

WOLKITE UNIVERSITY



SCHOOL OF GRADUATE STUDIES

**ASSESSMENT OF QUALITY OF FAMILY PLANNING
SERVICES AND ASSOCIATED FACTORS AMONG HEALTH
FACILITIES IN EZHA DISTRICT GURAGE ZONE,
SOUTHERN REGION, ETHIOPIA**

MPH THESIS

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**Assessment Of Quality Of Family Planning Services And
Associated Factors Among Health Facilities In Ezha District
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among Health Facilities in Ezha District Gurage Zone, Southern Region,
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DECLARATION

I, Apolo Teni, hereby declare that the Master of Public Health (MPH) thesis titled "Assessment of Quality of Family Planning Services and Associated Factors among Health Facilities in Ezha District, Gurage Zone, Southern Region, Ethiopia," conducted at Wolkite University, is my original research work. Dr. Abedaw Wasie, Associate Professor, served as my Major Advisor, and Dr. Andamlak Dendir, Associate Professor, served as my Co-Advisor. I confirm that this thesis represents my own intellectual work, with proper acknowledgment of all sources used, and has not been submitted elsewhere. I comply with ethical guidelines and grant Wolkite University the right to retain and distribute copies of this thesis.

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ACRONYMS/ABBREVIATION

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

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ABSTRACT

Family planning programs have played a significant role in reducing fertility rates in developing countries by providing accessible education and resources on contraception, enabling informed decision-making and improved family planning. This study aimed to assess the quality of family planning services and its associated factors among health facilities in Ezha District, Gurage Zone, Southern Region, Ethiopia. A facility-based cross-sectional study was conducted from June 5 to August 20, 2023, involving 419 reproductive-age women attending a family planning unit. Data were collected through structured questionnaires and analyzed using descriptive statistics, bivariate and multivariable logistic regression analyses. Qualitative data were analyzed using thematic content analysis. The study included 401 clients, with an overall response rate of 95.7%. The clients' satisfaction with family planning services was 67.1% (95% CI 0.644-0.698). Satisfaction was higher among clients who received clear explanations of the process (AOR = 3.6, 95% CI 1.96-6.40), had privacy during consultation, and received their preferred contraceptive method. Clients who visited health facilities for the first time and perceived the provider as easy to understand reported higher satisfaction. Protestant and Orthodox clients had significantly lower satisfaction compared to the Muslim reference group with adjusted odds ratios of 0.30 (95% CI 0.12-0.80) and 0.31 (95% CI 0.12-0.81), respectively. The study identified constraints in the delivery of quality family planning care, with moderate satisfaction levels among clients. Key factors influencing satisfaction included clear explanations of methods, respectful treatment, and privacy during consultations. Establishing a robust feedback mechanism involving clients is crucial for improving service quality. Addressing modifiable barriers for religious groups and implementing regular trainings for service providers are essential for enhancing satisfaction levels and delivering high-quality family planning care.

Keywords: *Family planning programs, Contraception, Quality of care, Client satisfaction, Capacity-building.*

1. INTRODUCTION

1.1. Background of the Study

Family planning is a critical component of reproductive health, and it has been instrumental in reducing fertility rates in developing countries. The availability and quality of family planning services play a significant role in encouraging contraceptive use and reducing fertility rates. High-quality family planning services provide individuals and couples with safe, effective, and respectful care to meet their reproductive health needs. The quality of family planning services impacts clients' contraceptive use and behavior, and it is crucial to ensure that clients receive high-quality services that prioritize their dignity and safety.

Quality care in family planning services involves a comprehensive approach to meeting clients' reproductive health needs. It ensures that clients have access to a range of contraceptive methods, information, and counseling to make informed decisions about their reproductive health. Quality family planning services also involve the provision of accurate, evidence-based information on contraceptive methods and their potential side effects and benefits. Additionally, the provision of follow-up care, monitoring, and support is crucial to ensure that clients receive ongoing assistance in managing their contraceptive use and addressing any issues that arise (1).

International and national programs have been designed to promote quality family planning services worldwide. The World Health Organization (WHO) has developed a framework for quality of care in family planning that identifies eight essential elements of quality care. These elements include informed choice and decision-making, technical competence, interpersonal communication, continuity and follow-up, respectful and dignified care, confidentiality and privacy, equitable access, and appropriate infrastructure and supplies. The WHO framework serves as a guide for policymakers, health providers, and program managers to improve the quality of family planning services globally (2-3).

National governments, including Ethiopia, have implemented various programs aimed at improving the quality of family planning services. For example, the Ethiopian government has developed national guidelines for family planning services to ensure that all health

facilities provide high-quality and comprehensive services to women and girls. These guidelines outline the range of contraceptive options available and provide guidance on how to provide counseling and support to clients. Additionally, the government has provided training to healthcare providers to improve their skills and knowledge in providing family planning services (4). These efforts have been aimed at strengthening the health system's infrastructure and ensuring that women and girls have access to quality family planning services in Ezha District and across the country.

The provision of quality family planning services is crucial for improving the health and well-being of individuals, families, and communities. Various models have been developed to assess the quality of family planning services, each with its own strengths and limitations. One model is the Donabedian framework, which focuses on the structure, process, and outcomes of care (54). Another model is the WHO quality of care framework, which emphasizes the importance of client-centered care, health system responsiveness, and effective communication (55). The Bruce-Jain framework, which will be used in this study, is the central paradigm for quality in international family planning programs. This framework defines quality of care in terms of six basic elements: choice of methods, information given to clients, technical competence of providers, interpersonal relations between clients and providers, follow-up and continuity mechanisms, and appropriate constellation of services. By using the Bruce-Jain framework, this study will prioritize the perspectives and experiences of clients in evaluating the quality of family planning services in Ezha District Gurage Zone, Southern Region, Ethiopia.

Overall, ensuring the quality of family planning services is crucial to help individuals and couples meet their reproductive health needs in a safe and effective manner. The provision of high-quality family planning services involves a comprehensive approach that prioritizes clients' autonomy, informed decision-making and respectful care. International and national programs play a critical role in promoting quality family planning services and improving access to a range of contraceptive methods to meet diverse needs. By prioritizing quality care, we can ensure that family planning services contribute to improving reproductive health outcomes, reducing maternal and child mortality, and promoting sustainable development (5).

