



ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
SCHOOL OF PUBLIC HEALTH

**Assessment of quality of family planning services in Dilla town, Gedeo Zone,
Southern, Nations, Nationalities and Peoples National Regional State.**

By

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**Thesis submitted to Addis Ababa University School of Graduate Studies in
partial fulfilment of the requirements for the Degree of Masters of Public
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SCHOOL OF GRADUATE STUDIES

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Acronyms/Abbreviation

AIDS	Acquired Immunodeficiency syndrome
FP	Family Planning
IEC	Information, Education, and Communication
IOM	Institution of Medicine
IPPF	International Planned Parenthood Federation
IUCD	Intra Uterine Contraceptive Device
HIV	Human Immunodeficiency Virus
LMP	Last Menstrual Period
NGO	Non-Governmental Organization
OR	Odds Ratio
PE	Physical Examination
SNNPR	Southern Nation Nationality and Peoples Region
SDP	Service Delivery Points
SD	Standard deviation
SSA	Sub-Saharan Africa
WHO	World Health Organization

Title: Assessment of quality of Family Planning services in Dilla town Gedeo Zone, SNNP National Regional State.

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Abstract:

Abstract

Background: Family planning programs have contributed greatly to fertility decline in developing countries, quality of family planning services is to have contributed to increasing contraceptive use

and declining fertility rates. Good quality care in family planning services helps individuals and couples meet their reproductive health needs safely and effectively.

Objective: To assess the status of quality of Family Planning services in Dilla town Gedeo Zone, SNNPR National Regional State.

Methods: A facility based cross sectional survey was conducted from January 15- Feb 6,2012 in six service delivery points in Dilla town using a Bruce-Jain framework consisting six elements of quality measuring tools such as; method choice, provider-client information exchange, provider competence, client-provider interaction (interpersonal relation), mechanism to encourage continuity, and appropriate constellation of services. Observation was made 89 clients interacting with their providers, exit interview was conducted with 401 clients, and facility audit was also carried out.

Result: Overall 67.1 %clients were satisfied on perception of quality of care on family planning services. The providers treated the clients respectfully in 52 % of the consultations and Privacy was maintained 68.9% of women. Information given to clients; clearly explained, informed about other contraceptive method other than client's preference and a opportunity to ask question and clarity was 37.2%, 45.9% and 28.7% were responded that the method respectively.

Multivariate analysis of clients' satisfaction shown that Client follower of Orthodox and protestant were 70 and 69 %less likely to be satisfied than client who had follower of Muslim and Catholic religion, were [AOR= 0.30 (95%CI 0.12-0.80)] and [AOR= 0.31 (95%CI 0.12-0.81)] respectively. Clients who perceived that provider easily understandable were nearly seven times more likely to be satisfied than those clients who perceived that provider was difficult or don't understandable. [AOR =6.7 (95% CI 3.28-13.88)]. Clients who the method was clearly explained three point six times more likely to be satisfied than those clients the method was not clearly explained.[AOR= 3.6 (95% CI 1.96-6.40)].

Conclusion: A study revealed that constraint in the delivery of family planning quality care, overall client satisfaction on perception on quality of family planning services was moderate, which mostly account from information given to clients, and treated the clients respectfully, maintained privacy during consultation and waiting area lacked seat accommodate client load.

1. Introduction

1.1 Background

Family planning programs have contributed greatly to fertility decline in developing countries (1). Both availability and quality of family planning services is believed to have contributed to increasing contraceptive use and declining fertility rates. There is general agreement that the quality of family planning and reproductive health services positively affects contraceptive use and behaviour of the clients; and that clients deserve to receive safe and high quality services with respect and dignity (1).

Good quality care in family planning services helps individuals and couples meet their reproductive health needs safely and effectively (2-3). Poorly delivered FP services can lead to incorrect, or discontinued contraceptive use and cause unwanted pregnancies, infections, injuries and even death (4). Bruce-Jain, defines quality of family planning care in terms of six fundamental elements of quality emphasizes on the client's perspective (5).

1.2 Statement of the problem

In Sub-Saharan Africa (SSA), the rate of population growth is one of the highest in the world, (2.8 %) compared to the rest of the world (6). Ethiopia is the second-largest country in Africa, with an estimated population of nearly 79 million and a growth rate of 2.6 percent per year (7). Ethiopia adds 2 million people every year, and it is the pace and imbalanced distribution of this population growth, rather than the ultimate size of the population, that most give rise to concerns (8).

In addition In Ethiopia, the levels of maternal and infant mortality and morbidity are among the highest in the world (9) with 21 percent of deaths among women aged 15 to 49 related to pregnancy or pregnancy-related causes. Utilization of family planning services in Ethiopia is low and varies substantially by women's place of residence, educational level, and religion (9). Many of the health problems of women and children are related to high fertility, with an average of 4.8 births per woman in 2011(10).

Besides this, almost half of the total population 45 % is under the age of 15; large numbers of individuals will be of reproductive age in the near future. A young population, combined with high fertility, limited access to FP, and low contraceptive usage, not only predicts rapid population growth for at least another generation, but will exacerbate Ethiopia's poor

maternal health (7). Contraceptive security the ability of clients to be able to choose, obtains, and uses quality contraceptives – remains a major challenge in Ethiopia (11).

1.3 Significance of the study

In Ethiopia few studies were conducted on quality of family planning services, which show that client dissatisfaction were very high on maintenance of privacy and Level of outpatient satisfaction (12 -15). However the coverage of contraceptive acceptance rate has improved in the last few years, the quality of the services has remained comparatively low (8).

Despite clear indications of need, access to quality of FP services is limited. Therefore this study assesses quality of family planning services ,it emphasize on client perspective to ward quality of family planning services and find out possible reason poor quality SDP in Dilla town Gedeo zone, SSNPR region using the framework of J. Bruce developed in 1990.

An assessment of the quality of care from the clients' perspective revealed certain problem to impede clients' use of services and provide an opportunity for identified and prioritized possible intervention to help to improved client satisfaction, continued and sustained use of services, and improved health outcomes of women in services delivery point. Also will help policy and decision-makers to plan and implement programmes that meet the needs of clients, which make family planning services /programmes/ more sustainable.

2. Literature review

2.1 Quality of care

The World Health Organization defined quality health care as services which comply with appropriate national or local standards and are delivered at the required level of care, when needed (16). Compliance with standards is the key element in this definition, since in order to identify acceptable quality it must be possible to define operationally what specific steps must be taken which together constitute appropriate care.

Once such steps are defined, the assessment of quality becomes at ask of measuring whether or not the prescribed tasks have been performed. Discrepancies between actual performance and standard or ideal performance are then identified as quality deficiencies (16). The Institute of Medicine defines quality as "the extent to which health services for populations increased the likelihood of desired health outcomes and are consistent with current professional knowledge (17).

Quality of health care the degree to which health services for individual and population are safe, timely, efficient, equitable, effective and patient centre (17). Quality of care can also be viewed in terms of human rights (18) Quality can also be considered as meeting or exceeding customer expectation (19).

International Planned Parenthood Federation (IPPF) the viewed Quality of care in terms of human Right, outline as a Clients' and provider bill of Rights (20). They developed a list of ten clients rights and providers needs as part of quality of service delivery. Thus the rights of the clients have been defined as follows; right to information, access, choice, safety, privacy, confidentiality, dignity, comfort, continuity and opinion (21).

The rights framework recognizes that the client centred service should include the perspectives of the providers who are in direct contact with the clients. The IPPF's perspective of service quality recognizes the importance of the providers in service provision and thus defines their involvement in the context of 10 needs. These are defined as the need for training, for information, infrastructure, supplies, guidance, backup, respect, encouragement, feedback and self expression (21).

2.2 Definition and measure of quality of care

The definition and measurement of quality of care in family planning services mainly follows the work of Bruce- Judith. Her framework of the six elements is based on Donabedian's three dimensions of quality; structure, process and outcome. Because of this important link, the description of the approaches to the definition and measurement of quality in family planning programmes is preceded by an outline of the Donabedian framework.

The Donabedian framework is based on three dimensions of quality; structure, process and outcome.

A. Structural Dimension

Structure is concerned with the settings under which health care is delivered.

These attributes include material resources (facilities, equipment, and money), human resources (number of qualified personnel) and organizational structure (medical staff, organization, methods of reviewing of procedures and reimbursement) an important element under structure is the technical performance of the practitioners. Technical performance depends on the knowledge, judgment and skill used in arriving at the appropriate strategies of care (22).

B. Process Dimension

Process denotes what actually is done in giving and receiving care. It includes the patient's activities in seeking care and the way care is delivered. It should include the whole process; Interpersonal Relations are part of the process of delivering care and have been evaluated to be a crucial element of patient satisfaction .Donabedian defined interpersonal approach as the second component in the practitioners' performance (22).

C. Outcome Dimension

The use of outcome of medical care as a dimension of quality focused on patient recovery, survival and the restoration of organ functions (22).

2.3 Concept and benefit of family planning

The rationale for defining family planning quality as a right is based on the assertion that, " Since family planning has been recognized as a right of individuals and couples, quality of care can be focused as a right of the client, extending the definition of the client not only to those who approach the health care system for services but also to everyone in the community who is in need of services" (21). Women have control over their fertility have more educational and employment

opportunities which enhances their social and economic status and improves the well-being of their families (23).

Family planning services offer various economic benefits to the household, country and the world at large. First, family planning permits individuals to influence the timing and the number of births, which is likely to save lives of children. Secondly, by reducing unwanted pregnancies, family planning service can reduce injury, illness and death associated with child birth, abortions and sexually transmitted infections (STIs) including HIV/AIDS. Further, family planning contributes to reduction in population growth, poverty reduction and preservation of the environment as well as demand for public goods and services (24).

2.4 Analytical frame work of the study

In this study, the Bruce-Jain (1990) framework was used, which is the central paradigm for quality in international family planning Program. This framework emphasizes the importance of the client's perspective and defines quality of care in terms of six fundamental elements (5). These are;

1. Choice of contraceptive methods: - Refers to both the number methods offered on a consistent bases and their intrinsic availability.

2. Information given to clients: - consists of at least three key elements that help users in selecting and practicing contraceptive effectively.

- ❖ Information about contraceptive methods, risks, and benefits of various methods
- ❖ Information how to use methods, its potential side effects, and how to manage those side effects.
- ❖ Information about what users can expect from service providers regarding advice, support, supply, and referral to other service if needed.

3. Provider competence: -Refers to the skills and experience of providers.

4. Client-provider interaction: -Are related in the received effective content of contacts between providers and clients. The notion here is that couple should feel positive about the service system, particularly the personnel with whom they interact, and should trust their capacity and have their good will.

5. Re-contact & follow-up mechanism: -Refers to a program's interest in and ability to promote continuity of use, whether well-informed user manages that continuity on their own or the program has formal mechanism to assure it.

6. Appropriate constellation of service: -means situating family planning service so that they are both acceptable and convenience to clients (25).

An emphasis on high-quality services helps ensure that clients receive the care that they deserve and that providers offer better services (26).

This framework is meant to provide an ordered point of departure from, which to develop a description of the services unit and define its quality. Attention is centre on the experience of those who have gained access to services. The client usually does not see the policy, resource allocation decisions and management tasks that precedes the delivery of services are not directly experienced but their outcome the services giving. Figure 1 is a graphical display of the framework and its hypothesized relationship between programs effort, quality of services experiences and its impacts (5).

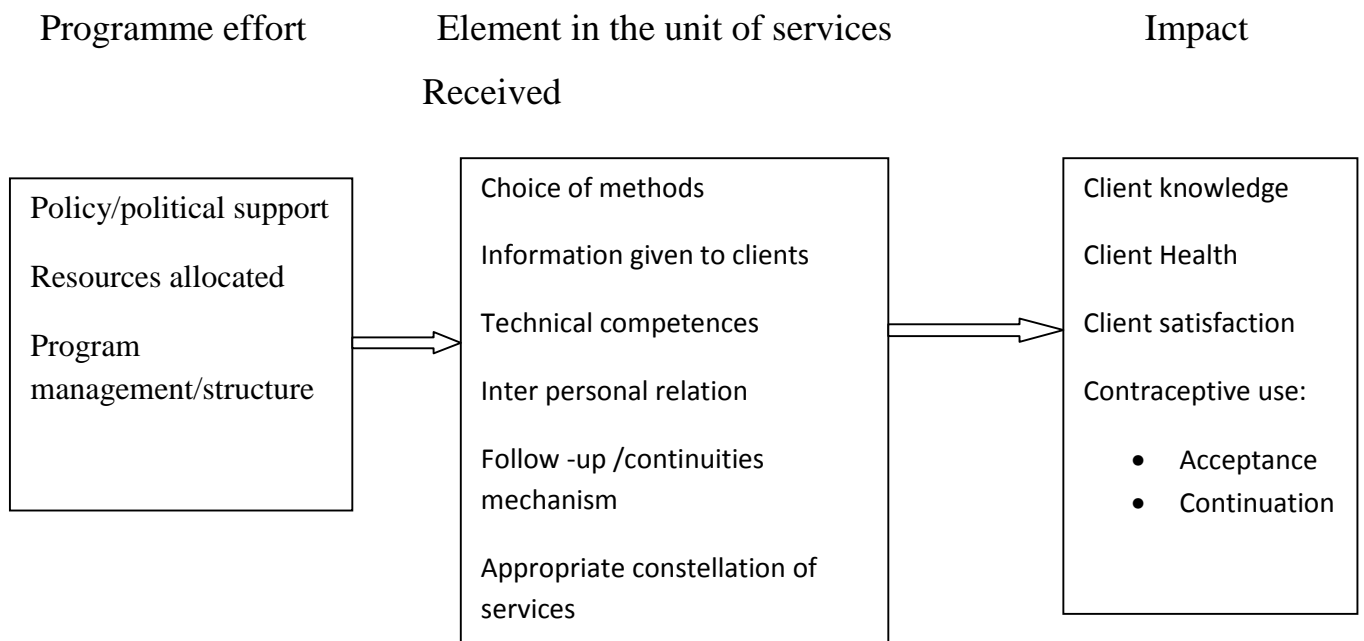


Figure1. The quality of the services experiences -its origins and impact

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

Both availability and quality of family planning services are believed to have contributed to increasing contraceptive use and declining fertility rates in developing countries. There is general agreement that the quality of family planning and reproductive health services positively affects contraceptive use and behaviour of the clients; and that clients deserve to receive safe and high quality services with respect and dignity (1).

Good quality care in family planning services helps individuals and couples meet their reproductive health needs safely and effectively (2-3). Poorly delivered FP services can lead to incorrect, or discontinued contraceptive use and cause unwanted pregnancies, infections, injuries and even death (4).

In resource-poor countries, it is important to get the opinions of the local people in addition to their degree of satisfaction with available services. The patient's perception of quality of care is critical to understanding the relationship between quality of care and utilization of health services and is now considered an outcome of healthcare delivery (28-29).

Client satisfaction is integral component of health services .the effectiveness of health care is determined to some degree by consumer satisfaction with services provided a satisfied patient is most likely comply with medical treatment prescribed, provider & continue using medical services (30).On the other hand, dissatisfied clients are more likely to share their negative experiences with others and are less likely to return or continue use of family planning services (31).

The most powerful predictor for client satisfaction with quality services was provider behaviour, especially respect and politeness, for patient's provider behaviour, much more important than the technical competence of the provider (32). Low patient satisfaction is associated with lower trust in caregivers and greater chance of a change of health providers, resulting in less continuity of care (33).

Deficiencies in infrastructure, interpersonal relations, privacy, and information to clients, are warning signs, in the mechanisms to ensure continuity (34). Client satisfaction is key to clients' decisions to use and to continue using services, and is essential to long-term sustainability. Ultimately, client-focused services that meet peoples' needs and provide them with satisfying experiences should help clients achieve their reproductive intentions (35).

A Study on family planning services quality in Iran, mean satisfaction score of clients was 83.3 ± 9.05 %, which satisfied with the family planning services (36). Study on Assessment of women's satisfaction with reproductive health services in Iran; the great majority of the study women (92%) was satisfied or completely satisfied with the reproductive health services (37).

