ADDIS ABABA UNIVERSITY

COLLEGE OF HEALTH SCIENCES

SCHOOL OF PUBLIC HEALTH

Quality of Family Planning Service in Public Health Centers in Addis Ketema Sub-city, Addis Ababa, Ethiopia, 2017: Facility Based Cross Sectional Study

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Abbreviations and Acronyms

CDRW---Compact Disc-Rewritable

CI---Confidence Interval

CMR---Child mortality rate

CPR--Contraceptive prevalence rate

ETB--Ethiopian Birr

FMOH---Federal Ministry of Health

FP--Family Planning

HC--Health Center

IEC---Information Education and Communication

IUCD--Intra uterine contraceptive device

MCH---Maternal and child health

MDGs---Millennium development goals

MMR--Maternal mortality rate

MOH ---Ministry of Health

MPH---Master of Public Health

SDG--Sustainable Development Goals

SDP--Service delivery points

SPSS---Statistical Package for Social Sciences

STI/Ds---Sexually transmitted infections/ diseases

UHC--Universal health coverage

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APPROVAL SHEET

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Abstract

Background: Quality is an important and commonly used indicator for measuring the health service delivery. Understanding and identifying factors hindering the service delivery are important for improving the quality of service delivered which is a continuous process and shall be done regularly to improve and maintain maximum clients' satisfaction level. Though health centers are the common encounter site for most family planning service users, there is no study done separately at these lower facility level (health centers).

Objective: The objective of this study is to assess quality of family planning services provided at health center level in Addis Ababa, Addis ketema sub city.

Methods: Facility based cross sectional study was conducted from 15th April to 30th June 2017 on family planning clients in Addis Ketema sub city. Systematic simple random sampling technique has been used to get a total of 422 clients as study population, 107 observational study and facility audit was conducted in 5 health centers. Data was collected using structured questionnaire and was analyzed using SPSS version 20. Bi variable and multivariable analysis used on components of family planning service quality.

Result: The quality measure components findings were 86% for choice of method, 86.7% for information provision with full explanation of methods, 91.5% for interpersonal relationship with communication clarification, 91% clients' agreement on provider competence & only 9.3% for appropriate constellation of service while 90.5% was for follow up and continuity mechanism. Providers used at least one information education and communication material (IEC) in only 22.4% of the consultation sessions. From the inventory part; there was less stock out of supplies though high turnover of trained staff is prevalent. The overall composite satisfaction score was 73.9%. The multivariable analysis revealed that service quality for those clients demonstrated on how to use contraceptive methods was AOR 0.048(95% CI, 0.019, 0.126), decision on method continuation was AOR 0.047(95%CI: 0.018, 0.123) and privacy was AOR 0.0284(95% CI, 0.090, 0.901) times less likely to get poor quality service.

Conclusion: The overall quality measure was 50.2% which is good though it is found to be deficient in different aspects. Concerned bodies should work on improved availability of supply, IEC materials and trained personnel on family planning to maintain the quality of family planning service delivery.

Key words: family planning, client satisfaction, quality of FP service, health center

1. INTRODUCTION

1.1Back Ground

Family planning is defined as the ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. Quality services are those that meet the needs of clients (or customers) and are provided in a manner consistent with accepted standards and guidelines (1). The commonly used family planning methods are: Natural methods, artificial methods and emergency contraception (2).

The important elements of family planning programs that together constitute quality care are:

1. Choice of methods: the number of contraceptive methods offered on a reliable basis and their intrinsic variability.
2. Information given to users: The information imparted during service contact that enables clients to choose and employ contraception with satisfaction and technical competence.
3. Technical competence: factors such as the competence of the clinical technique of providers, the observance of protocols, and meticulous asepsis required to provide clinical methods such as IUCD, implants, and sterilization.
4. interpersonal relationships: are personal dimensions of service(relations between clients and providers)
5. Follows up or continuity mechanisms: clients' willingness to establish continuity or reappear for their return visit.
6. Appropriate constellation of services: Situating FP services so that they are convenient and acceptable to clients, responding to their natural health concepts, and meeting pressing pre-existing health needs.

These elements reflect six aspects of services as critical. This framework is meant to provide an ordered point of departure from which to develop a description of the service unit and define its quality (3). And the Quality Improvement (QI) process is an effort to continuously do things better until they are done right the first time every time (1).

From sustainable development goals (SDG); goal 3, target 3.8: requires to "achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all". With the specific mentioning of quality aspects, the target seeks to overcome the failure of similar input targets in the millennium development goals (MDGs) (14).

In the early 60's where the origin of family planning program in Ethiopia, family planning was officially incorporated as part of the national MCH program in 1982. And the targets were to increase CPR from 29% to 66% and reduce unmet need from 25% to 10 % of 2011 to by end of 2015 respectively. However, The CPR is 58% & highly dependent on short-term family planning methods; injectable (35%) and unmet need for family planning is still high 26% (12).

Recognizing this situation, the FMOH has considered the important role of long- acting non-permanent and permanent methods and aims to provide 20 percent of all family planning clients with long-acting methods (15, 16). Taking into account the early success in Implanon Scale-up initiative and the increasing demand for long acting family planning methods in Ethiopia, the Ministry of Health (MOH) launched and implemented an IUCD scale-up initiative project in 2011. And the goal was to improve the health and socio-economic status of families and individuals, and particularly reduce maternal and child morbidity and mortality through provision of quality FP services. The achievements; The project covered 100 districts over a period of 3 years, an average of 2 trained IUCD providers per facility (total of 2606 providers)received training, IUCD services are available in 86% of the intervention facilities , Between 78% and 97% of the facilities received IUCD IEC materials (17).

1.2 Statement of the problem

The sub Saharan region contraceptive prevalence rate is 20.9 percent of women aged 15 to 49 years (9). Tough reduced fertility and population growth has contributions to poverty reduction; better health, enhanced education, gender equality, and the environment make continued investment in family planning compelling (9), large number of women dies every year in developing countries due to complications related to pregnancy and childbirth(1). Review of existing literatures also strongly suggest that the quality of services provided are an important determinant of acceptance and continuation rates of contraception usage, and therefore a major contributor to increase in contraceptive prevalence rate (1, 9).

A study done in three representative sub- Saharan African countries (Tanzania, Kenya and Ghana); the investigators warranted further study to determine the principal causes of quality deficiencies - insufficient training of personnel, resource shortages, limited management oversight or some other reason(10). The same result was found in studies done in Kenya (6) and Senegal; there were large differences between regions in availability of basic infrastructure, equipment, diagnostic tests, and medicines. In addition there was inadequate counseling & long waiting time of clients for the service (11). These findings are consistent with a study that examined services in Ghana, Tanzania, and Kenya (10).

Ethiopia also had some of the worst health (MMR & CMR) and economic indicators in the world. Today, the country assert a contraceptive prevalence of 58%(12).The identified gap in service quality regarding different aspects of the service provision includes inadequate equipment and supplies, providers were not complying with the guideline and had no enough number of trained staff, Low utilization of IEC material during consultation(4).

In general; health institutions require continuous effort to improve quality of service delivery system. If the system cannot be trusted to guarantee an optimum level of quality, it will remain underutilized, be bypassed or used as a measure of last option (13) .

Although several studies on service quality have been conducted in governmental hospitals of Ethiopia there is research knowledge gap on quality of FP at lower facility level; public health centers, particularly in Addis Ababa. Addis ketema sub city is chosen as it has the highest population density with small geographic area among the other nine sub cities of Addis Ababa which can make easier for data collection, budgetary issues and time minimization. In addition;

all the sub cities are providing the service with the same standards, supplied and monitored by one body (Addis Ababa administrative health beuro).

Therefore the purpose of this study is to assess quality of family planning service at Addis ketema sub city and will have a significant input in the formulation of adjustments and strategies that should be considered.

1.3 Significance of the study

Increasing quality of family planning service could help to sustain contraceptive use. First, improvements in the quality of care in family planning services can contribute to the increased use and continuation of contraceptive methods (11). (Use of modern methods among currently married women has increased from 6 percent in the 2000 EDHS to 27 percent in the 2011 EDHS and 40 percent in 2014 mini EDHS)Secondly, by identifying the areas of weakness regarding the service, a health center can address the improvement of those areas of weak management. Third, the satisfied patients comprehend more for service delivery process. Finally, quality measurement gives a better idea of total quality management of the health center. This study may provide important information to family planning providers, policy makers, and program managers to monitor operational activities carried out by public health centers in order to improve quality of family planning service. Therefore the study is intended to identify the quality of service provided at individual and service level by assessing quality related factors.

2. LITERATURE REVIEW

2.1. Over view of Quality of family planning service

Universally, women and men would like a method that is safe and effective, but it is not clear what these concepts mean. Side effects and health concerns (particularly with respect to hormonal methods) and method failure (particularly with respect to barrier methods and periodic abstinence) are the major reasons why women discontinue or do not use contraception (21). Because of the limited range of methods available, many developing countries necessarily limits people's preferences and the variance among methods chosen by women can be explained by familiarity with method, advice of provider/friend and access without embarrassment (21).

In African context; a study done in Tanzania, Ghana and Kenya, other convenience measures, such as waiting times, seem to be important determinants of client satisfaction, but are less likely to have any impact upon the technical quality of services, though they may impact longer term use of methods if they inhibit clients from returning for follow-up visits(10). The study made an important contribution by highlighting deficiencies such as insufficient training of personnel, resource shortages, limited management oversight or some other reason.

In Ethiopia until recently, family planning has never been a focus area for the various governments of the country. The type of family planning method received is influenced by knowledge about family planning methods and the availability and acceptability of the method by those who use the services(7). Injectable appears to be the most preferred family planning method as there is no need to worry about remembering to use it daily and avoids frequent visits to health institutions for supplies(7).According to a study done in Northwest Ethiopia, most of the family planning providers are not consistently working as per the guideline which in turn compromises the quality of family planning services and most of the family planning clinics had no adequate equipment and supplies for family planning service (4).

2.2 Factors associated with family planning service quality

While observing quality of family planning service at service delivery point (SDP); the identified determining factors for the service quality from previous studies includes; information gaps like lack of information as a reason for discontinuing method use, and belief in rumors as a deterrent to use the service(4), The other findings were Poor provider client interaction; Providers did not assess critical information in consultation sessions (4), clients didn't understand the information

provided (5), no adequate opportunity or encouragement for clients to ask questions and discuss their FP needs (8), inadequate attention were given by the providers to side- effects(8).

Important indicators of the technical quality of care include providers' compliance to acceptable clinical practice of FP and reproductive service delivery guideline, as well as complete and accurate knowledge of methods, physical examination and reproductive health care (8). In relation to competence clients bear the consequences of poor technique in the form of unnecessary pain, infection, other serious side effects& in some circumstances, death; service providers were not complying with the guideline (4) and no enough number of staff supervision and training.(4,6,7)

There was also insufficient supplies of contraceptives of clients choice (6, 8), very low IEC material during consultation & shortage of medical equipment (4, 8), SDPs lacked basic infrastructure (8).

The majority of clients were satisfied with many aspects of the service such as the family planning method received (94.5%), confidentiality of information shared with the provider (96.1%), competency of provider (97.5%), and physical access to clinics (92.3%). However, many were dissatisfied with the physical conditions of the clinics (>20%), information received (12.5%), opportunity given to discuss their problems with the service providers (18.8%) and waiting times (26.6%) (8).

2.3 Patient satisfaction as a measurement of quality of healthcare service:

Bruce's quality of care framework was developed in response to the need to operationalize a more "client-centered" approach to family planning service delivery with the expectation that improved quality of care would increase client satisfaction and enable clients to exercise control over their fertility and achieve their reproductive goals. However, many proponents have argued that in addition to these individual-level benefits, on the macro-level, high-quality reproductive health services may contribute significantly to increases in contraceptive prevalence and lower levels of fertility (Bruce, 1990). In the era of globalization, competition has become a key issue in all sorts of industry as well as service sectors. Literature survey suggests that patient satisfaction and perceived service quality both should be considered together for the stability of a health care organization in a competitive environment. Researchers have suggested different

models and methods of measuring patient satisfaction considering service quality as one of the antecedents (18).

FP clients in study done in Oromia region East shoa zone were found to be (very) satisfied by the quality of the FP service they received. However, they indicated that providers didn't discuss with them on their fertility desire (76.9%), FP methods (56.3%) and the side-effect of the specific FP they took (67.7%). Also, significant proportion of clients didn't understand the information provided by the FP service providers (27.9%).Providers decided on the FP method clients should use (38.4%).FP service was found to be poorly linked with STI service (14.5%). Which all are components of FP service quality measuring framework (5).

Similar study done in Kenya revealed client satisfaction was generally high and only nine percent of the clients could be considered less than satisfied. Based on the individual item; clients were not happy with issues on privacy, explanations about method, and availability of medicines or methods. The waiting time to receive services at the facility was considered to be one of the worst aspects of service provision. One surprising result was that clients were less likely to be satisfied when served by male providers, though non one of the individual characteristics (age and education) influence the clients' relative ranking of satisfaction of the services (6).