1.2. Statement of the Problem

The quality of family planning services in Ethiopia has received limited research attention, resulting in low utilization rates and significant regional disparities. These factors contribute to high maternal and infant mortality rates, with 21% of deaths related to pregnancy or pregnancy-related causes (8). The study area in Ezha District, Gurage Zone, experiences similar challenges, leading to various health problems for women and children. Furthermore, there is an estimated 22% unmet need for family planning in Ethiopia, resulting in unwanted pregnancies, unsafe abortions, and maternal deaths (6, 7). Despite government efforts, contraceptive security remains a significant challenge, particularly in rural areas (8).

Maternal, newborn, and child death rates are high wherever fertility is high, according to studies. The maternal mortality rate in Ethiopia is estimated to be 412 per 100,000 live births, with more than half of these deaths arising from unsafe abortions, putting Ethiopian women at the highest reproductive risk in the world (3). Ethiopia's population policy, which was implemented in early 1993, intends to reduce total fertility, reduce morbidity and mortality rates, and increase contraceptive prevalence to a national average of 44% by 2015 (4).

The Ethiopian government has made efforts to expand access to and improve the quality of family planning services, including training for service providers and ensuring a reliable supply of contraceptives. However, prior studies indicate that the quality of services provided remains relatively low, with gaps identified in areas such as privacy, counseling, follow-up, and method availability (9). Most research on family planning in Ethiopia has focused on prevalence and individual-level determinants (12-15), with limited evidence from rural zones like Gurage.

Unintended pregnancy rates are high globally, including in the United States and Kenya, with approximately 50% and 24% of pregnancies being unintended, respectively (6, 9). Research in Ethiopia has also shown that 17% of pregnancies were mistimed (10). Unwanted pregnancies and induced abortions are prevalent in the country, emphasizing the importance of family planning interventions to reduce unintended pregnancy rates.

Poor quality of care, as well as distrust and alienation caused by age, gender, perceived ability, and antagonism of providers, were responsible for many women passing on services or discontinuing use of family planning services entirely. The provision of high-quality family planning services has emerged as the preferred option for slowing demographic explosions and as part of measures to minimize high mother and child death rates. Evidence also suggested that low-quality Family Planning services delivered at service delivery points linked to lower service usage (5).

A study in Egypt have indicated that clients perceive family planning services to be more focused on clinical tasks rather than addressing their questions and needs, with limited two-way communication and decision-making power centered around providers. Client dissatisfaction with the amount and quality of information shared during consultations exceeds 70% (1).

Despite the fact that various stakeholders have done other things, such as expanding the number of health institutions and training health professionals, precise and detailed data on the quality of family planning services is still surprisingly limited. In the absence of specific details on service quality, policy discussions on the subject have remained generalized, with concrete proposals and recommendations for enhancing services proving elusive (10, 11). Given the inadequate focus on all determining factors of quality in previous researches, this study aimed to assess the quality of family planning services and associated factors in Ezha District, Gurage Zone, Southern Region, Ethiopia, and identify gaps to improve service delivery.

1.3. Objectives of the Study

1.3.1. General Objective

To Assess the status of quality of Family Planning Services and associated factors among Health Facilities in Ezha District Gurage Zone, Southern Region, Ethiopia.

1.3.2. Specific Objectives

- ❖ To describe the structural/input domains of quality of family planning services
- ❖ To explain the process domains of quality of family planning services
- ❖ To determine the outcome domain of quality of family planning services
- ❖ To identify the factors associated with the quality of rendered family planning services

1.4. Research Questions

1.4.1. General Question

What is the status of the quality of family planning services and associated factors among health facilities in Ezha District, Gurage Zone, Southern Region, Ethiopia?

1.4.2. Specific Questions

- ✓ What are the structural/input domains that contribute to the quality of family planning services?
- ✓ How do the process domains affect the quality of family planning services?
- ✓ What is the outcome domain of the quality of family planning services?
- ✓ Which factors are associated with the quality of rendered family planning services?

1.5. Significance of the Study

The significance of this study lies in its potential to provide valuable insights into the quality of family planning services provided by health facilities in Ezha District, Gurage Zone, Southern Region, Ethiopia. This study will benefit a range of stakeholders including health facilities, policy makers, clients, and future researchers.

One of the key beneficiaries of this study will be the health facilities in Ezha District. The findings of this study can be used to identify gaps in the quality of family planning

services provided by these facilities and to develop strategies to improve the quality of care they provide. This, in turn, will help to improve the overall health outcomes of the population in the region.

Policy makers will also benefit from the findings of this study. The results can be used to inform policy decisions related to family planning services in the region, such as the allocation of resources and the development of guidelines for the provision of quality care. This can lead to more effective and efficient delivery of family planning services, which can have a positive impact on the health and well-being of the population.

Clients who use family planning services in the region will also benefit from the findings of this study. By identifying gaps in service quality, the study can help to improve the overall experience of clients and increase their satisfaction with the services they receive. This can lead to increased uptake of family planning services and better health outcomes for individuals and families.

Finally, the findings of this study will be of great value to future researchers. The study will provide a baseline for future research on family planning services in the region, and can serve as a reference point for comparison with future studies. The data collected in this study can also be used to inform the development of future research questions and study designs, and to identify areas where further research is needed.

In summary, the results of this study have the potential to benefit a range of stakeholders, including health facilities, policy makers, clients, and future researchers. By identifying gaps in the quality of family planning services in Ezha District, Gurage Zone, Southern Region, Ethiopia, this study can help to improve the overall quality of care provided by health facilities in the region, inform policy decisions related to family planning services, and improve the health outcomes of the population.

1.6. Scope of the Study

The study was conducted from June 5 to August 20, 2023, in one governmental hospital, four health centers, and one private for-profit clinic in Ezha District. It employed a mixed-

method facility-based cross-sectional study design. The source population included women aged 15-49 years using family planning services in Ezha District and health professionals working in the family planning units of the selected health facilities. The study focused on the family planning services provided to women in Ezha District and included those women visiting the selected health facilities and the health professionals providing family planning services. Inclusion criteria for clients were residency within Ezha District, and for providers, it was working in the institution for one or more months and being a health professional involved in providing family planning services. Exclusion criteria for providers were not being directly involved in family planning care and working in the institution for less than one month.