Other Study conducted on perceived quality of healthcare delivery in a rural district of Ghana, 90% of the respondents were satisfied or very satisfied with the care given during their visit to the health facility (38).

A study conducted in Kenya show that regarding quality of the contraceptives, whereas 40 percent of the respondents were uncertain about the quality of family planning services provided, 41 percent agreed that quality was good, while 19 percent were of the opinion that quality was not good. This finding reveals that the cost of family planning service is an important determinant of the use of family planning services (39).

In Ethiopia few studies were conducted on quality of in family planning services, which show that client dissatisfaction were very high on maintenance of privacy and Level of outpatient satisfaction (12 - 15). A study conducted in Jimma on outpatient client satisfaction show that Overall 57.1% of client believed that services they received was good and very good (40). Other Study on the quality of hospital services in eastern Ethiopia, the overall 54.1 % of the patients was satisfied total hospital services (41).

Training, education and skill enhancement important to health care provider to ensure client to adhere to services, the communication skills training program is an effective intervention to improve communication knowledge and skills of health workers and may improve the satisfaction rate of clients (42). Provider skill in communication is particularly important because a client may be more likely to continue contraceptive use if she feels comfortable with her interactions with clinic staff (43).

3. Objectives

3.1. General objective

To assess the status of quality of Family Planning services in Dilla town Gedeo Zone, SNNP National Regional State.

3.2. Specific objectives

- ❖ To determine the magnitude of client satisfaction with family planning service.
- ❖ To assess the knowledge and skills of Family Planning service providers on contraceptive methods.
- ❖ To describe client-provider interaction in Family Planning service.
- ❖ To assess provider perception on quality of family planning services.

4. Methodology

4.1 Study design

The study used both quantitative and quantitative methods in the form of facility based cross sectional survey to assess quality of family planning in Dilla town.

4.2 Study area and period

The study was carried out in Dilla town Gedeo Zone, SNNP National Regional state. It is located 360km south of Addis Ababa, capital of Ethiopia under Gedeo Zone there are seven woredas and two Administrative towns. The total population of Gedeo Zone is estimated 879,749 of which 81,644 (9.3%) of inhabitants are from Dilla town (7). In Dilla town there are One Government Hospital, One Health centres, 8 private for profit clinics (2 higher, 6 medium), Tow NGO owned clinics, 5 Pharmacies, 8 Drug retail outlets.

The contraceptive acceptance rate of Dilla town, in 2010 was (44). Study was involved Government, NGO and private Health institution in Dilla town which provide family planning service. One Governmental Hospital, one Health centre, two private for profit Clinic and two Non Governmental Clinics were involved in the study. The study was conducted from Jan 15-Feb 06 2012.

4.3 Source population

The source population of the study was;

All women aged 15-49 years using family planning services in Dilla town during the study period.

All Health professional provides family planning services in Dilla town during study period.

4.4 Study population and Study unit

Women aged 15-49 years who have made a visit to respective Health institution.

Health professional was provide family planning services to respective Health institution.

4.5 Inclusion criteria

Client:

- Resident inside Dilla town.
- Volunteer to participate

Provider:

- Worked in the institution for one or more month.
- Volunteer to participate
- Health professional that provides family planning services

4.6 Exclusion criteria

Client:

- Non resident of Dilla town or who came the Health Institutions a referral
- Refuse to participate
- Critically ill
- Client who received family planning method direct from drug retail.

Provider:

- Not involved in direct care of family planning
- Worked in the institution for < one month.
- Refuse to participate.

4.5 Sample size determination

The sampling size was calculated using single population proportion formula.

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

Where n=the calculated sample size.

Z=the value in standard normal distribution curve that corresponds to an alpha level of 0.05
i.e. 1.96.

P=54% taken from study conducted in eastern Ethiopia, quality of hospital services; patient perspective (41).

d= margin of sampling error =5%

$$\text{Hence } \frac{(1.96)^2 \cdot 0.54(1-0.54)}{(0.05)^2} = 381$$

Considering a non response rate of 10% the total sample size was 419.

4.8 Sampling methods and procedure

Dilla town was selected purposely, because the clients have a reasonable access to Health facilities in Dilla town. Clients that have access to only one facility are less likely to judge adequacy of services because they have no choice (45).

Two stage sampling technique was used to select the respondents of this study, First the study population were stratified the type Health facility by ownership as Government, Non Government, and private for profit. Then respondents were selected randomly from each Health facilities by interviewed every two client after received the service.

In Dilla town there are one Governmental Hospital, and one Health centre, two Non Governmental Clinics, and 8 private for profit Clinic. The study was involved all Government and Non Government health facility; in addition among private clinic two of them were selected randomly.

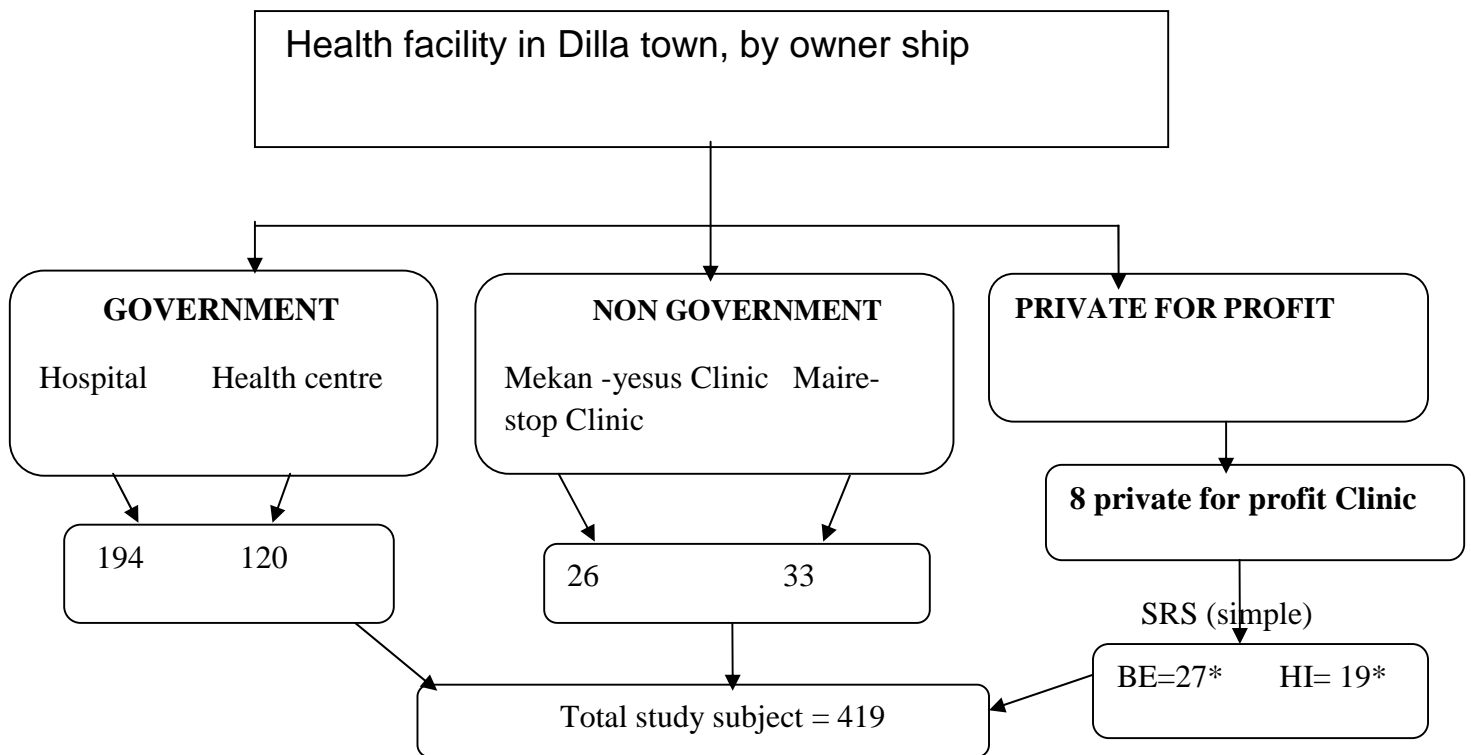


Figure .2 Schematic presentation of sampling procedure for Health facility found in Dilla town.

NB: BE= Betel Clinic 27 study participants, HI= Hikema Clinic 19 study participants.

4.9 Data collection instruments

The data collection instrument was included six elements of quality in accordance with Bruce-Jain framework of quality of care that include: method choice, provider-client information exchange, provider competence, client-provider interaction (interpersonal relation), mechanism to encourage continuity, and appropriate constellation of services (46). Anonymous closed-ended Questionnaires was interviewed by data collectors, which consists of three different sections; client exit interview, observation during provider-client interaction, facility audit. In depth interview were made for service providers.

4.10 Questionnaire development and data collection

4.10.1 Quantitative part

A modified questionnaire was developed based on J. Bruce analytical framework. The format of questionnaire for client exit interview consists of 11 Yes / No questions clients were asked to their response of satisfaction.

The questionnaire first developed in English after review of relevant literature, then translated in to Amharic language and back to English to ensure its consistency.

Six 12th grade complete female data collector who were both Amharic and “gedeooffa “ (a language spoken in Gedeo people) speakers for exit interview, three (2 health officers and one experienced nurse) for direct observation of client provider interactions and one supervisor were recruited and trained for data collection. One day theoretical, one day practical training was given to the data collectors in to one day pre test experience. The training was based on the guide that developed by principal investigator for data collectors and clarifying how to interview the questionnaire.

4.10.2 Qualitative part of the study

I Observation

Eighty nine (89) of the clients were observed while the service was provided at the spot. For this purpose, data collectors were provided with checklists to mark yes/no answers and other activities, which reflect the quality of family planning services. Since data collectors were Health professionals, they wore a white coat to blend in to the service delivery.

Then observers obtained permission from both providers and clients to be present during individual counselling and clinical examination. Facility audit was made on the presence and functionality of the different logistics and supplies at the service delivery points.

II. in depth Interview

An in-depth interview was also made for ten family planning service providers concerning their training, knowledge and skills about contraceptive methods and procedures. The principal investigator and the coordinator strictly followed the overall activities on daily based to ensure the completeness of questionnaire, to give further clarification and support for data collectors.

4.11 Measurement of variable

Satisfaction: a assigned a score 1 for Yes that showing that provider had properly carried out the specific activity; a No answer a score of nil, Calculated a score the set of questions for each section and then added section scores to derive an overall client satisfaction score for each item, in the range of (0–11), measure of client satisfaction on quality was then categorized as follows: Scores of 9 were labelled very good, Scores of 8-7 were classified as good, Scores of 6 were labelled 'average a, score falling between 4 and 5 was considered poor, Scores of < 3 were called very poor.

For logistic regression dichotomise a score of 6 were designated as 'satisfied' and scores of 5 (less than half of the items done) were called Dissatisfied.

4.12 Study variables

Dependant variable:

- ❖ Client satisfaction

Independent variables are:

- ❖ Clients variables are - socio-economic and demographic factors includes mainly age, gender, Educational level, occupation
- ❖ Satisfaction related variable- Client- provider interaction, Provider competence (knowledge, skills and experience), Information about methods, Re-contact & follow-up mechanism, Client Respecting by providers, acceptance and, access of the services & availability of logistics and supplies.

4.13 Operational definitions

1. **Quality:** “quality of care” assessed based on Bruce-Jain family planning frame work focus on direct experiences of client themselves with services process and the providers points of view.
2. **Client satisfaction:** client’s perception reported that they had no problem with the following: provider experience on provision of services, ability to discuss client concerns, amount of explanation given, quality of visual and auditory privacy during examination, information Keep confidential, cleanliness of facility, provider treatment of client and giving re minder for their next visit.
3. **Adequate /sufficient/ Privacy:** privacy which ensure visual and auditory privacy.
4. **Client – provider relationship:** Aspects of quality included maintenance of privacy, confidentiality, and provider’s handling of client concerns.
5. **Technical competence:** refers to skills and experience of provider. Clients can judge the technical competence of the providers.
6. **Information received,** means when a woman received information ‘as much as she Wanted’.
7. **Permanent resident:** clients who lived in catchment’s area and not coming as referral.
8. **Comfortable waiting area:** an area protected from both rain and sun with enough seats to accommodate the average daily client load.

4.14 Data processing and analysis

Data entry and cleaning was done using EPI- INFO and exported to SPSS version 16 statistical packages for further analysis. Frequencies of different variables were produced, followed by a bivariate statistics using cross- tabulation. Finally, logistic regression was used to identify the independent effect of each explanatory variable on client satisfaction. Statistical significance was determined using 95% CI where relevant strength of association was also determined using crude and adjusted odds ratios. Thematic framework analysis for qualitative data was used. The recorded data was transcribed to verbatim. Each of the terms were clusters in to discrete concepts and coded. Over all interpretation was performed by relating thematic areas and explaining the various concepts related to the study question.

4.15 Data quality assurance

The questionnaire was pre-tested before the actual data collection. Training was given for data Collectors and questionnaire was prepared first in English and then translated to local language. Data collectors were instructed to check the completeness of each questionnaire at the end of each interview. The principal Investigator was re checked completeness of the questionnaire immediately after interviewed at in the field and supervised data collector and double data enter was made for 10% of questionnaires.

4.16 Ethical clearance

Ethical clearance was obtained from Research and ethics Committee (REC) of the school of public Health. Permission from the Gedeo Zone Health Department and respective Health institution was obtained before field activities started. Verbal consent was obtained from the study subjects after explaining the study objectives and procedures.

4.17 Dissemination and communication of research results

This thesis work will primarily be presented and submitted to the school of Public Health of Addis Ababa University Collage of Health Sciences in partial fulfilment of the requirement for the degree of master of public health. The study results will be presented to all interested parties so will be discuss with them the findings, recommendations and possibilities for action, Geode Zone health office, and respective health institution in Dilla town and attempt to send the results to peer reviewed journal in order to publish.

5. Result

5.1 Socio Demographic characteristic of the study population

A total of 419 women were interviewed with a response rate of 95.7%. Among interviewed clients, 89(22.2%) and 312(77.8%) were new and continuing clients respectively.

Two hundred forty-three (60.6%) were between the ages of 25 and 34 years old. The mean age of respondents was 27.6 years (SD±4.99) with minimum and maximum age of 18 and 43 years respectively. Three hundred ninety (97.3%) were married, 5 (1.5%) were single and 6 (1.2%) were divorced. Three hundred eighty seven (93. %) of the respondents reported that they were discussing family planning method with their husband's. Three hundred eighty eight (96. %) reported that they had a children of which 182 (45%) 137 (34.2%) 69 (17.2%), and had three and above, two, and one children respectively.

From the survey, 209 (53.8%) mothers were found breast feeding. One hundred ninety-eight (49.4%) were primary school, 102(25.2%) illiterates and 102(25.4%) were high school completed and above.

Regarding ethnicity, 193 (48.1%) were Gedeo, 74 (18.5%) Amhara and the rest 39 (9.7%), 29 (7.2%), 28 (7%) and 10 (2.44%) were Gurage, Oromo, Sileti and wolayeta; and others respectively. One hundred ninety seven (49.1%) were Protestants, 156 (38.5%), and 45 (11.2%) were Orthodox and Muslims respectively.

Regarding occupation, 149 (37.2%) were housewives, 93(23.2%) Government employee, 72 (18 %) merchants, 67 (16.7%) private employee 13(3.2%) Daily labourers and 6 (1.5%) were unemployed. Two hundred twenty-six (56.6. %) clients had monthly income of \leq 500 .00 ETB. A mean monthly family income of was 536.34 Birr. With range 100.00 - 2085.00 ETB.

Table 1 Socio demographic characteristics the study population family planning user in six service deliver points (SDP) in Dilla town Gedeo Zone Feb, 2012.