In contrast a study done in Senegal showed satisfaction is negatively associated with some aspects of counseling. The process indicators, whether the client received counseling on side effects and when to return, significantly decreased the odds of being satisfied. Clients who did not have to wait had higher odds of being satisfied than those who waited two hours or more.(11) As educational level of the clients increases, client satisfaction score to family planning services increases on average by 0.09 (P=0.01(CI:0.02, 0.16). For a unit increase in perceived sufficiency of consultation, the satisfaction score on average increases by 0.237 at p<001 and 95 % CI (0.150-0.291). For a unit increase in perceived facilitated-service, the satisfaction score increases on average by 0.17 at p<0.001, 95% CI (0.09-0.26) (4).

Conceptual frame work

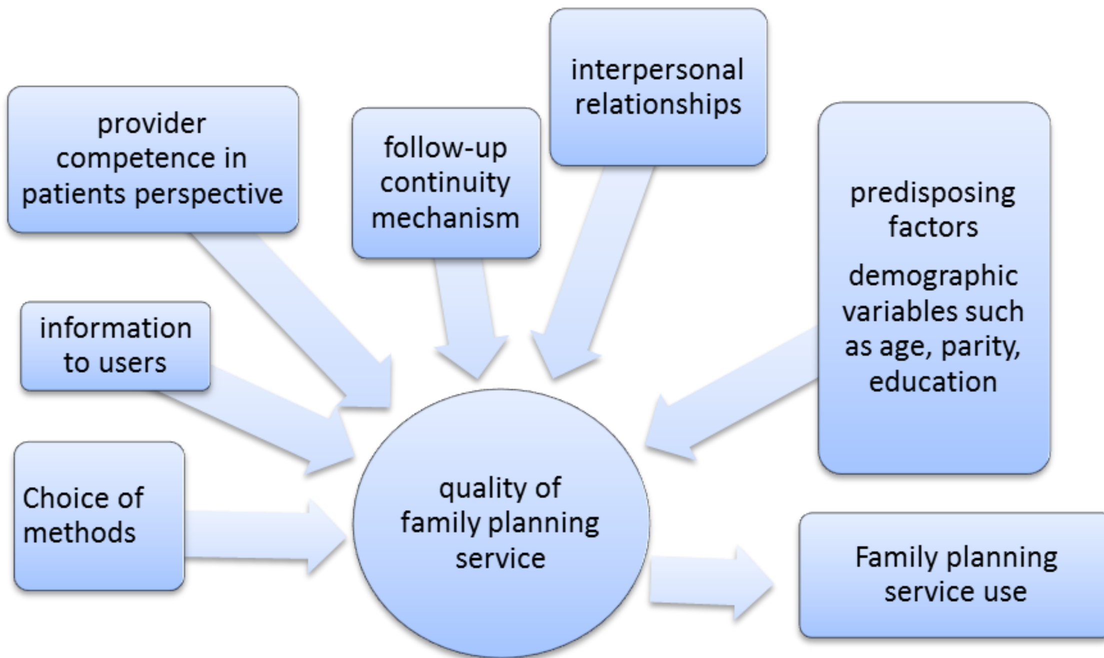

Figure 1: A conceptual frame work for the study on status of quality of family planning service (adapted and modified from Judith Bruce, Fundamental elements of the quality care: A simple frame work, March /April 1990; 21(2): 64)

3. OBJECTIVES

3.1 General Objective

To assess the status of quality of family planning service delivery at public health centers of Addis ketema sub city, Addis Ababa, Ethiopia.

3.2 Specific objectives

1. To determine the status of quality of family planning service delivery at public health centers.
2. To identify factors associated with quality of family planning service delivery at public health centers.

4. METHODS AND MATERIALS

4.1 Study area and period

The study was conducted in Addis Ketema Sub-city which is one of the ten sub cities in Addis Ababa, the capital of Ethiopia. As of 2011 its population was of 271,664 with a population density of 31029.9 (peoples/Sq. Km) in 8.64 area in km^2 which has the highest population density with small geographic area among the other nine sub cities of Addis Ababa. The district is located in the north western area of the city, not too far from its center. It borders with the districts of Gullele in the northern, Arada in the east, Lideta in the south and Kolfe Keranoyo in the west. In addition to that, Merkato is located in Addis Ketema which is Africa's largest open-air market place. There are ten public Health centers which are functional for FP in Addis Ketema sub city. The study was conducted from 15th April 2017 to June 30th 2017.

4.2 Study design and procedure

Facility based cross sectional study was conducted.

4.3 Measurements

Quality is measured in terms of family planning service quality components (Choice of methods, information provision, technical competence, interpersonal relationship, appropriate constellation of service and follows up or continuity mechanisms). In this study quality is considered "good" if only half or more of the components are fulfilled/achieved; which is >=50%, otherwise "poor".

Furthermore; each quality components were considered as good and otherwise poor, if only half and more of the assessment questions asked were fulfilled(got a 'yes' response) as listed below.

1. Choice of methods: got choice of method, method acceptability if not chosen.
2. Information provision:- specific family planning method was explained, demonstrated how to use, describe possible side effects, what to do if problem arise, possibility of switching to other method, where & when to go for resupply.
3. Provider technical competence:- assessment method history, last menstrual period, any bleeding or discharge, pelvic pain, STI status, weight, blood pressure, physical examination and method provision skill on injectable for the observational part(as it takes the largest proportion in use)

4. interpersonal relationship:- communication understandable by the client, any questions, appropriate answer to questions, required service received, favorable consultation session
5. Appropriate constellation of service:- linkage to other services, health issues discussed any time during the consultation.
6. follows up or continuity mechanisms:- decision to continue the method in use, suggest friends to come, courage to come again

Waiting time and distance from health facility is measured in terms of hours; it's considered appropriate if service provided in less than an hour which is adopted from HSTP and previous studies (4, 11, 16).

4.4 Study Population

The study population was female family planning users and service providers who were available during data collection and fulfill the inclusion criteria. The source population was all female family planning users at public family planning service delivery points in the sub city.

4.4.1 Inclusion and Exclusion criteria

- All females of reproductive age group (15-19years) who were willing and having a visit for family Planning service at the time of data collection were included in the study.
- The health facility staff who attended the family planning service during the study was excluded from the study.

4.5 Sample size and sampling procedures

To estimate a sample size for the study the following statistical assumption was used. A single population proportion with a proportion of 50% of quality of family planning service (since there is no previous study conducted in Ethiopia at lower health facility level (health centers) separately).

n= $\frac{z2p(1-p)}{d2}$ where; n: estimated sample size, Z: desired 95% confidence, Z=1.96,

P: proportion of level of service quality at family planning unit, d: margin of error (0.05)

= (1.96)2 [0.5(1-0.5)]/ $(0.05)^2$ ~ = 384 patients. Adding a 10% for non-response rate, the total number is estimated to be 422.

For the observational part of the study every 4th client from the exit interview was considered with a total of 107 observation sessions. In addition facility audit made in five health centers.

Sampling procedures

The study was conducted in Addis Ababa, Addis Ketema sub city selected with convenient sampling as the entire sub cities are providing the service with the same standards, supplied and monitored by one body (Addis Ababa administrative health bureau). In addition to that; as Addis Ketema sub city has the highest population density with small geographic area among the other nine sub cities of Addis Ababa which can make easier for data collection, budgetary issues and time minimization. Both old and newly established health centers of the sub city was randomly selected and included in the sample.

Data was collected with systematic random sampling until the required sample size is obtained. All female family planning users who were available during data collection time was included in the sample unit. The number of respondents for each health center determined proportionally depending on the sample size and number of clients receiving the service.

SamplingChart

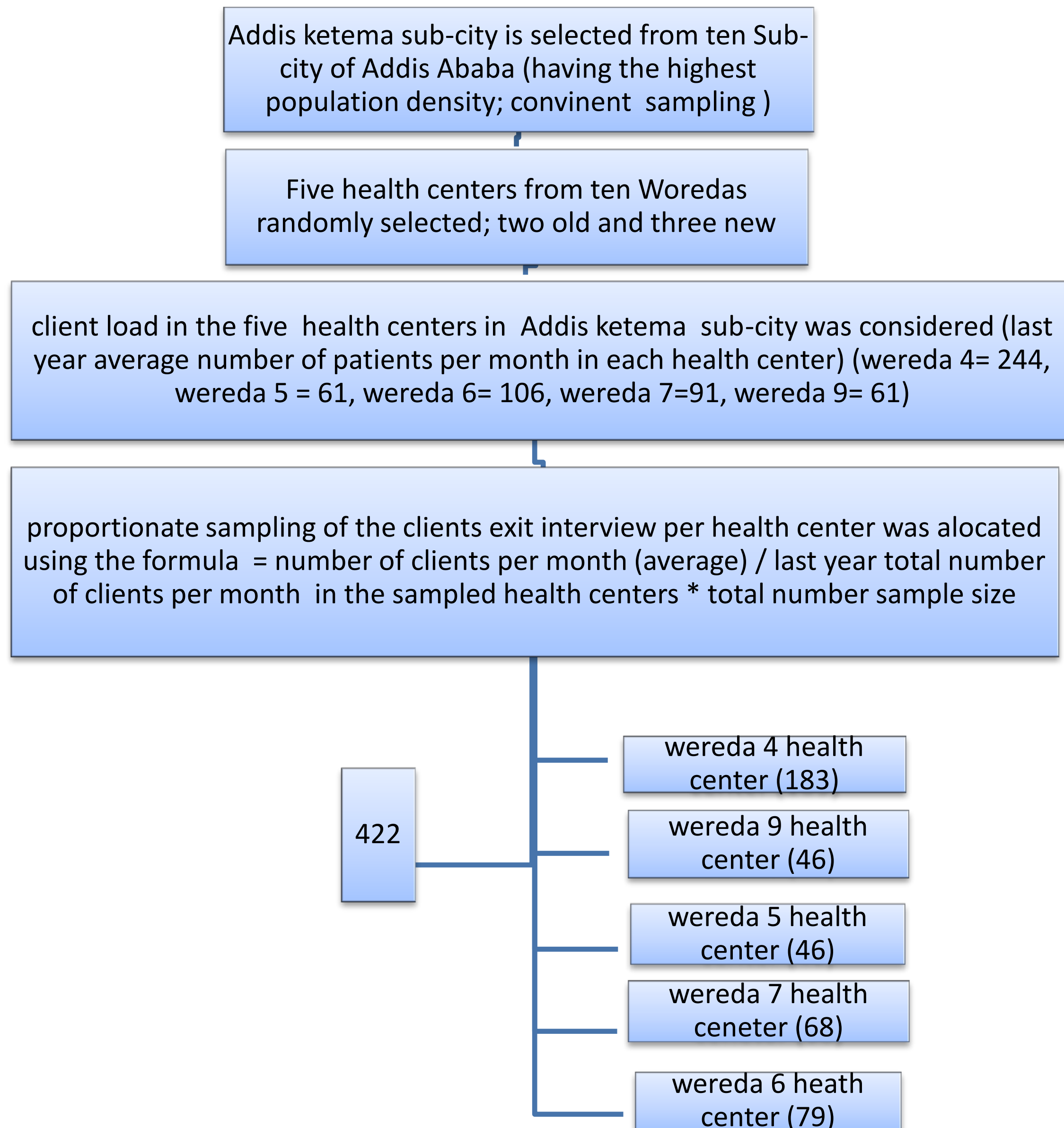

Figure 2: Schematic representation of the sampling procedure

4.6 Data collection procedure

4.6.1 Data collection instruments

Data was collected using structured questionnaire after clearly stating the objective and importance of the study and was interviewed by data collectors. 5% of the sample size questionnaires were pre-tested at Kolfe the health center from Kolfe Keraniyo sub city. Appropriate corrections were made to the questionnaires after pretesting for any deficiencies or

ambiguities. Providers with in the same sampled facility were interviewed, observational study made and facility inventory of logistics and supplies was undertaken using checklist.

4.6.2 Personnel

Data collection was done by five trained diploma nurses with regular supervision by principal investigator. The nurses are taken from medical schools who are not working in public health center at the time of data collection to prevent information bias.

4.7 Variables

Dependent variable: quality of family planning services at public health centers

Independent Variable: demographic characteristics**,** adequate availability of contraception methods (Choice of Methods), Information Given to User, Provider Competence, Client-Provider Relations, Continuity Mechanism, Appropriate Constellation of Services

4.8 Operational definitions

Quality: quality is a multi-dimensional concept, but in this study it was measured in terms of availability of method of choice, information given to users, provider competence, client-provider relations, continuity mechanism & appropriate constellation of services. In this study it is considered "good" if only half or more components are fulfilled/achieved; which is >=50%, otherwise "poor".

Satisfaction: the degree to which clients perceive or accept the services as appropriate to them where client is considered satisfied if agreed in half or more of the satisfaction assessment questions

Provider -client interaction: personal dimensions for service which is measured in terms of communication understandable by the client, appropriate answer to questions and consultation session with the service provider.

