

**ADDIS ABABA UNIVERSITY COLLEGE OF HEALTH SCIENCES
SCHOOL OF PUBLIC HEALTH**



**ASSESSMENT OF QUALITY OF ANC SERVICE AND ITS
ASSOCIATION WITH INTENTION TO DELIVER IN PUBLIC HEALTH
FACILITIES IN BISHOFTU TOWN, OROMIA, ETHIOPIA**

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LIST ABBREVIATIONS AND ACRONYMS

MMR	Maternal Mortality Rate
BP	Blood Pressure
ANC	Antenatal Care
HIV	Human Immune Virus
AIDS	Acquired Immune Deficiency syndrome
EDHS	Ethiopian Demographic Health Survey
FANC	Focused Antenatal Care
Hg	Hemoglobin
VDRL	Venereal Disease Research Laboratory
SPSS	Statistical Package for Social Science
EC	Ethiopian Calendar
ETB	Ethiopian Birr
PMTCT	Prevention of Mather to Child Transmission

Summary

Background: ANC plays an important role in reducing maternal mortality and morbidity by detecting early risk factors in order to have an effective intervention in time and by linking the pregnant women to a planned delivery with a skilled birth attendant. Quality Antenatal care service can save the life of many pregnant mothers. Understanding quality of antenatal care in a health facility may be important for improvement of the service that could increase utilization of facility delivery.

Objective of the study: To assess the quality of antenatal care and its association on intention to deliver in public health facility among ANC service utilizes in Bishoftu town.

Method: Cross-sectional study supplemented by qualitative method was done at four public health facility found in Bishoftu town. Data was collected by using questionnaires at exit interview of clients, on provider competency and facility supply. Observational check list was used for provider performance. The study was conducted among 352 mothers who come for antenatal care service at the facility and health professional working at ANC clinic. The data was cleaned and analyzed by using statistical software SPSS version 21.

Result:-This study showed that overall satisfaction of client was as high as 84.9%. The satisfaction of women with secondary educational level was lesser than illiterate pregnant women (**AOR = 0.32; 95 % CI, 0.11, 0.93**). Others those who were poorly satisfied were because of long waiting time to get the service. This study also showed that higher proportion of health care providers were provide proper advice and information related to complications can occur during pregnancy. Health facilities have basic structural and medical equipments which was important to give ANC service. This study showed that pregnant women getting satisfaction on ANC service have great willingness and intention to give birth at health facility.

Conclusions:-Overall satisfaction of antenatal care is high most of health care providers give Proper antenatal care service and health facilities were equipped with essential medical equipment and drugs for ANC service provision.

Recommendation: To increase the ANC service satisfaction it is important to decrease waiting time at facility to get service. It is important to increase number of health care provider and extra room for ANC service provision and to improve service on recording and registration room.

1. INTRODUCTION

1.1 Background

Globally, the MMR fell by nearly 44% over the past 25 years, to an estimated 216 maternal deaths per 100 000 live births in 2015, from an MMR of 385 in 1990. Globally annual number of maternal deaths estimated 303 000 in 2015. Developing regions account for approximately 99% (302 000) of the global maternal deaths in 2015, with sub-Saharan Africa alone accounting for roughly 66% (201 000), followed by Southern Asia (66 000). The estimated lifetime risk of maternal mortality in high-income countries is 1 in 3300 in comparison with 1 in 41 in low-income countries. Direct obstetric causes (hemorrhage, obstructed labor, hypertensive disorders, unsafe abortion, and infection causes 80% of maternal deaths with increased fetal loss, prenatal mortality and poor survival of neonates. Maternal mortality rate in Ethiopia during pregnancy and child birth estimated about 353 in 2015 (1). Maternal deaths occur by direct obstetric cause which is directly related to poor quality care during pregnancy and delivery(2). Effectiveness of antenatal care outcome relies on the quality of care provided during each antenatal care visit on Health promotion ,disease prevention, complication readiness and birth preparedness plan (3).

1.2 Statement of the problem

Globally About 25 percent of maternal deaths occur during pregnancy. Every day approximately 830 women die from preventable cause related to pregnancies and child birth that can be avoided if women could have accesses to a high quality maternity care. Inadequate care during this time breaks a critical link in the continuum of care and affects both women and babies. Health problems during pregnancy may have serious consequences, not only for the woman but also for her child, her family, and her community. Study conducted in six West African countries, shows that $\frac{3}{4}$ of all pregnant women experienced illness during pregnancy of whom 3% required hospitalization. In sub-Saharan Africa an estimated 900,000 babies die as stillbirths during the last twelve weeks of pregnancy(3).

1.3 Rationale of this study

In Ethiopia maternal health care services are very limited for most of the women, particularly for those mothers living in rural areas. About 41 % of pregnant women get antenatal care from skilled health personal for their most recent birth. In urban setting the coverage is high about 80 %(4). The rationale of this study to indicate the quality of ANC service through level of satisfaction among pregnant mother coming for ANC in the perspective of ANC satisfaction, performance of provider, information provided and structural aspects of the health facilities. Knowledge of factor hindering quality of ANC service is important to improve the quality of service. In addition to these the research aims to assess presence of

association between quality antenatal care and the intention to give birth at public health facility in Bishoftu town. Having high level of ANC in country but with low level of birth is the problem and knowing the ANC satisfaction to delivery is important.

2. Literature review

To improve maternal and neonatal health WHO introduced the Mather-baby package in 1994. The package lists each intervention needed to achieve safe motherhood(5). Antenatal care helps to be a key entry point for main health promotion and preventive health services it helps to strengthen household to hospital continuum of care. Antenatal care plays a crucial role in the detection of early signs of or risk factors for morbidity and mortality during pregnancy. Historically the traditional antenatal care service model was developed in the early 1900s. This model assumes that frequent visits and classifying pregnant women into low and high risk by predicting the complications ahead of time, is the best way to care for the mother and the fetus. The traditional approach was replaced by **FANC** a goal-oriented antenatal care approach, which was recommended by researchers in 2001 which emphasizes quality over quantity of visits(6).

Study shows that more than 80% of pregnant women receive at least one ANC worldwide, from these about 64% attend 4 visits. In Africa region about $\frac{3}{4}$ of pregnant women get at least one ANC. In Ethiopia Maternal health care services are very limited especially for mothers living in rural areas. Only 2/5 of pregnant women get antenatal care service from skilled providers and only 15% of pregnant women give birth at facility (7). Some studies show that having antenatal care has advantages to give birth at health facility but majority of women who had antenatal care did not show up health facility delivery. Community based study shows that about 90% and 94% of pregnant women in Kenya and Nepal made at least one antenatal visit. Only 12 Sub Saharan African countries achieve 50% of antenatal care coverage. ANC 4 coverage for some countries indicated as Burundi 33%, Mali 30%, Ethiopia 19% and Niger about 15%.(8)

Quality of care is a key component of the right to health and route to equity and dignity for women and children. WHO defines quality of care, the extent to which health care services provided to individuals and patients, population improved desired health outcomes and consists of with current professional skill. Health system creates the structure which enables access quality of care and allow for the process of care to occur along two important inter-linked dimensions provision and experience of care. Donabedian, M.D (1980) was the first person who developed health care quality indicators. These are structure, process and outcome. These variables are not indicating direct quality of care instead help to infer quality (9, 10). MDG achievements indicate level of quality of ANC in developing countries is not as satisfactory at all level. Studies conducted in some developing countries to assess the quality of antenatal care provided at

public rural and urban facility setting in related to different inter related indicators shows that ANC service provided was at lower standard level of quality. Studies indicated that only 1 in 40 ANC received pregnant women get quality care according to study standard(11, 12). Processes provided during study period blood pressure was taken for 90.9% of participants, iron supplementation for 90.8% of the participants , less than 2/3 of pregnant women educated on PMTCT, 41.7% mothers was tested for HIV and know their states. these study indicate that only 4.6% of the mothers get quality care(11).

Other studies indicated in Zambia very few facilities provide an optimum level of ANC services .about 94% of pregnant mother receive below standard ANC visit, about 60% get standard 4 visits, from this only 29% of pregnant mother get quality ANC services. This study shows that only 3% of health facilities fulfill the optimum criteria developed for quality ANC services and 47% of health facilities provide adequate service, almost 50% of the facilities offer in adequate services.(13)

Study conducted in Khartoum show that the quality of antenatal care provided for pregnant women at Ribat hospital documentation of obstetric history on their parity, last menstrual period and expected date of delivery was 99.35%,98.3%and 97.2% respectively ,on obstetric examination Blood pressure 88%,fundal height measured for 93.3% and fetal heart beat checked for 81.3% . Laboratory test was done for 62%. In this study find that pregnant women were not satisfied because of incomplete service were provided for them(14).

Cohort study conducted in Vietnam shows that 88% of pregnant women use antenatal service and 94.4% received skilled birth attendant, even if there is increased level of utilization of ANC service there was discrepancy in Rural and Urban settings this was because of Poor quality service indicated in rural setting 23.6% counseling of ANC ,35.5% Urine test and urban 84.6%,88.1% respectively(15). Study from Tanzania shows as there is poor quality antenatal and delivery service provided in rural setting which is disrespect full and abusive treatment(16)

Study conducted in Nigeria shows that Positive Correlation between Client satisfaction and Health care utilization. Majority of pregnant women 83%, of service provided were satisfied by quality of ANC they received and they show willingness to recommend others and to use the facility for the subsequent pregnancy. This study shows that high cost increases client satisfaction ,this may perceiving high quality by high cost , health care provider attitude has the higher value for satisfaction of pregnant women(17).

Study conducted in Pakistan revealed that the overall ranking of quality of clinical assessment done 72% was poor, 23%of clinical assessment was average and only 5% service provided with good quality. On health promotion and education counseling about 92 % of the client not get advices and 2% of mother gets standard advice depending on service delivery protocol practice, on treatment there was better

practices for supplementation of Iron, anti malaria drug and tetanus toxoid provided about 66% to 69% of clients. Over all only 44% of pregnant mother get good quality care and about 32% of mother not gets standard quality ANC service, from all pregnant women provided antenatal care only 50% of mothers were satisfied (18, 19). Another community based cross sectional study conducted in Kenya shows that service provided for pregnant women not sufficient and not fulfill the components of antenatal care, this brings low facility delivery service, only 14 % of pregnant women told about importance of institutional delivery and birth preparedness plan(20).