Variable	Number	n=401	Percent
Age			
15-24	106		26.4
25-34	243		60.6
35-44	52		13.0
Type of visit			
New	89		22.2
Repeat	312		77.8
Marital status			
Single	6		1.5
Married	390		97.3
Divorced	5		1.2
Women discuss family planning with her husband			
Yes	373		93.0
No	28		7.0
Number of birth			
One	69		17.8
Two	137		35.3
Three & above	182		46.9
Breastfeeding			
Yes	209		53.9
No	179		46.1
Education			
Illiterate	101		25.2
Primary school(1-8)	198		49.4
Secondary & above	102		25.4
Religion			
Protestant	197		49.1
Orthodox	156		38.9
Muslim	45		11.2
Catholic	3		0.7
Ethnicity			
Gedeo	193		48.1
Amara	74		18.5
Oromo	29		7.2
Wolayeta	28		7.0
Gurage	39		9.7
Sileta	28		7.0
Others	10		2.4
Occupation			
House Wife	149		37.2
Gov employee	93		23.2
Private employee	67		16.7
Merchant	72		18.0
Others	20		4.9

I Exit interview

5.2. Access and acceptance of family planning services.

Distance of clients' home from the service delivery points was evaluated by the clients themselves, those who travelled less than half an hour were 243(85.5%), half to one hour 58 (14.5%), source of information about family planning services for the first time showed that 119 (29.7%), 110 (27.4) 105(26.2%) and 67 (16.7%) were husband, Health professional, Neighbour and self respectively.

Three hundred thirty-five (88.5%) of the respondents had less than 1/2hr waiting time to receives the service, 46 (11.5%) had between 1/2hr -1hr waiting time. The mean waited time to get services was 30.2 min, with range of (27.5- 33 min). Consultation time was felt as about right by 267 (66.6%) and as too short by 134 (33.4%) respondents.

Three hundred ninety-five (98.5%) clients claimed that they received the Family planning Method of their choice, while 6 (1.5%) did not mentioned reasons. Among respondent four providers do not want to tell them, one, the services I want was not available and one, time was too short and I did not get time. (Table 2)

Table 2. Access and acceptance of family planning services users in six services deliver point in Dilla town Feb, 2012.

Variable		Number n=401	Percent
Source of information for the first time about family planning services	Husband	119	29.7
	Neighbours	105	26.2
	Health professional	110	27.4
	Self	67	16.7
Distance to reach the SDP (from home to clinic)	less than 1/2hr	343	85.5
	1/2hr to 1hr	58	14.5
	Total	401	100.
Waiting time to receive got services	less than 1/2hr	355	88.5
	1/2hr-1hr	38	9.5
	1hr	8	2.0
Felling of client about their counselling time	About right	267	66.6
	It was short	134	33.4
Client received wanted services	yes	395	98.5
	No	6	1.5

5.3. Client provider interaction

Three hundred twelve (77.8%) study participants reported that the provider was easily understandable. However eighty nine (22.2%) of them said the provider was difficult or did not understand most of the things that the provider discussed. Through privacy was maintained for 280 (69.8%), and nearly one third 121 (30.2%) claimed that they had no privacy.

Table.3 Ease understanding of health workers and maintain privacy during counselling in government Health centres, Hospitals, and private Clinic, Non government clinic in six services deliver point Dilla town, Feb, 2012.

Health institution	Provider talk /consultation/was		Privacy	
	Easily understandable	Difficult or don't understandable	Sufficient	Not sufficient
Government Health centre & Hospital n=308	229 (74.4%)	79 (25.6%)	17 (70.5%)	91 (29.5%)
Non Government Clinic n=53	51(96.2%)	2 (3.8%)	36 (67.9%)	17 (32.1%)
Private clinic n=40	32 (80 %)	8 (20%)	27 (67.5%)	5 (32.5%)
All institutions n=401	312 (77.8%)	89 (22.2%)	280 (69.8%)	121 (30.2%)

5.4. Assessment of client's knowledge on family planning method

The Six service delivery points were offering four methods-the pills, Injectables, implanon and IUCD at the time of the survey. Among injectable contraceptive method users, 244(69.9%) knew the type of injectable provided for them 348(99.7%) nearly all know understood how often they could be get their injection.

Regarding problems on taking injectable 135 (38.7%), 210 (60.2), 161 (46.1%) and 6 (1.7%) mentioned: no problem, spotting, increasing discharge and infection respectively.

Out of those who used pills, 40 (88.9%) knew when to start their pills, the rest 11.1% respondents altogether mentioned any time and don't know when to start pills. With regards to problems when taking pills, 23(51%), 20 (44.4%), 17 (37.8%) and 14 (31.1%) were mentioned: no problem,

nausea, mild headache and small weight gain respectively (figure 4). All implanon users knew how often change implanon after once inserted. Out of 5 implanon user mentioned 3 no problem, 3 severe headaches, 3heavy bleeding and 2 unexpected weight gain (Table 4).

Table .4 assessment of Client knowledge on common Contraceptive method, in six services delivers point, in Dilla town Feb, 2012.

Variable	Number	Percent
Pills n=45	40	88.9
When to start pills	4	8.9
Within the first to fifth day of menstruation	1	2.2
Any time		
Don't know		
Interval to take pills	39	86.7
One tablet every day any time	1	2.2
During sexual intercourse	5	11.1
Injectable		
Know injection type n=349	244	60.84
Yes	105	39.14
No		
How often should get it n=349	348	99.7
Every 2 or 3 month Don't know	1	0.3
Implanon n=5		
How often changed implanon every 3 year	5	100
Problem on taking implanon		
No problem	2	40
Severe	1	20
Heavy bleeding	1	20
Un expected weight gain	1	20

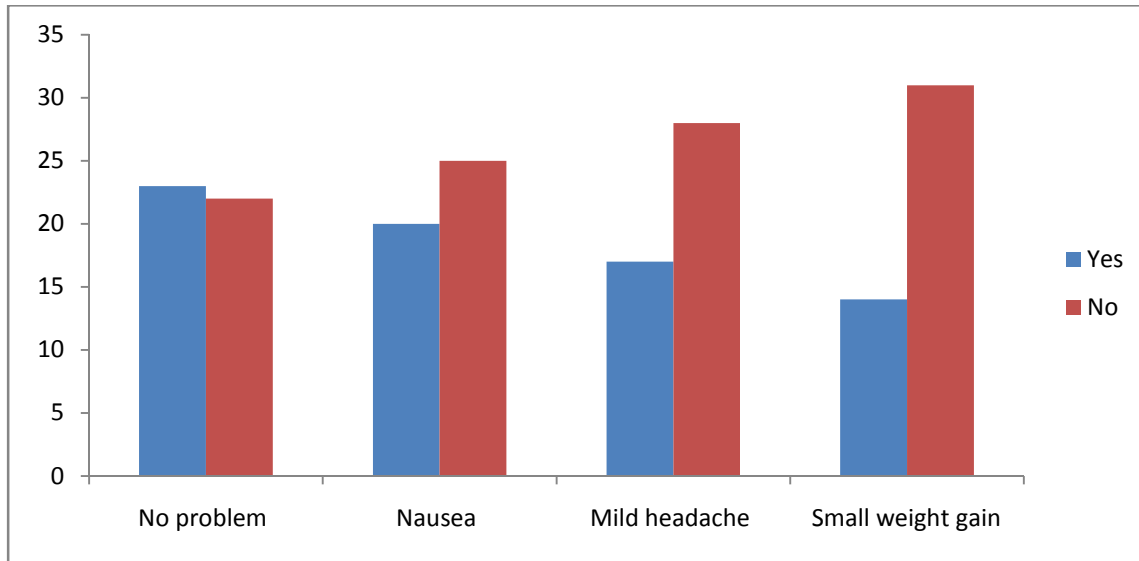


Figure 3 clients knowledge on side effect oral contraceptive pills, in six services deliver point in Dilla town Feb, 2012

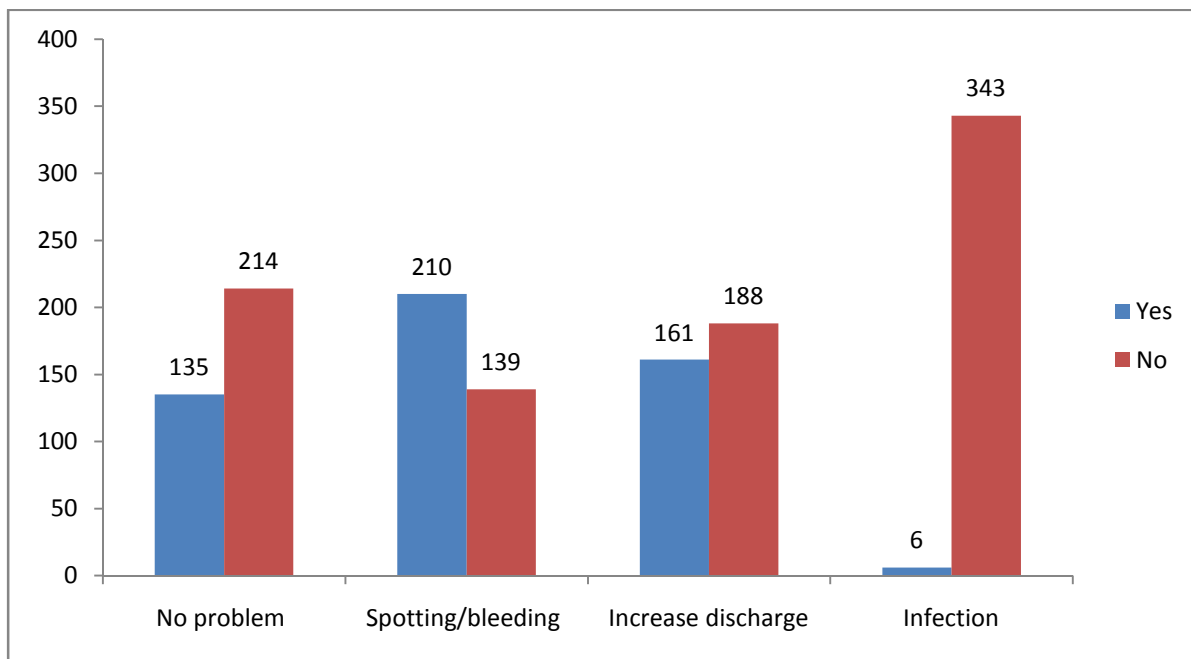


Figure 4 clients knowledge on side effect of injectable contraceptive methods, in six services deliver point in Dilla town Feb, 2012

5.5. The quality elements in the family planning services

Client satisfaction on quality of Family Planning service was assessed in terms of clients' perception using six elements; method choice, information exchange, technical competence, client provider relationship continuity of the service and appropriate constellation of service with their individual indexes.

5.5.1 Methods of Choice by family planning users

Out of all respondent, Three hundred forty-nine (87.03%) of women were using injectables followed by the pill 45 (11.22%), implanon 5(.012%) and IUCD 2(0.005%). Out of 312 repeated clients 279(89.4%) injectable, 31(9.9%) oral contraceptive, and two clients were implanon users. From 89 new clients, 68(74.4%) injectable, 16(17.8%) pill, 3(0.3%) implant and two clients were IUCD users (table 4and 6).

5.5.2 Information given to clients

Of all FP users, 149 (37.2%) responded that the method was clearly explained to them, 184 (45.9%) informed about other contraceptive method other than client's preference and 115 (28.7%) had the opportunity to ask question and clarity (table 5.)

Out of the new clients, 45(50.6%) got information on how the method works, 66 (74.2%) how to use the method, 71(79.8%) about side effects, 70(78.6%) return if problems arises, 65(73. %) possibility of changing methods if the Method is not wanted by the clients, 77(86.5%) where to go for resupply and 51(57.3%) information given about other methods. During explanation other method other than client's choice, least attention was given to condom 30(33.7%). Spermicide, Diaphragm and tubal ligation were not mentioned at all (Table6).

5.5.3 Technical competence

Two hundred six (68.6%) clients claimed that provider had good knowledge and skill, on the explanation and demonstration of method they have accepted.

5.5.4. Provider client interaction

Two hundred nine (52%) clients were treated friendly and with respect, 254 (63.3%) believed that information shared with the provider would kept confidential.

5.5.5 Re contact and follow up mechanism

Three hundred sixty-nine (92%) were got written reminder for their next visit and 385 (96%) women would like to come again to those service delivery points

5.5.6 Appropriate constellation of services

Out of 401 clients 228 (56.9%) responded that family planning services deliver waiting area was comfortable, 260(64.8%) client claimed that clinic room was cleaned.

Table .5 Client satisfactions on quality of family planning services with set of 11yes/no question as reported by women six services deliver point, in Dilla town Feb, 2012

Variable		n= 401 Yes	n= 401 No
Information given to client	1. Method explained clearly to client	149(37.7%)	252 (62.8%)
	2. informed about other methods	184 (45.9%)	217 (54.1%)
	3. had the opportunity to ask question and clarity	115 (28.9%)	286 (71.3%)
Technical competence	4. Provider has good knowledge and skill on explain and demonstrate method they were accepted.	276 (68.6)	125 (31.2%)
Provider client interaction	5. Treated client a friendly and respectful way	209 (52%)	192 (47%)
	6. sufficient privacy during counselling /visual and auditory privacy/	280 (69.8%)	121 (30.2%)
	7. Do client believed that information shared with provider would keep confidential.	254(63.3%)	147 (36.7%)
Re contact and follow up mechanism	8. the provider gave re minder for their next visit	369 (92%)	32 (8%)
	9. client would like came back	385 (96%)	16 (4%)
Appropriate constellation of services	10. was the waiting area comfortable	228 (56.9%)	176 (43.1%)
	11. client found the clinic area/room/ cleaned	260 (64.8%)	141 (35.2%)
Total yes response **			

5.6 Client response on Overall family planning services satisfaction

Table .6 Frequencies of different levels of family planning service quality satisfaction in six services deliver point, Dilla town, Feb, 2012

Variable	n= 401	Percent
Level of satisfaction score		
Very good score 10	25	6.2
Good score 8-9	138	34.4
Average score 6-7	106	26.4
Poor score 4-5	114	28.4
Very poor score 3	18	4.5

Two Hundred sixty nine (67.1%) client were satisfied on overall family planning services, one Hundred thirty two (32.9%) were not satisfied (figure5).

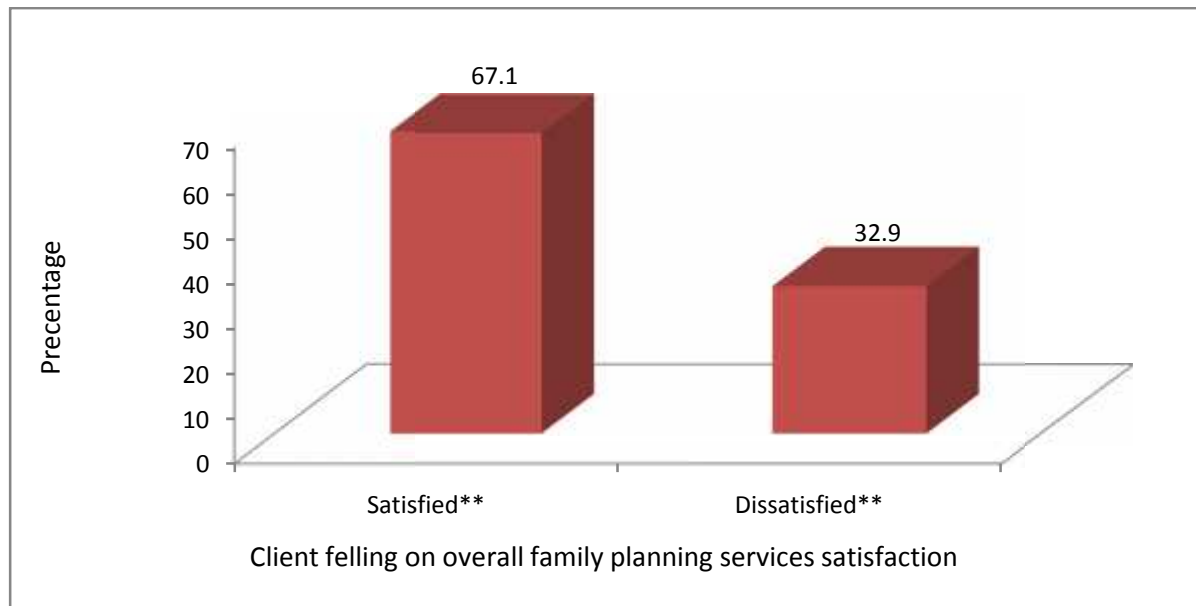


Figure.5 Client responses on Overall family planning services satisfaction sore six SDP, Dilla town Feb, 2012

N.B ** scores of 6 were designated as 'satisfied' and scores of 5 (less than half of the items done) were called 'Dissatisfied'.

