increase the validity of the study.
7. There is lack of adequate literatures in our country, this study has identified the level of quality family planning service in B/Dar special zone and I hoped this study would be an input in this regard.

Limitations of the study

1. Since the study was institutional based might underestimate the results related to satisfactions. It is possible that dissatisfied clients might not come to health institutions.
2. Providers might also show the best behavior responses during client-provider interaction and perhaps users might also show courtesy bias during the exit interview.
3. Only females contraceptive users were selected, it was not comprehensive enough to represent all males and females who are not contraceptive users.

Conclusions

Several shortfalls in quality family planning service provision has been identified by this study in B/Dar special Zone health service delivery points:

1. Even though they have good knowledge, most providers are not trained. But this has to be supplemented with current training. This will help them to increase their knowledge and avoid negligence.
2. Most clinics have isolated rooms for family planning service; this has to be supported by logistics and supplies.
3. Longer waiting time, inadequate information about specific methods, less attention to privacy were some constraints for client dissatisfaction.
4. Method choices are generally limited to hormonal methods; injectable and oral contraceptives being dominant methods. Service users have to be familiar with other methods too. If injectable and oral contraceptive methods are not available by chance, they have to be replaced by non hormonal methods and by other hormonal methods like nor plants, IUCD, condoms, surgical methods, natural methods, and…etc
5. Providing hormonal contraceptive methods without checking vital signs and doing physical examination was documented.
6. Limitations in equipments, method unavailability, under utilization of IEC materials, were the revealed constraints to improve quality family planning service.
7. Signs indicating the availability of family planning service were not posted in most health service delivery points.

7. Lack of staff training and Poor supervisory system was another constraints documented in this study.

Recommendations

Based on the above findings, the following recommendations are given:

1. Efforts should be made to increase the number of health service delivery points and strengthen the existing clinics. This needs discussion with policy makers and donor agencies.
2. The Zone has to communicate with Regional health Bureau and other Governmental bodies to increase number of trained staffs. Having sufficient staffs can minimize frequent turn over and work load. Providers' special training, with task oriented refreshment course, special emphasis on strengthening providers' problem solving skills, and counseling techniques will increase both providers' and clients' satisfaction, which are important for, improve quality of family planning service.
3. Some mechanisms have to be designed to increase the availability of different contraceptive methods and logistics. This can be done by proposing additional budget for contraceptives or by inviting different donor agencies.
4. Regular supervision has to be considered by Regional and Zonal health departments.
5. Since weight scales and blood pressure apparatus are available in all clinics, clients' vital signs and physical examination should be performed at regular bases.
6. Mechanisms for defaulters tracing and follow up should be designed.
7. Quality should be considered as an integral part of family planning services.

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APPENDIX I: Sample English questionnaire for exit interview

Addis Ababa University
Medical Faculty
Department of Community Health

Questionnaire on quality of family planning service

To be filled by data collectors

Region_____ Zone_____Woreda_____

Cod number of the health institution_____

Good morning dear client! My name is _____. I came from Amhara Regional health bureau. I am a member of research team on assessment of quality of family planning service, which is going to be carried out by Addis Ababa University. It is believed that quality family planning service increases clients' satisfaction, which contributes to increase contraceptive prevalence rate. The purpose of this study is to assess the quality of family planning service provided in some health institutions and level of satisfaction of family planning users, and finally to give important comment that will help to strengthen and improve quality of family planning service. We would like to improve the quality of family planning service provided by this clinic. To do this, your information is very important. Would like to ask you a few questions about your visit to the clinic to find out your experience today. We would be very grateful if you could spend a few minutes to answer questions related to the service. We will not put your name or registration number in the format. All the in formation you give will be kept strictly confidential. Your participation is voluntary and you are not obliged to answer any questions you don't want. But your honest participation will contribute to generate information that can be used to improve quality family planning service.

Do I have your permission to continue?

Yes ☐ No ☐

Code number of the client ---------- Client arrived at service delivery points--------
Time client received service------- Waiting time----------

Interviewer: -

Name_____ Cod number_____

Cheeked by supervisor/investigator. Signature_____

Part I: Socio – Background characteristics

No	Questions & filter	Coding category	Skip to
101	How old are you?	1.Age in years ------ 88. Don't Know 99. No answer	
102	Your residence	1. Rural 2. Town	
103	What is your current marital status?	1.Single 2.Married & live together 3.Married but not live together 4. Divorced. 5. Widowed 99. No answer	
104	If married /have regular partner, have you discussed family planning with your husband?	1.Yes 2.No 99. Don't remember	
105	Do you have children?	1.Yes 2.No----------	Q 111
106	If yes, how many living children do you have?	1.One 2.Two 3.Three & above	
107	What is the age of your youngest child?	1. ------Year/Month------- 88. Don't know	
108	Would you like to have more children	1.yes 2.No 3.Depend on God 4.Depend on husband 99. No answer	
109	If yes, when would you like the next child	1.Immedeatly 2.Up to one year 3.Up to two years 4. Up to three years 5. After three years 99.No answer	
110	Are you currently breastfeeding?	1.Yes 2.No	

111	What is your educational level?	1.Illitrate 2. Write & read only 3. Primary school(1-8) 4.Secondaryschool completed 5.Tweleve +1& above	
112	What is your religion	1.Orthodox Christian 2.Catholic 3.Protestant 4.Muslim 5.Other (Specify)-------	
113	What is your ethnicity?	1.Amhara 2.Oromo 3.Tigre 4.Agew 5.Guragie 6.Other (specify)----	
114	What is your occupation?	1.Government employee 2.Private employee 3.Merchant 4.Un employed 5.House wife 6.Student 7.Daily laborer 8.Prostitute 9.Other (specify)------	
115	What is your monthly in come?	----------Eth.birr	

Part II: Client interview on service satisfaction. (For both new and repeat)

No	Question and filter	Coding category	Skip to
201	Who told you for the first time about the family planning service of this clinic?	1. Husband 2. Neighbors 3. Health professional 4. Other (specify)_____	
202	How long did it take to you to arrive at this clinic?	1.Less than 1/2 hr 2.1/2 to 1 hr 3.1 to 2 hrs 4.More than 2 hrs 88. Don't know	
203	Are the opening hours for this clinic convenient for you?	1.Yes 2.No 88. Don't know the opening Hours 99. No answer	
204	How long did you wait between the time you first arrived to the clinic and gets family planning service?	1. No wait 2. Less than 1/2 hr 3. Half to one hour 4. 1 hour and above 88. Don't know	
205	How do you feel about your waiting time?	1.No waiting 2.Short 3.Long 4.Too long 88. Don't know	
206	Do you feel that to day you received the information & service that you wanted?	1.Yes 2.No 3.Some but not adequate information and service 4. I have received the service but not the information. 5. I have received the information but not the service. 6.Other (specify)----------	
207	If not why	1.provider do not want to tell me 2.the service I want was not available 3.time was too short & I did not get time 4. Oher (specify).----------	

No	Question and filter	Coding category	Skip to
208	Did you feel that your consultation with the clinical staff was …	1.About right 2.Too short 3.Too long 88. Don't know 99. No answer	
209	During consultation, was the provider easy to understand?	1.Easy to understand 2.Difficult to understand 3.Don't understand 99.No answer	
210	Did you ask any question about family planning	1.Yes 2.No----------	Q212
211	If yes, did the answer satisfy you?	1.Yes 2.No 3.Partically 99. No answer	
212	Was there enough privacy during consultation?	1.Yes 2.No	
213	Do you know any other clinic where you can get family planning service?	1.Yes 88. don't know	
214	If yes, is this clinic the closest site to your home?	1.Yes 2.No 88. Don't know 99. No answer	
216	Will you come back for next appointment?	1. Yes 2. No	

Part II sections I: - Question for new family planning users

No	Questionnaire and filter	Coding category	Skip to
217	Why do you come to this clinic?	1. To start birth control 2. To get counseling 3. To get both service	
218	Did you decide to use contraceptive method at this visit?	1.Yes 2.No---------- 99. No answer	Q220
219	If yes which method did you accept today?	1.Pills 2.IUCD 3.Condom 4.Female sterilization 5.Diaphragn 6.Injectable 7.Spermicide 8.Nor plant 9. Other (specify)---------- 99.No answer	
220	If no, why did you not start to use contraceptive method today	1.Change my mind 2.Came for information only 3.Pregnancey suspected 4.Contraindication for method wanted 5.Method wanted not available 88. Don't know 99. No answer	
221	**During the consultation for the method you accept to use, did the health personnel explain about the following?**		
221.1	Clearly explains how the method works?	1.Yes 2.No 99. No answer	
221.2	Demonstrate how to use it?	1.Yes 2.No 99. No answer	
221.3	Describe possible side effects	1.Yes 2.No 99. No answer	
221.4	Explain what to do if you experience any problems before the next visit?	1.Yes 2.No 99. No answer	
221.5	Explains the possibility of changing method if you are not happy with it?	1.Yes 2.No 99. No answer	
221.6	Where to go for supply or follow up visit?	1.Yes 2.No 99. No answer	