Patient waiting time: The time clients had to wait before receiving the service; less than one hour which is adopted from HSTP IV.

Consultation time: The time spent discussing health matter with one's physician where clients got satisfied and considered it about right or not.

4.9 Data analysis and interpretation

Data was entered using epidata version 3.1 and coded into computer using SPSS version 20 software. Descriptive analysis was used for socio demographic data, Bi-variable and multivariable logistic regression was employed to determine the possible variables associated with the level of quality with 0.2 & 0.05 level of significance respectively. Odds ratio with 95% confidence intervals was also computed along with the corresponding p-value.

4.10 Data Quality management

A two days training along with the demonstration of data collection tools was prepared by principal investigator to all data collectors and questionnaire for clients was translated to local language (Amharic). Data collectors were instructed to check the completeness of each questionnaire at the end of each interview. The completeness of the questionnaire at the end of the day was rechecked by the principal investigator.

4.11 Ethical consideration

Before the start of the data collection, ethical clearance was obtained from Addis Ababa University, Department of Public Health and latter of cooperation from Addis ketema sub city Health Bureau. Permission was obtained from study health centers. The selected participants in the health center were informed about the study and the possibility of being recruited into the study and they have to give their consent to participate in the study. The data collectors provided information to the selected participants on the purpose of the study; potential benefits and harm (even though we did not anticipate any harm resulting from the study apart from the additional time the respondents had to wait in order to answer questions). Each of the respondent was thereafter, give the informed consent to agree or not for being involved in the study. The data collectors told to inform the participants about their right to withdraw from the study at any point, without any consequence to them. Finally data was used for the proposed study only.

4.12 Data presentation and dissemination of results

The finding of the research will be submitted to the Addis Ababa University, Department of Public Health and Addis ketema sub-city health bureau.

5. RESULT AND DISCUSSION

5.1. RESULT

5.1.1 Socio-Demographic characteristics of the participants

The socio demographic characteristics of respondents shows that 136(32.2%) were between 25-29 years of age with the mean age of 26years and SD of 5.5 ranging 16-47 years of age. Concerning the educational status 172(40.8%) of the respondents were primary school educated, 235(55.7%) were orthodox in their religion, 146(34.6%) were Amara in ethnicity and 210(49.8%) respondents were house wives. Furthermore; 342(81%) were married and live together, 238(56.4%) having one or two children. A total of 316(74.9%) of respondents discussed with partner on family planning and 74(22.9%) have history of abortion. Regarding income category, 106(25.1%) have >1000 birr monthly income with the mean income of 2019.65 birr monthly ranging 100 - 7000 birr and of course 237 were missed from the data due to not responding their monthly income correctly (they are housewives, unemployed or student). See table 1 below.

Table 1: Socio-demographic variables related with family planning users among women attending family planning service at Addis Ketema Sub City Addis Ababa, 2017

Variables	category of Variable	Frequency (%)
Age group (n=422)	15-19	37(8.8)
	20-24	127(30.1)
	25-29	136(32.2)
	30-34	71(16.8)
	>=35	51(12.1)
Educational status of respondent (n=421)	Illiterate	65(15.4)
	Read and write	42(10)
	Primary	172(40.8)
	Secondary	102(24.2)
	12+1 and above	40(9.5)
Religion of respondent (n=421)	Orthodox	235(55.7)
	Muslim	137()32.5
	Protestant	45 (10.7)
	Catholic	3(0.7)
	Other[1]	2(0.5)
Ethnicity of respondent (n=422)	Amara	146(34.6)
	Garage	122(28.9)

[1] jova

	Oromo	95(22.5)
	Tigre	10 (2.4)
	Others[2]	49 (11.6)
Occupation of respondent (n=422)	Housewife	210(49.8)
	Private Employee	48(11.4)
	Gov't Employee	43(10.2)
	Other[3]	14(3.3)
Marital status of respondent (n=421)	Married and live together	342(81)
	Others[4]	79(18.7)

5.1.1.1 Information exposure and Utilization of Family Planning Methods

Three hundred twenty three (76.5%) respondents have history of family planning method use with a greater proportion of injectable 170(40.3%). There was 200(47.4) drop out history from which 62(14.7%) was because of method side effect. On the current method of choice 154(38.2%) preferred Norplant, followed by injectable 142(35.2%) and pills 79(19.6%).

Table 2: Source of Information on family planning among women attending family planning service at Addis Ketema Sub City Addis Ababa, 2017

Variables	Category of variable	Frequency (%)
Source of Information	Radio	61(14.5)
	TV	121(28.7)
	Friend	141(33.4)
	Health institution	256(60.7)
	Injectable	368(87.2)
Family planning Method Ever used	Injectable	170(40.3)
	Pills	110(26.1)
	Norplant	97(23)
	IUCD	19(4.5)
	Condom	6(1.4)
Reason of Dropout to use family planning method	Method side effect	62(14.7)
	Method not available	1(0.2)
	Not satisfied with the service	2(0.5)
	Other	134(31.8)
Respondent Decision to use family planning method on the day of Interview (n=422)	Yes	400(94.8)
	No	20(4.7)

[2] Kembata, welaita, silte
[3] Merchant, daily laborer, unemployed, student, Farmer, prostitutes
[4] Single, Married but not live together, Divorced & Widowed

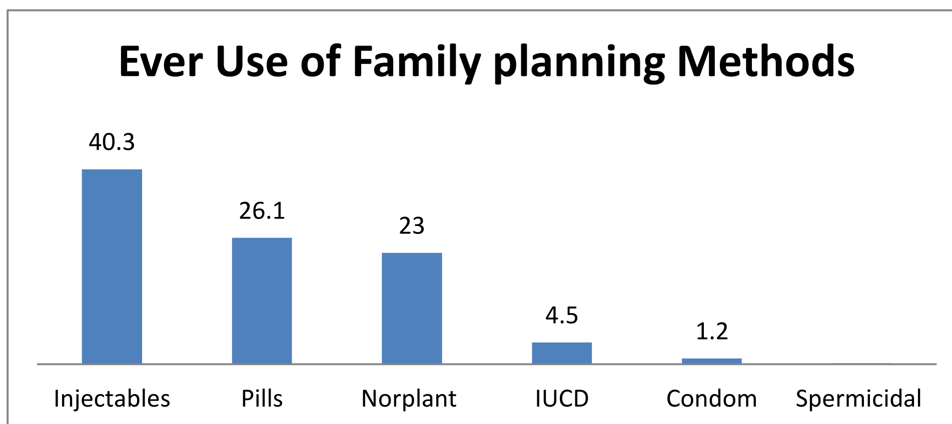

Figure 3: Ever use of family planning method among women attending family planning service at Addis Ketema Sub City Addis Ababa, 2017

5.1.2 Quality component measures

5.1.2.1 Quality in terms of method choice availability and information provision

As shown in the table 4 below method choice availability is 363(86%) and 28(6.6%) of clients accepted method other than their choice because of choice unavailability. Three hundred sixty six (86.7%) respondents got full explanation on method of choice. Method IUCD, Norplant and injectable are the most frequently explained method options in 53.3%, 42.2% and 28% respectively. As proven by observational study; Norplant, Injectable, Pills & IUCD are the type of services explained by service provider in 87(81.3%), 69(64.5%), 65(60.7%) & 57 (53.3%) respectively and method Norplant and IUCD are emphasized by service providers in 29(27.1%) and 28(26.2%) (See table 3 below)

Table 3: Method choice Availability and Information provision among Health facilities in Addis Ketema Sub City, Addis Ababa, 2017

Variables	Options		Frequency (%)
got choice of method (n=412)	Yes		363(86.0)
	No		49(11.6)
alternative method acceptability	Yes		28(6.6)
	No		16(3.8)
	where to get resupply		350(82.9)
	the possible option if not happy with the current method		311(73.7)
	Demonstrate the method how to use		306(72.5)
	possible solution if problem arise before next visit		274(64.9)
	Explained the side effect		273(64.7)
	any other methods explained	Yes	324(77.3)
		No	95(22.7)

5.1.2.2 Quality in terms of Interpersonal relationship, follow up and continuity mechanism

Three hundred eighty six (91.5%) clients asserted the service provider communication clarity/easily understandable/ where service provider gave appropriate answers to 185 (95.3%) respondent questions. 372(88.2%) respondent agreed on suggestion of friends to come to that health center and courage to come again was reported in 382(90.5%). payment was reported in 13(3.1%) of clients during the service. See table 4 below.

Table 4: Assessment of interpersonal relationship, follow up and continuity mechanism on family planning service among women attended family planning service in Addis Ketema Sub city Addis Ababa, 2017

Variables (n=422)	**Category of variables**	**Frequency (%)**
Service provider communication clarity	Yes	386(91.5)
	Not clear	26(6.2)
	No answer	10(2.4)
appropriate answer to questions	Yes	185(95.3)
	No	6(3.09)
	Partially	3(1.5)
Consultation time with service provider	About right (half to one hour)	355(84.1)
	Too short (less than half hour)	50(11.8)
	Too long (above one hour)	8(1.9)
	Don't know & No answer	9(2.1)
the required service received by respondent	Yes	385(91.2)
	No	22(5.2)
	Some but not adequate	15(3.6)
Privacy during consultation	Yes	373(88.4)
	No	49(11.6)
decision to continue use method	Continue the method	340(80.6)
	Stop the method	81(19.2)
Waiting time to receive FP service	No wait	299(70.9)
	Less than half hour	99(23.5)
	Half to one hour	17(4)
	Above one hour	6(1.4)
	Don't know	1(0.2)
Evaluation on distance to the health center	Short (Less than half hour)	322(76.3)
	Long (Half to one hour)	82(19.4)
	Too long (Above one hour)	17(4)
	Don't know	1(0.2)

5.1.2.3 Quality in terms of technical competence and appropriate constellation of services

As evidenced by the observational study; in 22.4% of the consultation sessions, providers used at least one IEC material. The most frequently used IEC materials during consultation is Sample contraceptive 20(18.7%). Assessment was done by service provider to the client during service provision as listed in the table 5 below. From the total of 107 observations IUCD was inserted for 4(3.7%) clients where uterine sound, speculum, sterile procedure was used and emotional support was given for the all the clients. implanol was inserted for 26(24.3%) clients from which sterile procedure used for 24(92.3%) and emotional support was given for 20(18.7%) clients.

Health issues discussed during the consultation session include STD 16(15%), immunization 5(4.7%), abortion 3(2.8%), other (chronic illnesses, cervical cancer) 18(16.8%). In 65(60.7%) of the sessions no any health issues were discussed.

Table 5: Assessment of Service provider technical competence and service constellation in public health facilities in Addis Ketema Sub city, Addis Ababa, 2017

Variables	Category of variables	Frequency (%)
Methods promoted/over emphasized by observation	Norplant	29(27.1)
	IUCD	28(26.2)
	Other method	9(8.4)
Assessments done	Clients method history	89(83.2)
	Clients LMP	67(62.6)
	Weight status	46(43)
	Unusual bleeding or Discharge	44(41.1)
	BP status	32(29.9)
	STD status	10(9.3)
	Pelvic pain	5(4.7)
	Physical examination & Order laboratory	4(3.7)
Procedures and advices given on injection Administration	Injection site disinfected	1(2.8)
	New/sterile needle and syringe was used	35(100)
	DEPO vial shacked before drawing in to syringe	35(100)
Points Explained	Written Reminder/appointment card	98(91.6)
	Date of resupply	97(90.7)
	Possibility of switching the method	86(80.4)
	Information for Resupply	85(79.4)
	Advantage of the Method	84(78.5)
	Disadvantage of the Method	69(64.5)
	Side effect of the Method	65(60.7)
	Measures taken if problem arise	30(28)

5.1.2.4 Quality in terms of facility audit for availability of equipment and commodities, methods and providers

Inventory was completed by observing the facilities store where supplies are stored and distributed with the person in charge of family planning on the day of the visit. The providers were also asked about suggestions for improving family planning service.

Among the FP methods; pills, IUCD, Norplant were available in all service delivery points (SDPs). There was also injectable and condom at all health centers except Millennium health center on the days of data collection. All SDPs had items like weight scale, antiseptic solutions, disposable gloves, examination table, disposable needle and syringe, sterile glove, uterine sound, speculum, scissors, tenaculum and minor surgery equipment. Only millennium and Addis Ketema health centers have their own sterilizer and Millennium has blood pressure apparatus in its family planning unit. And the others share sterilizer and pressure apparatus with other health delivery units of the facility. Flash light was not available in Ababa Bikila and Felege Meles health center and thermometer not available in any of the facilities. All SDPs had laboratory unit for Pregnancy test; but because of absence of kit for pregnancy test, Millennium health center has not been performing pregnancy test. There is separate room for physical examination in all SDPs with adequate light and clean water.