There are some study conducted in Ethiopia to assess quality of ANC service provided at some public health facilities study conducted in Bahardar town , Addis Ababa town and Ambo town health centers, at all facility when we look structure all observed facilities are not full fill important supplies used for antenatal care service. About 89.2% of clients satisfied by service provided for them (21). Only one fourth of pregnant mother satisfied by advice provided about danger sign of pregnancy. Mother assessed for their pregnancy and fetus properly was about 68% only, 70% of health care providers diagnose normal and complication of pregnancies. Study conducted at Bahardar shows that about 98.9% of pregnant mothers are communicated in good maner. 37% of ANC mother start on their first trimester, 48% start on their 4 to 6 month of gestational age and only about 11.7% started above 6 month of gestational age , about 82% of mother tested for HIV/AIDS.(21)

Study done in Ambo town indicates less provision of technical cares for the mother causes poor satisfaction, less than 10% of pregnant mother advised for danger sign of pregnancy(22). Study conducted in south region at sidama zone rural health center only 33% of mothers are satisfied by physical examination done for them about 51% of pregnant mother was advised for danger sign of pregnancy. For all mother Hg, Urine, and blood group was not done only for 66.7% of participants HIV test done.(23) These shows that service provided for clients were very poor quality it leads to poor satisfaction of clients. Study done at Black lion specialized hospital ,Zewditu Memorial and Gandi memorial hospital shows that supplies for ANC service was adequate and more than 96% of pregnant mother was investigated ,in related to health education and promotion 29%to 37.2% of mother provided. Mother advised for danger sign of pregnancy was less than 50% at all level, this result was related to study conducted at Kenya Kenyatan hospitals(24). Among women with antenatal care only 17 percent of mothers received all components of ANC services, that is, they were informed of pregnancy complications, had their blood pressure measured, blood sample taken and urine sample taken in general below 50 % women get standard ANC services(4).

3. Objectives

3.1 General objectives

To assess the quality of Antenatal care and its association on intention to deliver in public health facility among ANC service utilizers in Bishoftu town.

3.2 Specific objectives

- To assess satisfaction of pregnant women by ANC services provided at Bishoftu town public health Facilities.
- To assess the availability of supply used for ANC service provision at health facility
- To assess association between satisfaction with ANC service and intention to deliver at public health facility.

4. Method

4.1 Study area

The study was conducted in Bishoftu town which is found in Oromia regional state at south east 47 km far from Addis Ababa. Bishoftu town is divided into 13 kebeles, has total population of 176,743. Among these males account for 90,846 and female 85,897 of which pregnant women estimated about 6,133. There are four governmental health facilities which are providing ANC and delivery service. Three health centers, one district hospital and one private medium clinic provide ANC and delivery service.

4.2 Study design

Facility based cross-sectional study supplemented by qualitative method was used at four public health facilities: one district hospital and three health centers in Bishoftu town.

4.3 source population:

Pregnant women who came to health facilities for ANC service in Bishoftu town

4.4 Study populations

Pregnant women who came for antenatal care service at the facility for more than one visit during the study period. For the qualitative methods, all antenatal care providers at the facilities

Inclusion criteria

Pregnant women second and third trimester coming for ANC for more than one visit

Exclusion criteria:

Pregnant women who were not able to communicate because of illness or other problem

4.5 Sample size determination

The sample size was calculated by using a formula for a single proportion population

$$n = \frac{(Z_{\alpha/2})^2 p (1-p)}{d^2}$$

n = Sample size, $Z_{\alpha/2}$ = Confidence level at 95% = 1.96

P = Proportion of satisfied women is 89% indicated by study conducted in Ambo town Oromia regional state (22).

d = margin of error to be 5%

Assuming, proportion of client satisfaction on antenatal care 89 percent(22) and 95 percent confidence level used and 5 percent tolerable error and 10 percent was added for compensating possible non response rate. The total sample size was 161 needed. For the second objective proportion for two populations were used and assuming 89%(22) satisfaction in the general pregnant population coming to ANC and 97% satisfaction in these who deliver in the institution about 320 women are needed. Since the sample size for the second objective is larger it was used in the study. There for by adding 10% for none response total of 352 women were included.

4.6 Sampling procedures

To achieve the desired sample size (352) the number of pregnant women was selected from each facility determined by a proportional to size allocation based on the average number of clients in the most recent three month report of each health facility prior to the study period. All pregnant women 2nd and 3rd trimester having more than one visit at facility for antenatal care was included until the required sample size was met. For the qualitative component of the study focal for antenatal care providers was selected in each health facility and interview about the availability and adequacy of resources for antenatal care service provision and for observational data collection provider assign at the clinic during data collection was participant of the study. Sample size for health facilities were assigned by proportion of their last three month service provided before data collection period it is shown by table below.

Bishoftu hospital		Bishoftu H/c		Cheleleka H/c		keta H/c	
N =503	n=195	N= 269	n =103	N= 49	n=19	N =90	n=35

4.7 Data collection procedures

A structured and non-structured questionnaire was used in English. For overall satisfaction pregnant women interviewing questioner used it was be translate first into Amharic and then back to English for its consistency and to make it simple during administration.

For availability of basic and standard necessary drugs and materials was assessed by using self administer structured questioner adopted from the WHO safe mother hood need assessment questioner(5)(25). Health care provider's competency on Knowledge and skill of antenatal care service was asses by using multiple choice questionnaire and performance observation check-list used. For education level and current training status was asses by using interviewing check list which was used after revising literature (5, 26) . The questionnaire was pre-test in one of the study site. After pre-testing some modification of the questionnaire was done for unclear and difficult questions. Data collectors were selected from facilities not participating in the survey. Clients were interview after they finish the whole process of antenatal care services. All 2nd and 3rd trimester pregnant women coming for antenatal care that have more than one visits were included by using systematic sampling method until the required sample size were completed. Availability of materials and equipments for antenatal care was check by using standard check list adopted from literatures. A structured questionnaire design was used to collect socio demographic data, education, and client satisfaction and to know their intention to deliver at health facility by asking their willingness.

4.8 Operational definition

Client satisfaction: measured using nine items of questions related to satisfaction during examination respectfulness, time concern, advice and information provided .Clients were said satisfied whenever they were satisfied on service provided item questions

Quality antenatal care: when clients get satisfied, if the health facility has necessary medical equipment to conduct antenatal care.

Intention to deliver: plan and willingness to deliver at health facility.

4.9. Data quality management

Data quality was ensured during data collection, coding, entry and analysis. A three days training was provided on objective, confidentiality of the information, respondent's rights, informed consent and brief explanations about sampling procedures and on how to ask and record questions in the questionnaire for

three diploma nurse data collectors and one expert supervisor. During data collection principal investigator was checking for completeness and consistency of information

4.10. Data Analysis procedures

Data was coded and entered using the software Epi Info Version 7.1.4.0 and then cleaned for errors and inconsistencies. The cleaned data was exported into SPSS software version 21.0 for further processing. All required variable recoding and transformation was done before the final data analysis. Both descriptive and analytical analysis was done. Multiple logistic regressions used to control confounder. Association between outcome and predictor variables was calculated using odds ratio at p-value <0.05 and 95% confidence interval.

4.11 Ethical considerations

Ethical clearance was sought from Addis Ababa University College of Health Science School Public Health. Permission was obtained from each health facility. Efforts were made to keep confidentiality of the data; all participants were in form that no personal identifier uses. Respondents were told about the study objective and the variety of information needed from them. They were given the chance to ask questions about the study and permit to skip any question or stop the interview at any moment they want. Informed consent was sought from all study participants at all levels and the consent form was prepared in local language Amharic. Separate room or not expose interview to other clients as much as possible. Respondents were aware about no problem is happening on their service if they do not take part in the study. Electronic data was password protected and hard copy data put in locked cabinet.

4.12 Dissemination of results

The results and findings of the study with recommendation was disseminated to respective health center directors, ANC clinic focal, and hospital medical directors and focal of MCH department Bishoftu town health office , for hospital boards and to Oromia regional health bureau.

5. Results

5.1-Socio-demographic characteristics

A total of 352 pregnant women were participated in this study with a 100% response rate. The majority 258(73%) of pregnant women were within the age group of 20-29 years old and the others 71(20%) age between 30-39 and 21(6%) were within the age 15-19 years and only 2 (0.6%) age 40-49 years old. From these the mean age of the respondents was 25.6 year \pm 4.6 SD. Majority of the participant 235(66.8%)were Oromo about 345 (98%) were married ,245 (96.6%) were orthodox and their educational status about 140 (39.8%) of the study participants had secondary educational level, While 104 (29.5%) ,38(10.8%), 32(9.8%), 38(10.8%) have primary educational level, Illiterate , can read and write and college or university level respectively. Respondents house hold monthly in-come about 153 (43.5 %) were below 1500 ETB and 161(45.7 %) were 1500 to 3500, only 10.8 % above 3500 ETB. These shown by table 1.

Table 1. Socio-demographic characteristics of exit interviewee pregnant women come for ANC service in Bishoftu town Public health facilities 2009 EC(n=352)

Variable	Frequency	Percent
Age group		
15-19	21	5.9
20-29	258	73.2
30-39	71	20.1
40-49	2	0.8
Mean \pm SD	25.6 \pm 4.6 year	
Marital status		
Married	345	98
Single	6	1.7
Widowed	1	0.3
Ethnicity		
Oromo	235	66.8
Amhara	76	21.6
Tigire	13	3.6
Gurage	28	8
Religion		
Orthodox	245	69.6
Muslim	38	10.6
Protestant	69	19.8
Educational level		
Illiterate	32	9.1
Read and write	38	10.8
Primary level	104	29.5
Secondary	140	39.5
College or university	38	10.8
Monthly house hold income		
Less than 1500	153	43.5
1500-3500	161	45.7
Above 3500	38	10.5

5.2 Past and current obstetric condition

About 48 % of pregnant women interviewed after antenatal care service were prim gravid, while about 33% women had come for their second pregnancy, 14.2% come for their third pregnancy, only 4.8% of pregnant women come for their fourth and fives pregnancy. Women were also assessed for their previous and current delivery status, and found that about 183(52%) of women not give birth yet, 27.3% gave one birth others 15.9% two birth,3.4% three birth 0.9% five birth,0.6% five birth . Out of those who give birth about 91%give previous birth at health facility. From these who say have one birth, two births, three birth and four birth were 65%,45%, 27%, 5%, 1.9% respectively.. Although these study shows that 143 (40.6 %) come for their second antenatal care visit, 127(36.1%) come for their third antenatal care visit and 82(23.3%) come for their fourth antenatal care visit. From these about 73% were ages between 20 to 29 years.