1.7. Operational Definitions

1. **Quality:** quality of family planning service is measured by clients satisfaction on the given service. The following components were assessed:

Objective measures were used to determine good or poor quality care based on six elements:

- ✓ **Appropriate method selection:** The method chosen meets the needs and situation of the client. Good quality is indicated by the client receiving their preferred method or a method suitable for their needs. Poor quality is indicated by a method unsuitable or unacceptable to the client being provided.
- ✓ **Effective information exchange:** Complete and unbiased information about various methods, their use, risks and benefits is provided to the client. Good quality is indicated by the client feeling well-informed about methods to choose from. Poor quality is indicated by the client feeling they lacked information or received biased information.
- ✓ **Provider competence:** The provider has the necessary knowledge, skills and judgment to provide family planning services. Good quality is indicated by the client feeling the provider was knowledgeable and skillful. Poor quality is

indicated by the client reporting the provider lacked knowledge or seemed unskilled.

- ✓ **Interpersonal relationship:** The provider shows respect, kindness and understanding towards the client. Good quality is indicated by the client reporting they felt respected, comfortable and cared for. Poor quality is indicated by the client reporting a lack of respect, kindness or understanding by the provider.
- ✓ **Continuity of care:** Follow-up care and management of side-effects is provided as needed. Good quality is indicated by effective follow-up, management of side-effects and continued contraceptive coverage as needed. Poor quality is indicated by a lack of follow-up or ineffective management of side-effects and contraceptive needs.
- ✓ **Appropriate constellation of services:** Reproductive health services beyond family planning such as STI screening are available or referrals are provided. Good quality is indicated by availability of a range of services. Poor quality is indicated by very limited service availability and lack of referrals.

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 kept confidential, cleanliness of facility, provider treatment of client and giving reminder for their next visit.

The satisfaction score for each activity is either 1 for Yes or nil for No. The section scores were added to get an overall satisfaction score between 0-11. For logistic regression, scores above 6 are satisfied, and scores below 5 are dissatisfied (30).

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 individuals or entities who possess the necessary skills, knowledge, and experience to effectively perform a specific task or fulfill a particular role within a given field
6. **Information received:** means when a woman received information 'as much as she wanted'.
7. **Permanent resident:** clients who lived in catchment 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.

1.8. Organization of the Study

The thesis is structured into six chapters. Chapter 1 introduces the research topic, including its background, problem statement, and significance. Chapter 2 presents a comprehensive literature review on family planning services and associated factors. Chapter 3 explains the research methodology, including the design, study area, sampling technique, data collection methods, and analysis procedures. Chapter 4 presents the results and analysis of the collected data. Chapter 5 discusses the findings in relation to existing literature and analyzes factors influencing the quality of family planning services. Chapter 6 provides a conclusion based on the results and offers recommendations for improving service quality. The thesis also includes a references section for all cited sources and appendices for supplementary materials.

2. LITERATURE REVIEW

2.1. Health-Care Quality

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

Once such steps are defined, quality assessment becomes a matter of determining whether or not the prescribed tasks were completed. Quality deficiencies are identified as differences between actual and standard or ideal performance (16). Quality is defined by the Institute of Medicine as "the extent to which health services for populations increased the likelihood of desired health outcomes while remaining consistent with current professional knowledge" (17).

The extent to which health services for individuals and populations are safe, timely, efficient, equitable, effective, and patient-centered (17). Human rights can also be used to evaluate the quality of care (18). Quality can also be defined as meeting or exceeding the expectations of the customer (19).

The International Planned Parenthood Federation (IPPF) viewed quality of care as a human right, outlining it as a bill of rights for clients and providers (20). As part of the quality of service delivery, they developed a list of ten client rights and provider needs. Clients' rights have thus been defined as follows: the right to information, access, choice, safety, privacy, confidentiality, dignity, comfort, continuity, and expression (21).

The client-centered service should include the perspectives of providers who have direct contact with the clients, according to the rights framework. The IPPF's service quality perspective acknowledges the importance of providers in service provision and thus defines their involvement in the context of ten needs. These are defined as the

requirements for training, information, infrastructure, supplies, direction, backup, respect, encouragement, feedback, and self-expression (21).

2.2. Definition and Measure of Quality of Care

The work of Bruce-Judith is largely followed in the definition and measurement of quality of care in family planning services. Her six-element framework is based on Donabedian's three dimensions of quality: structure, process, and outcome. Because of this critical link, the description of approaches to quality definition and measurement in family planning programmes is preceded by an outline of the Donabedian framework. The Donabedian framework is built around three quality dimensions: structure, process, and outcome.

A. Structural Dimension

Structure refers to the settings in which health care is provided. Material resources (facilities, equipment, and money), human resources (number of qualified personnel), and organisational structure (medical staff, organisation, methods of reviewing procedures, and reimbursement) are among these attributes. Technical performance of practitioners is an important element under structure. Technical performance is determined by the knowledge, judgment, and skill employed in developing appropriate care strategies (22).

B. Process Dimension

What is done in giving and receiving care is referred to as the process. It includes the patient's activities in seeking care as well as the manner in which care is delivered. It should include the entire process; Interpersonal Relations are an important component of client satisfaction and are part of the process of providing care. According to Donabedian, the interpersonal approach is the second component in practitioners' performance (22).

C. Outcome Dimension

The outcome dimension in the context of family planning revolves around client satisfaction, which refers to the degree of contentment experienced by individuals with the services they receive related to family planning. It is a quality dimension that assesses the

effectiveness and success of family planning interventions based on the satisfaction of clients with the services provided (22).

2.3. The Concept and Advantages of Family Planning

The justification 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 who control their fertility have more educational and employment opportunities, which improves their social and economic standing and the well-being of their families (23).

Family planning services provide a variety of economic benefits to the household, the country, and the world as a whole. First, family planning allows individuals to influence the timing and number of births, which has the potential to save children's lives. Second, by reducing unwanted pregnancies, family planning services can reduce the risk of injury, illness, and death associated with childbirth, abortions, and sexually transmitted infections (STIs) such as HIV/AIDS. Furthermore, family planning helps to reduce population growth, poverty, and environmental preservation, as well as demand for public goods and services (24).

2.4. The Quality of Care as a Barrier to Using Family Planning Services

The availability and quality of family planning services are thought to have contributed to higher contraceptive use and lower fertility rates in developing countries. There is widespread agreement that the quality of family planning and reproductive health services influences client contraceptive use and behavior, and that clients deserve to be treated with respect and dignity while receiving safe and high-quality services (1).