Service providers were asked about suggestions on which method of family planning should be given priority and should be improved; and they all responded that long term family planning should be given priority as they got difficult in creating awareness to clients, major side effects and providers skill gap of untrained providers following turnover of trained staff working in the unit. In addition providers have a method of follow up defaulters working in collaboration with health extension workers at Felege Meles health center. There is also a referral mechanism in all the facilities if client has problem beyond the capacity of the institution.

Family planning Service was provided after 15-40 minutes from the official opening time of service delivery points. There was sign announcing that family planning services are available and service was provided on the day of the visit. Numbers of staffs assigned at the family planning unit were 2-3 which are health officers, nurses and midwifes who are both trained and untrained staffs and a maximum of two staffs are available in a day to provide the service. All SDPs has a monthly reporting system with feedback, received a supervisory visit from the Sub

city and on FP services in the past 2 months and millennium health center from regional health bureau prior to data collection time.

5.1.3 Overall Family Planning Service Quality Measures

In this session service quality is measured in terms of quality measuring components.

Table 6: Overall Family Planning Service Quality Measures among Public Health facilities In Addis Ketema Sub city, Addis Ababa, 2017

Family planning service quality components	Category of variables	Frequency (%)
Choice of methods	Available	391(94.9%)
	Not available	21(5.1%)
Information to users by observation	Yes	11(10.3%)
	No	96(89.7%)
Information provision via exit interview	Yes	181(43.5%)
	No	235(56.5%)
Provider competence (on injectable administration)	Yes	34(32.07%)
	No	72(67.9%)
Other health issues discussed (STI)	Yes	16(15%)
Interpersonal relationship	Yes	155(37.2%)
	No	262(62.8%)
Follow up	Yes	325(77%)
	No	96(22.7%)
Overall quality measure (summation of the above component lists)	Good	212(50.2%)
	Poor	210(49.8%)

On the other hand; quality in terms of clients' perspective shows the Composite satisfaction score of the respondent About FP service in their health facility was 312(73.9%). (See table 8)

Table 7: Overall Family Planning Service Quality Measures resulting in client satisfaction among Public Health facilities In Addis Ketema Sub city, Addis Ababa, 2017

Variables (n=422)	Category of variables	Frequency (%)
Method choice Availability (n=412)	Available	363(86.0)
	Not available	49(11.6)
Information Provision (n=421)	Poor	240(56.9)
	Good	181(42.9)
Provider Information Provision Skill by Observation (n=107)	Poor	96(22.7)
	Good	11(2.6)
Interpersonal relationship	Poor	256(60.7)
	Good	166(39.3)
Continuity and follow up desire (n=421)	No, Not continue or recommend	83(19.7)
	Yes continue	338(80.1)

Evaluation on distance to the health center	Short (Less than half hour)	322(76.3)
	Long (Half to one hour)	82(19.4)
	Too long (Above one hour)	17(4.0)
Waiting time to get service at the health facility	No wait	301(71.3)
	Short (Less than half hour)	86 (20.4)
	Long (Half to one hour)	29(6.9)
	Too long (Above one hour)	5(1.2)
Privacy during consultation	Yes	373(88.4)
	No	49(11.6)
Required service received (n=417)	Yes	385(91.2)
	No	22(5.2)
Composite satisfaction score of the respondent About FP service in their Health Facility (n=422)	Not satisfy	110(26.1)
	Satisfy	312(73.9)

5.1.4 Family planning service Quality components resulting in client satisfaction

Measurement is made in three scales based on respondents' agreement; agree, disagree & neutral. Then the response neutral merged to disagree to make it dichotomous and easy for analysis. (See table 9 below)

Table 8: Clients' family planning service satisfaction in public health centers Addis Ketema Sub city April 2017

Variable	Agreement (n/%)	Disagreement (n/%)
regular availability of methods	329(78)	93(22.1)
information clarity on methods	364(86.3)	58(13.74)
providers' skill on method procedures	384(91.0)	38(9)
approach friendly	398(94.3)	24(5.7)
Procedures cleanliness	401(95.0)	21(5)
on privacy maintained	391(92.7)	31(7.3)
shortness of the process to get the service	327(77.5)	95(22.5)
fairness of the service cost	379(89.8)	43(10.2)

5.1.5 Bivariate and multivariable analysis for quality

On the multivariable analysis the odds of service quality for those clients demonstrated on how to use contraceptive methods is 0.048 times (AOR: 95% CI, 0.019, 0.126) less likely to get poor quality service compared to those clients with no demonstration on how to use methods. Clients who decided to continue the method they use were 0.047 (AOR: CI: 0.018, 0.123) times less

likely to get poor quality service from those who do not decide to continue and the odds of poor quality service on privacy during consultation is 0.284 times (AOR: 95% CI, 0.090, 0.901) less likely compared to services where privacy is not maintained. (See Table 10 below)

Table 9: Bivariable and multivariable Analysis on components of quality of family planning service to the overall quality measure in Addis Ketema Sub city, Addis Ababa, 2017

total quality measure variables	variables Category	Number (%)	COR with 95% CI	Sig.for AOR	AOR with 95% CI
Ever discus with partner	Yes	316(74.9)	0.381(0.239, .608)	.615	0.812(0.360, 1.831)
	No	104(24.6)	1		
Decision to use contraceptive	Yes	403(95.5)	0.174(0.050,0 .607)	.923	0.856(0.036,20.244)
	No	19(4.5)	1		
Got method wanted	Yes	363(86)	0.233(0.116, 0.471)	.450	0.663(0.228, 1.927)
	No	49(11.6)	1		
Explained method accepted	Yes	366(86.7)	0.182(0.082, 0.402)	.600	1.462(0.354, 6.036)
	No	43(10.2)	1		
Demonstrate how to use	Yes	306(72.5)	0.067(0.033, 0.135)	.000	**0.048(0.019, 0.126)****
	No	90(21.3)	1		
Decision to continue method	Yes	340(80.6)	0.096(0.048, 0.193)	.000	**0.047(0.018, 0.123)****
	No	81(19.2)	1		
Feel the required service received	Yes	385(91.2)	0.042(0.006, 0.314)	.147	0.088(0.003, 2.343)
	No	22(5.2)	1		
Feeling about consultation time	About right	355(84.1)	0.113(0.014, 0.930)	.105	0.105(0.007, 1.605)
	Too short	50(11.8)	0.506(0.056,4.569)	.430	0.306 (0.016, 5.776)
	Too long	8(1.9)	1		
Provider easy to understand	Yes	386(91.5)	0.262(0.071, 0.967)	.579	0.601(0.100, 3.621)
	No	13(3.1)	1		
Privacy During consultation	Yes	391(92.7)	0.188(0.089, 0.399)	.033	**0.284(0.090, 0.901)****
	No	31(7.3)	1		
Pay for service	Yes	13(3.1)	5.804(1.271, 26.512)	.875	1.179(.152, 9.169)
	No	409(96.9)	1		
Suggest friends	Yes	373(88.2)	0.185(0.039, 0.868)	.528	0.352(0.014,9.040)
	No	10(2.4)	1		
Courage to come again	Yes	382(90.5)	0.121(0.046,0.315)	.517	0.443(0.038, 5.197)
	No	40(9.5)	1		
Method availability	Yes	329(78)	0.231(0.130,0.410)	.992	0.995(0.358, 2.765)
	No	18(4.3)	1		
Provider Competence	Good	315(74.6)	0.072(0.022,0.237)	.054	0.200(0.039, 1.028)
	Poor	107(25.4)	1		
Clean Procedure	Yes	401(95)	0.045(0.006,0.339)	.680	0.593(0.050, 7.074)
	No	3(7)	1		
Privacy maintained	Yes	373(88.4)	0.093(0.028,0.312)	.055	.138(.018, 1.042)
	No	49(11.6)	1		
Total Satisfaction score	Satisfied	312(73.9)	0.161(0.095,0.270)	.479	2.282(.233, 22.377)
	Not satisfied	110(26.1)	1		

** 0.05 level of significance

5.2 Discussion

This study tried to assess the quality of family planning service in terms of components of family planning service quality assessment and identified the problems in the quality of family planning service in Addis ketema sub city public health centers.

The socio-demographic characteristics of the respondents in this study show that clients with lower educational level were more satisfied as a study in Senegal where no education or with primary and post-primary education had almost twice the odds of being very satisfied with the FP service compared with clients with secondary or more education(11). As educational level rise clients expectation also show increment considering the knowledge and information they would have. Women are more likely to use contraceptives following their child possession status and ever pregnancy status in ($p<0.001$, 95% CI (1.741, 4.554) and ($p<0.001$, 95% CI (1.857, 4.955) respectively.

Majority of the respondents used Norplant 154 (38.2%) followed by injectable 142(35.2%) in contrast with the study done in north west Ethiopia where injectable (74.4%) were the most commonly used method followed by pills(20%) (7). This difference might be due to its long term effect that would avoid frequent visit for resupply, less side effect and there is no need to worry about remembering to use it daily. In addition Implanon Scale-Up and IUCD Scale-Up initiatives by the government to increase the number of long term family planning users which in turn made providers to concentrate on promoting the long term family planning methods (19). Furthermore as evidenced in the observational part providers promoted/over emphasized Norplant and IUCD than the other methods resulting in clients with a limited choice of methods.

A study done in Jimma, 93.3% of the clients helped to select their preferences to particular methods (4). In this study; about 86% of the family planning users in this study got their choice of method and 28(6.6%) of clients accepted method other than their choice because of choice unavailability. This intern is the potential source of quality madness where clients may be obligated to use method other than their choice and decide not to return. At this point though; if only they are provided with adequate information about each method, clients provided with their choice of method is considered good.

In this study; high proportions of the respondents 386 (91.5%) have asserted the service provider communication clarity compared with the study done in northwest Ethiopia which was 82% (7). This shows that service providers approach is friendly and clear for clients in most cases. In contrast; discussion on the possible side effects of family planning method was only with 64.7% of clients from the exit interview and 60.7% from observation. In addition dropout because of method side effect was 62(14.7%). This means poor counseling on methods are evident which may result in method discontinuation. Information sufficiently and good inter personal relationship with service provider are determinant factors for client satisfaction as evidenced by the multivariable analysis (β=1.873; 95%CI= 2.83, 14.94) and (β=1.85; 95%CI=1.74, 23.58) respectively. In one study fear of side effects was mentioned as one of the reasons for not using contraceptives and lack of discussion would not allow clients to understand the actual side effects (not rumors) and know the measures that could be taken to avoid or minimize these side effects and seek solutions in case of problems. And Lack of such information may enhance method discontinuation and spreading of false rumors about side effects (7).

The respondents' agreement on provider skill on methods procedure was 384(91%). While, as evidenced by observational study; providers used sterile procedure (92.3%) and providers considered having good competence in only 72(67.3%) of observations in relation to assessments made in service provision. Moreover there are staffs that are not trained working at the service delivery points which make provider competence questionable. In only 22.4% of the consultation sessions, providers used at least one IEC material, though effective use of IEC materials during counseling may result avoiding frustration, method failure and continuation. The most frequently used IEC materials during consultation is Sample contraceptive 20(18.7%) which is very law compared with a study done in southwest Jimma; where providers used at least one IEC material during consultations (4) and 38% in Colombo district (8). This all findings in general alerts that there is a need to work hard in improving providers competence.

In this study 80.6% of respondents decided to continue the method they use. In addition respondent agreed on suggestion of friends to come to that health center in 372(88.2%) clients and courage to come again reported in 382(90.5%) clients. The implication of this is that health centers are reliable service delivery points that clients can trust the service and providers.

While assessing the appropriate constellation of services, Providers discussed about health issues related to STD with clients only in 9.3% of consultation sessions while only 15% in a study done in southwest Ethiopia(4). Though STDs especially HIV/AIDS is current national and global health issue, such an opportunity is still missed for HIV/AIDS prevention and control in Ethiopia (7). Other health issues discussed during the consultation session include abortion, Immunization and other health issues like cervical cancer, chronic illnesses (DM, HTN) which provides an essential insight for the family planning service delivery and treatment purpose too.

Waiting time seems to be important determinants of client satisfaction, but is less likely to have any impact upon the technical quality of services, though they may impact longer term use of methods if they inhibit clients from returning for follow-up visits (10). Clients who did not have to wait had higher odds of being satisfied than those who waited two hours or more(11), the same as in this study where no waiting time to receive the service resulting in higher odds of being satisfied with the service ($p<0.05$,95%CI 1.397, 43.601). However; there is a need to make family planning service integrated with other 24hours services to address the dissatisfied 2.8% service users.

The total quality measure in this study shows demonstrations on how to use method, decision of clients to continue method and privacy during consultation were found to be the determinant factors for the overall quality service with 212(50.2%) of clients got good quality service. This shows much is needed to be done to improve the service quality in all the six quality measurement aspects. The overall composite satisfaction of respondents by FP service was 73.9% nearly as low as it was in hosanna 75.3%(22) which is far more different and low from studies done in Jimma and Colombo district where 93.7& 90% of the clients had expressed their satisfaction with the accepted FP method respectively (8). Even though this result variation could be due to the geographic setting, media coverage and educational level of clients, we cannot say that quality is maintained with only this amount of satisfaction level. Here also efforts are needed to get increments in client satisfaction level.