Table 2 Distributions of pregnant women by their current and past pregnancy status in Bishoftu town health facility come for ANC service 2009 EC (n= 352)

Variable	Frequency	Percent
Number of pregnancy		
First	169	48
Second	116	33
Third	50	14.2
Fourth	11	3.1
Fifth	4	1.1
Sixth	2	0.6
Number of parity		
Zero	183	52
One	96	27.3
Two	56	15.9
Three	12	3.4
Four and five	5	4.5
Gestational age by month		
4 to 6	69	19.6
7 to 8	178	50.6
9	105	29.8
Previous facility delivery		
0	199	56.5
1	100	28.4
2	42	11.9
3	8	2.3
4	3	0.9
Number of visit		
Second	143	40.6
Third	127	36.1
Fourth	82	23.

5.3 Physical assessment and Laboratory investigations provided for pregnant women coming for ANC service

Four indicators namely weight, blood pressure, Pallor and edema evaluation were used to evaluate quality of care during performance of physical assessment in ANC service. During the exit interviews most of pregnant women reported that weight measured, blood pressure measured, pallor and edema was evaluated during ANC visit were about 347(98.6%), 341(97.7%), 281(79.8%), 240(68.2%) respectively.

Laboratory investigations

Five basic investigations recommended for all ANC clients were used as process indicators for quality of ANC service: HIV, hemoglobin level, blood group, and urine and syphilis test. ANC clients had each of the investigations during the visit were about 97.2% test hemoglobin, 96.6% tested for syphilis, 96.3% tested for their blood group, 98.6% were tested for HIV and urine protein.

Iron with folic Acid supplementation and Tetanus Toxoid Immunization

Iron with folic acid and Tetanus toxoid Immunization was given almost for all pregnant women coming for ANC service about 98.6% of them. These also taken as indicator for quality care of ANC service provided.

Table 3: Quality of ANC care evaluation based on physical assessment and Laboratory investigations done for pregnant women in Bishoftu town public health facility 2009 EC(n=352)

Physical Assessment done	Frequency	Percent**
Weight	347	98.6
Pallor evaluated	281	79.8
Blood pressure measured	341	96.9
Edema evaluated	240	68.2
Laboratory investigation done		
Hemoglobin test	342	97.2
VDRL test	340	96.6
Blood group and RH factor	347	96.8
Urine test	346	98.3
HIV test	345	98.6
Lab test informed	322	91.5
Iron with folic and TT immuniz.		
Iron with folic	348	98.9
TT immunization	347	98.6

**Multiple response was possible, and may add more than 100%

5.4 Satisfaction of Pregnant women come for ANC

From these analysis 299 (84.9%) of the women included in the study were satisfied at over all ANC follow up they had, only 66.5% pregnant women were satisfied care given at privacy and from other satisfaction items waiting time for examination only 30.7% and advise on family planning use after delivery 69.9 % were satisfied. About 69.3 % of interviewed pregnant women come for ANC service were dissatisfied by long waiting time they spent about five to six hours at health facility .About 17% of pregnant women spent one to two hours and about 13% spent three to four hours to get the service.90.9% satisfied by advice provided on danger sign of pregnancy, 81.5 % by not return back without care, other items of satisfaction provided Advice on nutrition, Hygiene ,Rest, new born care and delivery place : 79.3%, 81%,84.9%, 77.8%,84.9% were respectively. All pregnant women asked for where did you plan to give birth 100% answer at health facility. About 70 % of women come for ANC service were pay for the service.

Table 4 Categorized point that determine satisfaction of antenatal care service in public facilities in Bishoftu town 2009 EC (n= 352)

Item of satisfaction	Yes (Number)	Percent (%) **
Good Privacy care	234	66.5
Waiting time	106	30.7
No return back without care	285	81.5
Respect full care	345	98
Advice provided on nutrition	299	84.9
Advice on hygiene	278	79
Advice on danger sign of pregnancy	320	90.7
Advice on HIV and STI	327	92.9
Advice for rest	285	81
Advice on Family planning	246	69.9
Advice on delivery place	301	85
Over all ANC follow-up satisfaction	299	84.9

**Multiple response was possible, and may add more than 100%

5.5. ANC Satisfaction and intention to deliver at health facility

All study subjects claimed to have intention to deliver at health facility. About 98.6 % of women whose intention to deliver at facility was due to their satisfaction on the service provided, whereas the others were intended to give birth at the facilities due to they know that they should deliver at health facility. Since all intended to deliver at health facility, it was totally difficult to assess the association between satisfaction by ANC service against intention to deliver.

5.6 Socio-demographic correlates of satisfaction

This study also examined the relationship between socio-demographic back grounds and their level of satisfaction, the odds of satisfaction by antenatal care service was lesser among women with primary education level (COR=0.17, 95% CI; 0.03, 0.89).How ever there was no significant difference in overall satisfaction in others socio-demographic variables and antenatal care satisfaction.

Table5. Comparisons of satisfaction of clients with socio demographic Characteristic Bishoftu town health facility 2009EC

Variables	Satisfaction		Crude OR(95%CI)
	Satisfied	Not Satisfied	
Educational level			
Illiterate	26(81.2%)	6(18.8%)	1
Read and write	36(94.7%)	2(5.3%)	0.7(0.23,2.37)
Primary level	95(91.3%)	9(8.7%)	0.17(0.03,0.89)
Secondary	113(80%)	27(19.3%)	0.3(0.11,0.81)
College and university	29(76.3%)	9(23.7%)	0.7(0.32,1.81)

5.7 Past and current obstetric correlates of satisfaction

Comparison in antenatal service satisfaction level was made by present and past pregnancy history and the chance of satisfaction on the service rendered was statistically less significant among Women who did come between 7 to 8 month of gestational age (**COR = 0.61(95%CI,0.30, 0.98)**). However, the odd of satisfaction was not different by gravidity, number of children, and in number of visits of antenatal care.

Table6.Comparison of satisfaction of clients with past and current obstetric Characteristic Bishoftu town 2009 EC

Variable	Satisfaction		Crud OR(95%CI)
	Satisfied	Not satisfied	
Number of Visit			
second	122(85%)	21(15%)	1
Third visit	107(84%)	20(16%)	1(0.46,2.16)
Fourth visit	70(85%)	12(15%)	1(0.52,2.30)
Gestational age			
4 to 6 month	54(78%)	15(22%)	1
7 to 8 month	152(85%)	26(15%)	0.61(0.30,0.98)
Above 9 month	93(88%)	12(12%)	0.46(0.28,1.06)

5.8. Satisfaction with Laboratory service provided

This study also examined the relationship between service provided and their level of satisfaction women come for ANC service and the odd of satisfaction by antenatal care service was higher among women who get stool laboratory investigation(COR =5.5; 95% CI,1.13, 24.10) .But there was no significant difference for other variables of service provision. It shown table below

Table7. Comparison of satisfaction of ANC clients with service provided during care provision Bishoftu town Public health facilities 2009 EC.

Variable	Satisfaction		COR (CI 95%)
	Satisfied	Not satisfied	
Hemoglobin test			
No	7(70%)	3(30%)	1
Yes	292(85.9%)	50(14.1%)	2.5(0.62,10.00)
VDRL test			
No	7(58.3%)	5(41.7%)	1
Yes	292(85.9%)	48(14.1%)	4.34(1.32,14.24)
Stool examination test			
No	244(82.7%)	51(17.3%)	1
Yes	55(96.5%)	2(3.5%)	5.74(1.35,24.32)

5.9 Factors correlated with ANC satisfaction

Both binary and multivariate logistic regression analysis were made to identify predictors of satisfaction. The binary logistic analysis result revealed that, socio-demographic variables such as educational status, family monthly income of the mother, obstetric profile variables such as parity and gestational age significantly associated with satisfaction with antenatal care services. The above mentioned significant variables those with p-value less than 0.25 in the crude analysis were again entered in to multivariate logistic model to control for confounding. The variables with p-value less than 0.05 in multivariate analysis were taken as significant predictors of satisfaction and the rest were refuted, during multivariate analysis the odds of satisfaction of pregnant women who had secondary educational level was less than illiterate with **AOR = 0.32; 95 % CI, 0.11, 0.93**) and women who got laboratory test has six times satisfaction than who did not get the service **AOR=.6.42; 95% CI, 1.46, 28.18**)

Table8 Comparison of socio-demographic, past and current obstetric condition and service provided factors by satisfaction level of pregnant women coming for ANC service Bishoftu2009EC

Variables	COR(95% CI)	Adj. OR (95%CI)
Educational level		
Illiterate	1	
Read and write	0.70 (0.23,2.37)	-
Primary level	0.17(0.03,0.89)	3.60(0.60,19.9)
Secondary	0.30 (0.11,0.81)	0.32 (0.11, 0.93).
College and university	0.70 (0.32,1.81)	-
Religion		
Orthodox	1	1
Muslim	0.99(0.48, 2.07)	0.69(0.29 ,1.69)
Protestant	0.45(0.11, 1.70)	-
Number of Visit		
Second	1	
Third visit	1(0.46, 2.16)	0.9 (0.44, 2.20)
Fourth visit	1(0.52, 2.30)	-
Gestational age		
4 to 6 month	1	1
7 to 8 month	0.61(0.30,0.98)	0.14(0.01 ,1.06)
Above 9 month	0.46(0.28,1.06)	-
Lab Service provided		
VDRL test		
No	1	
Yes	4.34(1.32, 14.24)	4.34 (0.44, 42.94)
Stool examination		
No	1	1
Yes	5.74(1.35, 24.32)	6.42(1.46 , 28.18)

5.10. Performance Assessment of health care providers

Performance observation of antenatal care service was done when 20 clients were examined by 7 health care providers based on 18 observation points. During the observation 95% of the clients were treated respectfully in the beginning and at the end of the examination, blood pressure and weight was checked for all of the clients. Uterine height and fetal position checked properly only for 50% of the cases. Pallor, varicose vein and Breast examined for 75% of the clients. Information about her condition and fetal condition, any danger sign of pregnancy, about nutrition was told for all women. Iron with folic acid birth preparedness plan, all findings were recorded and appointment card given for all women observed. Advice about personal hygiene, rest and general care was given for all pregnant women. During observation time two BSC and four diploma midwifery nurse and one health officers were observed. According to sub-sequent training and knowledge assessment tools all health care providers providing ANC service were have in-service training but most of them said one year back and all were able to diagnose normal and common complication during pregnancy also able to identify and the management of common complication according to knowledge assessment question. This study also identifies that all of health care providers were supervised by town health office MCH department and NGOs working On MCH program with Regular schedule.