Table.7 Method choices and information given to new family planning user, in six services deliver point, Dilla town Feb, 2012.

Variable	Number n=89	Percent
Method started	16	18
Pills	68	76.4
Injectable	3	3.4
Implant	2	2.2
IUCD		
Explanation about method n=89	66	23
How the method work	71	18
Demonstrate how to use it	70	19
Side effect of the method	65	24
Return if problem arises	51	38
Possibility of change method	85	4
Where to go for re supply	66	23
Told about other method	71	18
Told about other method other than you accepted n=89	84	5
Pills	80	9
Injectable	89	0
Implanon	50	38
IUCD	48	41

5.7 Socio-demographic characteristics and Selected Health services factor relation to client satisfaction

From bivariate analyses socio-demographic characteristics of clients such as age, being married, women's discuss family planning with Husband, Employment status and Educational level were not associated with overall satisfaction with family planning services care quality. However the Odds of client satisfaction were higher among Client who was protestant by religion than Muslim and Catholic. [COR = 0.40 (95% CI (0.184-0.875))].

Multivariate analysis was done to detect the independent effect of each socio demographic characteristics on client satisfaction. Religion found to be significantly associated with client satisfaction. Client follower of Orthodox and protestant were 70% and 69 less likely to be satisfied than client who had follower of Muslim and Catholic religion. In the case of health services factor; clients who visit health facilities first time were nearly two times more likely to be satisfied compared to those who continuous user.[COR= 1.93 (95%CI 1.21-3.55)] and those clients who privacy maintained were six times more likely to be satisfied than those who privacy not maintained.[COR= 6.4 (95% CI 3.78-10.85)].

Clients who perceived that provider easily understandable were nine times more likely to be satisfied than those clients who perceived provider was difficult or don't understandable [COR= 9.18 (95% CI 5.38-10.68)]. Clients who the method was clearly explained nearly five times more likely to be satisfied than those client the method was not clearly explained.[COR= 4.83 (95%CI 2.84-8.12)].

All perceived health service factor for family planning services (independent variable) were analyzed at multivariate analysis to observe their independent effect on client satisfaction. Clients who perceived that provider easily understandable were nearly seven times more likely to be satisfied than those clients who perceived provider was difficult or don't understandable. [AOR =6.7(95% CI 3.28-13.88)]. Clients who the method was clearly explained three point six times more likely to be satisfied than those clients the method was not clearly explained.[AOR= 3.6 (95%CI 1.96-6.40)], after adjusting for other variables in the model (Table 8).

II observation

1. Technical competence:

Technical competence is one component of quality care of family planning services on provider knowledge and skill. The family planning service routine activities were being observed in ten health service providers (1 male, 9 females) while providing FP service 89 new clients in six SDP (Table 9).

A respectful and friendly way of greeting was offered for 47 (52.8%) for new client. Out of the 89 clients, 64(71.9%) got their choice of preference.

During consultation of the new clients, pills 86 (96.6%) injectabel 85 (95.5%), implant. 68 (76.4%) condom 25 (28.1%) were discussed, and less attention give spermicide, Diaphragm, and tubal ligation; IEC materials like flipchart pamphlets ,posters and anatomical models were neglected ,only sample contraceptive methods 53(59.6%) was used by providers to explain the method.

Physical examination, information given and common procedure observed for new clients were; about contraceptive history 81 (91%), asking LMP 78 (87.6%), taking weight 74(83.1%), taking blood pressure 23(25.8%), and physical examination performed for 1(1.1%). From 89 new client 70 (78.1%) were Provide show how to use method, 61 (68.5%) advantage, 59 (66.3%) disadvantage ,15 (16.9%) possibility of switching method ,49 (55.1%) Return if problem arises, 70 (78.1%) were provider told to client during consultation.

Out of 89 new client 58 (65.2%) asked open ended question, 49 (55.1%) encouraged client to ask question, 50 (56.2%) Treated with respect, 64 (71.9%) saw client in private, 64 (71.9%) discussed a return visit, 42 (47.2%) asked client contraceptive concern, 3 (3.4%) used visual aid, 61 (68.5%) used client record, 43 (48.3%) assured client confidentiality were applied communication skills during consultation.

Among the new clients, 68 (76.4 %) were injectable contraceptive users. Techniques of provider were observed while they were giving injection. All providers select appropriate injection site. And 67 (98, 5%) DEPO vials were well shaken before drawing in to the syringes (Table 9).

Table .8 Socio demographic and Selected Health services factor relation to client satisfaction **six services deliver point, in Dilla town Feb, 2012**

Variable	Satisfaction		(COR 95%CI)	P-value	(AOR 95%CI)
	Yes(n)	No(n)			
Age					
15-24	72	34	0.70(0.67-2.99)	0.36	0.05 (0.21-1.26)
25-34	158	85	0.62(0.81- 3.18)	0.16	0.58 (0.26-1.28)
35-44	39	13	1.00		1.00
Type of visit					
New	69	20	1.93 (1.12-3.35)*	0.01	1.72 (0.90 -3.27)
Repeat	200	112	1.000	9	1.00
Marital status					
Single	3	3	4 (0.03-60.3)	0.31	4.2 (0.17-120.6)
Married	265	125	8 (0.09-76.6)	5	12 (0.72-198.5)
Divorced	1	4	1.00	0.05	1.00
Discussed FP services with Husband					
Yes	254	119	1.8 (0.85-4.00)	0.12	1.07(0.37-3.12)
No	15	13	1.00		1.00
Religion					
Orthodox	105	51	0.47 (0.21-1.06)	0.68	0.30 (0.12-0.80)*
Protestant	125	72	0.40 (0.18-0.88)*	0.22	0.31 (0.13-0.81)*
Other ⁺	39	9	1.00		1.00
Education					
Illiterate	66	35	0.90 (0.50-1.62)	0.73	0.29 (0.673-3.810)
Primary school(1-8)	134	64	1.00 (0.60-1.67)	0.99	0.65 (0.581-2.398)
Secondary & above	69	32	1.00		1.00
Occupation					
Gov employee	59	34	0.75 (0.43-1.29)	0.30	0.62 (0.28-1.38)
Private employee	44	23	0.82 (0.44-1.53)	0.55	0.87 (0.41-1.85)
Merchant	51	21	1.00 (0.57-1.95)	0.86	1.62 (0.56-2.40)
Other ⁺⁺	11	9	0.52 (0.26-1.37)	0.19	0.55 (0.18-1.74)
House wife			1.00		1.00
	104	45			
Privacy during consultation	242	75	6.4 (3.78-10.85)*	0.00	1.78 (0.84-3.77)
Adequate	27	55	1.00	1	1.00
Not adequate					
Provider Consultation	244	68	9.18 (5.38-10.68)*	0.00	6.7 (3.28-13.88)*
Easy understandable	25	64	1.00	1	1.00.
Difficult or don't understandable					
Waiting time to receive services	244	111	1.84(0.99-3.44)	0.05	1.36 (0.65-2.83)
No wait/no cue/ Less than 1/2hr	25	21	1.00	3	1.00
The method Explain clearly yes	128	21	4.8 (2.84-8.12)*	0.001	3.6 (1.96 6.4)*
No	141	111	1.00		

*P-value<0.005, p-value<0.001 Other ⁺ includes catholic, Muslim Other ⁺⁺ daily labour, student

Table .9 Client-provider interactions during observation by six services deliver point, in Dilla town Feb, 2012.

Variable	Total n=89	
	Yes	No
Provider greet client	47 (52.8%)	42 (47.2%)
Client has preference about particular method	64 (71.9%)	25 (28.1%)
Dose provider discussed		
Pills	86 (96.6%)	3 (3.4%)
Injectable	85 (95.5%)	4 (4.5%)
implant	68 (76.4%)	21 (23.6%)
IUCD	70 (78.6%)	19 (21.4%)
Condom	25 (28.1%)	64 (71.9%)
Diaphragm	2 (2.2%)	87 (97.8%)
Sepermicide	1 (1.1%)	88 (98.9%)
Tubal ligation	1(1.1%)	88 (98.9%)
IEC materials used during consultation		
Flip chart	1(1.1%)	88 (98.9%)
Brochure/pamphlet	1(1.1%)	88 (98.9%)
Sample of contraceptive	53 (59.6%)	36 (40.4%)
Poster	1(1.1%)	88 (98.9%)
Anatomical model	0	89 (100%)
Dose provider applied counselling skill		
Asking open ended question	58 (65.2%)	31 (34.8%)
Encourage client to ask question	49 (55.1%)	40 (44.9%)
Treat client with respect	50 (56.2%)	39 (43.8%)
See client in private	64 (71.9%)	25 (28.1%)
Discuss a return visit	64 (71.9%)	25 (28.1%)
Ask client her concerns with any method	42 (47.2%)	47 (52.8%)
Use visual aids	3 (3.4%)	86 (96.6%)
Use client record	61 (68.5%)	28 (31.5%)
Assure client of confidentiality	43 (48.3%)	46 (51.7%)
Physical examination and information given		
About contraceptive history	81 (91%)	8 (9%)
LMP asked	78 (87.6%)	11 (12.4%)
Weight measured	74 (83.1%)	15 (16.9%)
Blood pressure taken	23 (25.8%)	66 (74.2%)
Physical examination done	1 (1.1%)	88 (98.9%)
Show how to use method	70 (78.1%)	19 (21.3%)
Told advantage	61 (68.5%)	28 (31.5%)
Told disadvantage	59 (66.3%)	30 (33.7%)
Told side effects	51 (57.3%)	38 (42.7%)
Told possibility of switching method	15 (16.9%)	74 (83.1%)
Return if problem arises	49 (55.1%)	40 (44.9%)
Written reminder given	70 (80.7%)	19 (21.3%)
Injection site massaged	13 (19.1%)	55 (80.9%)
Dispose of sharp in puncture resistance container	56 (82.4%)	12 (17.6%)
DEPO shaken before drawing in to syringe	67 (98.5%)	1 (1.5%)

2. Facility audit

2.1 Condition of facility

All observed health care facilities were located in the centre of Dilla town and easily accessible for transportation. Most facilities were well-ventilated and illuminated but one non Government facility was not well-ventilated and illuminated. The waiting areas for clients had functional toilets, adequate seats and were protected from sun, wind & rain. Official opening time for one Governmental health centre and two Non-Governmental clinics was from Monday to Friday 8.30am in the morning & 1.30pm in the afternoon. One Governmental hospital and two private clinics were from Monday to Friday 8.00am in the morning & 1.30pm in the afternoon. Two Governmental and Non GOV facility were used separate room for providing family planning services, the rest were providing with other services

2.2 Equipment and supply

Availability of contraceptive methods were assessed in each six SDPs and among the Family planning methods, condom, combined pills and injectable forms were available in all SDPs. Progesterone only Pills were available in one NGO and in two Government health facilities, while IUCD and implanon were available in all facility except one Non Governmental Clinics. The procedure for tubal ligation and vasectomy was carried out only in one Government health facility.

All Health facilities were refill out of stock contraceptive it takes less than or one week and Stores were protected from sun, rain, wet, and rat.

Regarding equipment, antiseptic solutions sterilizer, examination table, weight scale uterine sound, speculum, scissors, tenaculum, sterile gloves, sterile/disposable needles and syringes, were available in all health institutions. Blood pressure apparatus, and thermometer, were available in all health institutions except one governmental Hospital.

All of the health service delivery points had registration books for recording multiple revisits or for new clients. The condition of recording system was good.

2.3 IEC Materials and Activities

Except two private health facilities there were sign announcing that family planning service is available. Except one Non Governmental clinic, all of them had at least two IEC materials, but in Governmental facility and private clinics they don't use it.

2.4 Supervision and guidelines

All service deliver points monthly send statistics report to the next level, but information were not well documented in the daily family planning activity register /log book/ in most of the facilities. Except one Non Governmental clinic, supervision was not carried out in related to family planning services.

III. In depth interview

A total of ten individual in-depth interviews were carried out. All participants were health professionals and involved in provision of family planning services, the average service year in family planning clinic was 2.6 years with range of 6months to 4 years. Six service providers had training of which 3 of them were trained on basic family planning service and the remaining three trained on long acting contraceptive methods

3.1 Provider knowledge and skill on specific contraceptive methods

Regarding provider knowledge and skill on specific contraceptive methods; importance, side effect, contraindication, and per requisition measure were asked. For injectable and oral pills all provides had good knowledge and skill especially on providing injection, and at least they mention two side effects, contra indications, importance, advantage and disadvantage for both methods.

All family planning service providers knew when to start contraceptive methods for the first time.

3.2 Provider ability to perform specific contraceptive procedure.

Out of ten provider s two of them were performed IUCD insertion, the rest mentioned, side effect, contra indications, importance, advantage and disadvantage of IUCD. For implano /Norplant/ five provides were performed the procedure, but, all provides were mentioned, side effect, contra indications, importance, advantage and disadvantage.

3.3 Provider perception of Quality of family planning.

Finally, all family planning service providers were asked about perception on Quality family planning services. The majority of provider had similar understanding about perception on Quality family planning services. Almost all explained quality of family planning services as satisfying clients with clean, safe, and standardized services shortly, respectfully without any obstacle, also provision adequate manpower, sufficient supply of equipment and drug.

One FP provider said that “...If adequate equipment and drug available, I provide quality services...”

6. Discussion

This study was done primarily to assess the quality of family planning services six services deliver point in Dilla town, Southern National Nationality and People National Region State.

Over all Client satisfaction on quality of Family Planning service was assessed in terms of clients' perception using six elements Bruce-Jain frame work with their individual indexes shown that 67.1% of clients were satisfied. This percentage was moderate compared to other studies conducted in developing countries like Iran and Ghana (36, 37). A Study on family planning services quality in Iran, mean satisfaction score of clients was $83.3 \pm 9.05\%$, which satisfied with the family planning services (36).

A Study conducted in Iran about on Assessment of women's satisfaction with reproductive health services, the study women 92% were satisfied or completely satisfied with the reproductive health services (37). Other Study conducted Ghana on perceived quality of healthcare delivery, 90% of the respondents were satisfied or very satisfied with the care given during their visit to the health facility (38). But greater than a study conducted in eastern Ethiopia, on Patient's perspective the quality of hospital services the overall satisfaction level was 54.1 % (41).

This variation may be because of a real difference in quality of services provided, expectation of family planning user or the type of health facilities in services deliver point. Studies conducted in Canada, Low patient satisfaction is associated with lower trust in caregivers and greater chance of a change of health providers, resulting in less continuity of care (30).

The multivariate analysis of this study shown that the socio-demographic characteristics and access and acceptance Health services, such as age of the respondent, marital status, occupation, educational status, discuss FP services with Husband, type of visit and waiting time of the clients did not have any independent statistically significant association with client's satisfaction. Among socio-demographic characteristics and access and acceptance Health services factors, Religion and provider talk /consultation/ were found to be significantly associated with client satisfaction at multivariate analysis after adjusted for other variables in the model.

Client follower of Orthodox and protestant were 70 and 69 %less likely to be satisfied than client who had follower of Muslim and Catholic religion. Clients who perceived that provider easily understandable were nearly seven times more likely to be satisfied than those clients who perceived that provider was difficult or don't understandable.

Clients who perceived that provider easily understandable were more likely to be satisfied than those Clients who were not understandable and difficult to understand which is similar with study done in northwest Ethiopia about quality of family planning service health institution (12).

Client who the received method was clearly explained three point six times more likely to be satisfied than who client the received method was not clearly explained.

The mean waited time to get services was 30.2 min which lower than study conducted Tanzania and Kenya; FP clients waited over 40 minutes, and a study conducted Bahir Dar 48 min (13, 47) and its comparable studies conducted in Jimma ,East Azerbaijan and Bangladesh the mean waiting time was (31.7) minutes, less than 30 minutes and 32.5min respectively (13,43and32).