The inventory part reviled that there was a bit longer waiting time 15-40 minutes from the official opening hour of the service delivery point implying that there is a need to integrate the service with 24hours health service provision sites. Trained staff turnover is the other challenge that concerned bodies should give emphasis in order to have qualified service providers.

6. Limitation and Strength of the study

Strength of the study

- Quality was measured using multiple quality measure components. Exit interview, observation and facility audit was made to ascertain availability of resource (methods, providers and the necessary equipment)

Limitations

- The study doesn't include private health facilities & hospitals where quality is potentially varied from health centers.
- As study was facility based; women left behind in the community were not included where their absence might be because of the dissatisfaction on the service quality of the facility.
- There may be some biases to give accurate information since clients might worry about their subsequent visit and the service providers.

7. Conclusion

The findings of this study showed that the level of service quality found to be deficient with only 50.2% overall quality measure. This indicates service quality is at lower level where many factors were interwoven to affect the decrement in the quality including a gap in maintaining the client choice of method, information provision especially on side effects and there was absence of essential resources (IEC materials use during consultations, supply of medical equipment) for the provision of quality family planning services in all of the health centers. There is also weak constellation of services like STDs where improvements are needed. Trained staff turnover should also be given due attention. The results of this study showed that main factors like demonstrations on how to use method, decision of clients to continue method and privacy during consultation were found to be significantly associated with service quality.

8. Recommendation

Providers should not promote/over emphasize specific family planning methods so that clients make decisions based on their choice of methods. The health beuro needs to improve provider competence on information provision and use of IEC materials during consultation in addition to improvements needed on their knowledge on different contraceptive methods and as a facility appropriate constellation of services should be given emphasis like STI risk assessment by the managers of the health facilities. Finally it is recommended that managers of the health facilities and the kifle ketema health bureau, policy makers, health professionals and authorities should pay more attention regarding improved availability of methods materials and trained personnel in the study area.

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10. ANNNEXES

1. Conceptual framework

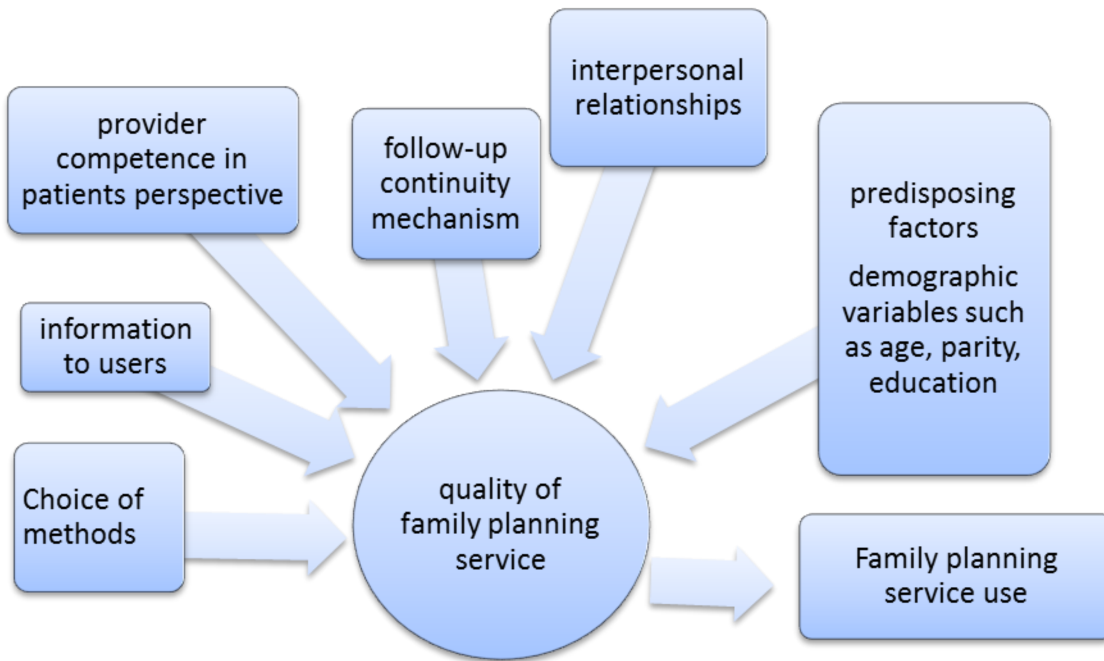

Figure 1: A conceptual frame work for the study on status of quality of family planning service (adapted and modified from Judith Bruce, Fundamental elements of the quality care: A simple frame work, March /April 1990; 21(2): 64)

2. Participant Information sheet

Title of the research project: Assessment of Quality of Family Planning Service in Public Health Centers in Addis ketema Sub-city, Addis Ababa, Ethiopia, 2017

Name of Principal investigator: Alewiya Muzeyin

Name of the organization: Addis Ababa University college of Health sciences school of public health

Introduction: Quality is an important and commonly used indicator for measuring the health service delivery. And Understanding and identifying factors hindering the service delivery are important for improving the quality of service delivered which is a continuous process and shall be done regularly to improve and maintain maximum clients' satisfaction level. Though the health centers are the common family planning service encounter site for most family planning service users, there are no similar studies done separately at the lower level service delivery points (health centers) in Addis Ababa.

This information sheet and consent form was prepared for Addis Ketema sub city health beuro. The aim of the form is to make the above concerned office clear about the purpose of the research work, data collection procedures and get permission to undertake the research.

Aim of the study: The main aim of this research is to assess the quality of family planning services at public health center. This includes the availability of resources for the service, the type and knowledge of family planning service providers and client satisfaction with the service. These all in turn helps to identify the gaps that hinder the service quality, so that concerned bodies can get information for area of focus for maintaining and maximize the service quality level.

Procedure : In order to come up with the above mentioned findings, an exit interview of family planning service clients will be made, providers interview and facility audit of logistics and supply will be made by using checklist.

Risk and/or Discomfort: even though we do not anticipate any harm resulting from the study there will be an additional time the respondents has to spend in the health facility in order to answer questions.

Benefits : The research have no direct benefit for one who participated in this study. But the indirect benefit of the research for the participant and all other clients in the service is clear. This is because if program planners are preparing predicted plan there is a benefit for client in the program of getting appropriate care and service.

Study period: 1st April 2017- June30, 2017.

Confidentiality procedures: To keep the confidentiality of the clients, the information collected from this study will be kept confidential and information reviewed about the clients by this study is stored in a file, without name i.e. Investigator use number codes to the record during the review. The information gathered is not accessible to anyone except the principal investigator and will be locked with appropriate locks/password.

Person to contact : This research project proposal will be reviewed and approved by the institutional review board of school of public health and college of health sciences , Addis Ababa University. If in case you want to know more information about the research and its undertakings, you can contact t through the address below.

1. Dr Mirgissa Kaba (PHD): Addis Ababa University, College of Health Sciences, School of Public Health. Tel: 0911213631 Email:mirgissk@yahoo.com

2. Alewiya Muzeyin(BSC) Addis ketema sub city wereda-5 health center Tel 0912027272, Email:heyalewiya@gmail.com

Permission: Lastly but not least, you are kindly requested to permit and forward your permission to concerned body in your organization so that the researcher can get cooperation from the sub city and health centers.

3. Consent form (English and Local language)

Addis Ababa University, School of Public Health, a Study on assessment of quality of family planning service in public health centers in addis ketema sub-city, Addis ababa, Ethiopia,2017.

Good morning/Good afternoon, my name is __________. I am working with Miss Alewiya Muzeyin who is doing a research as partial fulfillment for the requirement of MPH at Addis Ababa University college of health science school of public health.

We are conducting a study about quality of family planning services in Public health facilities. The study is aimed to fulfill the information gap and provide evidence for program planners, implementers and decision makers at different levels by enabling them to access a baseline family planning service quality level at public health centers. It also assists in the development of a system for improving the quality.

There are no risks or direct benefits to you from participating in the study but your participation will contribute to improving family planning service in this and other facilities. Please be assured that the information will be confidential and you may choose to stop your participation at any time or refrain from answering any questions. This will not have any impact on the service you are getting now and the future. Your name will not be used or made public. And this question will take about 20-30 minutes.

Do I have your agreement to participate? 1. YES 2. No. Stop

For any information you can contact:

1. Dr Mirgissa Kaba (PHD): Addis Ababa University, College of Health Sciences, School of Public Health.Tel:0911213631Email: mirgissk@yahoo.com

2. Alewiya Muzeyin(BSC) Addis ketema sub city wereda-5 health center Tel 0912027272, E-mail:heyalewiya@gmail.com

Consent form

I have read/listen the information sheet above and clearly understood the purpose and anticipated benefit of the research. I hereby need to assure with my signature below that without any coercion or forceful act by the research team, have decided to voluntarily participate in the study to contribute my part in the effort being made.

Client unique ID No___________ Signature ___________ Date___________

Interviewer's name___________________ Signature________ Date___________

Date of interview______________ Time started________ Time finished__________

Supervisor's Name______________________ Signature________ Date___________

For any information you can contact:

Miss Alewiya Muzeyin E-mail:heyalewiya@gmail.com Tel: +251912027272

I thank you for your cooperation!

ፈቃደኛነትን ማጠየቅያ ቅጽ (consent form, Amharic version)

አዲስ አበባ ዩኒቨርስቲ ህክምና ፋኩሊቲ፣ የህብረተሰብ ጤና ትምህርት ክፍል ይህ ማጤይቅ በመንግስት ጤና ጣቢያዎች ስለቤተሰብ ምጣኔ አገልግሎት ጥራት ለማጥናት የተዘጋጀ ነው፡፡

እንደምን አደሩ! ስሜ__________________ይባላል፡፡ በአሁኑ ሰአት በአዲስ አበባ ዩኒቨርስቲ ጤና ሳይንስ ኮሌጅ ህብረተሰብ ጤና ትምህርት ክፍል የማስተርስ ዲግሪ የመሟቂያ ፅሁፋቸውን ከሚያዘጋጁት ከወ/ት አለውያ ሙዘይን ጋር በመሆን በቤተሰብ ምጣኔ አገልግሎት ጥራት ዙሪያ ለሚደረገውጥናት መረጃ በማሰብሰብላይ እገኛለሁ፡፡

የዚህ ጥናት አላማ በዚህ ጤና ጣቢያ የሚሰጠው የቤተሰብ ምጣኔ አገልግሎት የበለጠ ለማሻሻል እና ጥናቱ ለፕሮግራም አውጭዎች፣ አስፈፃሚዎች እንዲሁም ለውሳኔ ሰጭዎች መረጃ በማስጠት የአገልግሎት ጥራቱን ለማሻሻል ጉልህ አስተዋፆ ያደርጋል፡፡

በዚህ ቃለማጤይቅ የእርስዎ በፈቃደኝነት ማሳተፍ እና ትብብር ምንምአይነት ጉዳትምሆነ ቀጥተኛ ጥቅምየሌለውሲሆን በአገልግሎቱ ዙሪያ ያሉትን ችግሮች ለማለየትና ለማሻሻል ግን

ከፍተኛ የሆነ ጠቀሜታ አለው፡፡ በተጨማሪም የሚሰጡት መረጃ ከተባለለት ጉዳይ ውጪ የማይውልና ሚስጥራዊነቱ የተጠበቀ እንደሚሆን፣ ስምዎትም ሆነ ሌላ የእርሶን ማንነት የሚገልፅ በዚህ ጥናት ሂደት ውስጥ የማንጠቀም መሆኑን አረጋግጣለሁ፡፡ በዚህ ጥናት ላይ መሳተፍ በእርሶ ፍቃደኝነት ላይ የተመሰረተ ሲሆን መመለስ የማይፈልጉትን ማንኛውም ጥያቄ አለመመለስ ይችላሉ፡፡ በቃለ-መጠይቁ ምቾት ካልተሰማዎት በማንኛውም ጊዜ መጠይቁን ማቋረጥ ይችላሉ፡፡ ይህም በመሆኑ ዛሬም ሆነ ለወደፊት በሚያገኙት አገልግሎት ላይ ምንም አይነት ተፅእኖ እንደሌለው ልገልፅልዎት እወዳለሁ፡፡ ቃለምልልሱ ከ 20 እስከ 30 ደቂቃ ሊወስድ ይችላል፡፡

ወደ መጠይቁ መቀጠል እንድንችል ፈቃደኛ ነዎት?