5.10. Equipments, man power and basic materials for antenatal care

Antenatal resource was checked in four health facilities one general hospital and three health centers. At the time of this study, health facilities were staffed by one Gynecologist, two health officers six midwives and two nurses for ANC service. All health facilities had protected waiting area and adequate sitting space. Basic medical examination materials from the checklist indicated were available at all health facilities weight scale, Fetoscope, Stethoscope, Blood Pressure measurement instruments, measuring tap, examination coach, clinical management guide line and weighing machine was available in all health facilities but screen were only available in one health facility. Resources for providing ANC: Syphilis test, HIV test, hemoglobin test machine and urine deep sticks were available in all health facilities indicated by fig 2. TT Vaccine and Iron with folic also available in all health facilities during study period

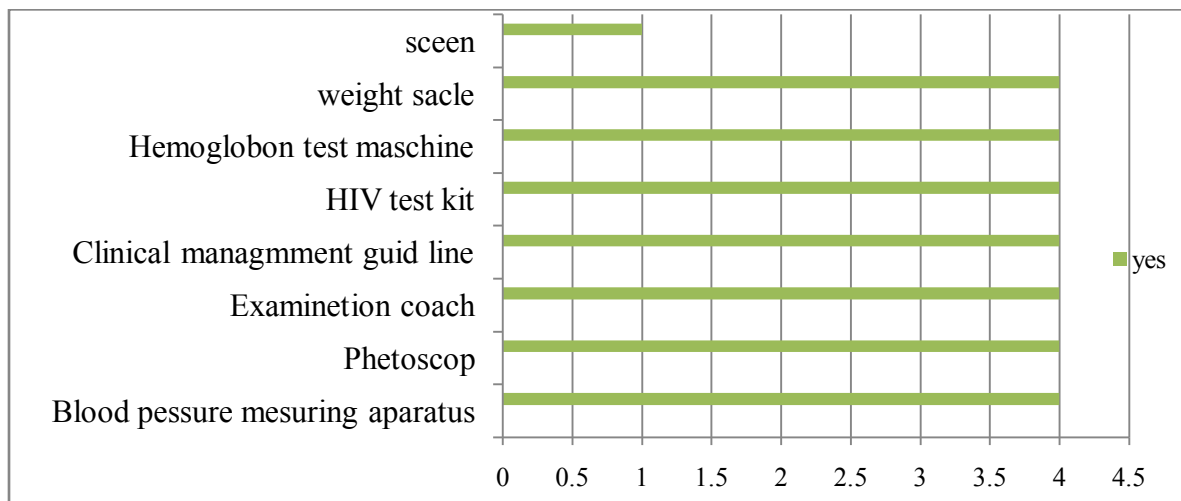


Figure 2 Showing medical equipment for ANC service in Bishoftu town public health facility 2009 EC

5.11 Client opinion

During exit interview clients were asked about their opinion on what part of service the health facilities should improve to be have good quality ANC 41% suggested to increase number of health care providers working at ANC, 11% to be improved drug supplies and lab service, 6.8% to be improve waiting time, 19 % improving cleanliness of toilet. 6.8% to be improve card and record room.

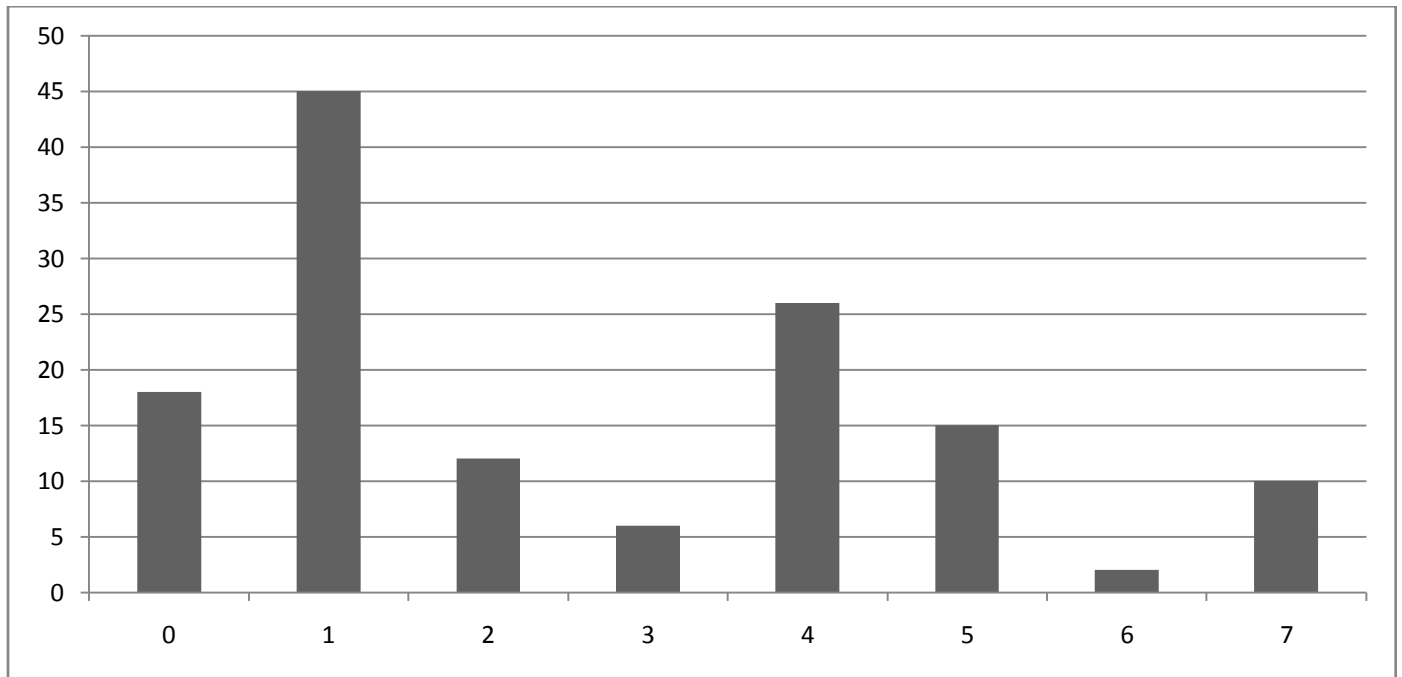


Fig.3 Clients' suggestion to improve quality of ANC in Bishoftu town public health facilities 2009 EC

Key

- 0. No suggestion
- 1. Increase No of health care provider
- 2. Increase drug supply
- 3. Increase lab service
- 4. cleans of toilet
- 5. Short waiting time
- 6. Extra room
- 7. Other comment

6. Discussion

6.1 Socio-demographic characteristics

Most of pregnant women come for antenatal care service Were between the age of 20-29 years with mean age of 25.6 and $SD^{\pm}4.6$ years. Compared to other study it is similar(21, 23-25)(24). According to these study most of pregnant women who use ANC service had secondary educational level similar study conducted in ambo town(4, 22, 25) those who had secondary educational level account about 40% and who had primary level were about 29 % from the study participants. Others who are illiterate were about 9.1 % were come for Antenatal care service these shows that as illiterate women had got ANC service from health facility similarly study conducted in Addis Ababa town about 22% were Illiterate pregnant women come for ANC service (22).

This study found that about 98% of pregnant women were married which is similar with study conducted in Ambo and Addis Ababa town (22). .

This study indicates that about 48% pregnant women were had first pregnancy and 33% of them were present for their second pregnancy. Only about 4.8 % come for their fourth, fifth and six pregnancy, in the same way about 27% of women come for ANC follow up were have one birth 15.9% have two birth about 0.6 % were have three ,four and five birth from this mean of birth were below one $0.76 SD \pm 0.962$ it may indicates low fertility rate in town. It is relatively similar with other study(11, 25).From those who give birth 91.5 % were give recent birth at health facility it is different from with other study EDHS 2016 facility delivery at urban about 79%(4) these is may be due to the study method which .is facility based study.

6.2 Physical examination and care provided to pregnant women come for ANC service

In this study physical examinations and care given to pregnant women were taken as quality indicator of ANC service provided for pregnant women, those are Blood pressure, Weight measurement, edema evaluation and paler evaluation. From this study blood pressure and Weight measured for 97.7% and 98.6% of pregnant women. 79.8% and 68.2 % of pregnant women were evaluated for paler and edema. From this blood pressure and weight of pregnant women were followed in good way than paler and edema evaluation. This is comparable with study conducted in Ambo town and Nigeria(11) this is because the service were major care important to follow pregnancy outcome and good performance of health care providers.

In addition to this laboratory investigation for hemoglobin level, for syphilis test, HIV test and urine for protein were performed for almost all pregnant women come for service. These investigations are

components of antenatal profiles that aid in identification of pathology with an aim of timely management for better pregnancy outcomes(24) in addition to Iron with folic supplementation and TT vaccination.