Quality care in family planning services assists individuals and couples in meeting their reproductive health needs in a safe and effective manner (2-3). Poorly delivered family

planning services can result in incorrect or discontinued contraceptive use, resulting in unwanted pregnancies, infections, injuries, and even death (4).

In resource-constrained countries, it is critical to obtain local people's perspectives, as well as their level of satisfaction with available services. The patient's perception of the quality of care is critical to understanding the relationship between quality of care and utilization of health services, and it is now regarded as a result of healthcare delivery (28-29).

Client satisfaction is an essential component of health care services. Consumer satisfaction with services provided determines the effectiveness of health care to some extent. A satisfied patient is more likely to comply with medical treatment prescribed, provider, and continue using medical services (30). Dissatisfied clients, on the other hand, are more likely to tell others about their negative experiences and are less likely to return or continue using family planning services (31).

Provider behavior, particularly respect and politeness, was a much stronger predictor of client satisfaction with quality services than the provider's technical competence (32). Low patient satisfaction is linked to a lack of trust in care givers and a higher likelihood of switching health care providers, resulting in less continuity of care (33).

Infrastructure deficiencies, interpersonal relationships, privacy, and client information are red flags in the mechanisms that ensure continuity (34). Client satisfaction is critical to long-term sustainability because it influences clients' decisions to use and continue using services. Finally, client-centered services that meet people's needs and provide them with satisfying experiences should assist clients in achieving their reproductive goals (35).

According to a study on the quality of family planning services in Iran, the mean satisfaction score of clients was 83.4%, indicating that they were satisfied with the family planning services (36). The vast majority of the study women (92%) were satisfied or completely satisfied with reproductive health services, according to a study on women's satisfaction with reproductive health services in Iran (37).

Another study on the perceived quality of healthcare delivery in a rural district of Ghana found that 90% of respondents were satisfied or very satisfied with the care they received

during their visit to the health facility (38). According to a study conducted in Kenya, 40 percent of respondents were unsure about the quality of family planning services provided, 41 percent agreed that quality was good, and 19 percent agreed that quality was not good. This finding indicates that the cost of family planning services is a significant determinant of their use (39).

Few studies on the quality of in-person family planning services have been conducted in Ethiopia, and the results show that client dissatisfaction with privacy and level of outpatient satisfaction is extremely high (12 - 15). According to a Jimma study on outpatient client satisfaction, 57.1% of clients thought the services they received were good or very good (40). According to another study on the quality of hospital services in eastern Ethiopia, 54.1% of patients were satisfied with total hospital services (41).

Education, training, and skill development Communication skills training is an effective intervention to improve communication knowledge and skills of health workers and may improve client satisfaction rate (42). Communication skills of providers are especially important because a client is more likely to continue using contraception if she feels at ease with clinic staff (43).

2.5. The Study's Analytical Framework

The Bruce-Jain (1990) framework, which is the central paradigm for quality in international family planning programs, will be used in this study. This framework emphasizes the importance of the client's point of view and defines quality of care in terms of six basic elements (5). These are;

1. Contraceptive method selection: This refers to both the number of methods available on a consistent basis as well as their inherent availability.

2. Information provided to clients: consists of at least three key elements that assist users in effectively selecting and using contraception.

- ✓ Information on contraceptive methods, including risks and benefits.
- ✓ Information on how to use methods, potential side effects, and how to deal with those side effects.

- ✓ Information about what service providers can expect from users in terms of advice, support, supply, and referral to other services as needed.

3. Provider competence: refers to providers' skills and experience.

4. Client-provider interaction: are related in the received effective content of provider-client contacts. The idea here is that the couple should be optimistic about the service system, particularly the personnel with whom they interact, and should have faith in their ability and good will.

5. Re-contact & follow-up mechanism: The re-contact and follow-up mechanism pertains to a program's capacity and willingness to encourage consistent usage, whether the user is able to sustain it independently or the program has established formal measures to ensure it.

6. Appropriate service constellation: means positioning family planning services so that they are both acceptable and convenient to clients (25).

A focus on high-quality services helps to ensure that clients receive the care they deserve and that providers provide better services (26).

This framework is intended to provide an ordered starting point for developing a description of the services unit and defining its quality. The focus has shifted to the experiences of those who have gained access to services. The client is usually unaware of the policy, resource allocation decisions, and management tasks that occur prior to the delivery of services, but they have an impact on the services provided. Figure 1 depicts the framework and its hypothesized relationship between program effort, quality of service experiences, and outcomes (5).

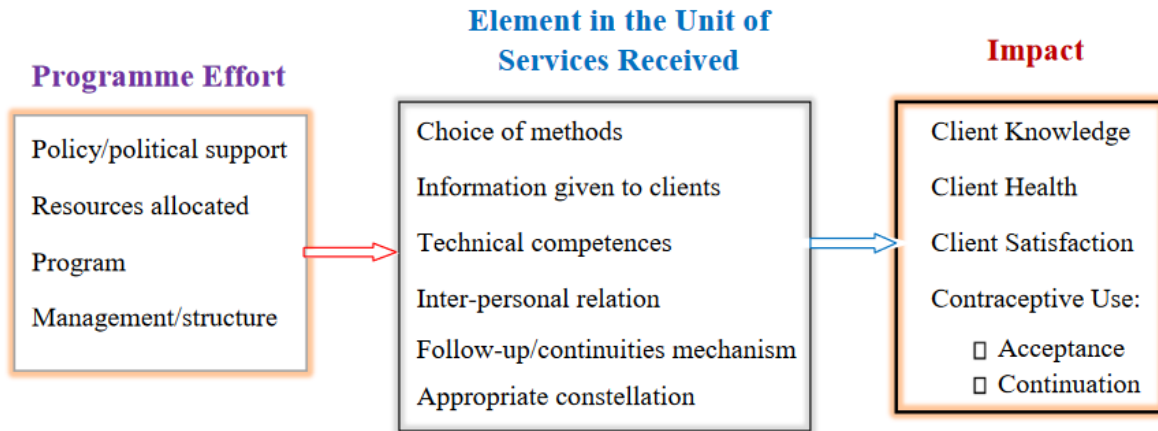


Figure 1: The quality of the services experiences, its origins and impact

The dimension employed to measure quality Family Planning in this study was the last component of quality which is the outcome which was measured by satisfaction following provider and client interaction. The main variables under the utilized dimension (outcome) were satisfied and not satisfied (Figure 2).