222	In addition to the method you received, were you told about any other methods?	1.Yes 2.No---------- 99. No answer	Q224
223	**If yes, which method?**		
223.1	Pills ----------	1. Yes 2. No	
223.2	Injectable ----------	1. Yes 2. No	
223.3	Spermicidal ----------	1. Yes 2. No	
223.4	Diaphragm ----------	1. Yes 2. No	
223.5	IUCD----------	1. Yes 2. No	
223.6	Condom ----------	1. Yes 2. No	
223.7	7.Female sterilization----------	1. Yes 2. No	
223.8	8.Nor plant----------	1. Yes 2. No	
223.9	9.Other (specify)----------	1. Yes 2. No	
224	Will you come for next appointment?	1. Yes 2. No	

Part II Section II: -for re supply or follow-up clients

No	Question and filter	Coding category	Skip to
225	Which method are you using?	1.Pills 2.Injectable 3.Spermicides 4.Diaphragm 5.IUCD 6.Condom 7.Nor plant 8. Other (specify)----------	
226	**Which method do you know other than the method you are using**		
226.1	1.Pills ----------	1. Yes 2. No	
226.2	2.Injectable----------	1. Yes 2. No	
226.3	3.Spermicides----------	1. Yes 2. No	
226.4	4.Diaphragm ----------	1. Yes 2. No	
226.5	5.IUCD----------	1. Yes 2. No	
226.6	6.Condom----------	1. Yes 2. No	
226.7	7.Nor plant----------	1. Yes 2. No	
226.8	8. Other (specify)----------	1. Yes 2. No	
227	Last time you have obtained family planning method, did you get it from this clinic	1.Yes---------- 2.No	Q229

228	If no, where did you get it	1.Other Governmental health institution 2.Private clinic 3.Community based distribution 4.Pharmacy 5.Other	
229	Did you pay for the service and for contraceptive?	1.Yes 2.No	
230	If yes how much for one visit?	1.Price for contraceptive per cycle ---- 2.Price for service -------	
231	If a friend of yours wanted family planning service, would you encourage her to come to this clinic or go elsewhere?	1.Come to this clinic 2.Go to some where else 88. Don't know 99. No answer	
232	**If you encourage her to go somewhere else, why?**		
232.1	Long waiting time here----------	1. Yes 2. No	
232.2	Far away ---------- ----------	1. Yes 2. No	
232.3	Poor quality service here ----------	1. Yes 2. No	
232.4	Poor/inadequate consultation here----------	1. Yes 2. No	
232.5	Only few family planning methods are available here-	1. Yes 2. No	
232.6	Other (specify)----------	1. Yes 2. No	
232.7	No, answer----------	99.	
233	**Which service did you like from this clinic?**		
233.1	1.Get service with in short period ----------	1. Yes 2. No	
233.2	2.Provider gives good service ----------	1. Yes 2. No	
233.3	3.Counselling was clear & satisfactory ----------	1. Yes 2. No	
233.4	4.Received the method chosen----------	1. Yes 2. No	
233.5	5. Other (specify)----------	1. Yes 2. No	
233.6	6. No answer ----------	99.	
234	will you come for next appointment?	1. Yes 2. No	

Part II Section III: - Knowledge questions for different contraceptive methods for both new and repeat clients

1/ For pills

No	Question and filter	Coding category	Skip to
235	When do you start using pills?	1- With in the 1st to 5th day of menstruation period 2- Any time 88. Don't know 99. No answer	
236	How often could You take a pill?	1- One tablet every day 2- Any time 3- During sexual intercourse 88- Don't know 99- No answer	
237	Have you told the importance of pills?	1- Yes 2- No 99.Don't remember	
238	**What are the minor problems, if any, you may experience with taking the pills?**		
238.1	No problem----------	1. Yes 2 .No	
238.2	Mild headache----------	1. Yes 2 .No	
238.3	Small weight gain----------	1. Yes 2 .No	
238.4	Nausea----------	1. Yes 2. No	
238.5	Spotting /bleeding----------	1. Yes 2. No	
238.6	Other (specify) ----------	1. Yes 2 .No	
238.7	Don't know----------	88.	
239	**Apart form the regular return or resupply visit, for what problem, if any, would you come back to the clinic?**		
239.1	Chest pain and shortage of breath ----------	1. Yes 2. No	
239.2	Sever headache----------	1. Yes 2. No	
239.3	Sever leg pain ----------	1. Yes 2. No	
239.4	Vision problem----------	1. Yes 2. No	
239.5	Other/specify/----------	1. Yes 2. No	
239.6	Don't know ----------	1.88.	
240	Did the provider tell you when to come back for another visit?	1- Yes 2- No 99. No answer	
241	Will you continue to use pill?	1. Yes 2. No	

2/ for IUCD

No	Question and filter	Coding category	skip to
242	If intra uterine contraceptive device is inserted, can you tell me how you check it is in place?	1. Touching the thread regularity 2. It can not slip out once it is inserted 3. Other (specify)----- 88. Don't know	
243	When do you come back for first check-up?	1- No need to come back 2- Less than a month 3- After one month 4- After one year 88- Don't know	
244	Have you told the importance of this method	1-Yes 2- No 99. Don't remember	
245	**What are the minor problems, if any, you may experience with having an intrauterine contraceptive device?**		
245.1	No problems----------	1. Yes 2. No	
245.2	Spotting b/n Menstrual periods----------	1. Yes 2. No	
245.3	Increased discharge ----------	1. Yes 2. No	
245.4	Infection----------	1. Yes 2. No	
245.5	Other /Specify/ ----------	1. Yes 2. No	
245.6	Don't know----------	88.	
246	**Apart from the regular check - up visit for what problems, will you return to the clinic?**		
246.1	No problem ----------	1. Yes 2. No	
246.2	Heavy discharge ----------	1. Yes 2. No	
246.3	Expulsion or can not feel threads----------	1. Yes 2. No	
246.4	Abdominal pain or sever cramps----------	1. Yes 2. No	
246.5	Pain during intercourse ----------	1. Yes 2. No	
246.6	Fever, chills----------	1. Yes 2. No	
246.7	Other (Specify)----------	1. Yes 2. No	
246.8	Don't know ----------	88.	
247	Do you know how long can intrauterine device serve once it has been inserted?	1- Number of Years---------- 88. Don't know	
248	Will you continue this method?	1. Yes 2. No	

3/FOR INJECT ABLE ACCEPTORS

No	Question and filter	Coding category	Skip to
249	Do you know which type of injection you had had?	1- Yes 2- No	
250	How often should you get an injection?	1) Every month 2) Every 2 or Every 3 months 3) Every year 88). Don't now	
251	Have you told about the importance of this method	1- Yes 2- No 99. Don't remember	
252 252.1 252.2 252.3 252.4 252.5	**Apart from the regular return visits, for what problem, if any, would you come back to the clinic?** No problem ---------- Sever Headache---------- Heavy bleeding---------- Other/specify/---------- Don't know----------	 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 88.	
253	Did the provider tell you when to come back for another visit?	1- Yes 2- No 99. No answer	
254	Will you continue this method?	1.Yes 2. No	

4) For Norplant users

No	Question and filter	Coding category	Skip to
255	How often can you change Norplant ?	1- Every 5 years 2- Every 2 years 3- Every 3 years 4- Every 3 months 88- Don't know	
256	Do you told the importance of Norplant	1- Yes 2- No 99. don't remember	
257	**Apart from the regular visit, for what problems, if any, should you come back to the clinic**		
257.1	No problem ----------	1. Yes 2. No	
257.2	Sever headache----------	1. Yes 2. No	
257.3	Heavy vaginal bleeding----------	1. Yes 2. No	
257.4	Unexpected weight gain----------	1. Yes 2. No	
257.5	Other/Specify/----------	1. Yes 2. No	
257.6	Don't know ----------	88.	
258	Did the service provider tell You when to come back?	1- Yes 2- No	
259	Will you continue this method?	1. Yes 2. No	

5) For Tubal legation

No	Question filter	Coding category	Skip to
260	Have you been told the importance of tubal legation	1- Yes 2- No 99. Don't remember	
261	For how long tubal legation serve	1.3 month 2. 1 year 3. Through time 4.other (specify)_____	

Part II Section IV. Miscellaneous scale on client satisfaction

The following are statements about different characteristics that client satisfies. Please mark (✓) according to your agreement in the statement, i.e., if they disagree mark/✔/, if they are in between disagree and agree mark /✔/ and if they are disagree mark/✔/ on the space provided.