The current study showed that Privacy was maintained for 69.8%, of respondent, which was lower than a study conducted in Colombo 97% thought that there was adequate visual privacy and higher than a study conducted Bangladesh 56% of the respondents stated that they were examined privately. (34, 48) and it is agree with a studies conducted Northwest Ethiopia and East Azerbaijan it was maintained 66.3 and 68% respectively (12,43).

Out of all respondents, 87.03% of the women were using injectables followed by the pill 11.22% also other studies conducted in Ethiopia shown that injectable was gradually increased (12- 14 and 49). In this study injectable most commonly preferred method, because of its long term effect, which decrease worry, daily remembrance and providers were mostly, discussed it to new client.

Concerning information given to clients 37.2%, 45.9% and 28.7% responded that the method clearly explained, informed about other contraceptive method other than client's preference and got an opportunity to ask question and clarity respectively.

Studies conducted in Bahr Dar Ethiopia, Bangladesh and Iran were 74.8, 46 and 88.3% were satisfied with the amount of information they received about the use of their chosen FP method respectively (14, 43 and 37).

Clients are able to make an informed decision on their own they are more likely to be satisfied with the method and to continue to practice FP (34). Lack of information was a problem of women in the Egypt quality care study (50).

Fifty-two percent clients were treated friendly and with respect. This proportion was lower than studies conducted in developing countries; Azerbaijan, Bangladesh, Ethiopia, Kenya and Iran was 80, 68.9, 96.4, 68 and 92.5% respectively (43, 32, 51, 26, and 37).

Majority of the clients in this study were encouraged to continue the use of FP services, which 92% women were got written reminder for their next visit and 96% women would like to come again to those service delivery points. A Study conducted in Colombo 93%, clients received a written reminder of the next clinic visit (34). Another studies conducted in Ghana, and Ethiopia, women were willing to go back to service delivery points was 93 and 93.3% respectively (38,51). A Study conducted in Iran revealed that 83.0% of women had satisfied that they had enough information about follow-up visits (37). Above studies agrees with in this a study finding.

About 56.9% of women in this study responded that family planning services /delivers /waiting area was comfortable, which lower than studies conducted in Colombo and cote d'Ivoire was 78 and 100 % respectively (34,52). Clean waiting areas are aspects often highly valued by patients.

In this study shown that providers had given less attention for taking blood pressure and performing physical examination during client –provider interaction of new client, which was 25.8% and 1.1% respectively. It leads to mismanagement of client, because contraceptives have their own side effects and contraindications.

Regarding applying of communication skill during consultation, in this study varies from 3.4% used visual Aid to 71.9% discussed a return visit to client during client-provider interaction. Also for 48.3% of women client confidentiality were assured during consultation. A study conducted in Colombo 38% of observations was used IEC materials (34). Another studies conducted in Ghana and Zambia shown that more than 50% of clients were counselled by using flip charts (52).

In this study provider lack such skill, even if the cause was not assessed in this study. Providers who used contraceptive samples and anatomical models during counselling sessions gave clients more information about their chosen contraceptive method (22).

Provider skill in communication is particularly important because a client may be more likely to continue contraceptive use if she feels comfortable with her interactions with provider (43).

All observed health care facilities in this study were located in the centre of Dilla town and easily accessible for transportation. However two Governmental and one Non Government facilities were used separate room for providing family planning services. Services provided in separate room, more likely comfort client and assure visual privacy.

All surveyed SDP provided a minimum of 3 methods; COCs, condoms and injectable, While IUCD and implanon were available in all facility except one Non Governmental Clinics and the procedure for tubal ligation and vasectomy was carried out only in one Government health facility.

Basic equipment necessary for family planning provision: antiseptic solutions sterilizer, examination table, weight scale uterine sound, speculum, scissors, tenaculum, sterile gloves, sterile/disposable needles and syringes, were available in all health institutions. Acceptability: adequate facility, Physical environment, and receiving adequate information about the facility were the strong determinant to related client satisfaction (53).

It was found out that all service deliver points in the study monthly would send statistics report to the next level. However, information was not well documented in the daily family planning activity register /log book/ in most of the facilities included in the study.

In resource-poor settings, where supervision often revolves around the collection of data from facility registers and patient records without addressing the challenges (54). Except one Non Governmental clinic, supportive supervision was not carried out in relation to family planning services. A study conducted Senegal suggests that supportive supervision can improve service quality, like; improvements in infrastructure, management of staff and services, record-keeping and technical competence (54).

Majority of the service providers had training on basic family planning service and long acting contraceptive methods.

Regarding Provider knowledge and skill on specific contraceptive methods, in this study respondent answered that for injectable and oral pills all provides had good knowledge and skill especially on providing injection, and at least they mention two side effects, contra indications, importance, advantage and disadvantage for both methods. A study conducted in Iran 86.6% women had high satisfaction with the experience of the FP provider skill (37).

The majority of provider who participated in this study had similar understanding about perception on Quality family planning services, which almost all explained quality of family planning services as satisfying clients with clean, safe, and standardized services shortly, respectfully without any obstacle, also provision adequate manpower, sufficient supply of equipment and drug.

“One provider said thatif adequate equipment and drug available, I provide quality services.....”

7. Strength and limitation of the study

Qualitative design was used to complement the findings, private for profit and Non Governmental Health facility were also included. Non professional Female interviewers were used for exit interview to minimize interviewer bias and could also improve response rate. Also exit interview conducted 20-30 meter away from family planning services deliver point to minimize courtesy bias.

However limitation was observed during study like; Courtesy bias related to satisfaction and Hawthorne Effect (Presence of the observer during client-provider interaction may cause the client and the provider to act differently than they would if they were alone; Providers might also show the best behaviour).

8. Conclusion

A study revealed constraint that in the delivery of family planning quality care in six SDP in Dilla town, Southern National Nationality People Region. Overall client satisfaction on perception on quality of family planning services was moderate, which mostly account from information given to clients, and treated the clients respectfully, maintained privacy during consultation and waiting area lacked seat accommodate client load. Also providers were lack of appropriate, applying of communication skill during consultation, giving hormonal contraceptives without checking vital sign, and under utilization of IEC materials. Half a health facility was not used separate room for providing family planning services, and limitations in equipments. Lack of staff training and supportive supervision system was another constraints documented.

9. Recommendation

To improve the quality of the FP clinic services in the study area, the programme planners, Health managers and services providers should take measure based on study finding such as,

1. Programme level

- ❖ A clear need for training or retraining providers in the key aspects of family planning services technical area (family planning methods provision, and communication and counselling skills of service providers).
- ❖ Regular supportive supervision and clinic audits may be used to identify deficiencies

2. Facility level

- ❖ Encourage provider to use educational materials, at family planning consultations.
- ❖ Improving information given to clients to ensure an informed choice of family planning method.
- ❖ The respective clinics manger should gave attention to client waiting areas, and provide an adequate supply of IEC materials and provide separate room for family planning services.

10. References

1. Rathavuth H, Livia M, Vinod M. Family planning services quality as a determinant of use of IUD in Egypt; *BMC Health Services Research*, 22, June, 2006.
2. Bruce J. Implementing the user perspective. *Studies in Family Planning* 1980; 11: 29-33.
3. Jain AK. Fertility reduction and the quality of family planning services, *Studies in Family Planning* 1989; 20: 1-16
4. Adrienne J, Kols M, Jill E. Family planning programmes: improving quality, Population Reports, School of Public Health, Maryland), 1998; 26: 1-10.
5. Bruce J. Fundamental elements of the quality of care: A simple framework studies in family planning. 1990, 21 (2): 61 -91
6. USAID/HPI .Achieving Equity for the Poor in Kenya: Understanding Level of Inequities and Barriers to Family Planning Services, 2007, Washington D.C.
7. Central Statistical Authority (CSA) and United Nations Population Fund (UNFPA),Ethiopia ed. *Summary and Statistical Report of the 2007 Population and Housing Census*, Addis Ababa, EthiopiaUNFPA; 2008.
8. Karin R, CHARLES T, ERIN S. Ethiopia at a Crossroads: Demography, Gender, and Development, December 2009.
9. Central Statistical Agency. *Ethiopia Demographic and Health Survey*.CAS; 2005.
10. Central Statistical Agency. *Ethiopia Demographic and Health Survey 2011Preliminary Report*. CAS Addis Ababa Ethiopia; 2010.
11. Pathfinder International Ethiopia ed. *Ethiopia Reproductive Health /Family planning project*. Pathfinder International Ethiopia; 2008.
12. Mesganahu F. Quality of family planning services in northwest Ethiopia. *Ethiop .J. Health Dev.E*,2005
13. Loha E, Asefa M, Jira C, Tessema F. Assessment of quality of care in family planning services in Jimma Zone, Southwest Ethiopia 2003.
14. Tseganeh W. *Assessment of quality of family planning service, bahar-Dar special zone, amhara regional state*. MPH thesis. Addis Abeba Univeristy; 2005.
15. Bekele A,Taye G, Mekonnen Y et al. Level of outpatient satisfaction at selected health facility in six regions of Ethiopia, *Ethiop .J. Health Dev*. 2008; 22(1):42-48
16. Jorge H, David, N, Stewart B. Comparative Validity of Three Methods for

17. Assessment of the Quality of Primary Health Care: Guatemala Field Study, 2005
18. Donna M ,Michael K, Holly A. Approaches and Indicators for Measuring Quality in Region viii Family Planning Programming, December 2000
19. Saumya R, Raji M .The Quality of Family Planning Programs: Concepts, Measurements, Interventions, and Effects, Source: *Studies in Family Planning*, Vol. 34, No. 4 (Dec., 2003), pp. 227
20. Evans J, Lindsay W: The management & control of quality, 1994 St Paul Minnesota.
21. Rama Rao S, Lacuesta M, Costello M, Pangolibay B, Jones H.The link between quality of care and contraceptive use. *Int Family Planning Perspective*. 2003; 29(2):76-83.
22. Huezo, Carlos and Soledad Diaz. "Quality of care in family planning: Client's rights and providers' needs." *Advances in Contraception* 1993.9(2): 129-139.
23. Ndhlovu L. Quality of care in family planning service delivery in Kenya: clients' and providers' perspectives The Population Council's Africa OR/TA Project 1995 January
24. Singh S et al. Adding It Up: The Benefits of Investing in Sexual and Reproductive Health Care; New York: The Alan Guttmacher Institute and United Nations Population Fund; 2003.
25. Hawkins J, Matteson S, Tabeek A. Fertility Control in Fogel, C. I. and N. F. Woods (Eds.), *A Comprehensive Handbook*. 1995 London, UK, Sage Publishers, Inc
26. Janner T et al. Access, quality of care and medical barriers in Family Planning program, 1995, 21(2), p1
27. Liz C Creel, Justine V, Sass, and Nancy V. Yinger .Definitions and Measurements of Quality July 2002, Population Reference Bureau USA
28. Ross K, Steward A, Sinacore M. The importance of patient preferences in the measurement of healthcare satisfaction, 1993; 25: 1138-4
29. Reerink I , Sauerborn R. Quality of care in primary care setting in developing countries. Recent experiences and future directions, 1996; 8: 131-139
30. Tetterseil J .Asthma patients knowledge in relation to compliance with drug therapy .journal of advanced nursing 1993 18:103-113.
31. Williams et al. Measuring family planning service quality through client satisfaction exit interviews. *International family planning perspectives*, 2000.26(2): 57-73
32. Mendoza J, Helga A, Ahmed P. Client satisfaction and quality of health care in rural Bangladesh Bulletin of the World Health Organization, 2001, 79: 512–517

33. Liu R, So L, Quan H. Chinese and white Canadian satisfaction and compliance with physicians. *BMC Family Practice* 2007, 8:11
34. De Silva U, Fonseka P .Quality of care in government family planning clinic services in Colombo District December, 2008
35. Williams T, Schutt-Aine J, Cuca Y. Measuring Family Planning Service Quality; 2004.
36. Simbar M , Ahmadi M , Golnoosh A, Reza B. Quality assessment of family planning services in urban health centers of Shahid Beheshti Medical Science University Iran, 2004
37. Nanbakhsh H, Salarilak F. Assessment of women's satisfaction with reproductive health services in Urmia University of Medical Sciences,
38. Turkson p. k .perceived quality of healthcare delivery in a rural district of Ghana, June 2009.
39. Tom K M, Nelson W. Wawire. T, Okech C. Contraceptive Use among Women of Reproductive Age in Kenya's City Slums *International Journal of Business and Social Science* Vol. 2 No. 1; January 2011
40. Lemessa O, Solomon G. Client Satisfaction with outpatient health services at Jimma Hospital, south west *Ethiopia. Ethiop.J.health.Dev.*2001; 15(3)
41. Abdosh B .The quality of hospital services in eastern Ethiopia: Patient's perspective. *Ethiop .J. Health Dev* 2006; 20(3):199-200
42. Ahmadian N, Sedigheh Y, Tavafian S, Emadzadeh A, Kazemnejad A, Ghofranipour F. Communication training and patient satisfaction. 2003.)
43. Mohammad S et al. Quality of family planning services at primary care facilities in an urban area of East Azerbaijan, Iran 2007
44. Gedeo Zone health department. *Annual report of curative and preventive services*. Zone health department; 2010.
45. Garner P, Jane T, Dayl D .Quality Assessment of Health Facilities in Rural Papua New Guinea, *Health Policy and Planning*, 1990. 5(1):49-59
46. Quick Investigation of Quality (QIQ) A User's Guide for Monitoring Quality of Care in Family Planning. *MEASURE Evaluation Manual Series*, No. 2, MEASURE Evaluation. Carolina Population Center, University of North Carolina at Chapel Hill, February 2001

47. Hutchinson P, Agha S. Measuring client satisfaction and the quality of family planning services: A comparative analysis of public and private health facilities in Tanzania, Kenya and Ghana, 2011.
48. Iqbal A. Perceptions of Quality of Care for Serious Illness at Different Levels of Facilities in a Rural Area of Bangladesh, June; 2009
49. Kebede Y. Contraceptive prevalence in Dembia District, northwest *Ethiopia*, *J.Health. Dec*, 2006
50. Jain A, Bruce J. A reproductive health approach to the objectives and assessment of family planning programmes. *New York, Population Council*, 1994.
51. Yousuf S. *Assessment of Quality of Care in Antenatal Services in Adama special Zone of Oromia Region*. postgraduate thesis. Addis Abeba University;2009
52. Kate M et al .Clinic-Based Family Planning and Reproductive Health Services in Africa: Findings from Situation Analysis Studies, 1998.
53. Sovd T, Mmari K, Lipovsek V. Acceptability as a key determinant of client satisfaction: lessons from an evaluation of adolescent friendly health services in Mongolia,
54. Suh S, Moreira P, Ly M. Improving quality of reproductive health care in Senegal through formative supervision: results from four districts Nov 2007.

11. Appendixes

APPENDIX I: English questionnaire for exit interview

Addis Ababa University

Collage of health sciences

School of public health

Questionnaire on quality of family planning service

To be filled by data collectors

Region_____ Zone_____ Woreda_____

Code number of the health institution_____

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

Your participation is voluntary and you are not obliged to answer any questions you don't want.

But your honest participation will contribute to generate information that can be used to improve quality family planning service.

Do I have your permission to continue?