6.3 Client Satisfaction

Client satisfaction used for indicator for quality of care that represents the need preference and subjective experience of clients. From these study from all 84.9 percent of pregnant women were satisfied by over all antenatal care service provided for them at governmental health facility this is similar with other study(25) but lower than Jima town which was about 89%.This high satisfaction may be due to the subjective nature of the subject. From this study found that the cause of dissatisfaction for pregnant women come for ANC service in health facility were long waiting time to get the service from this Majority of pregnant women come for ANC service 69.3 % were spent five to six hour at health facility about 17% only stay one to two hour to get the service this is similar with study done in Uganda, Nigeria, Addis Ababa and different from study conducted in Ambo (13, 17, 22, 27). Study conducted in kenyatan hospital only 4% of pregnant women come for ANC service were stay for more than five hour (24). From this study other than long waiting time pregnant women come for ANC service were dissatisfied by poor privacy during service provision time .From this finding long waiting time may be due to increased number of ANC users compared to ANC providers at each health facilities. This study also indicates that all pregnant women who had satisfaction by ANC service at health facility had strong willingness to give birth at health facility. This is similar with study conducted in Bale(8) . From this study women who say my intention to deliver at facility because of the satisfaction I got from the service were about 98 .6%. This study found that pregnant women come for ANC service and having follow-up they have strong willingness and plan for facility delivery.

6.4 Factors correlated with ANC satisfaction

Both binary and multivariate logistic regression analysis were made to identify predictors of satisfaction. The binary analysis result revealed that, socio-demographic variables such as educational status, house hold monthly income of the mother, obstetric profile variables such as parity and gestational age significantly associated with satisfaction with antenatal care services. The above mentioned significant variables those with p-value less than 0.25 in the crude analysis were again entered in to multivariate logistic model to control for confounding. The variables with p-value less than 0.05 in multivariate analysis were taken as significant predictors of satisfaction and the rest were refuted. Variables which significantly predict level of satisfaction with antenatal care services includes educational status and gestational age. During multivariate analysis the odds of satisfaction of pregnant women who had secondary educational level was less than illiterate with **AOR = 0.32; 95 % CI, 0.11, 0.93**), this may be due to as the knowledge of women increase they need better care and service, and women who got laboratory test has six times satisfaction than who did not get the service **AOR=6.42; 95% CI, 1.46, 28.18**).

6.5 Service Providers competency

The quality of care in reproductive health requires good inter personal relation between the client and service provider to clients has to be treated with respect, patience, understanding and compassion (5, 25).

During this study on assessment of basic training of health care providers working at ANC clinic were had adequate training on normal pregnancy diagnosis ,management of minor disorder and complication can occur during pregnancy. Based on seven health care provider observed during service provision of 20 pregnant women almost all treated with respect full care and their blood pressure ,weight and vital signs were checked for all of the women come for the service.

50% of the cases observed for: Pallor, leg edema, varicose vein, thyroid and Breast. 75 % of the clients were properly assessed for uterine height, fetal position and auscultation for fetal heart beat. Information about her condition and fetal condition, any danger sign of pregnancy, about nutrition was told for all women. Iron with folic acid birth preparedness plan , all findings were recorded and appointment card given for all women observed .Advice about personal hygiene ,rest and general care was given for all

pregnant women. During observation time two BSC and four diploma midwifery nurse and one health officers were observed. According to sub-subsequent training and knowledge assessment tools all health care providers were have in-service training but most of them said one year back and all were able to diagnose normal and common complication during pregnancy also able to identify the management of common complication

This study also identifies that all of health care providers were supervised by town health office MCH department and NGOs working on MCH program with regular schedule and they recommend the supervision were have reconstructive value. This result were different from study conducted in Addis Ababa town (25).

6.6 Structural aspect of facilities

This study tries to assess the structural aspect of health facilities providing ANC service found that all facility have basic materials and supplies except absence of screen in most of health facility.

During this study period pregnant women who came for ANC service were asked to give their opinion to have good ANC service at health facility, about 41% of women said that increase the number of health care provider. This opinion may be because of longer waiting time to get service similar with other studies conducted(25).

7. Limitations and Strength

7.1 Limitations

- Subjective measurement of satisfaction may make the study difficult to assess and compare Satisfaction. However, satisfaction from the service was measured through satisfaction at all provision of the service and this makes the measurement to have slight objectivity.
- Assessment of health providers through observation while they do ANC may change their behavior to be have good manner
- The study was conducted in urban area and findings cannot be generalized to rural setting.

7.2 Strength

- The study plan to assess quality of ANC service provided at public health facility through client interview for satisfaction from the service, observation of health providers performance and also by assessing basic equipments and materials.
- The questioner was pre tested on similar setting and a necessary modification had made to minimize the difficulty during the data collection. Data were collected and analyzed properly

Conclusions: - The study subjects of this study seem to be consistent to urban women included in study conducted in other study therefore the study may represent the source population. Overall satisfaction of antenatal care is high, even if the overall satisfaction is high there were less satisfaction on waiting time to get service at all observed health facilities this could be due to increased number of ANC service utilizes than health care providers. Most of health care providers provide proper antenatal care service and health facilities have good structural aspect for ANC service provision. Women who have ANC follow up shows a great intention to deliver at health facility.

Recommendation

Even if the overall satisfaction of ANC service was higher there are points that pregnant women dissatisfied.

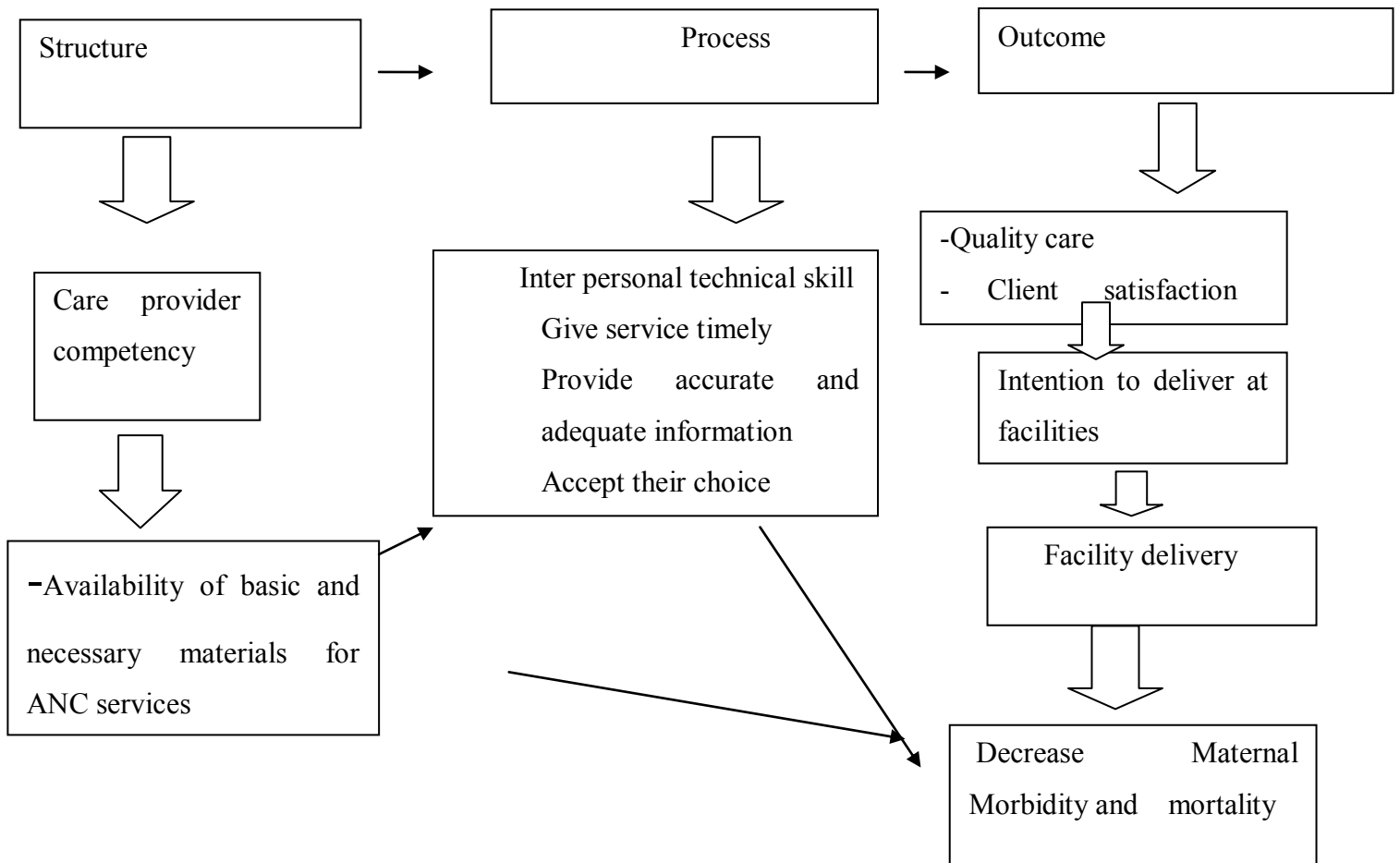
- Regional health bureau, town health office and facility managers need to do on point of dissatisfaction for ANC service users.
- To increase the ANC service satisfaction it is important to decrease waiting time at facility to get ANC service.
- To increase ANC service satisfaction it is important to increase number of health care provider at ANC clinic , increase cleanness of toilet and handling of individual card and record at each facility level.
- Satisfaction from the antenatal care service in the health facility is high, it is important to encourage and provide continuous in service training for health care providers to sustain client satisfaction and to do more than this.

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9. ANNEXE I

Figure 1 conceptual frame work of quality of care according to Donabedian MD (1980)



Annex II: Consent Form

Questionnaire on assessment of effect of quality of ANC services on intention to deliver at health facility in Bishoftu town.

Name of the health institution _____

Hello! My name is _____ I am from Addis Ababa University College of health science school of public health. This is a study to be conducted health research on assessment of quality of ANC services and service satisfaction and intention to deliver at health facility among antenatal care followers in Bishoftu town. And aims to assess presence of association between quality of ANC and intention to give birth at public health facilities .having high level of ANC in the facility but with low level of birth is problem so knowing the ANC satisfaction is important.

This is beneficial to identify areas of improvement in the quality of ANC services and highlighting the need for corrective actions. By doing this we will provide sufficient information for concerned bodies, so that they could make informed decision. In order to attain this goal, you are kindly requested to provide your genuine response on the questions given below. I would like to confirm you that you have the right to stop the interview at any time or skip any question that you do not wish to answer. Because taking part in this survey is voluntary and your response was held in strict confidence.