1. አዎን 2. አይደለሁም

መረጃ ካስፈለግዎ

ወ/ት አለውያ ማዛይን (ቢኤስሲ)፣ አዲስ ከተማ ክፍለ ከተማ ወረዳ 5 ጤና ጣቢያ፣
ኢ.ሜይል:heyalewiya@gmail.com ስልክ ቁጥር: +251912027272

ዶ/ር ሚርጌሳ ካባ፣ አዲስ አበባ ዩኒቨርስቲ ህክምና ፋኩሊቲ፣ የህብረተሰብ ጤና ትምህርት ክፍል፣ ኢ.ሜይል:mirgissk@yahoo.com ስልክ ቁጥር: +251 911213631

የስምምነት ቅጽ

ከላይ የተጻፈውን የመረጃ ቅፅ አንብቤ የጥናቱን ኣላማ ጥቅምበግልፅ ተረድቻለሁ፡፡ በዚህም መሰረት ያለጥናት ቡድኑ ኣባላት ተፅእኖ በሙሉ ፈቃደኝነት በዚሁ ጥናት በመሳተፍ የአገልግሎት ጥራቱን ለማሻሻል በሚደረገው ጥረት ውስጥ የሚጠበቅብኝን አስተዋፅኦ ለማበርከት መወሰኔን በፊርማዬ አረጋግጣለሁ፡፡

የታካሚውመለያ ቁጥር ________________ ፊርማ________________
ቀን ___________________________

የመረጃ ሰብሳቢ ሥም___________________________ ፊርማ_______________
ቀን ______________________

መረጃ የተሰበሰበበት ቀን ___________ የተጀመረበት ሠዓት ______ ያለቀበት ሰዓት
____

የተቆጣጣሪ ሥም______________________ ፊርማ_____ ቀን __________________

መረጃ ካስፈለግዎ፡ -አለውያ ማዛይን ኢሜይል:heyalewiya@gmail.com ስልክ ቁጥር: 0912027272

ስለትብብርዎ ከፍተኛ ምስጋና አቀርባለሁ!

4. Assurance of principal investigator

The undersigned agrees to accept responsibility for the scientific ethical and technical conduct of the research project and for provision of required progress reports as per terms and conditions of the research publications office in effect at the time of grant is forwarded as the result of this application.

Name of the student: ALEWIYA MUZEYIN

Date.____________________ Signature ________________

Approval of the primary Advisor

Name of the primary advisor: DR MIRGISSA KABA (PHD)

Date.____________________ Signature ________________

5. Questionnaire form (English and Local language)

Part I: Socio – Demographic 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	What is your educational level?	1.Illitrate 2. Write & read only 3. Primary school(1-8) 4.Secondaryschool completed(9-12) 5.Tweleve +1& above	
103	What is your religion?	1.Orthodox Christian 2.Catholic 3.Protestant 4.Muslim 5.Other (Specify)-------	
104	What is your ethnicity?	1.Amhara 2.Oromo 3.Tigre 4,.Gurage 6.Other (specify)----	
105	What is your occupation?	1.Government employee 2.Private employee 3.Merchant 4.Un employed 5.House wife 6.Student 7.Daily laborer 8.Other (specify)---	
106	What is your monthly in come?	--------------- Eth.birr	
107	Current marital status?	1.Single 2.Married & live together 3.Married but not live together 4. Divorced 5. Widowed 99. No answer	
108	If married /have regular partner, have you ever discussed family planning with your husband?	1.Yes 2.No 99. Don't remember	
109	Have you ever got pregnant before?	1.Yes 2.No	If no Q 201
109	Do you have children?	1.Yes 2.No	If no Q 112
110	If yes, how many?	----------------	
111	If you have children, how many living children do you have?	1.One 2.Two 3.Three & above 4. Don have child	
112	What is the age of your youngest child?	1. ------Year/ ------- Month 88. Don't know	
113	Would you like to have more children	1.yes 2.No 3. God will 4.Depend on husband	If no Q201

		99. No answer	
114	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	
115	Have you ever experienced abortion before?	1.Yes 2.No	If no Q201
116	If yes, how many?	1. One 2. Two 3. Three 4. Four and above	

Part II sections I: - Question for family planning users

No	Questionnaire and filter	Coding category	Skip to
201	Have you ever heard about family planning methods?	1.Yes 2.No	If no Q???
202	If yes, from where have you heard?	1. Radio 2. TV 3. Friends 4. Health institution	
203	Which family planning method do you know?	1.Pills 2.IUCD 3.Condom 4.Female sterilization 5.Diaphragm 6.Injectable 7.Spermicide 8. Nor plant 9. Other (specify)------------	
204	Do you have previous history of family planning use?	1.Yes 2.No	If no Q 202
205	If yes, Which method	Specify……………	
206	Which method do you know other than the method you are using?	1. Pills 2.Injectable 3.Spermicides4.Diaphragm 5.IUCD 6.Condom 7.Nor plant 8. Other (specify)-----	
207	Have you ever discontinued the method you had been using?	1.Yes 2.No	
208	If yes, why?	1. Method side effect 2. Method not available 3. Not satisfied with the service 4. Other_______	
209	If it is your first visit, Did you decide to use contraceptive method today?	1.Yes 2.No 99. No answer	If no Q204
210	If yes, which method did you	1.Pills 2.IUCD	

	accept today?	3.Condom 4.Female sterilization 5.Diaphragm 6.Injectable 7.Spermicide 8. Nor plant 9. Other (specify)- ----------- 99.No answer	
211	If no, why didn't you start to use contraceptive method today	1.Change my mind 2.Came for information only 3.Pregnancy suspected 4.Contraindication for method wanted 5. Method wanted not available 88. Don't know 99. No answer	

Part II sections II: - Question for new and resupply family planning users

212	**Choice of Methods** Did you obtain the method you wanted?	1. Yes 2.No 99. No answer	
213	If you did not get desired method, is the method you received acceptable to you?	1. Yes 2.No 99. No answer	
214 214.1	**About Information given to clients by the health personnel** explained about the specific FP method you accepted?	 1.Yes 2.No 99. No answer	
214.2	Demonstrate how to use it?	1.Yes 2.No 99. No answer	
214.3	Describe possible side effects	1.Yes 2.No 99. No answer	
214.4	Explain what to do if problem arises before the next visit?	1.Yes 2.No 99. No answer	
214.5	Explains the possibility of switching method if you are not happy with it?	1.Yes 2.No 99. No answer	
214.6	Where to go for supply or follow up visit?	1.Yes 2.No 99. No answer	
214.7	Told when to come back for another visit?	1.Yes 2.No	
214.8	In addition to the method you	1.Yes 2.No	

	received, were you told about any other methods?	99. No answer	
214.9	If yes, which method?	1. Pills 2.Injectable 3.Spermicides 4.Diaphragm 5.IUCD 6.Condom 7.Nor plant 8. Female sterilization 9. Other (specify)-----	
215	Will you come for next appointment?	1. Yes 2. No	

Part II Section III: - Knowledge questions for clients of the specific family planning method they are using (for each question here, mention the specific family planning method she is using)

216	Do you know the importance of ……… (mention the specific FP method she is using)	1.Yes 2.No 99. No answer	
217	Do you know for how long it serves?	1.Yes 2.No 99. No answer	
218	With what time interval should you get the FP method you are using?	Specify-----------	
219	Apart from the refill visit, for what problems, if any, should you come back to the clinic		
215.1	No problem will occur ---------------------------	1. Yes 2. No	
215.2	Sever headache--------------------------------	1. Yes 2. No	
215.3	Spotting between menstrual periods---------	1. Yes 2. No	
215.4	Heavy discharge/ vaginal bleeding-----------	1. Yes 2. No	
215.5	Unexpected weight gain----------------------	1. Yes 2. No	
215.6	Pain during intercourse-----------------------	1. Yes 2. No	
215.7	Other/Specify/--------------------------------	1. Yes 2. No	
215.8	Don’t know------------------------------------	88.	
216	Will you continue this method?	1- Yes 2- No	

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

No	No Question and filter	Coding category	Skip to
217	Who told you for the first time about the family planning service of this health center?	1. Husband 2. Neighbors 3. friend 4. Health professional 5. media 6. Other (specify)___	
218	how do you feel about the distance from your home to this health center	1. Short 2.Long 3.Too long 88. Don't know	
219	Are the opening hours for this health center convenient for you?	1.Yes 2.No 88. Don't know the opening	

		Hours 99. No answer	
220	How long did you wait at the facility to get family planning service?	1. No wait 2. Less than 1/2 hr 3. Half to 1 hour 4. 1 hour above 88. Don't know	
221	How do you feel about your waiting time?	1.No waiting 2.Short 3.Long 4.Too long 88. Don't know	
222	Do you feel that to day you received the information & service that you wanted?	1.Yes 2.No 3.Some but not adequate 4.Other (specify)---------------	If yes Q208
223	If not why	1.provider do not want to tell 2.the service I want was not available 3.time with the provider was too short 4. Other (specify). ----------	
224	How do you feel about your consultation time with the clinical staff?	1.About right 2.Too short 3. Too long 88. Don't know 99. No answer	
225	During consultation, was the provider easy to understand?	1.Yes 2.No 3.Don't understand 99.No answer	
226	Did you ask any question about family planning	1.Yes 2.No	If no Q212
227	If yes, did you get appropriate answers?	1.Yes 2.No 3. Partically 99. No answer	
228	Was there enough privacy during consultation?	1.Yes 2.No	
229	Did you pay for the service?	1. Yes 2. No	
230	If yes how much did you pay?	Price of service----------------	
231	If a friend of yours wanted family planning service, would you encourage her to come to this health center or go elsewhere?	1.Come to this health center 2.Go to somewhere else 88. Don’t know 99. No answer	
232	If you encourage her , what services you would recommend?	1.Pills 2.IUCD 3.Condom 4.Female sterilization 5.Diaphragm 6.Injectable 7.Spermicide 8.Nor plant 9. Other (specify)---- 99.No answer	
233	Will you come for next appointment?	1. Yes 2. No	

Part II Section IV: Client satisfaction

The following are statements about different characteristics that client satisfies. Please mark (✔) according to the agreement in the statement on the space provided.

Part II Section IV: Preference of source that quality FP can be obtained better.

	Statement	1 Agree	2 Disagree	3 Neutral
235	Regular availability of methods			
236	Information given about the method is clear			
237	Provider has good knowledge and skill to perform the procedure			
238	Provider greeting is good and in a friendly way			
239	Provider perform the procedure with cleanliness and sanitation			
240	Privacy was maintained			
241	Waiting time for the service is adequate short			
242	service cost is fair			

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

_______Doctor _______Health officer _______Nurse who is female

_______Nurse who is male _______Other specify

Thank you very much!

Observation Guide for provider client interaction

Code number of the health institution______________________

Greet providers and clients; introduce yourself 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 AAU public health department. 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 public health centers. The finding of this study is intended to improve quality family planning service in health institutions by identifying the gaps for quality improvement. And you are chosen to participate in this quality of family planning study. 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 service quality 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 (observation will take place at service delivery point where the provider and client interact and the client gets the service, No need of intervention to be involved)

No	Question and filter	Coding category	Skip to
301	During consultation, did the provider describe any of the following?	1- Yes 2- No	
301.1	Pills	1- Yes 2- No	
301.2	Condom	1- Yes 2- No	
301.3	IUCD	1- Yes 2- No	
301.4	Spermicidal	1- Yes 2- No	
301.5	Female sterilization	1- Yes 2- No	
301.6	Vasectomy	1- Yes 2- No	
301.7	Natural method	1- Yes 2- No	
301.8	Diaphragm	1- Yes 2- No	
301.9	Nor plant	1- Yes 2- No	
301.10	Other/specify -----------------	1- Yes 2- No	
302	Did the provider promote or overemphasize one method in particular	1- Yes 2- No	
303	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- ----------	
304 304.1	IEC materials used during consultation:- Flip chart	 1- Yes 2- No	
304.2	Brochure/pamphlets	1- Yes 2- No	
304.3	Sample of contraceptive	1- Yes 2- No	
304.4	Posters	1- Yes 2- No	
304.5	Anatomical model	1- Yes 2- No	
304.6	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	Sexual Transmitted disease Problems /symptoms	1-Yes 2- No	
307.6	Take weight	1-Yes 2- No	
307.7	Take blood pressure	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	

Sections III complete the following questions for the indicated methods & the likes.

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**		
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	
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	
312	Was the client told when to return for resupply?	1-Yes 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!

D- SUGGESTIONS FOR IMPROVING FAMILY PLANNING SERVICES

25. In your opinion which methods of family planning should be given priority and should be improved?

26. In your opinion, do you believe that there are adequate teaching aids for family planning clients coming to your institutions?

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

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

29. 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?