The theoretical domains behind employing this dimension is that: The quality of care provided in Family Planning service delivery can impact Family Planning use in two ways. Firstly, when clients receive a good quality of care at their first visit, they are more likely to remain in the Family Planning program (56). Secondly, good quality of care can also result in positive outcomes as clients' satisfaction (56, 57).

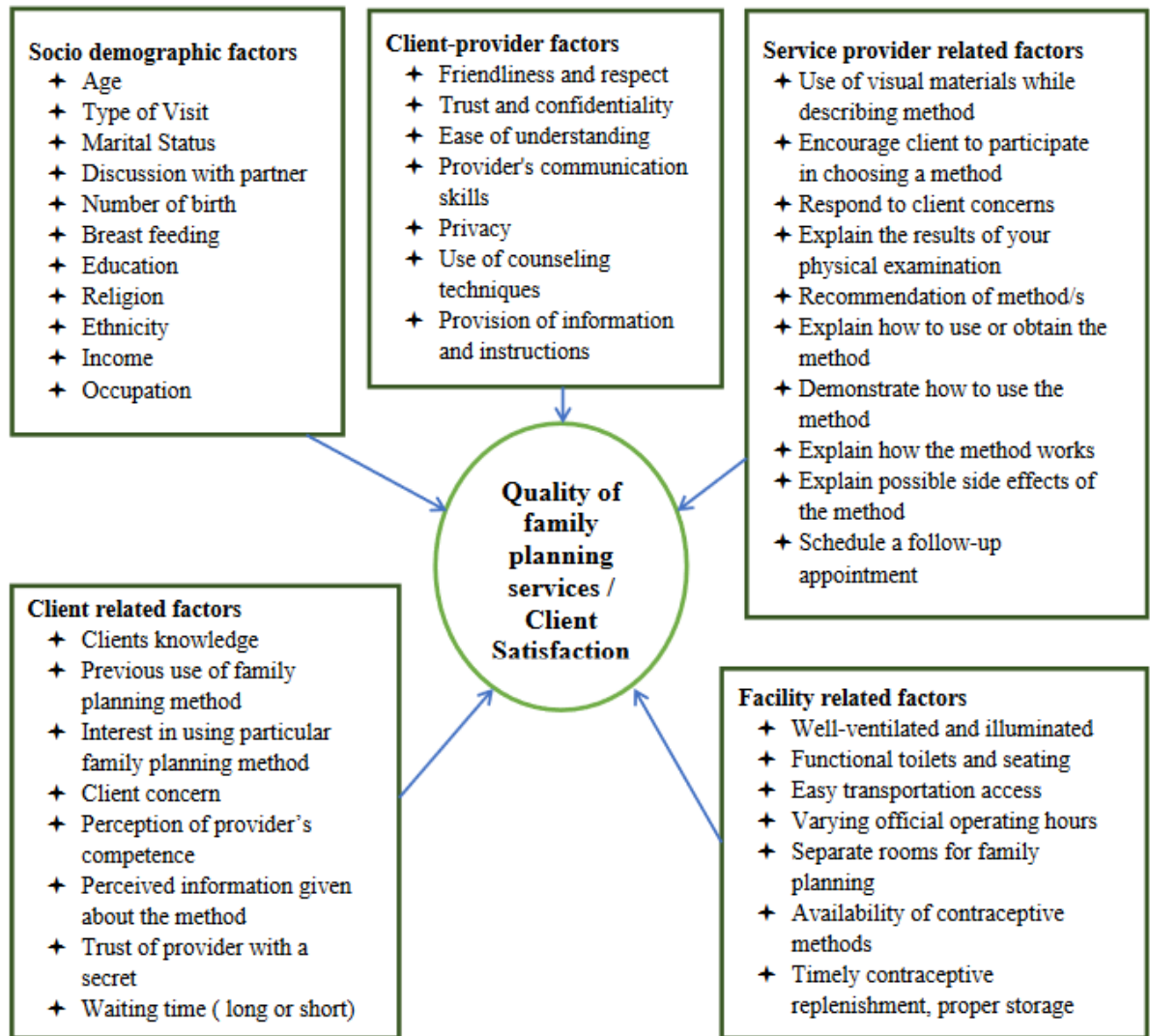


Figure 2: Analytical framework on assessment of quality of family planning services and associated factors

3. METHODS AND MATERIALS

3.1. Study Area and Period

The study was conducted in Ezha district governmental health facilities. Ezha is one of the 13 districts and 2 town administration of Gurage zone, which is found in Southern Nation, Nationalities, and Peoples Regional state of Ethiopia. The district has one government hospital (Agena Primary Hospital), 5 health centers (Darcha, Yedege-Andinet, Agena, Koter, and Geche Catholic), 2 private profit clinics (Afyana Medium Clinic and Haron MC), 41 health posts, 13 Pharmacies, 8 Drug retail outlets and 29 Kebeles (the lowest structure in the Ethiopian administrative system). In the district, there are 251 health professions including health extension workers. It is bordered in the South by Gummer Woreda, on the West by Cheha Woreda, on the North by Kebena and MuhirNa Aklil, and on the South-East by Silte Zone (Figure 2). The total estimated population of Ezha Woreda in 2016 was 110,021, of this 54,790 (49.8%) were males and 43,769 (50.2%) were females.

The study was conducted from June 5 to August 20, 2023 G.C.



Figure 3: Map of Ezha District (Source: Ethiopia shape file)

3.2. Study Design

A mixed method facility based cross-sectional study design was employed to assess quality of family planning service in Ezha District, Gurage Zone, 2023.

3.3. Source Population

The source populations of the study were;

- All women aged 15 – 49 years using family planning services in Ezha District during the study period.
- Health professionals who were employed at the family planning units of health facilities

3.4. Study Population and Study Unit

The study unit was the family planning services provided to women in Ezha District. The sampling unit for this study was women aged 15 – 49 years who visited the selected health facilities in Ezha District for family planning services. In addition, the health professionals who provided family planning services in the selected health facilities during the study period were included in the study population.