No	*Statement*	*1 Disagree*	*2 Neutral*	*3 Agree*
262	Provider greeting is good and in a friendly why			
263	Provider perform the procedure with cleanliness and sanitation			
264	Provider has good knowledge and skill to perform the procedure			
265	Sufficient methods are available			
266	Information given about the method is sufficient			
267	Waiting time is adequate			
268	Privacy was maintained			
269	Waiting place is adequate with latrine and water supply.			

Part II Section V: - Preference of source that quality family planning can be obtained better.

270. Please place in rank order (from most to least) you would believe you can receive better service/especially on technical skill/.

_____Doctor
_____Nurse who is female
_____Nurse who is male
_____Community based distributors
_____Other specifies. _____

Thank you very much!

APPENDIX II: Sample Checklists for observation

Observation Guide for provider client interaction

Code number of the health institution_____

Greet providers and clients; introduce your self and the purpose of the study. Obtain the agreement of both client and provider before proceeding to observe the interaction between them. No need of intervention to be involved. For each of the question listed below, circle that represents your observation of what happened during observation.

Good morning dear provider and client!

My name is ----------. I came from Amhara Regional Health Bureau. I am a member of research team on quality of family planning service, which is going to be conducted by Addis Ababa University. It is believed that quality family planning service increases contraceptive prevalence rate and the purpose of this study is to assess the status of quality family planning service in some health institutions. The finding of this study is intended to improve quality family planning service in both Governmental and non-governmental health institutions and hence to increase contraceptive prevalence rate. For this quality of family planning study, you are chosen to participate. The observation includes various techniques to evaluate your interaction. In order to attain effectively the goal of this study, I am asking you for your generous participation. I don't put your name or registration number on this questionnaire. It is your full right to refuse or participate in the study. But your honest response will contribute to generate information, which can be used to improve the quality service of family planning.

Do you agree to participate in this study?

Yes ☐ No ☐

Code number of the client _____

- Date of Visit _____
- Observation begun _____ end _____.
- Total time required_____

Name of observer _____Signature_____

Checked by supervisor/investigator Signature_____

Part I section I. Observation checklist for new family planning clients

N0	Question and filter	Coding category	Skip to
300	Does Provider greet client?	1- Yes 2- No	
301	Does client know about modern family planning?	1- Yes 2- No	
302	Does client has preference for a particular Method?	1-Yes 2-No	
303	**During consultation, did the provider talk about any of the following?**		
303.01	Pills	1. Yes 2. No	
303.02	Condom	1.Yes 2.No	
303.03	IUCD	1. Yes 2. No	
303.04	Spermicidal	1- Yes 2- No	
303.05	Female sterilization	1- Yes 2- No	
303.06	Vasectomy	1- Yes 2- No	
303.07	Natural method	1- Yes 2- No	
303.08	Diaphragm	1- Yes 2- No	
303.09	Nor plant	1- Yes 2- No	
303.10	Other/specify ----------	1- Yes 2- No	
304	Did the provider promote or overemphasize one method in particular	1- Yes 2- No	
305	If yes, which method	1. Pills 2. Inject able 3. Condom 4. IUCD 5. Spermicidal 6. Sterilization 7. Natural method 8. Diaphragm 9. Nor plant 10. Other/specify----------	

No	Question and filter	Coding category	Skip to
306	**IEC materials used during consultation:-**		
306.1	Flip chart	1- Yes 2- No	
306.2	Brochure/pamphlets	1- Yes 2. No	
306.3	Sample of contraceptive	1- Yes 2- No	
306.4	Posters	1- Yes 2- No	
3065	Anatomical model	1- Yes 2- No	
306.6	Other (Specify)----------	1- Yes 2- No	

Section II. Medical history and physical examination

No	Question and filter	Coding category	Skip to
307	**During consultation, did the provider ask the client on the following?**		
307.1	About contraceptive method history	1-Yes 2- No	
307.2	About date of LMP	1-Yes 2- No	
307.3	Unusual vaginal discharge/bleeding	1-Yes 2- No	
307.4	Pelvic pain	1-Yes 2- No	
307.5	Take weight	1-Yes 2- No	
307.6	Take blood pressure	1-Yes 2- No	
307.7	Sexual Transmitted disease Problems /symptoms	1-Yes 2- No	
307.8	Perform Physical examination	1-Yes 2- No	
307.9	Did laboratory test	1-Yes 2- No	
308.	**During pelvic Examination:**		
308.1	Client informed?	1-Yes 2- No	
308.2	Provider wash hands	1-Yes 2- No	
308.3	Sterile procedure used?	1-Yes 2- No	
308.4	Client informed about out come?	1-Yes 2- No	

Section III. Complete the following questions for the indicated methods & the likes.

No	Question filter	Coding category	Skip to
309	**If Intra uterine Contraceptive Device (IUCD) was inserted: -**		
309.1	Uterus sound used?	1-Yes 2- No	
309.2	Speculum used?	1. Yes 2. No	
309.3	Sterile procedure performed used?	1-Yes 2- No	
309.4	Emotional support given for Client?	1-Yes 2- No	
310	**If inject able was given to the client, did the provider do the following?**		
310.1	Injection site disinfected?	1-Yes 2- No	
310.2	New/Sterile needle and syringe used?	1-Yes 2- No	
310.3	DEPO vial shaken before drawing in to syringe?	1-Yes 2- No	
310.4	Injection site massage?	1-Yes 2- No	
310.5	Clint sent to injection room?	1-Yes 2- No	
311	**For the method selected did the provider told about any of the following?**		
311.1	How to use method	1- Yes 2- No	
311.2	Advantage	1- Yes 2- No	
311.3	Disadvantage	1- Yes 2- No	
311.4	Side effects	1- Yes 2- No	
311.5	Possibility of switching	1- Yes 2- No	
311.6	What to do if problem arises about method	1- Yes 2- No	
311.7	Where to go for re supply	1- Yes 2- No	
311.8	Communicated about the method	1- Yes 2- No	
312	Was the client told when to return for re	1- Yes	

	supply?	2- No	
313	If yes, did the provider give to the client some form of written reminder?	1- Yes 2- No	
314	Were any other health issues discussed at any time during the consultation	1- Abortion 2- STD 3- Immunization 4- Other /Specify/	

This is the end. Thank you!

Appendix III : Sample checklists for in-depth interview

Health institution – Hospital/ Health central/ clinic/Private clinic

Code of the health institution_____

I am carrying out a survey of quality family planning service on different health institutions to find ways of improving the service. I would like to ask you some questions to get information from your experience. Please be sure that this discussion is strictly secreted, confidential and that your name is not being recorded.

May I continue?

Yes ☐ No ☐

Thank you!

Cod of the service provider_____

Sex ___ Age _____ marital status_____

Educational status_____

1. How long have you been working her? _____
2. For how many years have you been providing family planning service ____
3. What kind of training have you ever attended? /on Job training/
4. Do you think that the training you have received in F/P is adequate to perform your duties?
5. What kind of training do you think that is important to improve service delivery in F/P /practical, theoretical/
6. Are you able to perform the following procedures?

   6.1. **Injection** of Depo-Provera, Norstrate.

   Can you tell me about importance, side effect, and contra indications, pre requisition measures?

   6.2.**Norplant:** - How to insert, pre requisition measures, side effects, contraindications, importance, advantage and disadvantage.

   6.3 . **UCD**: - How to insert, importance, side-effect, contra-indication, pre requisition measures, follow up of clients

   6.4. **Vasectomy or tubal legation**: - How to do the procedure, its important, pr requisition measures, who should decide.