Yes No

Code number of the client ----- Client arrived at service delivery points-----

Time client received service----- Waiting time-----

Interviewer: -

Name_____ Cod number_____

Checked by supervisor or investigator Signature_____

Part I: Socio – Background characteristics

No	Questions & filter	Coding category	Skip to
101	How old are you?	1.Age in years ----- 88.Don't Know----- 99. No answer-----	
102	Is this your first visit to this clinic	1.Yes 2.No	
103	What is your current marital status	1.Single 2.Married & live together 3.Married but not live together 4. Divorced. 5. Widower	
104	If married /have regular partner, have you discussed family planning with your husband	1.Yes 2.No 99. Don't remember	
105	Do you have children?	1.Yes 2.No-----	Q 111
106	If yes, how many living children do you have?	1.One 2.Two 3.Three & above	
107	Would you like to have more children	1.Yes 2.No 3.Depend to God 4.Depend	
108	If yes ,when would you like the next child	1.Immedeaty 2.one –two year 3.> two year 99. No answer	
119	Are you currently breastfeeding	1.yes 2.No	
110	What is your educational level?	1.Illiterate 2. Write & read only 3. Primary school(1-8) 4.Secondaryschool completed 5.Tweleve +1& above	
111	What is your religion	1.Orthodox Christian 2.Catholic 3.Protestant 4.Muslim 5.Other (Specify)-----	
112	What is your ethnicity?	1. Gedeo 2. Amhara 3. Oromo 4.welayeta 5. Guragie 6. Sulta 6.Other (specify)----	
113	What is your occupation?	1.Government employee 2.Private employee 3.Merchant 4.Un employed 5.House wife 6.Student 7.Daily laborer 8.Prostitute 9.Other (specify)-----	
112	What is your monthly income?	Monthly income Eth. Birr.....	

Part II: Client interview on family planning service on access and acceptability. (For both new and repeat)

No	Question and filter	Coding category	Skip to
201	Who told you for the first time about the family planning service of this clinic?	1. Husband 2. Neighbours 3. Health professional 4. Other (specify)_____	
202	How long did it take to you to arrive at this clinic?	1.Less than 1/2 hr 2.1/2 to 1 hr 3.1 to 2 hrs	
203	How long did you wait between the time you first arrived to the clinic and gets family planning service?	1. Less than 1/2 hr 2. Half to one hour 3. 1 hour and above	
204	How do you feel about your waiting time?	1.No waiting 2.Short 3.Long 4.Too long	
205	Did you received the services that you wanted	1. Yes 2. No	Q 207
206	If no why	1.provider do not want to tell me 2.the service I want was not available 3.time was too short & I did not get time 4. Other (specify).-----	
207	Did you feel that your consultation with the clinical staff was	1.About right 2.Too short 3.Too long 88. Don't know 99. No answer	
208	During consultation, was the provider easy to understand?	1.Easy to understand 2.Difficult to understand 3.Don't understand 99.No answer	
209	Was there adequate privacy during consultation	1 Adequate 2.Not adequate 99.No answer	
210	Do you know any other clinic where you can get family planning service?	1. Yes 2. No 88. don't know	
211	If yes, is this clinic the closest site to your home?	1.Yes 2.No 88. Don't know 99. No answer	

Part III Client interview on family planning service utilization /both new and repeat/

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

No	Questionnaire and filter	Coding category	Skip to
211	Why do you come to this clinic?	1. To start birth control 2. To get counselling 3. To get both service	
212	Did you decide to use contraceptive method at this visit?	1.Yes 2.No----- 99. No answer	Q214

213	If yes which method did you accept today?	1.Pills 2.IUCD 3.Condom 4.Female sterilization 5.Diaphragn 6.Injectable 7.Spermicid 8.Nor plant 9. Other (specify)-----	
214	If no, why did you not start to use contraceptive method today	1.Change my mind 2.Came for information only 3.Pregnancey suspected 4.Contraindication for method wanted 5.Method wanted not available 88. Don't know 99. No answer	
215	During the consultation for the method you accept to use, did the health personnel explain about the following?		
215.1	Clearly explains how the method works?	1.Yes 2.No 99. No answer	
215.2	Demonstrate how to use it?	1.Yes 2.No 99. No answer	
215.3	Describe possible side effects	1.Yes 2.No 99. No answer	
215.4	Explain what to do if you experience any problems before the next visit?	1.Yes 2.No 99. No answer	
215.5	Explains the possibility of changing method if you are not happy with it?	1.Yes 2.No 99. No answer	
215.6	Where to go for supply or follow up visit?	1.Yes 2.No 99. No answer	
216	In addition to the method you received, were you told about any other methods?	1.Yes 2.No----- 99. No answer	Q218
217	If yes, which method?		
217.1	Pills -----	1. Yes 2. No	
217.2	Injectable -----	1. Yes 2. No	
217.3	Spermicidal -----	1. Yes 2. No	
217.4	Diaphragm -----	1. Yes 2. No	
217.5	IUCD-----	1. Yes 2. No	
217.6	Condom -----	1. Yes 2. No	
217.7	7.Female sterilization-----	1. Yes 2. No	
217.8	8.Nor plant-----	1. Yes 2. No	
217.9	9.Other (specify)-----	1. Yes 2. No	
118	Will you come for next appointment	1.Yes	

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

No	Question and filter	Coding category	Skip
219	Which method are you using?	1.Pills 2.Injectable 3.Spermicides 4.Diaphragm 5.IUCD 6.Condom 7.Nor plant 8. Other (specify)-----	
220	Which method do you know other than the method you are using		
219.1	1.Pills -----	1. Yes 2. No	
219.2	2.Injectable-----	1. Yes 2. No	
219.3	3.Spermicides-----	1. Yes 2. No	
219.4	4.Diaphragm -----	1. Yes 2. No	
219.5	5.IUCD-----	1. Yes 2. No	
219.6	6.Condom-----	1. Yes 2. No	
219.7	7.Nor plant-----	1. Yes 2. No	
219.8	8. Other (specify)-----	1. Yes 2. NO	
221	Last time you have obtained family planning method, did you get it from this clinic	1.Yes----- 2.No	Q223
222	If no, where did you get it	1.Other Governmental health institution 2.Private clinic 3.Community based distribution 4.Pharmacy 5.Other	
223	Did you pay for the service and for contraceptive?	1.Yes 2.No	
224	If yes how much for one visit?	1.Price for contraceptive per cycle ----- 2.Price for service-----	
225	If a friend of yours wanted family planning service, would you encourage her to come to this clinic or go elsewhere?	1.Come to this clinic 2.Go to somewhere else 88. Don't know 99. No answer	
226	If you encourage her to go somewhere else, why?		
225.1	Long waiting time here-----	1. Yes 2. No	
225.2	Far away -----	1. Yes 2. No	
225.3	Poor quality service here -----	1. Yes 2. No	
225.4	Poor/inadequate consultation here-----	1. Yes 2. No	
225.5	Only few family planning methods are available here-	1. Yes 2. No	
225.6	Other (specify)-----	1. Yes 2. No	
225.7	No, answer		
226	Which service did you like from this clinic?		
226.1	1.Get service with in short period ----- 2.Provider gives good service -----	1. Yes 2. No	

226.2	3.Counselling was clear & satisfactory --	1. Yes 2. No	
226.3	4.Received the method chosen-----	1. Yes 2. No	
226.4	5. Other (specify)-----	1. Yes 2. No	
226.5	6. No answer	1. Yes 2. No	
226.6		99.	
227	Will you come for next appointment	1. Yes 2. No	

Part IV Overall measure of client satisfaction on family planning services /both new and repeat/.

No	Question and filter	Coding category	Skip to
228	Was the use of the methods explained clearly to you?	1.yes 2.no	
229	Were you informed about other contraceptive methods	1.yes 2.no	
230	Did you feel had the opportunity to ask questions and clarity	1.yes 2.no	
231	Were you treated a friendly and respectful way	1.yes 2.no	
232	Did you have sufficient privacy during your consultation	1.yes 2.no	
233	Are the clinic hours convenient	1. Yes 2. no	
234	Was the waiting area comfortable	1.yes 2.no	
235	Did you find the clinic are to be clean	1.yes 2.no	
236	Was the time spent in consultation to discuss your needs	1.yes 2.no	
237	Did the provider give you a date for your next visit?	1. Yes 2. no	
238	Would like to come to this center again	1.yes 2.No	
	Total response yes		

Part V Knowledge questions for different contraceptive methods for both new and repeat client

/ For pills.

No	Question and filter	Coding category	Skip to
239	When do start using pills?	1. Within the 1 st to 5 th day of menstruation period 2. Any time 88. Don't know 99. No answer	
240	How often could You take a pill?	1- One tablet every day 2- Any time 3- During sexual intercourse 88- Don't know 99- No answer	
241	What are the minor problems, if any, you may experience with taking the pills?		
241.1	No problem-----	1. Yes 2 .No	
241.2	Mild headache-----	1. Yes 2 .No	
241.3	Small weight gain-----	1. Yes 2 .No	
241.4	Nausea-----	1. Yes 2. No	
241.5	Spotting /bleeding-----	1. Yes 2. No	
241.6	Other (specify) -----	1. Yes 2 .No	
241.7	Don't know-----	88. Don't know	

For IUCD

No	Question and filter	Coding category	Skip to
242	If intra uterine contraceptive device is inserted, can you tell me how you check it is in place?	1. Touching the thread Regularity 2. It cannot slip out once it is inserted 3. Other (specify)- 88. Don't know	
243	When do you come back for first checkup?	1. No need to come back 2. Less than a month 3. After one month 4- After one year 88- Don't know	
244	What are the minor problems, if any, you may experience with having an intrauterine Contraceptive device?		
244.1	No problems-----	1. Yes 2. No	
244.2	Spotting b/n Menstrual periods-----	1. Yes 2. No	
244.3	Increased discharge -----	1. Yes 2. No	
244.4	Infection-----	1. Yes 2. No	
244.5	Other /Specify/ -----	1. Yes 2. No	
244.6	Don't know-----	1. Yes 2. No 88.	
245	Do you know how long can intrauterine device serve once it has been inserted?	1- five Years----- 2. three years 88. Don't know	

3. For Injectable Acceptors

No	Question and filter	Coding category	Skip to
246	Do you know which type of injection you had had?	1- Yes 2- No	
247	How often should you get an injection?	1) Every month 2) Every 2 or Every 3months 3) Every year 88). Don't now	
248	What are the minor problems, if any, you may experience with having an Injectable Contraceptive methods?		
248.1	No problems-----	1. Yes 2. No	
248.2	Spotting b/n Menstrual periods-----	1. Yes 2. No	
248.3	Increased discharge -----	1. Yes 2. No	
248.4	Infection-----	1. Yes 2. No	
248.5	Other /Specify/ -----	1. Yes 2. No	
248.6	Don't know-----	88.	

4) For Norplant users.

No	Question and filter	Coding category	Skip to
249	How often can you change Norplant?	1- Every 5 years 2- Every 2 years 3- Every 3 years 4- Every 3months 88- Don't know	
250	Do you told the importance of Norplant	1- Yes 2- No 99. don't remember	
251	Apart from the regular visit, for what problems, if any, should you come back to the clinic		
251.1	No problem -----	1. Yes 2. No	
251.2	Severe headache-----	1. Yes 2. No	
251.3	Heavy vaginal bleeding-----	1. Yes 2. No	
251.4	Unexpected weight gain-----	1. Yes 2. No.	

5) For Tubal legation

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

APPENDIX II: Checklists for observation

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

Do you agree to participate in this study?

Yes

No

Code number of the client _____

Date of Visit _____

Observation begun end _____

Total time required _____

Name of observer Signature _____

Checked by supervisor/investigator Signature _____

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

N0	Question and filter	Coding category	Skip to
301	Does Provider greet client?	1- Yes 2- No	
302	Does client know about modern family planning?	1- Yes 2- No	
302	Does client has preference for a particular Method?	1-Yes 2-No	
304	During consultation, did the provider talk about any of the following		
304.01	Pills	1. Yes 2. No	
304.02	Injectable	1.Yes 2.No	
304.03	Nor plant	1. Yes 2. No	
304.04	IUCD	1- Yes 2- No	
304.05	Condom	1- Yes 2- No	
304.06	Diaphragm	1- Yes 2- No	
304.07	Natural method	1- Yes 2 - No	
304.08	Spermicide	1- Yes 2- No	
304.09	Female sterilization	1- Yes 2- No	
304.10	Other/specify -----	1- Yes 2- No	
305	Did the provider promote or overemphasize one method in particular	1- Yes 2- No	
305.1 305.2 305.3 305.4 305.5 305.6 305.7 305.8 305.9	If yes which method.	1.Pills 2. Injectable 3. Nor plant 4. IUCD 5. Condom 6. Diaphragm 7.Spermicide 8. Female sterilization 99.No answer	

306	IEC materials used during consultation:-		
306.1	Flip chart	1- Yes 2- No	
306.2	Brochure/pamphlets	1- Yes 2. No	
306.3	Sample of contraceptive	1- Yes 2- No	
306.4	Posters	1- Yes 2- No	
306.5	Anatomical model	1- Yes 2- No	
306.6	Other (Specify)-----	1- Yes 2- No	

307	Did the provider /counseling skills/		
307.1	Ask open-ended questions	1- Yes	2- No
307.2	Encourage client to ask questions	1- Yes	2- No
307.3	Treat client with respect	1- Yes	2- No
307.4	See client in private	1- Yes	2- No
307.5	Discuss a return visit	1- Yes	2- No
307.6	Ask client her concerns with any method	1- Yes	2- No
307.7	Use visual aids	1- Yes	2- No
307.8	Use client record	1- Yes	2- No
307.9	Assure client of confidentiality	1- Yes	2- No

Section II. Medical history and physical examination

No	Question and filter	Coding category	Skip to
308	During consultation, did the provider ask the client on the following?		
308.1	About contraceptive method history	1-Yes	2- No
308.2	About date of LMP	1-Yes	2 - No
308.3	Unusual vaginal discharge/bleeding	1-Yes	2- No
308.4	Pelvic pain	1-Yes	2- No
308.5	Take weight	1-Yes	2- No
308.6	Take blood pressure	1-Yes	2- No
308.7	Sexual Transmitted disease Problems /symptoms	1-Yes	2- No
308.8	Perform Physical examination	1-Yes	2- No
308.9	Did laboratory test	1-Yes	2- No
309	During pelvic Examination		
309.1	Client informed?	1-Yes	2- No
309.2	Ensure client has privacy	1-Yes	2- No
309.3	Prepare all instruments before exam.	1-Yes	2- No
309.4	Wash hands before exam	1-Yes	2- No
309.5	Provider wash hands	1-Yes	2- No
309.6	Use sterilized or high-level disinfected instruments for each exam	1-Yes	2- No
309.7	Ensure that instruments and reusable gloves are decontaminated	1-Yes	2- No
309.8	Client informed about out come?	1-Yes	2- No

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

No	Question filter	Coding category	Skip to
310	If Intra uterine Contraceptive Device (IUCD) was inserted		
310.1	Uterus sound used?	1-Yes 2- No	
310.2	Ensure client has privacy	1-Yes 2- No	
310.3	Wash hands before putting on gloves and after removing gloves	1 yes 2 - No	
310.4	Speculum used?	1. Yes 2. No	
310.5	Sterile procedure performed used?	1-Yes 2- No	
310.6	Emotional support given for Client?	1-Yes 2- No	
311	If inject able was given to the client, did the provider do the following?		
311.1	Injection site disinfected?	1-Yes 2- No	
311.2	New/Sterile needle and syringe used?	1-Yes 2- No	
311.3	DEPO vial shaken before drawing in to syringe?	1-Yes 2- No	
311.4	Injection site massage?	1-Yes 2- No	
311.5	Dispose of sharps in puncture resistant containers	1-Yes 2- No	
312	For the method selected did the provider told about any of the following?		
312.1	How to use method	1- Yes 2- No	
312.2	Advantage	1- Yes 2- No	
312.3	Disadvantage	1- Yes 2- No	
312.4	Side effects	1- Yes 2- No	
312.5	Possibility of switching	1- Yes 2- No	
312.6	What to do if problem arises about method	1- Yes 2- No	
312.7	Where to go for re supply	1- Yes 2- No	
312.8	Communicated about the method	1- Yes 2- No	
313	Was the client told when to return for re supply?	1- Yes 2-No	
314	If yes, did the provider give to the client some form of written reminder?	1- Yes 2- No	
315	Were any other health issues discussed at any time during the consultation	1- Abortion 2- STD 3- Immunization 4- Other /Specify	

**This is the end.
Thank you!**

Appendix III: Checklists for in-depth interview

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

Code of the health institution _____

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

May I continue?

Yes No

Thank you

Code of the service provider.....
Position of the respondent.....
Name of the health institute.....