3.5. Inclusion Criteria

Client:

- ✓ Resident inside Ezha District of any duration

Provider:

- ✓ Worked in the institution for one or more months
- ✓ Health professional that provided family planning services

3.6. Exclusion Criteria

Provider:

- ✓ Not involved in direct care of family planning
- ✓ Worked in the institution for < one month

3.7. Sample Size Determination

In the study, the multi-stage sampling approach was conducted; however, the design effect was not taken into account due to the inability to accurately determine the cluster size. The patient flow varied significantly across the family service rendering health facilities, making it difficult to estimate the cluster size beforehand. Additionally, the lack of previous research to estimate the intra-cluster correlation coefficient (ICC) specific to the study context further hindered the consideration of the design effect (DEFF).

The sampling size was calculated using single population proportion formula as follows.

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

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 on quality of family planning

services (all domains of quality of family planning were studied) (41).

d = margin of sampling error = 5%

$$\text{Hence, } n = \frac{(1.96)^2 \times 0.54(1-0.54)}{(0.05)^2} = \mathbf{381}$$

Considering a non-response rate of 10%, the total sample size was calculated to be **419**.

The sample size for this study was 419 women aged 15-49 years who visited the selected health facilities in Ezha District for family planning services. Among these women, 89 provider-client interaction sessions were observed, which were selected randomly and were considered sufficient for the observation purpose. In addition, the quality of family planning services provided in all the health facilities, including one governmental hospital, four health centers, and one private for-profit clinic, were assessed through facility audits. The qualitative study also involved ten in-depth interviews with health professionals who provided family planning services in the selected health facilities.

3.8. Sampling Technique and Procedure

To select respondents for this study, multi-stage sampling technique was used. First, a list of all of the health facilities in Ezha District providing family planning services was obtained from the District's Health Office. Then, using simple random sampling, six health facilities were selected. Again, the calculated sample size was proportionally allocated to each health facility chosen according to the number of client flows from the previous year of similar months. The average monthly family planning flows of consecutive two months was estimated to be 961. Finally, study subjects were selected for the study by systematic random sampling technique ($k = N/n, = 961/419 = 2.2 = 2$). The total number of client flow in the selected health facilities was summed up and divided by the sample size required.

Participants were allocated to each health facility based on the flow of women, and starting from a random point, every two client after received the service during the study period was selected until the desired sample size was obtained. The health professional that provided family planning services to each selected client was also included in the study. The study involved one governmental hospital (Agena Primary Hospital), four health centers (Yedege-Andinet Health Center, Darcha HC, Agena HC, and Geche Catholic HC/Clinic) and one private for-profit clinic (Afyana Medium Clinic), which were

selected randomly from the five health centers (one of which was Darcha HC) and two private profit clinics (one of which was Haron Medium Clinic) in Ezha District.

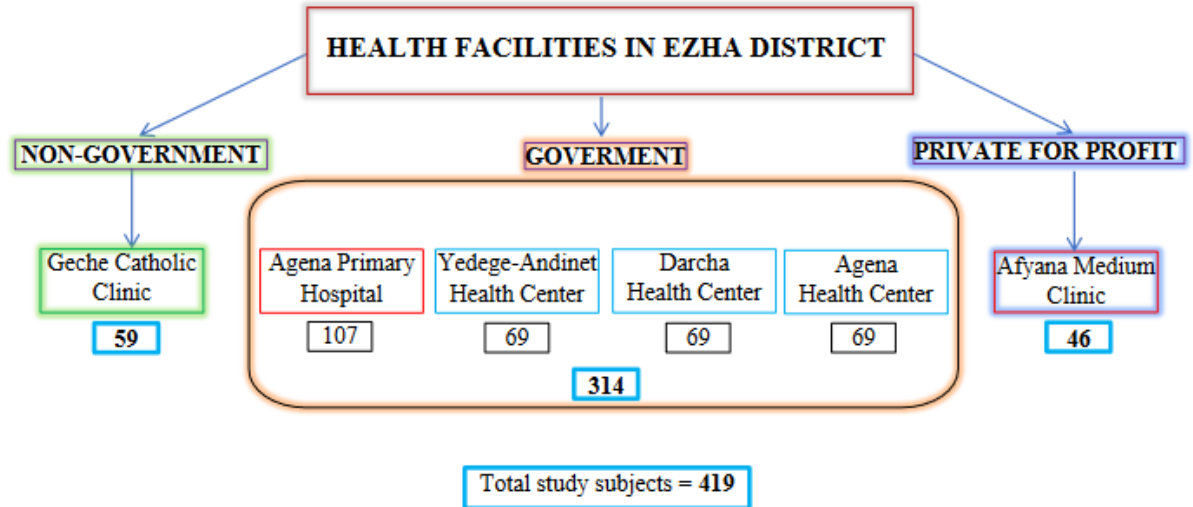


Figure 4: Schematic presentation of health facilities studied in Ezha District

3.9. Data Collection Methods and Materials

The data collection methods utilized in this study included both qualitative and quantitative approaches. Quantitative data was collected through surveys administered to a larger sample of women seeking family planning services, while qualitative data was obtained through in-depth interviews with healthcare professionals providing these services. The data collection instruments consisted of facility audits, provider-client interaction observations, and client satisfaction surveys, supplemented by open-ended interviews with service providers.

According to the Bruce-Jain framework of quality of care, the data collection instrument included six quality elements: method selection, provider-client information exchange, provider competence, client-provider interaction (interpersonal relationship), mechanism to encourage continuity, and appropriate constellation of services (46). In this study, data collection instruments were specifically designed for each domain of quality of family planning services in Ezha District, Gurage Zone, Southern Region, Ethiopia. The Bruce-Jain framework of quality of care was used as a guide to identify the six quality elements that were assessed in the study.

The data collection tools were developed to collect data on the input/structure, process, and outcome/client satisfaction domains.

For the *input/structure domain*, facility audit was used as the data collection tool. This tool was used to assess the availability of resources and infrastructure required for family planning services. The audit involved a checklist that was used to collect data on the availability of family planning commodities, equipment, and supplies in the health facilities.

For the *process domain*, observation during provider-client interaction was used as the data collection tool. This tool was used to assess the quality of service delivery during provider-client interaction. The observation involved a checklist that was used to collect data on the quality of counseling, method provision, and adherence to standard operating procedures.

For the *outcome/client satisfaction domain*, survey (interview questionnaires) was used as the data collection tool. This tool was used to assess the satisfaction of clients with the family planning services received. The survey involved a closed-ended anonymous questionnaire that was administered to clients who have received family planning services. The questionnaire was divided into three sections: method selection, provider-client information exchange, and client-provider interaction (interpersonal relationship).