   6.4.**Pills:** - How many (in kinds) pills do you know, Importance, side effects, contra-indication, for whom each of them are applicable, pre-requisition measure for each of them

   7. What is the importance of availability of different contraceptive methods?
   8. If a client would like a method that is not available at your clinic, what would you say to her?
   9. In professional opinion, what do you consider to be the necessary procedures and tastes before you can offer the method?

      a). Pills b). Injections c) IUCD d) Norplant e) Tubal legation f.) Vasectomy. g) Diaphragm
   10. Which method of F/P would you recommend for most people who would like to delay or space their next birth?
   11. Which methods of F/P would you recommend for most people who would like to have no more children?

12. Which method never you recommend.
13. If client comes to you for F/P service and she is breast-feeding, what advice do you tell her?
14. In addition to using contraceptive methods do you think that some women in this community use abortion to regulate their fertility? If so, how & where they perform it?

Method specific knowledge questions.

A. Pills:

15. When should a client with regular menus start taking pills?
16. If a client forgets to take pill for one or two days, what she should do?
17. What are some minor problems, if any, a client may experience with taking the pills

B- IUCD: -

18. When can IUCD can be inserted?
19. How the client check if the IUCD is in place
20. What are the minor problems for IUCD?
21. When should an IUCD client come back for the 1st cheek-up after the insertion?
22. For how long IUCD is effective?

C- Inject able

23. When should a client start an inject able contraceptive?.
24. When should a client return for the next injection?
25. What are the minor problems, if any client may experience.
26. Apart from the regular return visit, for what major problems, if any, should an inject able client come back to the clinic?

D- SUGGESTIONS FOR IMPROVING FAMILY PLANNING SERVICES

27. In your opinion which methods of family planning should be given priority and should be improved?
28. In your opinion, do you believe that there are adequate teaching aids for family planning clients coming to your institutions?

28.1 Is there a method to follow up defaulters among family planning clients?

28.2 If yes, which method of follow up are you using?

28.3 If a family planning client has a problem, which is beyond the capacity of the institution or if the method the client desired is not available in the institution, is there a method of referring her to a better health institution?

28.4 If yes, was feed back sent to you ?

APPENDIX IV: checklists for inventory

Instructions to data collectors: This inventory should be completed by observing the facilities that are available and with the person in charge of family planning on the day of the visit. . In all cases you should verify that the items exist by actually observing them .If you are able to observe them, then cod them accordingly. Remember that the objective is to identify the equipment and facilities that currently exist for the service and not to evaluate the performance of the staff or clinic.

Thank You!

Code No of health institution---------- Date of visiting----------

1. What is the official opening time for this Service delivery point?
2. How soon after the official opening time were services provided?
3. Are family planning services being provided on the day of the visit?
4. Is there a sign announcing that family planning services are available?
5. Indicate the number of staff who provide family planning service at this service delivery point on the day of the visit, within each designation (eg, nurse, Dr----)
6. Which family planning IEC materials are available? List all that are available
7. Was “a health talks” held today? What was the topic? Who was educating (qualification)?
8. Is there a separate room or area for physical examination?
9. How was the condition of the examination room?
10. Is adequate light and water available in the examination room?

EQUIPMENT AND COMMODITIES INVENTORY

How many types of equipments are available in the service delivery point and/or in the stockroom for family planning services (mention the available equipments)

Type of equipments	Available		Not available	
			Functionality	
	Quantity		Yes	No

11. Sterilizer_____
12. Blood pressure apparatus ___
13. Weight Scale_____
14. Flash light_____
15. Uterine sound_____
16. Speculum_____
17. Scissors _____
18. Teneculum _____
19. Antiseptic solutions___
20. Disposable gloves ___
21. Examination table __
22. Thermometer _____
23. Needle and syringe __
24. Mini lap kits _____
25. Sterile gloves_____
26. Pregnancy test_____
27. Disposable needles and syringes_
28. Autoclave_____
29. Different contraceptive methods
30. Minor surgery equipments_____
31. Other (specify)_____

_____
_____
_____

32. Is there a record system for keeping track of family planning commodities received and dispensed?
33. Are family planning commodities stored according to their expiration date?
34. Are storage facilities for contraceptives adequate? ("Adequate" means no exposure to rain and sun, protected from rats and pests. And not subjected to extreme heat)

RECORD KEEPING AND REPORTING

35. Is there a client record card for recording multiple visits or new card issued for each visit?
36. In what condition is the record-card system?
37. Is there a daily family planning activity register /logbook?
38. Are monthly statistic reports about family planning activity sent to a supervisor or higher unit?

IF YES, when was the last report sent? Is feedback received on reports?

39. When was the last time a supervisor come here in relation to family planning?

APPENDIX V: Sample Amharic questionnaire for exit interview

አዲስ አበባ ዩኒቨርሲቲ

ሕክምና ፋኩልቲ

የሕብረተሰብ ጤና ክብከቤ ክፍል

ስለ ቤተሰብ ምጣኔ አገልግሎት ጥራት ለማጥናት የተዘጋጀ መጠይቅ፡

በመረጃ ሰብሳቢው የሚሞላ

- **ክልል ---------- ዞን ---------- ወረዳ ----------**
- **የጤና ድርጅቱ መለያ ኮድ ቁጥር ----------**

እንደምን አደሩ ውድ የቤተሰብ ምጣኔ ተገልጋይ !

ስሜ ---------- ይባላል፡፡ የመጣሁ ከአማራ ክልል ጤና ቢሮ ነው፡፡የአዲስ አበባ ዩኒቨርስቲ በቤተሰብ ምጣኔ አገልግሎት ጥራት ላይ ለሚአደርገው ጥናታዊ ምርምር አባል ነኝ ፡፡ ጥራት ያለው የቤተሰብ ምጣኔ አገልግሎት በጤና ድርጅቶች ከተሰጠ የቤተሰብ ምጣኔ አገልግሎት ተጠቃሚዎችን ቁጥር እንደሚጨምር ይታመናል፡፡የዚህ ጥናት ዋና አላማ የጤና ድርጅቶችን የቤተሰብ ምጣኔ አገልግሎት ጥራት ለመገምገምና ጠቃሚ መረጃወችን በመስጠት ለወደፊቱ ጥራቱን ለማሳደግና ድጋፍ በማድረግ የቤተሰብ ምጣኔ ተጠቃሚወችን ቁጥር ከፍ ለማድረግ ነው፡፡ ስለ ጤና ድርጅቱና ስለ እርስዎ ጥቂት ጥያቄዎችን እጠይቅዎታለሁ፡፡ ጊዜዎን መስዋዕት አድረገው ለጥያቄዎች መልስ ለመስጠት ፈቃደኛ ከሆኑልን ምስጋናችን ከፍ ያለ ነው፡፡ ስምዎና የቻርድ መለያ ቁጥርዎ ከዚህ መጠይቅ ላይ አይሞላም፡፡ የሚሰጧቸው መረጃዎች ሙሉ በሙሉ ሚስጥራቸው በከፍተኛ ደረጃ የተጠበቀ መሆኑን ልናረጋግጥልዎ እንወዳለን፡፡ ለጥናቱ ተሳታፊ ለመሆን የእርስዎ ፈቃድ ያስፈልጋል፡፡ ለጥናቱ ተሣታፊ ከሆኑ የሚሰጡት እውነተኛ መረጃ ለጥናቱና የቤተሰብ ምጣኔ አገልግሎቱን ጥራት ለማሻሻል ከፍተኛ አስተዋጽኦ ያደርጋል፡፡

ፈቃደኛ ነዎት ልቀጥል?