Your privacy will also be protected and nobody will know your answer. If you do not wish to participate, it will not affect the services you receive at the facility now or in the future. I also request you to answer it frankly because your answers are like one important piece of brick in the whole research and determine the outcome of this study. Thank you very much for your willingness to listen to me. In case, if you have any question you can ask:

Contact address:-Meseret Denu Mob. No: *0911316092*

Are you voluntary to respond to the questions?

Yes; ----proceed with the interview

No; ---- thank her and End.

Date & Signature: _____

Name of supervisor: _____

ANNEXE IV Data Collection Tool

Tool for collection of data from clients and health professionals

Study Title: Assessment of Quality of Antenatal care service and its effect on intention to deliver at facilities in Bishoftu town at public health facilities

Name _____ of _____	Respondent
Facility _____	cod _____
Interviewer code _____	Date _____
Time of Start _____	

Exit interview for clients

Write statements or word of the interviewed pregnant women response or circle it.

Part I General socio-demographic status of the pregnant women			
S.No	Questions	Response	remark
01.	Age	_____years	
02	Marital status:	1) Married 2) Single 3) Divorced 4) Widowed	
03	Educational status:	1) illiterate 2) Can read and write 3) Primary 4) Secondary 5) college/university level	
04	Religion:	1) Orthodox 2) Muslim 3) protestant 4) Other (Specify)	
05	Ethnicity:	1) Oromo 2) Amhara 3) Tigray 4.) Other (specify)	
06	Income per month:	_____ birr	
07	Number of Pregnancy	_____	
08	Number of previous Birth facility at	_____	
	Last Menstrual Period	_____	
09	Number of visit:	1) First visit 2) second visit 3) third visit 4) fourth visit 5.)other (specify)	
10	12. Gestational age at initial visit	_____weeks/months	

Part II Clinical activities Circle on response of Pregnant women			
011	<p>Does the health care provider perform these general examinations?</p> <p>1. Weight measured</p> <p>2. Pallor evaluated</p> <p>3. BP measurement</p> <p>4. Edema evaluated</p>	<p>1. Yes 2. No</p> <p>1. Yes 2. No</p> <p>1. Yes 2. No</p> <p>1. Yes 2. No</p>	
012	<p>Laboratory investigation</p> <p>1. Hemoglobin</p> <p>2. VDRL (for syphilis test)</p> <p>3. Blood group and RH factor</p> <p>4. Urine test</p> <p>5. HIV test</p> <p>6. Stool examination</p> <p>7. Other (specify) _____</p>	<p>1. Yes 2. No</p> <p>1. Yes 2. No</p> <p>1. Yes 2. No</p> <p>1. Yes 2. No</p> <p>1. Yes 2. No</p> <p>1. Yes 2. No</p>	
013	<p>Care provision</p> <p>1. Therapeutic or prophylactic iron-folate supplementation</p> <p>2. Tetanus toxoid immunization</p> <p>3. Treatment of syphilis</p> <p>4. Treatment of raised BP</p> <p>5. Is the health care provider gives you appointment</p>	<p>1. Yes 2. No</p> <p>1. Yes 2. No</p> <p>1. Yes 2. No</p> <p>1. Yes 2.No?</p> <p>1. Yes 2. No</p>	

Part III client satisfaction

Part III client satisfaction			
014	Was there other person than the care provider?	1. Yes 2. No , if yes how many _____	
015	After you arrived in the health facility how much time did you spent to get the health care provider?	1. Waiting time _____ minutes or hours 2. Consultation time _____ minutes or hours	
016	What did you say about the time that you spent?	1. Very long 2. Short 3. Appropriate	
017	Is there any time that you return back to your home without having check up?	1. Yes 2. No	
018	Did the health care provider treat you respectfully?	1. Yes 2.No	
019	Did you get advice /information on the following points? Nutrition About your lab test Hygiene Danger Sign of pregnancy Family Planning HIV/STD Rest Delivery place New Born Care	1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No	
020	Are you satisfied with the advice above?	1. Yes 2. No	
021	If yes, how much were you satisfied with advice you had?	1. Very satisfied 2. Satisfied 3) Dissatisfied 4) Very dissatisfied	

022	Did you pay for the care that you receive?	1)yes _____ birr 2) No Skip Q 023	
023	How much expensive is the money that you pay?	1. Expensive 2. Appropriate 3. Minimum	
024	Where do you want to give birth?	1) Here 2) Other health facility 3) Home	
025	If your choice is number one what are the reasons among the following	1. It is near to my house 2. I like the health care provider 3. I satisfied by service provided to me 4.I should give birth at health facility 5. I usually give birth in this specific place 6. The waiting time was very short	
026	To have a good antenatal care which of the followings needs to be improved?	1. Increase health care provider 2. Drug supply 3. Laboratory 4. Cleanliness of the examining room 5. Cleanliness of Toilet room 6. Short waiting time 7. Extra rooms 8. Others(specify)	
027	Did you receive the care that you want and need?	1. Yes 2. No	
028	If you are pregnant again would you come to this health facility?	1. Yes 2. No	
029	Would you recommend this facility to a relative or	1. Yes 2. No	

	a friend for their antenatal check up?		
030	32. How much did you satisfy about the follow up you had up to this time	1. Very satisfied 2. Satisfied 3. Dissatisfied 4. Very dissatisfied	
031	33. If you are satisfied by care provided to you where do you plan to deliver?	1. at this facility 2. at hospital 3. other than this facility 4. At home	
032	The satisfaction you get from services brings how mach willingness to deliver at health facility	1. Very strongly 2. strongly 3. Moderetly	

Time of data collection completed _____

Signature of data collector _____

Part 2

Assessment for subsequent in service training and basic education of health care providers .

Year of graduation -----

1. Have basic training 1.yes 2. No

1. Adequate training 2.not adequate

1	Basic training	1	2	remark
1.1	Diagnosis of pregnancy and determining gestational date			
1.2	normal Physiology of pregnancy			
1.3	Minor disorders of pregnancy			
1.4	History taking & Physical assessment			
1.5	Complication of pregnancy and their management including			
1.6	Laboratory investigation/common and routine investigation			

2. In-services training

2.1 Have you had any training related to services that you are providing?

Yes _____ No _____

2.2. If, yes when was last training 1-before 6 months 2-Just one year 3-Two years& above

3	Super vision		
3.1	Have you ever been supervised by any one, for the last one year	Yes No	
3.2	If yes who was the supervisor	1.Management 2.Director of the facility 3.Town health office 4.NGO	
3.3	Does the supervision	1-Planned regularly 2-periodical	
3.4	Does the supervision skills you took improve the services that you are providing	1.yes 2. no	
3.5	How much is constrictive the comment	1-Very constrictive 2-Somewhat cons 3-Not	

	given?	constrictive 4-Discouraging	
--	--------	-----------------------------	--

Part 3

	<p>4. Knowledge assessment of health care provider</p> <p>Profession of health care provider _____</p> <p>Year of service _____</p> <p>Position _____</p> <p>Duration of work in ANC _____</p>	
4.1	When do you diagnose pregnancy induced hypertension	<p>1. Diastolic Blood Pressure > 90 below 12wk GA</p> <p>2. Diastolic Blood Pressure > 90 above 12wk GA</p>
4.2	Vaginal bleeding in pregnancy at gestational age 37 could be?	<p>1. Abruption placenta 2. Sign of labor 3. No problem</p> <p>4. Bleeding tendency</p>
4.3	WHO recommends ANC four times for all Pregnant Women?	<p>1. True</p> <p>2. False</p>
4.4	Pregnant women whose abdomen is bigger than her previous pregnancy suspect	<p>1. No problem</p> <p>2. Twin</p> <p>3. Big baby 4. Increased amniotic fluid level</p>
4.5	Pregnant lady should seek medical care when the following happens	<p>1. leg swelling</p> <p>2. chest pain</p> <p>3. headache or blurring of vision</p> <p>4. abdominal pain</p>
4.6	Severe symptoms of preeclampsia is	<p>1. cough</p> <p>2. all types of headache</p> <p>3. blurring of vision</p> <p>4. low WBC count</p>
4.7	What are the basic investigations required for pregnant lady	<p>1. hemoglobin 2. Urine analysis</p> <p>3. HIV</p> <p>4. VDRL</p> <p>5. All</p>

Performance Observational checklist for ANC service

1=performed, 2=not performed, 3=unsatisfactory, 4= not applicable

activities	1	2	3	4
Check for the availability of washing facilities (water, soap, towel)				
Greets and calls client by her name and introduce her /himself				
Reviews clinic record before starting the session and check about previous pregnancy, number, and outcome				
Take pulse rate, blood pressure and temperature				
Examine skin, conjunctivae, legs for edema , and varicose veins, thyroid, mouth, breast				
Palpates uterus and perform maneuvers to detect fetal position and situation and measure uterine height, ABD circumference and listens to the fetal heart rate(>18 weeks				
Informs mothers about her and fetus's health condition				
Informs mothers about any complication and management				
Orients women for the place of delivery (health centers, hospital & others				
The client told danger sign (headache, vaginal bleeding, passage f liquor) Counsel on nutrition need				
Prescribed iron				
Advise on personal hygiene , rest and general care				
Danger of un prescribed medicine during pregnancy				
Advise on breast feeding ,neonatal vaccination ,family planning				
Prepare and save money for emergency case birth preparedness plan				
Advise client family or partner on danger sine preparation for emergency , place of birth				
Record of findings (history physical examination Lab findings				
Appointment given				

Part 4

Assessment of structural aspect of selected health facilities about antenatal Services

Health unit _____

Interview for focal of Antenatal care department (profession _____)

4.1	Is there separate Antenatal care room in the facility?	1.yes 2.No
4.2	Availability of Man power	
	Is there adequate health worker at the ANC clinic during all working day?	1.Yes 2.No 3.there is shortage of man power working at ANC clinic
4.3	Availability of medical equipments and materials for antenatal care	1=available 2=not available
4.3.1	Clinical management guide	
4.3.2	Examination coach	
4.3.3	Phetoscope	
4.3.4	Blood pressure Apparatus	
4.3.5	Weighting scale	
4.3.6	Measuring Tap	
4.3.7	screen	
4.4	Laboratory reagents	1=available 2=not available
4.4.1	Syphilis test	
4.4.2	Urine Analysis for protein	
4.4.3	HIV test	
4.4.4	pregnancy test	
4.4.5	Hemoglobin /Hematocret test	
5	Availability of Drugs	
5.1	Iron with Folic Acid	