In addition, service providers were interviewed in depth to obtain their perspectives on the quality of family planning services provided. The interview was conducted using open-ended questions to allow providers to express their views and experiences regarding the quality of family planning services they provided.

Based on J. Bruce's analytical framework, a modified questionnaire was created. The questionnaire format for the client exit interview consisted of 11 Yes/No questions, and clients were asked to rate their level of satisfaction.

After reviewed relevant literature, the questionnaire was developed in English first then translated into Amharic and back to English to ensure consistency.

The researcher recruited a team of data collectors and observers for the study. Fourteen 12th grade female data collectors who were fluent in both Amharic and "Guragigna" were recruited and trained for data collection. Three health officers and two experienced nurses were recruited for direct observation of client-provider interactions, along with one supervisor. The data collectors received two days of training - one day of theoretical training and one day of practical training, in addition to one day of pre-testing experience. The principal investigator designed a guide for data collectors, outlining how to conduct interviews using the questionnaire, which laid out the basis of the training.

I. Observation

The observation checklist included questionnaire queries which are found at the end of this document under Appendix-II and specific items such as whether the provider discussed the different types of contraceptive methods available, provided information on side effects and their management, and ensured that the client understood the instructions

for use. Additionally, the checklist evaluated provider adherence to infection prevention practices, such as hand hygiene and use of personal protective equipment.

To minimize the Hawthorne effect during the observation of family planning services, the observers introduced themselves as public health students or professionals conducting a general assessment of healthcare services. They didn't disclose that the primary focus was on evaluating family planning services. This helped avoid providers modifying their behavior specifically in response to being observed for family planning service delivery. The observers also spent time observing general outpatient care in addition to family planning services so that providers did not feel singled out. Conducting interviews with providers and clients in addition to observations provided multiple data sources to validate the findings. The observation checklist was pre-tested to identify and eliminate ambiguous or leading questions. Facility audits of equipment, supplies, and records were also conducted to supplement the observations. These approaches helped generate objective insights into the quality of services provided and reduced biases associated with the observation method.

While the service was being provided on the spot, randomly selected clients were observed. During the assessment, clients were observed while receiving family planning services at the health facilities. Data collectors, who are health professionals, were equipped with checklists to document quality indicators such as the availability of necessary equipment and supplies, the adequacy of counseling provided, and the overall satisfaction of clients with the service.

To ensure that the observation process is not disruptive to the service delivery environment, the data collectors wore white coats to blend in. This helped maintain the integrity of the observation process. Observers also sought permission from both providers and clients to be present during individual counseling and clinical examination. Overall, this approach provided valuable insights into the quality of family planning services in the study area and helped to identify areas for improvement. The assessment maintained confidentiality and anonymity, utilized multiple methods of data collection, pre-tested observation checklist, which provided reliable and valid results.

II. In depth Interview

Semi-structured questionnaires were used for interviewing providers. In addition, ten family planning service providers were interviewed in depth about their training, knowledge, and skills regarding contraceptive methods and procedures. The principal investigator and the coordinator closely monitored the overall activities on a daily basis to ensure that the questionnaire was complete and to provide additional clarification and support to data collectors.

3.10. Measurement of Variable

Satisfaction: Client Satisfaction is the clients' remark on the provided family planning services and it is considered as an outcome indicator of quality of family planning service. It is measured using 11 "yes" "no" items. A score of 1 was assigned for Yes, indicating that the provider performed the specific activity correctly; a score of nil was assigned for No, indicating that the provider did not perform the specific activity. The set of questions for each section were calculated, and the section scores were added to derive an overall client satisfaction score for each item, in the range of (0-11), the measure of client satisfaction on quality was classified as follows:

For logistic regression purpose the score was dichotomized as a score of ≥ 6 were designated as 'satisfied' and scores of ≤ 5 (less than half of the items done) were called Dissatisfied (30).

3.11. Study Variables

3.11.1. Dependent Variable

- ✓ Client satisfaction/quality of family planning service

3.11.2. Independent Variables

- ✓ Client variables - socio-economic and demographic factors, mainly age, gender, educational level, occupation.

- ✓ Satisfaction related variables - 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.

3.12. Data Processing and Analysis

EPI- INFO was used for data entry and cleaning, and the results were exported to the SPSS version 28 statistical packages for further analysis. Different variable frequencies were generated, followed by a bivariate statistics using cross-tabulation. Finally, logistic regression was used to determine each explanatory variable's independent effect on client satisfaction. The 95% CI was used to determine statistical significance, and the relevant strength of association was determined using crude and adjusted odds ratios. For qualitative data, thematic content analysis was used. The recorded information was transcribed verbatim. Each term was grouped into discrete concepts and coded. Overall interpretation was accomplished by connecting thematic areas and explaining various concepts related to the study question.

3.13. Data Quality Assurance

Before collecting data, the questionnaire was pre-tested. Data collectors were trained, and the questionnaire was written in English first, and then translated into the local language (Amharic). At the end of each interview, data collectors were instructed to check the completeness of each questionnaire. The principal investigator double-checked the completeness of the questionnaire immediately following the interview in the field, supervised data collectors, and double-entered data for 10% of the questionnaires.

3.14. Ethical Clearance

The Wolkite University Department of Public Health's Research and Ethics Committee provided ethical approval first. Then, before beginning field activities, permission was obtained from the Ezha Woreda Health Office and the respective Health institutions. After

explaining the study objectives and procedures to the study subjects, verbal consent was obtained.

3.15. Dissemination and Communication of Research Results

This thesis work will primarily be presented and submitted to the Department of Public Health at Wolkite University College of Medicine and Health Sciences as part of the requirements for the Master of Public Health in Reproductive Health. The study findings will be presented to all interested parties, Gurage Zone Health Office, and respective health institutions in Ezha District, so that they can discuss the findings, recommendations, and potential actions, and every effort will be made to send the results to a peer-reviewed journal for publication.

4. RESULTS

5.1. Socio Demographic Characteristics of the Study Population

A total of 419 women were interviewed, and 401 of them responded (response rate = 95.7%). Among the clients that were interviewed, 89 (22.2%) and 312 (77.8%) were new and continuing clients, respectively.