ፈቃደኛ ነኝ ☐ **ፈቃደኛ አይደለሁም** ☐

- **የቤተሰብ ምጣኔ ተጠቃሚ፡-**
  መለያ ኮድ ቁጥር ----------
  የደረሱበት ሰዓት ----------
  አገልግሎት ያገኙበት ሰዓት ----------
  ጠቅላላ የቆዩበት ሰዓት ----------

❖ **የቃለ መጠይቅ አድራጊው፡-**

- **ስም ---------- መለያ ኮድ ቁጥር**
- **ቃለ መጠይቁን ያረጋገጠው ሱፐርቫይዘር / አጥኝ ፊርማ**

ክፍል 1 ፡- ማሕበራዊ መረጃዎችን በተመለከተ የሚቀርብ መጠይቅ፡፡

ተ.ቁ	ጥያቄና ማጣሪያ	የመልስ አማራጭና መለያ ኮድ ቁጥር	ይዘለል
101	እድሜዎ ስንት ነው?	1. እድሜ በዓመት ------- 88. አላውቀውም 99. መልስ አልሰጡም	
102	ነዋሪነትዎ የት ነው?	1. ገጠር 2. ከተማ	
103	የጋብቻዎ ሁኔታ	1. ያላገባች 2. ያገባችና አብራ የምትኖር 3. ያገባች ግን አብራ የማትኖር 4. ከባሏ የተፋታች 5. ባሏ የሞተባት 99. መልስ አልተሰጠበትም	
104	ያገቡ ከሆነ ስለ ቤተሰብ ምጣኔ ከባለቤትዎ ጋር ተነጋግረው ያወቃሉ?	1. አዎ 2. የለም 88. አላስታውስም	
105	ልጆች አሉዎት?	1. አዎ 2. የለኝም----------	ወደ ጥ.ቁ 111
106	ልጆች ካሉዎት ስንት ይሆናሉ?	1. አንድ 2. ሁለት 3. ሶስትና ከዚያ በላይ-	
107	የመጨረሻ ልጅዎ ዕድሜ ስንት ይሆናል?	1. --------- አመት----------ወር 88. አይታወቅም	
108	ተጨማሪ ልጆች ለመውለድ ይፈልጋሉ?	1. አዎ 2. አልፈልግም 3. እግዚሐብሔር ያውቃል 4. ባለቤቴ ያውቃል 99. መልስ አልተሰጠበም	
109	ተጨማሪ ልጅ መውለድ ከፈለጉ መቼ እንዲወልዱ ይፈልጋሉ?	1. አሁኑኑ 2. እስከ ከአንድ ዓመት 3. እስከ ከሁለት ዓመት 4. እስከ ሶስት ዓመት 5. ከሶስት አመት በኋላ 99. መልስ አልተሰጠም	
110	አሁን ጡት ያጠባሉ?	1. አዎ 2. አላጠባም	
111	የትምህርት ደረጃዎ ምን ያሕል ነው?	1. ማንበብና መጻፍ የማይችሉ 2. ማንበብና መፃፍ ብቻ 3. አንደኛ ደረጃ የጨረሱ (1-8ኛ) 4. ሁለተኛ ደረጃ የጨረሱ 5. 12 + 1 እና በላይ	

ተ.ቁ	ጥያቄና ማጣሪያ	የመልስ አማራጭና መለያ ኮድ ቁጥር	ይዘለል
112	ሐይማኖትዎ ምንድነው?	1. ኦርቶዶክስ ክርስቲያን 2. ከቶሊክ 3. ፕሮቴስታንት 4. እስልምና 5. ሌላ /ይገለጽ/ ----------	
113	ብሔረሰብዎ ምንድነው?	1. አማራ 2. ኦሮሞ 3. ትግሬ 4. አገው 5. ጉራጌ 6. ሌላ /ይገለጽ/ ----------	
114	ሥራዎ ምንድነው?	1. የመንግስት ሠራተኛ 2. የግል መሥሪያ ቤት ተቀጣሪ 3. ነጋዴ 4. ሥራ ፈላጊ 5. የቤት እመቤት 6. ተማሪ 7. የቀን ሠራተኛ 8. ሴት አዳሪ 9. ሌላ /ይገለጽ/ ----------	
115	የወር ገቢዎ ምን ያሕል ነው?	----------ብር	

ክፍል2:-ተጠቃሚዎች በአገልግሎቱ ላይ ላላቸው እርከታ(**<u>ላዲስና ለነባር</u>** ተጠቃሚወዎች) የሚቀርብ ቃለ መጠይቅ::

ተ.ቁ	ጥያቄና ማጣሪያ	የመልስ አማራጭና መለያ ኮድ ቁጥር	ይዘለል
201	ከዚህ ክሊኒክ የቤተሰብ ምጣኔ አገልግሎት እንደሚሰጥ መጀመሪያ ማን ነገረዎት?	1. ባለቤቴ 2. ጐረቤቶቼ 3. የጤና ባለሙያ 4. ሌላ /ይገለጽ/ ----------	
202	ከቤትዎ እዚህ ጤና ድርጅት ለመድረስ ምን ያሕል ጊዜ ይጨርስብዎታል?	1. ከግማሽ ሰዓት በታች 2. ከግማሽ እስከ አንድ ሰዓት 3. ከአንድ ሰዓት እስከ ሁለት ሰዓት 4. ከሁለት ሰዓት በላይ 88. አላውቀውም	
203	ክሊኒኩ የሚከፈትበትን የሥራ ሰዓት ይስማሙበታል?	1. አዎ 2. የለም /አልስማም 88. የሚከፈትበትን ሰዓት አላውቅም 99. መልስ አልተሰጠበትም	
204	እዚህ ክሊኒክ ከደረሱበት ሰዓት ጀምሮ አገልግሎት እስከአገኙበት ምን ያሕል ጊዜ ቆዩ?	1. ምንም ቆይታ የለም 2. ከግማሽ ሰዓት ያነሰ 3. ከግማሽ እስከ አንድ ሰዓት 4. ከአንድ ሰዓት በላይ 88. አላውቀውም	
205	ለአገልግሎት ስለቆዩበት ጊዜ ምን ይሰማዎታል?	1. ምንም ቆይታ የለም 2. አጭር ጊዜ ነው 3. ረጅም ጊዜ ነው 4. በጣም ረጅም ጊዜ ነው 5. 88. አላውቀውም	
206	በዛሬው እለት የሚፈልጉትን መረጃና አገልግሎት አግኝቻለሁ የሚል ስሜት አለዎት?	1. አዎ 2. የለም 3. አገልግሎቱንና መረጃውን በመጠኑ አግኝቻለሁ 4. አገልግሎቱን አግኝቻለሁ መረጃ ግን በቂ አይደለም 5. በቂ መረጃ አግኝቻለሁ አገልግሎት ግን አላገኙሁም 6. ሌላ /ይገለጽ/----------	
207	ከላገኙ ዋናው ምክንያት ምን ይመስልዎታል?	1. አገልግሎት ሰጭው ፍላጐት ስለሌው 2. የምፈልገው አገልግሎት ባለመኖሩ 3. ጊዜው አጭር በመሆኑ 4. ሌላ /ይገለጽ/ ----------	
208	ከባለሙያው ጋር ለመነጋገር የነበረው ጊዜ በቂ ነበር የሚል ስሜት አለዎት?	1. ጊዜው በቂ ነበር 2. በጣም አጭር ጊዜ ነበር 3. በጣም ረጅም ነበር 88. አላውቅም 99. መልስ አልተሰጠበትም	

209	በምክር አገልግሎት ጊዜ የምክር አገልግሎት ሰጭውን በቀላሉ መረዳት ይቻላል?	1. በቀላሉ መረዳት ይቻላል 2. ለመረዳት በጣም አስቸጋሪ ነበር 3. መረዳት አይቻልም 99. መልስ አልተሰጠበትም	
210	ስለ ቤተሰብ ምጣኔ ለአገልግሎት ሰጭው ጥያቄ አቅርበው ነበር?	1. አዎ 2. የለም	
211	መልሱ አዎ ከሆነ በተሰጠዎ መልስ ረክተውበታል?	1. አዎ 2. የለም 3. በከፊል 99. መልስ አልተሰጠበትም	
212	በምክር አገልግሎት ጊዜ ለብቻዎና አመች ሁኔታ ተፈጥሮልዎት ነበር?	1. አዎ 2. የለም	
213	የቤተሰብ ምጣኔ አገልግሎት የሚሰጥበት ሌላ ጤና ድርጅት ያውቃሉ?	1. አዎ 88. አላውቅም	
214	የሚያውቁ ከሆነ ለቤትዎ ቅርብ ነው /ለዚህ ጤና ድርጅት ይቀርባል/ ?	1. አዎ/ይቀርባል 2. አይቀርብም 88. አላውቅም 99. መልስ አልተሰጠበትም	