Annex IV Questionnaire in Amharic language

በአማርኛ የተገልጋይ ቃለመጠይቅ እና የመስማሚያ ቅጽ

የጤና ተቋም ስም-----

እኔ-----

በአዲስ አበባ ዩኒቨርሲቲ የማህበረሰብ ጤና ክፍል የድህረ ምረቃ ተማሪ ስሆን በጤና ተቋማት በቅድመ ወሊድ ክትትል ጊዜ

የሚሰጣቸው የአገልግሎት ጥራት ነብሰጡር እና ቶች በጤና ተቋም ለመውለድ እንዲችሉ ምን ያህል ያነሳሳቸዋል በማለት ጥናት እያካሄድኩኝ ሲሆን ያላማው የቅድመ ወሊድ ክትትል አገልግሎት መርካት እና ቶችን በጤና ተቋም ለመውለድ እንዲችሉ ምን ያህል ያግዛቸዋል የሚለውን ጥያቄ ለመመለስ ስለሆነ ከእርሶ የምናገኘው መልስ ለተቋሙት ልቅ አስተዋጽዖ ስላለው በጥናቱ ላይ እንዲሳተፉ በትህትና እጠይቃለሁ። ጥናቱ ላይ አለመሳተፍ ወይም በማንኛውም ሰዓት ማቋረጥ ይችላሉ። ለዚህም ከሚያገኙት እንክብካቤ ወይም አገልግሎት ምንም ዓይነት ንስመሆኑን እየገለጽኩ ለጥናቱ የሚስጡት ሃሳብ ሚስጥራዊነቱ የተጠበቀ መሆኑን አረጋግጣለሁኝ። በተጨማሪም ጥያቄ ወይም አስተያየት ካሉት አሁኑኑ ወይም በ0911316092 መሰረት ደኑ በለው በመደወል መጠየቅ የሚችሉ መሆኑን እገልጻለሁ። በጥናቱ ላይ ለመሳተፍ ፈቃደኛ ነዎት? 1. አዎ. 2. አይደለሁም.

አዎ ካሉ በጥናቱ ላይ ስለተሳተፉ በቅድሚያ ያስመስግናለሁ ወደ ቃለመጠይቁ።

አይደለሁም ካሉ አስመስግናለሁ።

በቢሮፍቱከተማየመንግስትጤናተቋማትየቅድመወሊድአገልግሎትጥራትበጤናተቋምለመውለድአነሳሽመሆኑንዳሰሳ

የጠያቂውስም-----	ፊርማ-----	ቀን-----
የተጠያቂውመለያ-----		
የጤናተቋሙስም-----	ቀን-----	
\ቁየተጀመረበትሰአት-----		

የተገልጋይቃለመጠይቅነብሰጡርእናቲቱየሰጡትውንመልስአክብብወይምጻፍ

ክፍልአንድአጠቃላይመረጃ			
	ስነህዝብናማህበራዊጥያቄ	መልስ	አስተያየት
001	ዕድሜ	----- አመት	
002	የጋብቻሁኔታ	1) ያገባ2) ያላገባ3) የተለያዩ4) ባልየሞተባት	
003	የትምህርትደረጃ	1) ያልተማረ2) ማንበብናመጻፍየምትችል3) አንደኛደረጃትምህርት4) ሁለተኛደረጃ5. ኮሌጅ/ዩኒቨርሲቲደረጃ	
004	ሓይማኖት	1) ኦሮቶዶክስ2) እስልምና 3) ፕሮቴስታንት 4) ሌላ(ግለጽ)-----	
005	ብሔር	1) ኦሮሞ2) አማራ3) ትግሬ4) ጉራጌ5) ሌላይገለጽ-----	
006	ወርሀዊገቢ	----- ብር	
የእናቶችመረጃ			
008	ስንተኛምርመራዎትነው?	1) አንደኛ2) ሁለተኛ 3) ሶስተኛ 4) አራተኛ 5) ከዚህበላይ	
009	ስንተኛእርግዝናዎትነው ?	-----	
010	ስንትልጅወልደዋል?	-----	
011	ስንትልጅበጤናተቋምወለዱ?	-----	
012	የመጨረሻየወርአበባያየበት ?	ቀን _____	
013	እርግዝናዎ ስንት ጊዜ ሆኖታል ?	-----ሳምንት/-----ወር	

ክፍል ሁለት ህክምና ካርድ ላይ የሚሞሉ አገልግሎቶች እና የሚሰጡ ምርመራዎች			
013	የጤና ባሎ ሞያው/ዋቢ ህክትትል ወቅት ጠቅላላ ምርመራ አድርገው ሎታል?		
	1. ክብደት	1. አዎ 2. የለም	
	2. አይን መንጣት (pallor) ታይተዋል	1. አዎ 2. የለም	
	3. የደም ግፊት ተለክትዋል	1. አዎ 2. የለም	
	4. ዕብጠት እንዳለብዎታይተዋል	1. አዎ 2. የለም	
014	ከታች የተዘረዘሩትን ላቦራቶሪ ምርመራ ተሰርቶ ሎታል?		
	1. የደም ማነስ (Hg/HCT)	1. አዎ 2. የለም	
	2. ቪ.ዲ.አር.ኤል የአባላዘር ምርመራ ተደረገልዎት (VDRL)	1. አዎ 2. የለም	
	3. የደም ዓይነት (blood group)	1. አዎ 2. የለም	
	4. አር. ኤች 4 ክተር (RH)	1. አዎ 2. የለም	
	5. የሽንት ምርመራ	1. አዎ 2. የለም	
	6. ኤች.አይ ቪ (HIV)	1. አዎ 2. የለም	
	7. የሰገራ ምርመራ	1. አዎ 2. የለም	
015	ለነበረ ሰጠርዋ የተደረገ ላት ህክምና		
	1. አይረን/ፎሌት የደም ማነስ ኪኒን ተሰጥቶዋል	1. አዎ 2. የለም	
	2. የመንጋጋቆልፍ ክትባት ተሰጥቶዋል	1. አዎ 2. የለም	
	3. የቂጥኝ መድኃኒት (syphilis) በምርመራው ጤን መሰረት	1. አዎ 2. የለም	
	4. የደም ግፊት መድኃኒት) በምርመራው ጤን መሰረት	1. አዎ 2. የለም	
	5. ቀጠሮ ተሰጥቷል	1. አዎ 2. የለም	

ክፍል ስንት በአገልግሎቱ ስለመርካታቸው		
016	በክፍሉ ከጤና ባለሙያው ውጭ ተጨማሪ ሰው ነበረ	1. አዎ 2. የለም ካለ ስንት ሰው?-----
017	ለምርመራ ጤና ድርጅቱ ከደረሱ በኋላ ባለሙያዎች ደለመቅረብ ምን ያህል ጊዜ ፈጅቶብዎታል?	1) አጠቃላይ የቆዩበት ጊዜ----- - 2) ምርመራው የፈጀበት ሰዓት----- -----
018	ከላይ ስለቆዩበት ሰዓት ምን ይላሉ?	1. በጣም ረጅም 2. ረጅም 3. አጭር 4. በጣም አጭር 5. በቂ ነው
019	ወደ ጤና ድርጅቱ ለክትትል መጥተው ህክምና ሳይገኙ የተመለሱበት አጋጣሚ አለ?	1. አዎ 2. የለም
020	የጤና ባለሙያው በአክብሮት አስተናግደዎታል?	1) አዎ 2) የለም
021	. ከሚከተሉት ነጥቦች ውስጥ የተሰጠዎት ምክር/መረጃ አለ? 1. ስለ አመጋገብ 2. ስለ ንጽህና አጠባበቅ 3. ስለ ቤተሰብ ምጣኔ 4. ስለ ዕረፍት 5. ስለ ምርመራው ውጤት 6. ስለ ሚወልዱ በትቦታ 7. በእርግዝና ወቅት ስለ ሚከሰቱ አደገኛ ምልግቶች 8. ስለ ኤች.አይቪ/የአባላዘር በሽታ 9. ስለ ሚወለደው ህጻን እያያዝ	1. አዎ 2. የለም 1. አዎ 2. የለም 1. አዎ 2. የለም 1. አዎ 2. የለም 1. አዎ 2. የለም 1. አዎ 2. የለም 1. አዎ 2. የለም 1. አዎ 2. የለም 1. አዎ 2. የለም
022	በተሰጠዎት ምክር ረከተዋል?	1. አዎ 2. የለም
023	አዎ ከሆነ በተሰጠዎት ምክር ምን ያህል ረከተዋል?	1. በጣም ረከቻለሁ 2. ረከቻለሁኝ 3. አልረከሁም 4. በጣም አልረከሁም 5. ምንም አይደለም
024	በዚህ ክትትል ወቅት ለተደረገሎት አጠቃላይ ህክምና አገልግሎት ከፈሉ?	አዎ 2. የለም

025	024 አዎከሆነምንያህል የለምከሆነጥያቄ 025 ዝለል	-----ብር	
026	የክፈሉትከፍያምንያህልውድነው?	1.በጣምወድ 2.ወድ 3.ተመጣጣኝ4.አነስተኛ5 በጣምአነስተኛ	
027	የትመውለድይፈልጋሉ?	1.አዘሁ 2. ሌላየጤናድርጅትወስጥ 3 ቤትወስጥ	
028	ምላሽአዘህጤናተቻምከሆነለምንፈለጉ?	1.በተሰጠኝአገልግሎትስለረካሁአዘህለመውለድፈለግሁ 2. በጤናተቻምመውለድስላለብኝ	
029	ጥሩቅድመወሊድምርመራእንዲኖርመሻሻልአለባቸውየሚሉትንይጥቀሱ?	1. ባለሙያዎቻንቁጥርመጨመር 2. መድሃኒትአቅርቦት 3. የላቦርቶሪምርመራ 4. የህክምናመስጫወንቤትንጽህና 5. የመጻፍጃቤቱንጽህና 6. ተጨማሪምርመራክፍሎች 7. ሌሎች(ግለጹ)-----	
030	የሚያስፈለግኩት/የሚፈልጉትንዕርዳታወይምእንክብካቤአግኝትዋል?	1. አዎ2. የለም	
031	በድጋሚብያረግዙአዘህከትትልያደርጋሉ?	1.አዎ2. አላደርግም	“
032	ለጓደኛዎወይምለዘመድዎበአዘህሆስፒታልከትትልእንዲያደርጉይመክራሉ?	1.አዎ2.የለም	
033	እስካሁንበተደረገሎዎትአጠቃላይከትትልምንያህልረከተዋል?	1. በጣምረከቻለሁኝ 2. ረከቻለሁኝ 3. ምንምአይልም 4. አልረካሁም 5. ምንምአልረካሁም	
034	በዐገልግሎቱመርካትዎበጤናተቃምዕንዲወልዱፍላጎትእንዲኖረትአስቻሎት	1. አዎ 2 የለም	
035	አዎከሆነምንያህልነው	1 በጣምፍላጎትአንዲኖረኝአድርጎንል 2.በመጠኑፍላጎትአንዲኖረኝአድርጎኛል	