30. If yes, was feedback sent to you ?

APPENDIX IV: checklists for inventory

Instructions to data collectors: This inventory should be completed by observing the facilities that are available 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, code 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 provides family planning service at this service delivery point on the day of the visit, within each designation (eg; nurse, Health officer, Dr----)

6. Which family planning IEC materials are available? List all that are available

7. Is there a separate room or area for physical examination?

8. Is adequate light and water available in the examination room?

EQUIPMENT AND COMMODITIES INVENTORY

Types of equipments are available in the service delivery point and/or in the stockroom for family planning services (mention the available equipment with mark /✔ /)

Type of equipment	Available	Not available	Functionality	
			Yes	no
9. Sterilizer_________________				
10. Blood pressure apparatus ___				
11. Weight Scale_____________				
12. Flash light_______________				
13. Uterine sound____________				
14. Speculum_______________				
15. Scissors _______________				
16. Teneculum __________				
17. Antiseptic solutions___				
18. Disposable gloves ___				
19. Examination table __				
20. Thermometer _____				
21. Needle and syringe __				
22. Sterile gloves_______				
23. Pregnancy test_____				
24. Different contraceptive methods				
25. Minor surgery equipments _______				
26. Other (specify) ______________				

27. Is there a record system for keeping track of family planning commodities received and dispensed?

28. Are family planning commodities stored according to their expiration date?

29. 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)

REPORTING AND SUPERVISION

30. When was the last report sent? Is feedback received on reports?

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

6. Amharic Version questionnaire

ክፍል 1፡ ማሕበራዊ ሚጃዎችን በተማከተ

ተ.ቁ	ጥያቄና ማጠሪያ	የ ሜስ አ ማራጭና ማለ ያ ኮድ ቁጥር	ይዘ ለ ል
101	እ ድሜዎ ስንት ነ ው?	1.እ ድሜበአ መት---- 88. አ ላ ውቀ ውም 99.ሜስ አ ልሰ ጠም	
102	የ ትምህ ር ት ደ ረ ጃ ዎ ምን ያ ህ ል ነ ው?	1.ማን በ ብና መፃ ፍ የ ማይችሉ 2. ማን በ ብና መፃ ፍ ብቻ 3.አ ንደኛ ደረጃ የ ጨረሱ(1-8ኛ) 4.ሁለ ተኛ ደረጃ የ ጨረሡ 5.12+1 እ ና በ ላ ይ	
103	ሐይማኖትዎ ምን ድ ነ ው?	1.ኦ ር ቶዶክስ 2. ካ ቶሊክ 3. ፕሮቴስታንት 4. እ ስልምና 5. ሌላ / ይገ ለ ፅ /------------	
104	ብሄ ር ዎ ምን ድ ነ ው?	1.አ ማራ 2.ኦ ሮሞ 3.ትግሬ 4.ጉራጌ 5. ሌላ / ይገ ለ ፅ /----------	
105	ሥራዎ ምን ድ ነ ው?	1. የ መን ግስት ሰ ራተኛ 2. የ ግል መስ ሪያ ቤት ተቀ ጣሪ 3. ነ ጋ ዴ 4. ሥራ ፈላ ጊ 5. የ ቤት እ መቤት 6. ተ ማሪ 7. የ ቀ ን ሰ ራተኛ 8.ሌላ / ይገ ለ ፅ /------------	
106	የ ወር ገ ቢዎ ምን ያ ህ ል ነ ው?	________________________ ብር	
107	የ ጋ ብቻዎ ሁኔ ታ	1. ያ ላ ገ ባ ች 2. ያ ላ ገ ባ ችና አ ብራ የ ምትኖር /ከ እ ጮኛ 3. ያ ገ ባ ች ግን አ ብራ የ ማትኖር 4. ከ ባ ሏ የ ተፋታች 5. ባ ሏ የ ሞተባ ት 99. ሜስ አ ልተሰ ጠበ ትም	
108	ከ ባ ለ ቤተዎ/ ጓ ደኛዎ ጋ ር ስለ ቤተሰ ብ ምጣኔ ተነ ጋ ግረ ው ያ ውቃሉ?	1.አ ዎ 2. የ ለ ም 3. አ ላ ስ ተውስ ም	
109	ከ አ ሁን በ ፊት አ ር ግዘ ው ያ ውቃሉ?	1. አ ዎ 2. አ ላ ውቅም ሜስ ዎ አ ላ ውቅም ~~ከ ሆነ~~ →	111
110	አ ዎ ከ ሆነ ስ ንት ጊ ዜ ከ ር ግዘ ው ያ ውቃሉ?	---------------	
111	ከ እ ር ሰ ዎ ከ ሚወለ ዱ ልጆች ወስ ጥ በ ሂ ወት ያ ሉት ስ ንት ናቸው?	1.አ ን ድ 2.ሁለ ት 3.ስ ስ ትና ከ ዚያ በ ላ ይ------- 4. ልጅ የ ለ ኝም	
112	የ መጨረ ሻ ልጅዎ እ ድሜስ ንት ይሆና ል?	1. -------አ መት……….ወር 88. አ ይታወቅም	
113	ተጨማሪ ልጆች ለ መውለ ድ ይፈልጋ ሉ?	1.አ ዎ 2. አ ልፈልገ ም 3. ፈጣሪ ያ ውቃል 4.ባ ለ ቤቴ ያ ውቃል 99.ሜስ አ ልተሰ ጠም ሜስ ዎ አ ልፈልግምከ ሆነ →	ወደ ቁ 115
114	ተጨማሪ ልጅ መውለ ድ ከ ፈለ ጉ መቼ እ ን ዲወል ዱ ይፈልጋ ሉ?	1. አ ሁኑ ኑ 2. እ ስ ከ 1 አ መት 3. እ ስ ከ 2 አ መት 4. እ ስ ከ 3 አ መት 5. ከ 3 አ መትበ ኋላ 99.ሜስ አ ልተሰ ጠም	
115	ከ ዚህ በ ፊት ውር ጃ ኖሮት ያ ውቃል?	1.አ ዎ 2. የ ለ ኝም ሜስ ዎ የ ለ ኝም~~ከ ሆነ~~ →	201
116	ሜስ ዎ አ ዎ ከ ሆን ምን ያ ህ ል ጊ ዜ?	1.አ ን ድ ጊ ዜ 2.ሁለ ት ጊ ዜ 3.ሶ ስ ት ጊ ዜ 4. አ ራት ከ ዚያ በ ላ ይ	

ክፍል 2.የ ዘ መናዊ የ እ ር ግዝና መከ ላ ከ ያ ዘ ዴዎች የ ግን ዛ ቤ/ ዕውቀ ት መጠየ ቂያ

ተ.ቁ	ጥያቄና ማጠሪያ	የ ሜስ አ ማራጭና ማለ ያ ኮድ ቁጥር	ይዘ ለ ል

201	ላልሚገዝ ወይምየእርግዝና ጊዜን ለማዘግየት ስለሚጠቅሙየእርገዝና ማካላከያ መንገዶች ሰምተውያውቃሉ?	1.አዎ 2.አይ ሜልስዎ አይ ከሆነ ⟶	203
202	ሜልስዎ አዎ ከሆነ ከየት ሰሙ?	1.ከራድዮ 2.ከቴሌቪዥን 3. ከጓደኛዬ 4. ከጤና ተቋም 5.ሌላ--------	
203	ከሚከተሉት የትኛውን የወሊድ ማካላከያ መንገዶች ያውቃሉ ?	1. ክኒን 2 .በማህፀን የሚቀመጥ(ሉፕ) 3. ኮንዶም 4. ማህፀን መቋጠር 5. የማህፀን ቆብ 6. በሞርፌ ሜልክ የሰጠውን 7. ፀረ ወንድ ዘርፍሬ 8. በክንድላይየሚቀበር 9. ሌላ/ይገለጽ/	
204	የእርግዝና ማካላከያ ዘዴተጠቅመውያውቃሉ?	1.አዎ 2.አይ ሜልስዎ አይ ከሆነ ⟶	209
205	ሜልስዎ አዎ ከሆን የትኛውን የወሊድ መቆጣጠሪያ ዘዴ?	ይገለፅ--------------------	
206	ከሚጠቀሙት ሌላ የትኛውን የወሊድ መቆጣጠሪያ ዘዴያውቃሉ?	1.ክኒን 2.በማህፀን የሚቀመጥ 3.ኮንዶም 4.ማህፀን መቋጠር 5.የማህፀን ቆብ 6.በሞርፌ ሜልክ የሰጠውን 7.ፀረ ወንድ ዘርፍሬ 8.በክንድላይየሚቀበር 9.ሌላ/ይገለጽ/ 99.ሜልስአልተሰጠበትም	
207	የእርግዝና ማካላከያ ዘዴማጠቀሙን አቋርጠውት ያውቃሉ	1.አዎ 2.አይ ሜልስዎ አይ ከሆነ ⟶	212
208	ሜልስዎ አዎ ከሆነ ለምን ?	1.የጎንዮሽ ጉዳት ስላጣብኝ 2.የወሊድ መቆጣጠርያውበወቅቱ ስለሌለ 3. ባገኘውት አገልግሎት ስላልረካው 4. ሌላ-------	
209	የማጡት ለመጀመሪያ ጊዜ ከሆነ ዛሬ የወሊድ መቆጣጠሪያ ለመውሰድ ወስነ ዋል ?	1.አዎ 2.የለም ሜልስዎ አይ ከሆነ ⟶	211
210	ሜልስዎ አዎ ከሆነ የትኛውን ዘዴነው የሚረጡት?	1.ክኒን 2.በማህፀን የሚቀመጥ 3.ኮንዶም 4.ማህፀን መቋጠር 5.የማህፀን ቆብ 6.በሞርፌ ሜልክ የሰጠውን 7.ፀረ ወንድ ዘርፍሬ 8.በክንድላይየሚቀበር 9.ሌላ/ይገለጽ/ 99.ሜልስ አልተሰጠበትም	
211	ሜልስዎ የለምከሆነ ለምን የወሊድ ማካላከያ ማጠቀምአልፈለጉም?	1.ሃሳቤን ማቀየሬ 2.እርግዝና ጥርጣሬ ስላለ 3.የምፈልገውየወሊድ መቆጣጠሪያ ዘዴእኔ ልወስደውየሜችል ሞሆኑ ስለተነገረኝ 4. የፈለኩትየ መቆጣጠሪያ ዘዴባለሞኖሩ 88.አላውቅም 99.ሜልስ አልተሰጠበትም	

ክፍል 2.1፡ ለአዲስና ተመላላሽ ተጠቃሚዎች የሚቀርቡ ጥያቄዎች

ተ.ቁ	ጥያቄና ማጥሪያ	የሜልስ አማራጭና ማላያ ኮድ ቁጥር	ይዘለል

212	የፈለጉት አይነ ት የወሊድ ማከላከያ ዘዴ አግኝተዋል?	1.አዎ 2.የለም 99.ሜልስ አልተሰጠበትም	
213	የሚ ጠቅ አይነ ት ካለሆነ ፤ አሁን ያገ ኙት ዘዴበእርስዎ ተቀባይነ ት አለው?	1.አዎ 2.የለም 99.ሜልስ አልተሰጠበትም	
214	እርስዎ ስለሚወስዱት የወሊድ ማከላከያ ዘዴ የምክር አገልግሎት ሰጭውስለሚከተሉት ነ ጥቦች ገለፃ አድርጎ ሎታል?		
214.1	ስለሚ ጠቅ የወሊድ ማከላከያ ዘዴ	1.አዎ 2.የለም 99.ሜልስ አልተሰጠበትም	
214.2	እንዴት እንደሚጠቀሙአሳይቶዎታል?	1.አዎ 2.የለም 99.ሜልስ አልተሰጠበትም	
214.3	ስለሚያ ማጣውየጎኒዮሽ ጉዳትተነ ግሮዎታል?	1.አዎ 2.የለም 99.ሜልስ አልተሰጠበትም	
214.4	ችግር ቢያጋጥምዎ የቀጠሮዎ ቀን ከሚድረሱ በፊት ማምጣት እንዳለብዎት ተነ ግሮዎታል?	1.አዎ 2.የለም 99.ሜልስ አልተሰጠበትም	
214.5	ካልተስማምዎት ሌላ ሊቀይሩ እንደሚችሉ ተነ ግሮዎታል?	1.አዎ 2.የለም 99.ሜልስ አልተሰጠበትም	
214.6	ለሚቀጥለውቀጠሮ የት እንደሚሄዱ ተነ ግሮዎታል?	1.አዎ 2.የለም 99.ሜልስ አልተሰጠበትም	
214.7	በሚቀጥለውቀጠሮ መቼ እንደሚምለሱ ተነ ግሮዎታል?	1.አዎ 2.የለም 99.ሜልስ አልተሰጠበትም	
214.8	አሁን ሊጠቀሙበት ከተቀበሉት ሌላ የወሊድ ማከላከያ ዘዴአማራጮች ተነ ግሮዎታል?	1.አዎ 2.የለም 99.ሜልስ አልተሰጠበትም	
214.9	ሜልስዎ አዎን ከሆነ ፤ የትኛውዘዴ?	1.ክኒን 2.በሚርፌ ሜልክ የሰጠውን 3.ፀረ ወንድ ዘርፍሬ 4.የማህፀን ቆብ 5.በማህፀን የሚቀመጥ 6.ኮንዶም7.በክንድ ላይ የሚቀበር 8.ማህፀን ማቋጠር 9.ሌላ/ይገ ለጽ/ 99.ሜልስአልተሰጠበትም	
215	በሚቀጥለውቀጠሮዎ ይማለሳሉ?	1.አዎ 2. አይ/አልማለስም/	