215	**ቅርብ ከሆነ ወደዚህኛው ጤና ድርጅት የመጡበት ዋና ምክንያት ምንድን ነው?**		
215.1	ክሊኒኩ የሚከፈትበት ሰዓት ጥሩ በመሆኑ-----	**1. አዎ 2. አይደለም**	
215.2	ለጉዞ አመች በመሆኑ----------	**1. አዎ 2. አይደለም**	
215.3	በጥራት አገልግሎት ስለሚሰጥ----------	**1. አዎ 2. አይደለም**	
215.4	ሌሎች ተጠቃሚዎች ሲመጡ ስላየሁ----------	**1. አዎ 2. አይደለም**	
215.5	የተለያዩ አገልግሎቶች ስላሉበት----------	**1. አዎ 2. አይደለም**	
215.6	አገልግሎቱ በዝቅተኛ ዋጋ/በነጻ ስለሚሰጥ-----	**1. አዎ 2. አይደለም**	
215.7	አገልግሎት ሰጭውን ስለምመርጥ----------	**1. አዎ 2. አይደለም**	
215.8	ሌላ(ይገለጽ)---------- ----------	**1. አዎ 2. አይደለም**	
215.9	መልስ አልተሰጠበትም ----------	**99.**	
216	**በሚቀጥለው ቀጠሮዎ ይመለሳሉ?**	**1. አዎ 2. የለም/አልመለስም**	

ክፍል 2.ን/ክፍል 1፡- <u>ለአዲስ</u> ቤተሰብ ምጣኔ ተጠቃሚዎች የሚቀርብ ጠይቅ፡

ተ.ቁ	ጥያቄና ማጣሪያ	የመልስ አማራጭና መለያ ኮድ ቁጥር	ይዘለል
217	ወደዚህ ጤና ድርጅት ለምን መጡ?	**1. የወሊድ መቆጣጠሪያ ለመውሰድ** **2. የምክር አገልግሎት ለማግኘት ብቻ** **3. ሁለቱንም አገልግሎት ለማግኘት**	
218	አሁን የወሊድ መቆጣጠሪያ ለመውሰድ ወስነዋል?	**1. አዎ** **2. የለም ----------** **99. መልስ አልተሰጠበትም**	**ወደ ጥ-220**
219	መልሱ አዎ ከሆነ የትኛውን ዘዴ ነው መረጡት?	**1. ክኒን** **2. በማሕፀን የሚቀመጥ** **3. ኮንዶም** **4. ማሕፀን መቋጠር** **5. የማሕፀን ቆብ** **6. በመርፌ መልክ የሚሰጠውን** **7. ፀረ ወንድ ዘር ፍሬ (ፈሳሽ ቅባት)** **8. በክንድ ላይ የሚቀበር** **9. ሌላ /ይገለጽ/----------** **99. መልስ አልተሰጠበትም**	

220	**መልሱ የለም ከሆነ ለምን የወሊድ መከላከያ ዘዴ መጠቀም አልፈለጉም?**	**1. ሃሣቤን በመቀየሬ** **2. መረጃ ብቻ ለማግኘት ስለመጣሁ** **3. እርግዝና ጥርጣሬ ስላለ** **4. የምፈልገው የወሊድ መቆጣጠሪያ ዘዴ እኔ ልወስደው የማልችል መሆኑ ስለተነገረኝ** **5. የፈለኩት የመቆጣጠሪያ ዘዴ ባለመኖሩ** **88. አላውቅም** **99. መልስ አልተሰጠበትም**	
221	**እርስዎ ስለሚወስዱት የወሊድ መከለከያ ዘዴ የምክር አገልግሎት ሰጪው ስለሚከተሉት ነጥቦች በቂ ገለፃ አደረገለዎት?**		
221.1	**የወሊድ መከላከያ ዘዴው እንዴት እንደሚሰራ ነገረዎት?**	**1. አዎ** **2. የለም** **99. መልስ አልተሰጠበትም**	
221.2	**እንዴት እንደሚጠቀሙ አሣይቶዎታል?**	**1. አዎ** **2. የለም** **99. መልስ አልተሰጠም**	
221.3	**ስለሚአመጣው ጠንቅ ተነግሮዎታል?**	**1. አዎ** **2. የለም** **99. መልስ አልተሰጠም**	
221.4	**ችግር ቢያጋጥምዎ የቀጠሮዎ ቀን ከመድረሱ በፊት መምጣት እንዳለብዎት ተነግሮዎታል?**	**1. አዎ** **2. የለም** **99. መልስ አልተሰጠበትም**	
221.5	**የመከላከያ ዘዴው ካልተስማማዎት ሊቀይሩ እንደሚችሉ ተነግሮዎታል?**	**1. አዎ** **2. የለም** **99. መልስ አልተሰጠም**	
221.6	**ለሚቀጥለው ቀጠሮዎ የት <u>መሄድ</u> እንዳለብዎት ተነግሮዎታል?**	**1. አዎ** **2. የለም** **99. መልስ አልተሰጠም**	
222	**አሁን ሊጠቀሙበት ከተቀበሉት የወሊድ መከላከያ ሌላ የወሊድ መከላከያ ዘዴ እንዳለ ተነግሮዎታል?**	**1. አዎ** **2. የለም** **99. መልስ አልተሰጠትም**	

223	**ከተነገረዎት የትኛው የመከላከያ ዘዴ ነው?**		
223.1	ክኒን ----------	**1.አዎ**	**2. አይደለም**
223.2	መርፌ ----------	**1.አዎ**	**2. አይደለም**
223.3	ፀረ ወንድ የዘር ፍሬ ----------	**1.አዎ**	**2. አይደለም**
223.4	የማህፀን ቆብ----------	**1.አዎ**	**2. አይደለም**
223.5	በማሕፀን የሚቀመጥ ----------	**1.አዎ**	**2. አይደለም**
223.6	ኮንደም ----------	**1.አዎ**	**2. አይደለም**
223.7	ማሕፀን መቋጠር----------	**1.አዎ**	**2. አይደለም**
223.8	በክንድ የሚቀበር----------	**1.አዎ**	**2. አይደለም**
223.9	ሌላ/ ይገለጽ/----------	**99.**	
224	**በሚቀጥለው ቀጠሮ ይመለሳሉ?**	**1. አዎ**	**2. የለም**

ክፍል 2 ን/ክፍል 2:- <u>ለተመላላሽ</u> ተጠቃሚዎች የሚቀርብ መጠይቅ

ተ.ቁ	ጥያቄና ማጣሪያ	የመልስ አማራጭና መለያ ቁጥር	ይዘለል
225	የትኛውን የመከላከያ ዘዴ ነው የሚጠቀሙ?	**1.** ክኒን **2.** መርፌ **3.** ፀረ ወንድ ዘር (ፈሳሽ ቅባት) **4.** የማሕፀን ቆብ **5.** በማሕፀን የሚቀመጥ (ሉፕ) **6.** ኮንደም **7.** በክንድ የሚቀበር **8.** ሌላ /ይገለጽ/ ----------	
226	**አሁን ከሚጠቀሙበት የወሊድ መከላከያ ሌላ የትኛውን ዘዴ ያውቃሉ?**		
226.1	ክኒን----------	**1.አዎ** **2. አይደለም**	
226.2	መርፌ----------	**1.አዎ** **2. አይደለም**	
226.3	ፀረ ወንድ ዘር (ፈሳሽ ቅባት)----------	**1.አዎ** **2. አይደለም**	
226.4	የማሕፀን ቆብ ----------	**1.አዎ** **2. አይደለም**	
226.5	በማሕፀን የሚቀመጥ (ሉፕ)----------	**1.አዎ** **2. አይደለም**	
226.6	ኮንደም ----------	**1.አዎ** **2. አይደለም**	
226.7	በክንድ የሚቀበር ----------	**1.አዎ** **2. አይደለም**	
226.8	ሌላ /ይገለጽ/ ----------	**1.አዎ** **2. አይደለም**	
227	ባለፈው ይጠቀሙበት የነበረውን የመከላከያ ዘዴ ከዚህ የጤና ድርጅት ነበር የሚያገኙት?	**1.** አዎ **2.** የለም	