		3.ትንሹፍላጎትአንዲኖረኝአድርጎኛል	
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ቃለ መጠይቁ ያለቀበት ሰዓት----- ቃለመጠይቁን ያደረገው ሰው፡ፊርማ _____

Guca Odefanoo fi Fedhii qayabanaa

waligaltee Tajjaajilamtotaa

Maqaa Dhabata fayyaa _____

Ani Maqaan koo _____ Baratuu ‘MPH’ Universtii Addiis Ababaa Kollejii sayinsii Fayyaa Mumee fayyaa Hawaassa Yamuu ta’uu Dhaabataa fayyaa mootumaa magaalaa Bishooftuu kessat Tajaajiilaa Kuununsaa Da’umsaa duraa dubartootaa ulfaaf kan latamuu ammaamm qulqulinaa qabaa fi dubartotini ulfaaf tajaajilaa argatan iraa itiqufiisin isaanii mall fakataa kanjadufii hangam dhabataa fayyaa kessat akaa dhudhaaf danda’an isaan kakaasaa kan jadhuu qorachuuf wan barbaadef qoranoo kanaa irraatti debiin yokiin yaadni isiin naaff keeniitan dhaabatichaa fayyaa bu’aa gudaan qabuuf qoranoo kan irraatti akka hirmatan kabajaan gaafachaa qoranoo kanaa iraa gaffiiwan debisuu dhaaf kan hinbarbadnee yoojiratan iraa darbuufi fedhii kesaan yoo hintanee hirmachuu dhisuu akaa dandechan ibsaa kuniis tajaajilaa argachuu qabdan irraa gonkumaa akaa isinn hidowinee nanibsaa. Debiin yokiin odeefanoo isiin naaff laatan icciitin iasaa egamaa akka ta’e nan ibsaa. Dabalataan Gaaffii yookiin yaadaa dabalataa yoo qabaatan Bilbilaa 0911316092 Masarat Danuu jattanii bilbiluu akadandesan nanibsaa

Qoranoo kanaa irrat hirmachuuf fedhii qabduu?

1. Eyyee galatefhuu fi garaa gaffii demii
2. Lakki galatefachuu fi gara dubartii ulfaa itii aantuu darbii

1) Questionnaire in Afan Oromo Version _____				
006	Galii ji'aa	Qarshii _____		
Odefanoo Haadhoollee ulfaa				
008	Ulfii kun meqafaa ketii	_____		
009	Ijoolee meeqaa desee jirtaa			
010	Ijoolee Meqaa dhaabataa fayaat desee	_____		
011	Laguun Yeroo dhumaf siti dhufee	Guyyaa _____		
012	Ulfii kun jia'aa meqa ta'ee	Ji'aa _____		
013	Yeroo Meqafaaf tajaalaa kununsaa daumsaa duraa argachuu kesaanii	1)Yeroo Tokoofaaf 2) yeroo lamafaaf 3) Yeroo sadafaaf 4)Kannan olii yaaibsamu ____		

Kutaa lamaa tajaajilaa duubartii ulfaafi kenamuu fi kardii irat kan galmaa'u				
014	Yeroo tajaajila kanat ogesii fayaa qorqnowan armaan gadiit tarefaman isinif gegesani jiru			
	1.Ulfatinaa qaammaa siif lalanii	1) Eyye 2) Lakki		
	2.Ijaa hanqinqq digaaf siif laalanii	1) Eyye 2) Lakki		
	3.Dhiibaa dhigaa kee siif laalanii	1) Eyye 2) Lakki		
	4.Harkaaf milaa kee dhita'aff siif lalanii	1) Eyye 2) Lakki		
015	Qoranoo Labratorii arman gadii siif hojatamee jiraa			
	1) Hanqinaa dhigaaf (Hg/HCT)	1)Eyye 2) Lakki		
	2) Dhukubaa naaf salaaf (VDRL)	1) Eyye 2) Lakki		
	3) Gartuu dhigaa kesanii	1) Eyye 2) Lakki		
	4) Gartuu RH faaktarii	1)Eyye 2) Lakki		
	5) Fiincaan	1) Eyye 2) Lakki		

	6) Ehiyvi edsitif (HIV/AIDS)	1)Eyye 2) Lakki		
	7) Sagaraa	1) Eyye 2) Lakki		
016	Yaalii kenamee halaa barbachisaabarbachisumma ta'en			
	1) Qoricha hanqinaa dhigaatiff	1) Eyye 2) Lakki		
	2) Telalii dhukubaa tetanosii	1) Eyye 2) Lakki		
	3) Qorichaa Cabxoo free labratori iraa hunda'ee	1)Eyye 2) Lakki		
	4) Qoricahaa dhibaa dhigaa free bikameran hunda'ee	1)Eyye 2) Lakki		
017	Beelamnii yeroo itii debituu sii kenamee	1)Eyye 2) Lakkii		

Kutaa Sadii gafannoo halaa itiiqufinsaa tajaajilaa				
018	Yeroo tajaajilii isiinif kenamuu ogesaan alaa namnii kanbiroo kutaa kestii nii jiraa ?	Eyyee 2) Lakkii		
019	Ogesaa biraa gahuu dhaf sa'atii meqaa turtan erga dhabataa fayaat gesan bodaa	Sa'atii _____		
020	Sa'atii /yeroo qoranoof turtanii	Sa'atii _____		
021	Sa'atii waligalla itii fayadamtanii	Sa'tii _____		
022	Sa'atii Yeroo waliigalaa itii fayadamteff mall jataa ?	1)Baayee dherraa 2)Dherraa 3) Gabaabaa 4) Baayee Gabaabaa 5) Gahaa dhaa.		
023	Tajaajilaa otoo hin argatin guyaa gara mana kee kan itii debitee jiraa?	Eyyee 2) Lakkii		
024	Ogesii fayyaa tajaajilaa kabajaa qabun sikesumesani jiru	Eyyee 2) Lakkii		
025	Gorsaa yookiin odeefanoo arman gadit tarefamarii siff laatamee jira?	Eyyee 2) Lakkii		
	Wa'ee sirna Nyataa	Eyyee 2) Lakkii		

	Wa'ee egumsaa qulqulinaa	Eyyee 2) Lakkii	
	Wa'ee qusanaa Matii	Eyyee 2) Lakkii	
	Wa'ee boqonaa	Eyyee 2) Lakkii	
	Idoo dahumsaa	Eyyee 2) Lakkii	
	Malatoowan ciicimoo yeroo ulfaa mulachu danda'anii	1)Eyyee 2) Lakkii	
	Wa'ee HIV/AIDS	Eyyee 2) Lakkii	
	Halaa qabinsaa fi kununsaa dai'maa dhalatuu	Eyyee 2) Lakkii	
026	Gorsa a wa'ee arman olit siif ibsamen qubsaa dha ?	Eyyee 2) Lakkii	
027	Debin kee Eyyee yoo ta'ee angam qubsaa dha?	Baayyee qubsaa dha Qubsaa dhaa Jiduu galessaa	
028	Tajaajilaa isiin kenameef kafaltii raawatani?	Eyyee 2) Lakkii Lakkii yota'e gara gaafi 030 tii darbii	
028	Gaafii 028 debiin eyyee yoota'ee	Qarshii _____	
029	Qarshiin kafaltan hamaam mi'aa dha?	1)Baayyee mi'aa 2) mia'aa 3)Gidugalesaa 4) gaarii dha 5) Bayyee gaarii dha	
030	Esaattii dahuu barbaadaa?	1)Asiit dahun barbada 2) Dhabataa fayyaa kanabiroo 3) Manat	
031	Tajjaajilaa kunnisaa da'umsaa duraa akka foyaa'uu danda'uu maaltuu godhamuu qabaa jattaa?	Lakoofsaa ogesaa fayyaa dabaluu Dhiyesii qorichaa dabaluu Qoranowan labratorii foyesuu Qulqulinaa kutaa tajajilaa fooyeesuu Qulquliina manafincaanii foyesuu Kutaa dabalataa tajajilaa kunsaa duratiif oluu dabaluu Kan biraa Ibsii_____	
032	Tajaajilaa barbada yokkin isinif barbachisuu	Eyyee 2) Lakkii	

	hunda argatanii?		
034	Kanbiraa otoo ulfatatee asiit dhufuudhaaf fedhii qabdaa?	Eyyee 2) Lakkii	
035	Nama kanbiratiif Tajajilaa kunsaa duraa akaa argatan gara dhabataa fayyaa kanat niergitaa?	Eyyee 2) Lakkii	
036	Tajaajilaa angaa amaata isiinif kenamen haangam ittii quuftanii jirtuu?	Bayyee 2) Jidugalesaa 3) Gadiiana	
037	Tajajilaa argatan qubsaa ta'un isaa akaa dhabataa fayyaat dahuu dandesan fedhii kesaan akaa dabaluu godhee jiraa?	Eyyee 2) Lakkii	
038	Debin kee eyyee yoota'ee amaamm	1)Baayee 2) jidugalaa 3)gadiianna	

Galatomi!

Malatoo namaa odefanoo sasaabee_____

Sa'atii gaafanoo Xuumuramee_____