ክፍል 2፡ - ንዑስክፍል 2፡ በሚጠቀሙ የወሊድ ማከላከያ ዘዴዎች ላይ የዕውቀት ጥያቄዎች

216	ስለ-------(ሚጠቀሙት የወሊድ ቆጣጠሪያ ስሙ ይጠቀስ) ጥቅምያውቃሉ	1. አዎ 2. የለም 99. ሜልስ አልተሰጠም	
217	ለምን ያህል ጊዜ እንደሚያገ ለግልስ ያውቃሉ?	1. አዎ 2. የለም 99. ሜልስ አልተሰጠም	
218	በምን ያህል ጊዜ ልዩነ ት መውሰድ አለበት?	ይገ ለጽ-----------	

219 219.1 219.2 219.3 219.4 219.5 219.6 219.7	ከመደበኛ ቀጠሮዎ ውጪየ ትኛውችግር ቢከሰትብዎ ነ ውወደ ጤና ጣቢያውመምጣት ያለብዎት? ችግር አይኖርም---------------- ከፍተኛ እራስ ምታት ካለ-------- ያልተለመደና ያልተጠበቀ ቀላል ደምከብልት መፍሰስ-- ከብልት ላይ ያልተለመደ ፈሳሽ ሜጩምር/ብዛት ያለውደምሲፈስ----------- ክብደት ሜጩምር------------ በግብረ ስጋ ግንኙነ ት ጊዜ ህመምሲሰማ-------------- ሌላ/ይገ ለጽ/--------------------	 1.አዎ 2. አይደለም 1.አዎ 2. አይደለም 1.አዎ 2. አይደለም 1.አዎ 2. አይደለም 1.አዎ 2. አይደለም 1.አዎ 2. አይደለም 88.አላስታወስም	
220	በዚህ ማካላከያ ዘዴ ይቀጥላሉ?	1- አዎ 2-አይ	

ክፍል 2 ንዑስክፍል 3፡ ተጠቃሚዎች በአገ ልግሎቱ ላላቸውእርካታየ ሜቃርብ

ተ.ቁ	ጥያቄና ማጠሪያ	የ ሜልስ አ ሜራጩና ማለያ ኮድ ቁጥር	ይዘለል
221	እዚህ ጤጣቢያ የ ቤተሰብምጣኔ አገ ልግሎት እንደሚሰጥ መጀመሪያ ማን ነ ገ ሮት?	1.ባለቤቴ 2.ጎረቤቴ 3.ጓደኛዬ 4.የ ጤና ባለሙያ 5.ሚዲያ(ቴሌቪዥን ፤ ራድዮ) 6. ሌላ /ይገ ለፅ/	
222	ከቤትዎ እዚህ ጤጣቢያ ስላለውርቀት ምን ይሰማዎታል?	1.ቅርብነ ው2.ሩቅ ነ ው 3.በጣምሩቅ ነ ው 99.አላውቅም	
223	ጤጣቢያውየ ሚከፈትበት የ ስራ ሰዓት ይስማማ ታል?	1.አዎ 2.አይ 88.የ ሚከፈትበትን ሰዓት አላውቅም 99.ሜልስአልተሰጠበትም	
224	የ ወሊድ መቆጣጠርያ አገ ልግሎቱን ለማገኘት ምን ያህል ጠበቁ?	1. ምንምቆይታየ ለም 2. ከግማሽ ሰዓት ያነ ሰ 3. ከግማሽ እስከ 1 ሰኣት 4. ከ1 ሰዓት በላይ 88.አላውቀውም	
225	ለአገ ልግሎት ስለቆዩበት ጊዜ ምን ይሰማዎታል?	1. ምንምቆይታየ ለም 2. አጭር ጊዜ ነ ው 3. ረጅምጊዜ ነ ው 4. በጣምረጅምጊዜ ነ ው 88. አላውቀውም	
222	ዛሬ የ ሚፈልጉትን ሚጃና አግልግሎት አግኝቻለውብለውያስባሉ?	1.አዎ 2. አይ 3. በቂ ባይሆንምበጥቂቱ 4. ሌላ /ይገ ለጽ/----------	
223	ካላገ ኙ ዋናውምክንያት ምን ይሜስልዎታል?	1.አገ ልግሎት ሰጭውፍላጎት ስለሌለው 2.የ ምፈልገ ውአገ ልግሎት ባለመኖሩ 3.ጊዜውአጭር በሜሆኑ 4. ሌላ/ይገ ለጽ/--------	
224	ከባለሞያውጋር ለማ ጋገ ር የነ በረውጊዜ በቂ ነ በር ብለውያስባሉ?	1.በቂ ነ በር 2.በጣምአጭር ጊዜ ነ በር 3. በጣምረጅምነ በር 4.አላውቅም 99.ሜልስ አልተሰጠበትም	
225	በምክር አገ ልግሎት ጊዜ የ ምክር አገ ልግሎት ሰጭውን በቀላሉ ሚረዳት ይቻላል?	1. አዎ 2. ለሚረዳት በጣምአስቸጋሪ ነ በር	

		3. ሚረዳት አይቻልም 99.ሚስ አልተሰጠበትም	
226	ስለቤተሰብ ምጣኔ አገልግሎት ለሰጭውጥያቄ አቅርበውነ በር?	1.አዎ 2. አይ ሚስዎ አይ ከሆነ ⟶	ወደተ.ቁ 228
227	ሚሱአዎከሆነ ለጠየቁት ጥያቄዎች ተገቢውን ምላሽ አግኝተዋል?	1. አዎ 2. አይ 3. በከፊል 99. .ሚስ አልተሰጠበትም	
228	በምክር አገልግሎት ጊዜ ለብቻዎ አመቺ ሁኔታ ተፈጥሮልዎት ነበር?	1. አዎ 2.አይ	
229	ለአገልግሎቱ ክፍያ ፈፅመዋል?	1. አዎ 2. አይ ሚስዎ አይ ከሆነ ⟶	ወደ ተ.ቁ 231
230	ምን ያህል ከፈሉ?	የአገልግሎት ክፍያ ዋጋ--------------	
231	የእርስዎ ጓደኛ የወሊድ ማካላከያ ለመውሰድ ቢፈልጉ ወደዚህ ጤ/ጣቢያ እንዲማጡ የገፋፏቸዋል?	1. አዎ እገፋፋቸዋለው 2. ሌላ ቦታ እንዲሄዱ እማክራለሁ 88. አላውቅም 99.ሚስ አልተሰጠበትም	
232	ለየትኛውአገልግሎት ወደዚህ ጤና ጣቢያ እንዲማጡይገፋፏቸዋል?	1.ክኒን 2.በሞርፌ ሚክ የሰጠውን 3.ፀረወንድዘርፍሬ 4.የማህፀን ቆብ 5.በማህፀን የሚቀመጥ 6.ኮንዶም 7.በክንድላይ የሚቀበር 8.ማህፀን መቋጠር 9.ሌላ/ይገለጽ/ 99.ሚስአልተሰጠበትም	
234	በሚቀጥለውቀጠሮዎ ይማለሳሉ?	1. አዎ 2. አይ/አልማለስም	

ክፍል 2.4፡ ተጠቃሚዎች በአገልግሎቱ ላይ ያላቸውን የተለያዩ እርካታ፤ እንደተጠቃሚዎች ስምምነት በተሰጡት ክፍት ቦታዎች ላይ ሚክት /✔ / ያድርጉ፡ ፡

ተ.ቁ	የአገልግሎት አይነቶች	እስማማለው	አልስማማም	ተአቅቦ
235	እዚህ ጤ/ጣቢያ ሁሌምየተለያዩ የእርግዝና መቆጣጠርያ ዘዴዎች ይገኛሉ			
236	ስለምወስደውየ ወሊድ መቆጣጠሪያ የተሰጠኝ ሚረጃ ግልፅ ነው			
237	አገልግሎት ሰጭውለሚሰራቸውስራዎች ጥሩ እውቀትና ችሎታ አለው			
238	የአገልግሎት ሰጭውሰላምታና አቀባበል ጥሩና የጓደኝነት ስሜት አለው			
239	አገልጋዩ የሚሰራቸውን ስራዎች በንፅህናና በጥራት ያከናውናል			
240	የምክር አገልግሎት የሚሰጥበት ለብቻና አመቺ ቦታ አለው			
241	አገልግሎቱን በአጭር ጊዜ ማግኘት ይቻላል			
242	ለአገልግሎቱ የሚከየ ቀውክፍያ ተማጣጣኝ ነው			

ክፍል 2.5

243. ተጠቃሚዎች ጥራት ያለውየባለሙያ አገልግሎት እናገኛለን የሚሉትን በተራ ቅደምተከተል ያስቀምጡ ፡

ቅደምተከተሉ የተሻለ አገልግሎት ከሚሰጡት በመጀመር ዝቅተኛ አገልግሎት ይሰጣሉ ወደሚሉት መፃፍ አለባቸው፡ ፡

---------- ዶክተር ----------- ጤና መኮንን ---------- ሴት ነርስ

--------- ወንድ ነርስ ----------- ሌላ /ይገለፅ/

ስለትብብርዎ ከፍተኛ ምስጋና አቀርባለሁ!!

7. Curriculum vitae

Personal Information	
First Name	Alewiya Muzeyin
Date of Birth	22/6/1988G.C
Marital Status	Single
Address	Addis Ababa, Ethiopia Telephone: +251912027272, Email:heyalewiya@gmail.com
Educational Background	BSc in Public Health Professional from Wolaita Soddo University and MPH candidate at AAU , College of Health Sciences, school of Public Health
Work Experience	A total of eight years
Name and address of Employer	**Oromia regional Health Bureau, west shoa zone, Gedo Hospital**
Position Held	Clinician at MCH department (March 1/2010 – March30 2011)
Major Activities and Responsibilities	Following EPI ,FP, ANC , Delivery and PNC clients
Position Held	Inpatient clinician and core process (April 1/2011-April 30/2012)
Main activities and Responsibilities	Diagnose and treat Inpatient illness Admit patient and follow the progress till discharge
Name and Address of Employer	**Addis Ababa Administration City Health Bureau Addis Ketema Sub City, Wereda 5 Health center ,Addis Ababa ,Ethiopia**
Position Held	Outpatient clinician (June 9/2012- August 30/ 2013)
Main activities and	Diagnose and treat outpatient Illness

Responsibilities	
Position Held	Curative core process (August 30/2013- August 9/2016)
Main activities and Responsibilities	member of management committee and performance monitoring team
	Leader of the curative case teams
	Assisting case team managers in supplies, skill and knowledge
	Filling different formats and coordinating monthly reporting
	Monitoring regular morning sessions, case presentations and clients health education
Position Held	Emergency case team Head (August 9/2016- present)
Main activities and Responsibilities	Leader of the Emergency case team
	Diagnose and treat Emergency cases and chronic care patients
	Admit patient for resuscitation and follow
Language Proficiency ,Skills and Competencies	Amharic mother tongue
	Excellent writing ,listening and speaking skill of English
	Good in listening and speaking of Guragigna,
	Good in listening Afan Oromo
Social skills and Competencies	Excellent in maintaining team sprite
	Excellent ability in adapting multicultural environment gained through my work experience
	Excellent team leadership quality
Computer skill	Good command of Microsoft office tools
	Trained on basic computer data management
Research Activities	Assessment of knowledge and attitude on the prevention of maternal to child transmission (PMTCT) of HIV/AIDS among women of reproductive age group in Boditi town, Soddo, SNNP, Ethiopia, 2009
	Currently working on Assessment of quality of family planning service in public health centers in Addis Ketema sub city, Addis Ababa Ethiopia, 2017

Training	1. Certificate of completion on Management of adolescent illnesses and Care training 2. certification of completion on programmatic and clinical management of MDR TB training 3. Emergency disease surveillance and reporting (IDSR) 4. Theoretical and practical training in quality management organized by AACAHB/ Addis Ababa Health Research & Laboratory service supported by CDC/E 5. Certificate of completion on Infection Prevention 6. Certificate of completion on basic computer short term training 7. Certificate of completion on minor surgery
Reference	1. Dr Mirgissa Kaba (PHD), AAU, College of Health Sciences, School of Public Health.Tel:0911213631 Email: mirgissk@yahoomail.com 2. Mr Muluken gizaw (BSC, MPH), AAU, College of Health Sciences School of public health, Tel: 0912281081 Email: mulukengizaw@yahoomail.com

Name of investigator: **ALEWIYA MUZEYIN**

Name of Advisor(s): **DR MIRGISSA KABA**

Full title of the research project:

Assessment Of Quality Of Family Planning Service In Public Health Centers in Addis ketema Sub-city, Addis Ababa, Ethiopia, 2017.

Duration of project: **APRIL- JUNE 2017 GC**

Study Area: **family planning**

Total Cost of the project: **16,670**

Address of investigator; Tel: **0912027272**

Mail: heyalewiya@gmail.com/alewiya.muzeyin@moh.gov.et