228	ከዚህ ከልሆነ ከየት ነበር የሚያገኙት?	1. ከሌላ የመንግስት ጤና ድርጅት 2. ከግል ክሊኒክ 3. በሕብረተሰብ አቀፍ ስርጭት 4. መድሀኒት ቤት 5. ሌላ /ይገለጽ/	
229	ለመከላከያ ዘዴውና ለአገልግለቱ ይከፍላሉ?	1. አዎ 2. የለም	
230	የከፈሉ ከሆነ ለአንድ ጉብኝት ምን ያሕል ከፈሉ?	1. ለወሊድ መቆጣጠሪያ ብር -------- ሣንቲም---- 2. ለአገልግሎት ብር ------ ሣንቲም-------	
231	የእርስዎ ጎደኛ የወሊድ መከላከያ ለመውሰድ ቢፈልጉ ወደዚህ ጤና ድርጅት እንዲመጡ ይገፋፏቸዋል?	1. እዚህ ክሊኒክ እንዲመጡ እገፋፋላሁ 2. ሌላ ቦታ እንዲሄዱ እመክራለሁ 88. አላውቅም 99. መልስ አልተሰጠበትም	
232	**ወደ ሌላ ጤና ድርጅት እንዲሄዱ ከገፋፉ ለምን ?**		
232.1	ረጅም ጊዜ ስለሚያቆዩ ----------	1. አዎ 2. አይደለም	
232.2	ሩቅ በመሆኑ----------	1. አዎ 2. አይደለም	
232.3	ጥራት ያለው አገልግሎት እዚህ ስለሌለ----------	1. አዎ 2. አይደለም	
232.4	የሚሰጠው የምክር አገልግሎት ደከማና በቂ ስላልሆነ------	1. አዎ 2. አይደለም	
232.5	የመከላከያ ዘዴ አይነቶች እዚህ ጥቂት በመሆናቸወ -------	1. አዎ 2. አይደለም	
232.6	ሌላ /ይገለጽ/---------- ----------	1. አዎ 2. አይደለም	
232.7	መልስ አልተሰጠበትም ----------	99.	
233	**እዚህ ክሊኒክ ከሚሰጠው አገልግሎት የትኛውን ይወዱታል (የተሻለ ነው)?**		
233.1	በአጭር ጊዜ አገልግሎት መሰጠቱን ----------	1.አዎ 2. አይደለም	
233.2	አገልግሎት ሰጭዎች ደህና ስለሚሰሩ----------	1.አዎ 2. አይደለም	
233.3	የምክር አገልግሎታቸው ጥሩና የተሟላ ስለሆነ----	1.አዎ 2. አይደለም	
233.4	የሚፈለገው አይነት መከላከያ መገኘቱ ----------	1.አዎ 2. አይደለም	
233.5	ሌላ (ይገለጽ)----------	1.አዎ 2. አይደለም	
233.6	መልስ አልተሰጠበትም----------	99.	
234	**በሚቀጥለው ቀጠሮ ይመለሳሉ ?**	1. አዎ 2. የለም	

ክፍል 2፡- ን/ክፍል 3፡- በተለያዩ የወሊድ መከላከያ ዘዴዎች ላይ የዕውቀት ጥያቄዎች /***ለአዲስና ለተመላላሽ ተጠቃሚዎች/***

1. <u>ለክኒን ተጠቃሚዎች</u>

ተ.ቁ	ጥያቄና ማጣሪያ	የመልስ አማራጭና መለያ ኮድ ቁጥር	ይዘለል
235	ክኒን መውሰድ መቸ ነው መጀመር ያለበት?	1. የወር አበባ በመጣ ከመጀመሪያ እስከ 5ኛ ው ቀን 2. በማንኛውም ሰዓት 88. አላውቅም 99. መልስ አልተሰጠበትም	
236	የወሊድ መከላከያ ክኒን በምን ያሕል ጊዜ ልዩነት መወሰድ አለበት?	1. 1 ክኒን በቀን 2. በማንኛውም ሰዓት 3. በግብረ ሥጋ ግንኙነት ጊዜ 88. አላውቅም 99. መልስ አልተሰጠበትም	
237	ስለወሊድ መከላከያ ክኒን ጥቅም ተነግሮዎታል?	1. አዎ 2. የለም 99. አላስታውስም	
238	**የወሊድ መከላከያ ክኒን በሚወስድበት ጊዜ ምን አይነት ቀለል ያሉ ችግሮች ሊከሰቱ ይችላሉ?**		
238.1	ችግር አይኖርም ----------	1. አዎ 2. አይደለም	
238.2	ቀላል ራስ ምታት ----------	1. አዎ 2. አይደለም	
238.3	መጠነኛ ክብደት መጨመር----------	1. አዎ 2. አይደለም	
238.4	ማቅለሽለሽ ----------	1. አዎ 2. አይደለም	
238.5	ያልተጠበቀ የደም ጠብታ በብልት መፍሰስ-----	1. አዎ 2. አይደለም	
238.6	ሌላ /ይገለጽ/---------- ----------	1. አዎ 2. አይደለም	
238.7	አላውቅም----------	88.	

ተ.ቁ	ጥያቄና ማጣሪያ	የመልስ አማራጭና መለያ ኮድ ቁጥር	ይዘለል
239	**ከመደበኛ ቀጠሮዎ ውጭ የትኛው ችግር ቢከሰትብዎ ነው ወደ ጤና ድርጅቱ መምጣት ያለብዎት?**		
239.1	የደረት ውጋትና ትንፋሽ ማጠር ካለ----------	1. አዎ 2. ይደለም	
239.2	ከፍተኛ እራስ ምታት ካለ----------	1. አዎ 2. ይደለም	
239.3	ከፍተኛ የእግር ሕመም <u>ስሜት</u> ካለ ----------	1. አዎ 2. ይደለም	
239.4	የእይታ ችግር ካለ ----------	1. አዎ 2. ይደለም	
239.5	ሌላ /ይገለጽ/---------- ----------	1. አዎ 2. ይደለም	
239.6	አላውቅም----------	88.	

240	አገልግሎት ሰጭው ለሚቀጥለው ቀጠሮ መቸ እንደሚመለሱ ነግሮዎታል?	1. አዎ 2. የለም /አልተነገረኝም 99. መልስ አልተሰጠበትም	
241	ክኒን መጠቀሙን ይቀጥላሉ ?	1. አዎ 2. የለም	

2/ በማሕፀን ውስጥ ለሚቀመጥ መከላከያ ለሚወስዱ

ተ.ቁ	ጥያቄና ማጣሪያ	የመልስ አማራጭና መለያ ኮድ ቁጥር	ይዘለል
242	በማሕፀንዎ ውስጥ የተቀመጠልዎን የወሊድ መከላከያ በቦታው መኖሩን እንዴት ነው የማያረጋግጡት?	1. በብልት ውስጥ ክሮች መኖራቸውን በየጊዜው በመዳሰስ 2. አንድ ጊዜ በማሕፀን ከተቀመጠ ከዚያ በኋላ አይወጣም 3. ሌላ (ይገለጽ)---------- 88. አላውቅም	
243	በማሕፀን ውስጥ ለተቀመጠልዎ የወሊድ መከላከያ የመጀመሪያ ጉብኝት መቸ እንዲመጡ ተቀጠሩ?	1. መመለስ ወይም ቀጠሮ አያስፈልግም 2. ከአንድ ወር ባነሰ ጊዜ ውስጥ 3. ከወር በኋላ 4. ከአመት በኋላ 88. አላውቅም	
244	በማህፀን ዉስጥ ሥለሚቀመጥ የወሊድ መከላከያ ጥቅም ተነግሮ ዎታል?	1.አዎ 2..የለም/አልተነገረኝም 99. መልስአልተሰጠበትም	
245	**በማሕፀን ውስጥ የወሊድ መከላከያ ከተቀመጠልዎ በኋላ ምን አይነት ቀላል ችግሮች ሊኖርዎት ይችላል?**		
245.1	ምንም ችግር አይኖርም----------	1. አዎ 2. አይደለም	
245.2	ያልተለመደና ያልጠበቀ ቀላል ደም ከብልት መፍሰስ-----	1. አዎ 2. አይደለም	
245.3	ከብልት ላይ መጠነኛና ያልተለመደ ፈሳሽ መጨመር----	1. አዎ 2. አይደለም	
245.4	ብክለት (ህመም) ----------	1. አዎ 2. አይደለም	
245.5	ሌላ /ይገለጽ/---------- ----------	1. አዎ 2. አይደለም	
245.6	አላውቅም----------	1.88.	