I Work Experience

Sex ___ Age _____ marital status _____
Educational status _____

1. How long have you been working her? _____
2. For how many years have you been providing family planning service _____
3. What kind of training have you ever attended? /on Job training/-----

4. Do you think that the training you have received in F/P is adequate to perform your duties?
5. What kind of training do you think that is important to improve service delivery in F/P
/practical, theoretical/-----

II Provider ability to perform specific contraceptive procedure

6. Are you able to perform the following procedures?
 - 6.1. Injection of Depo-Provera, Norstrate. Can you tell me about importance, side effect, and contra indications, pre requisition measures?
 - 6.2. Norplant: - How to insert, pre requisition measures, side effects, contraindications, importance, advantage and disadvantage.
 - 6.3. UCD: - How to insert, importance, side-effect, contra-indication, pre requisition measures, follow up of clients
 - 6.4. Vasectomy or tubal legation: - How to do the procedure, it's important, pr requisition measures, who should decide.
 - 6.4. Pills: - How many (in kinds) pills do you know, Importance, side effects, contra-indication, for whom each of them are applicable, pre-requisition measure for each of them
7. What is the importance of availability of different contraceptive methods?
8. If a client would like a method that is not available at your clinic, what would you say to her?
9. In professional opinion, what do you consider to be the necessary procedures and tastes? Before you can offer the method?
(A) Pills (b). Injections (c) .IUCD (d). Norplant (e) Tubal legation (f.) Vasectomy (g) Diaphragm
10. Which method of F/P would you recommend for most people who would like to delay or space their next birth?
11. Which methods of F/P would you recommend for most people who would like to have no more children?
12. Which method never you recommend

III Provider perception of Quality of family planning procedure

Can you please tell how you understand quality of family planning services in this facility
Component of quality of health service?.....

APPENDIX IV: Checklists for observation the facility

Instructions to data collectors: This observation should be completed by observing the facilities that are available and with the person in charge of family planning on the day of the visit. . In all cases you should verify that the items exist by actually observing them .If you are able to observe them, and then 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 (e g, nurse, Dr----) _____

Section I Equipment and Commodities Inventory

6. Record below which contraceptive methods are usually provided at this facility. If the method is usually provided, determine if it is available today. If it is available at the facility today,

Type of Contraceptive	Usually Provides Method	Available Today		If no, reason not available last time
1.COMBINED PILLS	1.yes 2.No	Yes	No	1. Supplies not available 2. Equipment not available 3. Trained staff not available 4. Other _____
1. PROGESTERONE ONLY	1.yes 2.No	Yes	No	1. Supplies not available 2. Equipment not available 3. Trained staff not available 4. Other _____
2. C PILL	1.yes 2.No	Yes	No	1. Supplies not available 2. Equipment not available 3. Trained staff not available 4. Other _____
3. IUD	1.yes 2.No	Yes	No	1. Supplies not available 2. Equipment not available 3. Trained staff not available 4. Other _____
4. INJECTABLES	1.yes 2.No	Yes	No	1. Supplies not available 2. Equipment not available 3. Trained staff not available 4. Other _____
5. CONDOMS	1.yes 2.No	Yes	No	1. Supplies not available 2. Equipment not available 3. Trained staff not available 4. Other _____
6. SPERMICIDE	1.yes 2.No	Yes	No	1. Supplies not available 2. Equipment not available 3. Trained staff not available
7. DIAPHRAGM	1.yes 2.No	Yes	No	1. Supplies not available 2. Equipment not available 3. Trained staff not available
9. OTHER	1.yes 2.No	Yes	No	1. Supplies not available 2. Equipment not available 3. Trained staff not available

7. When you run out of contraceptives, how long does it take to replace them?

1. One week or less
2. One month or less
3. Six months or less
4. Other _____

8. Which of the following types of equipment are available?

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

Functionality	Type of equipments	Available	
		Yes	No
	Quantity	Yes	No
1. Sterilizer _____			
2. Blood pressure apparatus ____			
3. Weight Scale _____			
4. Flash light _____			
5. Uterine sound _____			
6. Speculum _____			
7. Scissors _____			
8. Teneculum _____			
9. Antiseptic solutions ____			
10. Disposable gloves ____			
11. Examination table ____			
12. Thermometer _____			
13. Needle and syringe ____			
14. Mini lap kits _____			
15. Sterile gloves _____			
16. Pregnancy test _____			
17. Disposable needles and syringes_			
18. Autoclave _____			
19. Different contraceptive methods			
10. Minor surgery equipments _____			
11. Other (specify)			

9. Are facilities for storing contraceptives adequate in the following respect:

A. Products are protected from the rain.

1. Yes
2. No

B. Products are off the floor and on shelves.

1. Yes
2. No

10. Which family planning IEC materials are available? _____

List all that are available _____

11. Was “a health talks” held today? _____ What was the topic? _____ Who

was educating (qualification)? _____

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

13. How was the condition of the examination room? _____

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

15 Please show me the most recent version of written guidelines and protocols for delivering family planning services.

1. Available and observed _____ (record date of version)

2. Available, but not observed

3. Not available

16. Please show me where all of the client records are kept.

1. Yes

2. No

RECORD KEEPING AND REPORTING

17. Is there a client record card for recording multiple visits or new card issued for each visit?

18. In what condition is the record-card system?

19. Is there a daily family planning activity register /logbook?

20. Are monthly statistic reports about family planning activity sent to a supervisor or higher unit?

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

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

አዲስ አበባ ዩኒቨርሲቲ ጤና ሳይንስ ኮሌጅ

የሕብረተሰብ ጤና ክብካቤ ክፍል

ስለ ቤቱሰብ ምጣኔ አገልግሎት ጥራት ለማጥናት የተዘጋጀ መጠይቅ፡

በመረጃ ስብሰባው የሚሞላ

ዞን..... ወረዳ.....
የጤና ድርጅቱ መለያ ኮድ ቁጥር.....

እንደምን አደሩ ወደ የቤተሰብ ምጣኔ ተገልጋይ!

ስሜ..... ይባላል። የመጣሁት ጌደአ ዞን ጤና መምሪያ ነው። የአዲስ አበባ ዩኒቨርሲቲ በቤተሰብ ምጣኔ አገልግሎት ጥራት ላይ ለሚከናወኑ ጥናታዊ ምርምር አባል ነኝ። ጥራት ያለው የቤተሰብ ምጣኔ አገልግሎት በጤና ድርጅቶች ከተሰጠ የቤተሰብ ምጣኔ አገልግሎት ተጠቃሚዎችን ቁጥር እንደሚጨምር ይታመናል። የዚህ ጥናት ዋና አላማ የጤና ድርጅቶችን የቤተሰብ ምጣኔ አገልግሎት ጥራት ለመገምገምና ጠቃሚ መረጃዎችን በመስጠት ለወደፊት ጥራቱን ለማሳደግና ድጋፍ በማድረግ የቤተሰብ ምጣኔ አገልግሎት ተጠቃሚዎችን ቁጥር ከፍ ለማድረግ ነው። ስለ ጤና ድርጅቱ ስለ እርስዎ ጥቂት ጥያቄዎችን እጠይቅዎታለሁ። ጊዜዎን መስዋዕት አድረገው ለጥያቄዎች መልስ ለመስጠት ፈቃደኛ ከሆኑልን ምስጋናችን ከፍ ያለ ነው። ስምዎና የካርድ መለያ ቁጥርዎ ከዚህ መጠይቅ ላይ አይሞላም። የሰጣዎቸው መረጃዎች ሙሉ በሙሉ ሚስጥራቸው በከፍተኛ ደረጃ የተጠበቀ መሆኑን ልናረጋግጥልዎ እንወዳልን። ለጥናቱ ተሳታፊ ለመሆን የእርስዎ ፈቃድ ያስፈልጋል ። ለጥናቱ ተሳታፊ ከሆኑ የሚሰጡት እወኑትና መረጃ ለጥናቱና የቤተሰብ ምጣኔ አገልግሎቱን ጥራት ለማሻሻል ከፍተኛ አስተዋጽኦ ያደረጋል።

ፈቃደኛ ነዎት ልቀጥል?

ፈቃደኛ ነኝ

ፈቃደኛ አይደለሁም

የቤተሰብ ምጣኔ ተጠቃሚ፡.

መለያ ኮድ ቁጥር.....

የደረሰብት ስዓት.....

አገልግሎት ያገኙበት ስዓት.....

ጠቅላላ የቆዩበት ስዓት.....

የቃለ መጠይቅ አድራጊወ፡.

ስም..... መለያ ኮድ ቁጥር

ቃለ መጠይቁን ያረጋገጠው ሱፐርቪይዘር/አጥኝ ፍርማ.....

ክፍል 1: ማህበራዊ መረጃዎችን በተመለከተ የሚቀርብ መጠይቅ።

ተ.ቁ	ጥያቄና ማጣሪያ	የመልስ አማራጭና መለያ ኮድ ቁጥር	ይዘለል
101	እድሜዎ ስንት ነው?	1.እድሜ በዓመት..... 88.አላወቀውም	
102	ለቤተሰብ ምጣኔ አገልግሎት ሲመጡ ይህ የመጀመሪያ ጊዜዎ ነው	1.አዎ 2.አይደለም	
103	የጋብቻዎ ሁኔታ	1. ያላገባች 2. ያገባችና አብራ የምትኖር 3. ያገባች ግን አብራ የማትኖር 4. ከባሏ የተፋታች 5. ባሏ የሞተባት 99.መልስ አልተሰጠበትም	
104	ያገቡ ከሆነ ስለ ቤተሰብ ምጣኔ ከባለቤትዎ ጋር ተነጋግረው ያወቃሉ?	1.አዎ 2. የለም 88. አላስታወስም	
105	ልጆች አለዎት?	1. አዎ 2. የለኝም -----	ወደ ጥ.ቁ 110
106	ልጆች ካሉዎት ስንት ይሆናሉ?	1. አንድ 2. ሁለት 3. ሶስትና ከዚያ በላይ	
107	ተጨማሪ ልጆች ለመውለድ ይፈልጋሉ ?	1. አዎ 2. አልፈልግም 3. እግዚአብሔር ያወቃል 4. ባለቤቴ ያወቃል 99.መልስ አልተሰጠበትም	
108	ተጨማሪ ልጅ ለመውለድ ከፈለጉ መቼ እንዲወልዱ ይፈልጋሉ?	1.አሁኑኑ 2. እስከ አንድ አመት 3.እስከ ሁለት አመት 4.እስከ ሶስት አመት 5.ከሶስት ዓመት በላይ 99.መልስ አልተሰጠበትም	
109	አሁን ጡት ያጠባሉ ?	1.አዎ 2. አላጠባም	
110	የትምህርት ደርጃዎ ምን ያህል ነው?	1.ማንበብና መጻፈ የማይችሉ 2.ማንበብና መጻፈ ብቻ 3.አንድኛ ደርጃ የጨረሱ (1-8ኛ) 4.ሁለተኛ ደርጃ የጨረሱ 5.12+እና በላይ	
111	ሐይማኖትዎ ምንድነው?	1.ኦርቶዶክስ ክርስቲያን 2.ፕሮቴስታንት 3. ካቶሊክ 4. እስልምና 5. ሌላ /ይገለጽ/-----	
112	ብሔረሰብዎ ምንድነው?	1.ጌደኦ 2.አማራ 3.ኦሮሞ 4.ወላይታ 5.ጉራጌ 6.ሰልጤ 7.ሌላ /ይገለጽ/-----	
113	ሥራዎ ምንድነው?	1.የመንግስት ሠራተኛ 2.የግል መሥሪያ ቤት ተቀጣሪ 3.ነጋዴ 4.ሥራ ፈላጊ 5.የቤት እመቤት 6.ተማሪ 7.የቀን ሠራተኛ 8.ሴተኛ አዳሪ 9. ሌላ /ይገለጽ/-----	
114	የወር ገቢዎ ምን ያህል ነው?	-----ብር	

ክፍል 2: ተጠቃሚዎች ለአገልግሎቱ ያላቸው ቀረቤታ፣ አቀባበል፣ አጠቃቀም እንዲሁም እርካታ በተመለከተ(ለአዲስና ለነባር ተጠቃሚዎች) የሚቀርብ ቃለ መጠይቅ።

ተ.ቁ	ጥያቄና ማጣሪያ	የመልስ አማራጭና መለያ ኮድ ቁጥር	ይዘት
201	ከዚህ ክሊኒክ የቤተሰብ ምጣኔ አገልግሎት እንደሚሰጥ መጀመሪያ ማን ነገረዎት?	1.ባለቤቱ 2.ጎረቤቶቼ 3.የጤና ባለሙያ 4. ሌላ /ይገለጽ/-----	
202	ከቤትዎ እዚህ ጤና ድርጅት ለመድረስ ምን ያህል ጊዜ ይጨርሱብዎታል?	1.ከግማሽ ሰዓት በታች 2.ከግማሽ ሰዓት እስከ አንድ ሰዓት 3. ከአንድ ሰዓት እስከ ሁለት ሰዓት 4.ከ ሁለት ሰዓት በላይ 88. አላወቀውም	
203	እዚህ ክሊኒክ ከደረሱበት ሰዓት ጀምሮ አገልግሎት እስከ አገኙበት ምን ያህል ጊዜ ቆዩ?	1.ምንም ቆይታ የለም 2. ከግማሽ ሰዓት ያነሰ 3. ከግማሽ ሰዓት እከአንድ ሰዓት 4. ከአንድ ሰዓት በላይ 88.አላወቀውም	
204	በዛሬው እለት የሚፈልጉትን አገልግሎት አግኝቻለሁ የሚል ስሜት አለዎት?	1.አዎ----- 2.የለም	ወደ ጥ ቁ. 206
205	ከላገኙ ዋና ምክንያት ምን ይመስልዎታል?	1.አገልግሎት ስጭው ፍላጎት ስለሌለው 2.የምፈልገው አገልግሎት ባለመኖሩ 3.ጊዜው አጭር በመሆኑ 4.ሌላ /ይገለጽ/	
206	ከባለሙያው ጋር ለመነጋገር የነበረው ጊዜ አንዴት ያሁታል?	1.ጊዜው በቂ ነበር 2.በጣም አጭር ነበር 3.በጣም ረጅም ነበር 88.አላወቅም 99.መልስ አልተሰጠበትም	
207	በምክር አገልግሎት ጊዜ የምክር አገልግሎት ስጭውን በቀላሉ መረዳት ይቻላል?	1.በቀላል መረዳት ይቻላል 2.ለመረዳት በጣም አስቸጋሪ ነበረ 3.መረዳት አይቻልም 99.መልስ አልተሰጠበትም	
208	ለብቻዎ የተሰጠዎት ምክር አገልግሎት ሁኔታው እንድት ነበር ?	1.በቂና አመቺ ነበር 2. በቂ አልነበርም 99.መልስ አልተሰጠበትም	
209	የቤተሰብ ምጣኔ አገልግሎት የሚሰጥበት ሌላ ጤና ድርጅት ያወቃሉ?	1.አዎ 2.የለም 88.አላወቅም	
210	የሚያወቁ ከሆነ ለቤትዎ ቅርብ ነው/ለዚህ ጤና ድርጅት ይቀርባል/?	1.አዎ/ይቀርባል/ 2.አይቀርብ 88.አላወቅም 99. መልስ አልተሰጠበትም	
211	በሚቀጥለው ቀጠሮዎ ይመለሳሉ?	1.አዎ 2. አልመለስም/የለም/	

ክፍል 2.30-ሰ ክፍል 1: ለአዲስ ቤተሰብ ምጣኔ አገልግሎት ተጠቃሚዎች የሚቀርብ መጠይቅ:

ተ.ቁ	ጥያቄና መጠሪያ	የመልስ አማራጭና መለያ ኮድ ቁጥር	ይዘለል
212	ወደዚህ ጤና ድርጅት ለምን መጡ ?	1.የወሊ ድ መቆጣጠሪያ ለመውሰድ 2.የምክር አገልግሎት ለማግኘት ብቻ 3.ሁለቱንም አገልግሎት ለማግኘት	
213	አሁን የወሊድ መቆጣጠሪያ ለመውሰድ ወስነዋል?	1.አዎ 2.የለም-----	ወደ ተ.ቁ 215
214	መልሱ አዎ ከሆነ የትኛውን ዜዴ ነዉ የመረጡት?	1.ክኒን 2.በመርፌ መልክ የሚሰጠውን 3.በክንድ ላይ የሚቀበር 4.በማሕፀን የሚቀመጥ 5.ኮንዶም 6. ማሕፀን ቆብ 7.ፀረ ውንድ ዘር ፍሬ (ፈሳሽ ቅባት) 8.ማፀሕን ማስጠ	
215	መልሱ የለም ከሆነ ለምን የወሊድ መከላከያ ዜዴ መጠቀም አልፈሉት?	1.ሦሳቤን በመቀየሪ 2.መረጃ ብቻ ለማግኘት ስለመጣሁ 3.እርግዝና ጥርጣሬ ስላለ 4.የምፈልገው የወሊድ መቆጣጠሪያ ዜዴ እኔ ልወስደው የማልችል መሆኑ ስለ ተነገረኝ 5.የፈለኩት የመቆጣጠሪያ 88.አላወቅም 99.መልስ አልተሰጠበትም	
216	እርስዎ ስለሚወስዱት የወሊድ መከላከያ ዜዴ የምክር አገልግሎት ስጪዉ ስለሚከተሉት ነጥቦች በቂ ገለፃ አደረገላዎት?		
216.1	የወሊድ መከላከያ ዜዴዉ እንዴት እንደሚሰራ ነገረዎት?	1.አዎ 2.የለም 99.መልስ አልተሰጠበትም	
216.2	እንዴት እንደሚጠቀሙ አሳይቶታል?	1.አዎ 2.የለም 99.መልስ አልተሰጠበትም	
216.3	ስለሚያመጣዉ ጠንቅ ተነግሮዎታል?	1.አዎ 2.የለም 99.መልስ አልተሰጠበትም	
216.4	ችግር ቢያጋጥምዎ የቀጠሮዎ ቀን ከመድረሱ በፊት መምጣት እንዳለብዎት ተነግሮዎታል?	1.አዎ 2.የለም 99.መልስ አልተሰጠበትም	
216.5	የመከላከያ ዜዴዉ ካልተሰማማዎት ሊቀይሩ እንደሚችሉ ተነግሮዎታል?	1.አዎ 2.የለም 99.መልስ አልተሰጠበትም	
216.6	ለሚቀጥለዉ ቀጠሮዎ የት መሄድ እንዳለብዎት ተነግሮዎታል?	1.አዎ 2.የለም 99.መልስ አልተሰጠበትም	
217	አሁን ሊጠቀሙበት ከተቀበሉት የወሊድ መከላከያ ሌላ የወሊድ መከላከያ ዜዴ እንዳለ ተነግሮዎታል?	1.አዎ 2.የለም 99.መልስ አልተሰጠበትም	
218	በሚቀጥለዉ ቀጠሮዎ ይመለሳሉ?	1.አዎ 2. አልመለስም/የለም/	

ክፍል 2.ንዑስ ክፍል 2:ለተመላላሽ ቤተሰብ ምጣኔ አገልግሎት ተጠቃሚዎች የሚቀርብ መጠይቅ:

ተ.ቁ	ጥያቄና ማጣረያ	የመልስ አማራጭና መለያ ቁጥር	ይዘት
219	የትኛውን የመከላከያ ዘዴ ነው የሚጠቀሙ?	1.ክንን? 2.በመርፌ መልክ የሚሰጠው? 3.በክንድ ላይ የሚቀበር 4.በማሕፀን የሚቀመጥ 5.ኮንዶም 6. ማሕፀን ቆብ 7.ፀረ ውንድ ዘር ፍሬ (ፈሳሽ ቅባት) 8.ማፀሕን ማስ ጠ	
220.	አሁን ከሚጠቀሙበት የወሊድ መከላከያ ሌላ የትኛውን ዘዴ ያወቃሉ?		
220.1	1.ክንን	1.አዎ 2.አይደለም	
220.2	2.በመርፌ መልክ የሚሰጠው?	1.አዎ 2.አይደለም	
220.3	3.በክንድ ላይ የሚቀበር	1.አዎ 2.አይደለም	
220.4	4.በማሕፀን የሚቀመጥ	1.አዎ 2.አይደለም	
220.5	5.ኮንዶም	1.አዎ 2.አይደለም	
220.6	6. ማሕፀን ቆብ	1.አዎ 2.አይደለም	
220.7	7.ፀረ ውንድ ዘር ፍሬ (ፈሳሽ ቅባት)	1.አዎ 2.አይደለም	
220.8	8.ማፀሕን ማ ጠር	1.አዎ 2.አይደለም	
221	ባለፈው ይጠቀሙበት የነበረውን የወሊድ መከላከያ ዘዴ ከዚህ የጤና ድርጅት ነበር የሚያገኙት?	1.አዎ 2.የለም	
222	ከዚህ ክልሉ ከየት ነበር የሚያገኙት?	1.ከሌላ የመንግስት ጤና ድርጅት 2.ከግል ክሊኒክ 3. የመንግስታዊ ያልሆኑ ጤና ድርጅት 4.መድሀኒት ቤት	
223	የወሊድ መከላከያ ዘዴውና ለአገልግሎቱ ይከፍላሉ?	1.አዎ 2.የለም	
224	የእርስዎ ጓደኛ የወሊድ መከላከያ ዘዴ ለመውሰድ ቢፈልጉ ወደዚህ ጤና ድርጅት እንዲመጡ ይገፋፋችዋል?	1.እዚህ ክሊኒክ እንዲመጡ እገፋፋለሁ 2.ሌላ ቦታ እንዲሄዱ እመክራለሁ 88.አላውቅም 99.መልስ አልተሰጠበትም	
225	ወደ ሌላ ጤና ድርጅት እንድሄዱ ከገፋፋ ለምን?		
225.1	ረጅም ጊዜ ስለሚያቆዩ	1.አዎ 2.አይደለም	
225.2	ሩቅ በመሆኑ	1.አዎ 2.አይደለም	
225.3	ጥራት ያለው አገልግሎት እዚህ ስለሌለ	1.አዎ 2.አይደለም	
225.4	የሚሰጠው የምክር አገልግሎት ደካማና በቂ ስላልሆነ	1.አዎ 2.አይደለም	
225.5	የመከላከያ ዘዴ አይነቶች እዚህ ጥቂት በመሆናቸው	1.አዎ 2.አይደለም	
226	በሚቀጥለው ቀጠሮዎ ይመለሳሉ?	1.አዎ 2. አልመለስም/የለም/	

ክፍል 2.ንዑስ ክፍል 3:በተለያዩ የወሊድ መከላከያ ዘዴዎች ላይ የዕውቀት ጥያቄዎች /ለአዲስና ለተመላላሽ ተጠቃሚዎች/

1.ለክረን ተጠቃሚዎች

ተ.ቁ	ጥያቄና ማጣረያ	የመልስ አማራጭና መለያ ኮድ ቁጥር	ይዘለል
227	ክረን መወሰድ መቼ ነዉ መጀመር ያለበት?	1.የወር አበባ በመጣ ከመጀመሪያ እስከ 5ኛዉ ቀን 2.በማንኛዉም ሰዓት 88.አላዉቅም 99.መልስ አልተሰጠበትም	
228	የወሊድ መከላከያ ክረን በምን ያህል ጊዜ ልዩነት መወሰድ አለበት?	1.አንድ ክረን በቀን 2.በማንኛዉም ሰዓት 3.በግብረ ሥጋ ግንኙነት ጊዜ 88.አላዉቅም 99.መልስ አልተሰጠበትም	
229	የወሊድ መከላከያ ክረን በሚወስድበት ጊዜ ምን አይነት ቀለል ያሉ ችግሮች ሲከሰቱ ይችላሉ?		
229.1	ችግር አይኖርም	1.አዎ 2.አይደለም	
229.2	ቀላል ራስ ምታት	1.አዎ 2.አይደለም	
229.3	መጠነኛ ክብደት መጨመር	1.አዎ 2.አይደለም	
229.4	ማቅለሽለሽ	1.አዎ 2.አይደለም	
229.5	ያልተጠነቀ የደም ጠብታ በብልት መፍሰስ	1.አዎ 2.አይደለም	
229.6	አላዉቅም	88	

2.በመርፌ መልክ የወሊድ መከላከያ ለሚወስድ

ተ.ቁ	ጥያቄና ማጣረያ	የመልስ አማራጭና መለያ ኮድ ቁጥር	ይዘለል
230	በመርፌ መልክ የሚወስዱት የወሊድ መቆጣጠሪያ የትኛዉ እንደሆነ ያዉቃሉ?	1.አዎ 2.የለም	
231	በመርፌ መልክ የሚወስዱት የወሊድ መቆጣጠሪያ በየሰንት ጊዜዉ ነዉ መወሰድ ያለበት ?	1.በየወሩ 2.በየ ሁለት ወሩ ወይም በየሶስት ወሩ 3.በየዓመቱ 88.አላዉቅም	
232	የወሊድ መከላከያ በመርፌ መልክ በሚወስድበት ጊዜ ምን አይነት ቀለል ያሉ ችግሮች ሲከሰቱ ይችላሉ?		
231.1	ችግር አይኖርም	1.አዎ 2.አይደለም	
231.2	ቀላል ራስ ምታት	1.አዎ 2.አይደለም	
231.3	ክብልት ብዛት ያለዉ ደም መፍሰስ	1.አዎ 2.አይደለም	
231.4	አላዉቅም	88	

3.በማሕፀን ዉስጥ ለሚቀመጥ መከላከያ ለሚወስዱ

ተ.ቁ	ጥያቄና ማጣረያ	የመልስ አማራጭና መለያ ኮድ ቁጥር	ይዘለል
232	በማሕፀንዎ ዉስጥ የተመጠልዎት የወሊድ መከላከያ በቦታዉ መኖሩን እንዴት ነዉ የሚያረጋግጡት ?	1.በብልት ዉስጥ ክሮች መኖራቸዉን በየጊዜዉ በመዳሰስ 2.አንድ ጊዜ በማሕፀን ከተቀመጠ ከዚያ በኋላ አይወጣም 88.አላዉቅም	
233	በማሕፀንዎ ዉስጥ የተመጠልዎት የወሊድ መከላከያ የመጀመሪያ ጉብኝት መቼ እንዲመጡ ተቀጠሩ ?	1.መመለስ ወይም ቀጠሮ አያስፈልግም 2.ከአንድ ወር ባነስ ጊዜ ዉስጥ 3 በየ ሁለት ወሩ ወይም በየሶስት ወሩ 5.ከወር በኋላ 88.አላዉቅም	
234	በማሕፀንዎ ዉስጥ የወሊድ መከላከያ የተመጠልዎት በሳ ምን አይነት ቀለል ያሉ ችግሮች ሊኖርዎት ይችላሉ?		

234.1	ችግር አይኖርም	1.አዎ	2.አይደለም	
234.2	ከብልት ላይ መጠነኛና ያልተለመደ ፈሳሽ መጨመር	1.አዎ	2.አይደለም	
234.3	ብክለት/ህመም/	1.አዎ	2.አይደለም	
234.4	ያልተጠነቀ የደም ጠብታ በብልት መፍሰስ	1.አዎ	2.አይደለም	
234.5	አላውቅም	88		

4.በክንድ ላይ የሚቀበረ የወሊድ መከላከያ ለሚወስዱ

ተ.ቁ	ጥያቄና ማጣረያ	የመልስ አማራጭና መለያ ኮድ ቁጥር	ይዘለል
235	በክንድ ላይ የሚቀበረው የወሊድ መከላከያ በስንት ጊዜ መቀየረ አለበት?	1.በየ አምስት አመት 2.በየ ሁለት አመት 3.በየ ሦስት አመት 4. በየ ሦስት ወር 88.አላስታወስም	
236	በክንድ ላይ የሚቀበረው የወሊድ መከላከያ መድሃኒት ጥቅም ተነግሮታል ?	1.አዎ 2.የለም አላስታወስም	
237	በክንድ ላይ የሚቀበረው የወሊድ መከላከያ ከመደበኛ ቀጠሮዎ ውጭ ምን አይነት ችግር ቢከሰት ነው ወደ ጤና ድርጅት ሊመለሱ የሚችሉ ?		
237.1	ችግር አይኖርም	1.አዎ	2.አይደለም
237.2	ከብልት ላይ መጠነኛና ያልተለመደ ፈሳሽ መጨመር	1.አዎ	2.አይደለም
237.3	ብክለት/ህመም/	1.አዎ	2.አይደለም
237.4	ከብደት መጨመረ	1.አዎ	2.አይደለም
237.5	አላውቅም	88	

5.ማሕፀን ማስቋጠር ለተስራላቸው

ተ.ቁ	ጥያቄና ማጣረያ	የመልስ አማራጭና መለያ ቁጥር	ይዘለል
238	ስለማሕፀን ማስቋጠር የመከላከያ ዜዴ ጥቅሙንና ሌላም አስፈላጊ መረጃዎች ተነግሮታል?	1.አዎ 2.የለም/አልተነገርኝም 99.አላስታወስም	
239	ማሕፀን የመ ጠር ዜዴ ለምን ያህል ጊዜ ያገለግላል?	1.ሶስት ወር 2.ገመት 3.በ ሚነት ያገለግላል 4.ሌላ /ይገለጽ/	

ክፍል 2.ንዑስ ክፍል 3:የቤተሰብ ምጣኔ አገልግሎት ተጠቃሚዎች አጠቃላይ የዕርካታ መጠንን በተመለከተ (ለአዲስና ለተመላላሽ)

ተ.ቁ	ጥያቄና ማጣረያ	የመልስ አማራጭና መለያ ኮድ ቁጥር		ይዘለል
240	የወሊድ መከላከያ ዜዴወ. እንዴት እንደሚሰራ-በግልፅ ነገረዎት?	1.አዎ	2.አይደለም	
241	አሁን ሊጠቀሙበት ከተቀበሉት የወሊድ መከላከያ ሌላ የወሊድ መከላከያ ዜዴ እንዳለ ተነግሮዎታል?	1.አዎ	2.አይደለም	
242	ለቤተሰብ ምጣኔ አገልግሎት ስጭዉ. ጥያቄናማብራረያ የማቅርብ ዕድል አግኝተዉ ነበር ?	1.አዎ	2.አይደለም	
243	አገልግሎቱ ስለጠዎት ጥሩና የጅደኝነት ስሜት ነበር?/ደህና አደርሽ ወይም ደህና ዋልሽ በማለት ስላምታ ስጠተዎታል?	1.አዎ	2.አይደለም	
244	በምክር አገልግሎት ጊዜ ለብቻዎና አመች ሁኔታ ተፈጥሮልዎት ነበር?/ሌላ ተገልጋይ እርሰዎ የሚያወሩት ይስማል/	1.አዎ	2.አይደለም	
245	አገልግሎት ስጭዉ. ለሚሰራቸዉ ሥራዎች ጥሩ እዉቀትና ችሎታ አለዉ?	1.አዎ	2.አይደለም	
246	የመቆያ ቦታዉ በቂና አመቺ ነዉ?	1.አዎ	2.አይደለም	
247	አገልግሎቱ የሚስጥበት ክፍል ንፅህናዉ የተጠበቀ ነዉ?	1.አዎ	2.አይደለም	
248	ከአገልግሎት ስጭዉ ጋር እርሰዎ የተለዋወጡት መልክት ምስጥርነቱ የሚጠበቅ ይመስሎታል ?	1.አዎ	2.አይደለም	
249	አገልግሎት ስጭዉ ለሚቀጥለዉ ቀጠሮዎ የመመለሻ ቀን ስጠተዎታል?	1.አዎ	2.አይደለም	
250	በሚቀጥለዉ ቀጠሮዎ ይመለሳሉ?	1.አዎ	2.አይደለም	
	አጠቃላይ ድምር የአዎ ምላሽ			
	አጠቃላይ ድምር የአይደለም ምላሽ			