ተ.ቁ	ጥያቄና ማጣሪያ	የመልስ አማራጭና መለያ ኮድ ቁጥር	ይዘለል
246	**ከመደበኛ ቀጠሮዎ ዉጭ ወደ ክሊኒኩ ሊአመጣዎ የሚችል ምን አይነት ችግር ሲኖር ነዉ?**		
		1. አዎ 2. አይደለም	
246.1		1. አዎ 2. አይደለም	
246.2	ምንም ችግር አይኖርም ----------		
246.3	ከባድ ያልተለመደ ፈሳሽ ከብልት ከወጣ----------	1. አዎ 2. አይደለም	
	በማፀን የሚቀመጠው መከላከያ ከወጣ ወይም ብልት ዉስጥ	1. አዎ 2. አይደለም	
246.4	ሲዳሰስ ክሩ ከጠፋ ----------	1. አዎ 2. አይደለም	
246.5	ከታችኛዉ ሆድ ክፍል ህመም ሲሰማ----------	1. አዎ 2. አይደለም	
246.6	በግብረ ስጋ ግንኙነት ጊዜ ህምም ሲሰማ----------	1. አዎ 2. አይደለም	
246.7	የሰዉነት ሙቀት መጨመርና ብርድ ብርድ ሲ.ል----------	88.	
246.8	ሌላ /ይገለፅ/---------- ----------		
	አላዉቅም----------		
247	**በማህፀን ውስጥ የሚቀመጠዉ የወሊድ መከላከያ ዘዴ ለምን ያህል ጊዜ እርግዝናን ሊከላከል ይችላል?**	1. ዓመት---------- 88. አላውቅም	
248	**በዚህ መከላከያ ዘዴ ይቀጥላሉ ?**	1. አዎ 2. የለም	

3/ በመርፌ መልክ የወሊድ መከላከያ ለሚወስዱ

ተ.ቁ	ጥያቄና ማጣሪያ	የመልስ አማራጭና መለያ ኮድ ቁጥር	ይዘለል
249	በመርፌ መልክ የሚወስዱት የወሊድ መቆጣጠሪያ የትኛዉ እንደሆነ ያዉቃሉ?	1. አዎ 2. የለም	
250	በመርፌ መልክ የሚሰጠው የወሊድ መቆጣጣሪያ በየስንት ጊዜዉ ነዉ መወሰድ ያለበት	1. በየወሩ 2. በየ ሁለት ወሩ ወይም በየሶስት ወሩ 3. በየአመቱ 88. አላዉቅም	
251	በመርፌ መልክ የሚሰጠዉ የወሊድ መከላከያ ጥቅም ተነግሮዎታል?	1. አዎ 2. የለም 99. አለስታውስም	
252	**ከመደበኛ ቀጠሮዎ ውጭ ወደ ጤና ድርጅቱ ሊአስመጣዎ የሚችል የትኛዉ ችግር ነዉ?**		
252.1	ምንም ችግር አይኖርም----------	1. አዎ 2. አይደለም	
252.2	ከፍተኛ ራስምታት ----------	1. አዎ 2. አይደለም	
252.3	ከብልት ብዛት ያለዉ ደም ሲፈስ----------	1. አዎ 2. አይደለም	
252.4	ሌላ /ይገለጥ/---------- ----------	1. አዎ 2. አይደለም	
252.5	አላውቅም----------	88.	

253	አገልግሎት ሰጭዉ መቸ እንደሚመለሱ ነግሮዎታል?	1. አዎ 2. የለም /አልነገረኝም 99. መልስ አልተሰጠም	
254	በዚህ የመከላከያ ዘዴ ይቀጥላሉ ?	1. አዎ 2. የለም	

4. በክንድ ላይ የሚቀበር የወሊድ መከላከያ ለሚወስዱ

ተ.ቁ	በጥያቄና ማጣሪያ	የመልስ አማራጭና መለያ ኮድ ቁጥር	ይዘለል
255	በክንድ ላይ የሚቀበረው የወሊድ መከላከያ በስንት ጊዜ መቀየር አለበት?	1. በየአምስት ዓመት 2. በየ 2 ዓመት 3. በየ3 ዓመት 4. በየ3 ወር 88. አላውቅም	
256	በክንድ ላይ ስለሚቀበረው የወሊድ መከላከያ መድኒት ጥቅም ተነግሮዎታል?	1. አዎ 2. የለም /አልተነገረኝም 99. አላስታውስም	
257	**በክንድ ላይ ለሚቀበረው የወሊድ መቆጣጠሪያ ከመደበኛ ቀጠሮዎ ውጭ ምን አይነት ችግር ቢከሰት ነው ወደ ጤና ድርጅት ሊመለሱ የሚችሉ?**		
257.1	ምንም ችግር አይኖርም ----------	1. አዎ 2. አይደለም	
257.2	ከፍተኛ እራስ ምታት ቢኖር ----------	1. አዎ 2. አይደለም	
257.3	ብዛት ያለው ደም በብልት መፍሰስ ካለ ----------	1. አዎ 2. አይደለም	
257.4	ክብደት በከፍተኛ ደረጃ መጨመር ካለ ----------	1. አዎ 2. አይደለም	
257.5	ሌላ /ይገለጽ---------- ----------	1. አዎ 2. አይደለም	
257.6	አላውቅም ----------	88.	
258	አገልግሎት ሰጭው የሚቀጥለው ቀጠሮዎ መቸ እንደሆነ ነግሮዎታል?	1. አዎ 2. የለም /አልነገረኝም	
259	በዚህ መከላከያ ዘዴ ይቀጥላሉ ?	1. አዎ 2. የለም	

5/ ማሕፀን መቋጠር ለተሰራላቸው

ተ.ቁ	ጥያቄና ማጣሪያ	የመልስ አማራጭና መለያ ቁጥር	ይዘለል
260	ስለማሕፀን መቋጠር የመከላከያ ዘዴ ጥቅሙንና ሌላም አስፈላጊ መረጃዎች ተነግሮዎታል?	1. አዎ 2. የለም /አልተነገረኝም 99. አላስታውስም	
261	ማሕፀን የመቋጠር ዘዴ ለምን ያሕል ጊዜ ያገለግላል?	1. ሶስት ወር 2. 1 ዓመት 3. በቋሚነት ያገለግላል 4. ሌላ ይገለጽ----------	

ክፍል 2 :- ንዑስ ክፍል 4

ከዚህ በታች በሠንጠረዥ የተቀመጡት ነጥቦች ተጠቃሚዎች በአገልግሎቱ ላይ ያላቸውን የተለያዩ እርከታዎችን ያሳያሉ፡፡ ተጠቃሚዎች የሚስማሙበት ከሆነ «**እስማማለሁ**» ከሚለው ላይ ምልክት /✓/ ያድርጉ፡፡ በመስማማትና ባለመስማማት መከከል ሐሳብ ካለ «**ተሀቅቦ** » ላይ ምልክት /✓/ ያድርጉ፡፡ የማይስማሙበት ከሆነ «**አልስማማም** » የሚለው ላይ ምልክት/✓/ ያድርጉ፡፡

ተ.ቁ	የአገልግሎት ዓይነቶች	አልስማም	ተሀቅቦ	እስማማለሁ
262	የአገልግሎት ሰጭው ሰላምታና አቀባበል ጥሩና የጓደኝነት ስሜት አለው፡፡			
263	አገልጋዩ የሚሠራቸውን ሥራዎች በንጽህናና በጥራት ያከናውናል፡፡			
264	አገልግሎት ሰጭው ለሚሰራቸው ሥራዎች ጥሩ እውቀትና ችሎታ አለው፡፡			
265	ከዚህ ጤና ድርጅት በቂና የተለያዩ የመከላከያ ዘዴዎች ይገኛሉ፡፡			
266	ስለምወስደው የወሊድ መቆጣጠሪያ የተሰጠኝ መረጃ በቂ ነው ፡፡			
267	ከደረስኩበት አገልግሎት እስከማገኝበት ያለው የመቆያ ጊዜ በቂ ነው፡፡			
268	የምክር አገልግሎት የሚሰጥበት ለብቻና አመች ቦታ አለው፡፡			
269	የመቆያ ቦታው ሽንት ቤት እንዲሁም ውሃ ያለውና በቂ ነው፡፡			

ክፍል 2 ንዑስ ክፍል 5፡-

270. ተጠቃሚወች ጥራት ያለው የባለሙያ አገልግሎት እናገኛለን የሚሉትን በተራ ቅደም ተከተል ያስቀምጡ፡፡ ተራቅደም ተከተሉ የተሻለ አገልግሎት ከሚሰጡት በመጀመር ዝቅተኛ አገልግሎት ይሰጣሉ ወደሚሉት መጻፍ አለባቸው፡፡

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---------- ሕብረተሰብ አቅፍ የወሊድ መቆጣጠሪያ ስርጭት የማአደርጉ (ከሕብርተሰቡ ተመርጠው ስልጠና ተሰጥቶአቸው የወሊድ መቆጣጠሪያ ሥርጭት በማድርግ ለሕብረተሰቡ የሚአገለግሉ)፡፡

APPENDIX VI: Map of Bahir Special Zone