The respondents' mean age was 27.6 years ($SD\pm 4.99$). Three hundred ninety (97.3%) respondents were married, and 93% of these discussed family planning (FP) methods with their husbands. In terms of ethnicity, religion, and occupation, 62.1% were Gurage, 49.1% were Orthodox and 37.2% were housewives. 49.4% of clients have finished elementary school. Other socio-demographic variables of respondents are summarized in Table 1 below.

Table 1: Socio-demographic characteristics of family planning users in Ezha District, Gurage Zone, Southern Region, Ethiopia, August, 2023

| Variable | Category | Frequency (<i>n=401</i>) | Percentage |
|--|----------------------|-------------------------------|------------|
| 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 discussed FP 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 |
| Breast-feeding | Yes | 209 | 53.9 |
| | No | 179 | 46.1 |
| Education | Illiterate | 101 | 25.2 |
| | Primary School (1-8) | 198 | 49.4 |
| | Secondary and above | 102 | 25.4 |

| | | | |
|-------------------|---------------------|-----|------|
| Religion | Orthodox | 197 | 49.1 |
| | Protestant | 156 | 38.9 |
| | Muslim | 45 | 11.2 |
| | Catholic | 3 | 0.7 |
| Ethnicity | Gurage | 249 | 62.1 |
| | Silte | 48 | 12.0 |
| | Oromo | 37 | 9.2 |
| | Amhara | 34 | 8.5 |
| | Wolaita | 20 | 5.0 |
| | Sidamo | 9 | 2.2 |
| | Others | 4 | 1.0 |
| Occupation | Housewife | 149 | 37.2 |
| | Government employee | 93 | 23.2 |
| | Private Employee | 67 | 16.7 |
| | Merchant | 72 | 18.0 |
| | Others | 20 | 4.9 |

5.2. Quality Elements in the Family Planning Services

Client satisfaction with the quality of family planning services was measured using six elements: method selection, information exchange, technical competence, client provider relationship, continuity of service, and appropriate constellation of services with their individual indexes.

5.2.1. Methods of Choice by Family Planning Users

88.7% (356) of clients received their preferred method of contraception, while 11.3% did not get their method of choice.

Three hundred forty-nine (87.03%) of women used injectables, followed by the pill 45(11.22%), implanon 5(1.2%), and IUCD 2(0.55%). Out of 312 repeat/continuing clients, 279 (89.4%) used injectable contraception, 31 (9.9%) used oral contraception, and two used an implanon. Among the 89 new clients, 68 (74.4%) were injectable, 16 (17.8%) were pills, 3 (0.3% were implants), and two were IUCD users (figure 4).

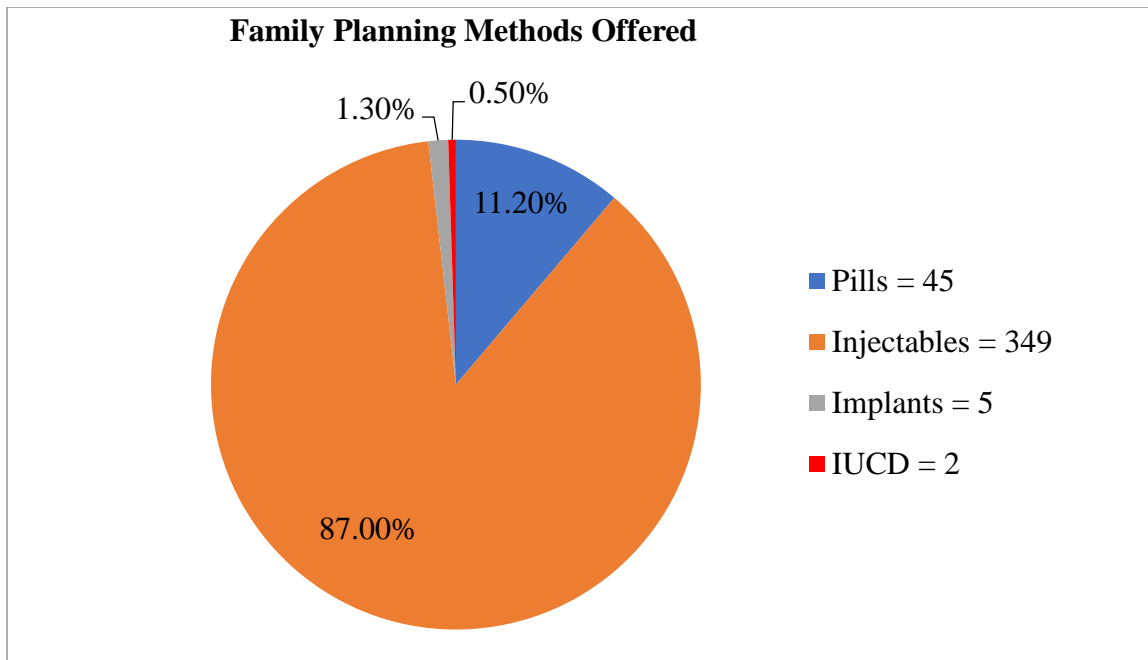


Figure 5: Contraceptive methods offered at the time of the survey in Ezha District, Gurage Zone, Southern Region, Ethiopia, August 2023

5.2.2. Information Given to Clients

149 (37.7%) of all FP users reported that the method was clearly explained to them, 184 (45.9%) were informed about other contraceptive methods other than the client's selection, and 115 (28.9%) had the opportunity to raise questions and get clarification.

Out of the new clients, 66(74.2%) received information on how the method works, 71(79.8%) on how to use the method, 70(78.7%) on side effects, 51(57.3%) on the possibility of changing methods if the method is not desired by the clients, 85(95.5%) on where to go for resupply, and 84(94.4%) on other methods. During the description of alternative ways other than the client's decision, condom 30 (33.7%) received the least attention. Neither spermicide nor diaphragm nor tubal ligation was mentioned.

5.2.3. Technical Competence

One aspect of quality care for family planning depends on the provider's knowledge and skill is technical competence. While offering family planning services to 89 new clients in

six SDP, 10 health service personnel (one male and nine females) were observed performing normal duties.

For 47 (52.8%) of the new clients, a courteous and polite greeting was given. 64 (71.9%) of the 89 clients received their preferred option.

During new client consultations, pills 86 (96.6%), injectable 85 (95.5%), implant 68 (76.4%), condom 25 (28.1%) were discussed, while spermicide, diaphragm, and tubal ligation received less attention; IEC materials such as flipchart pamphlets, posters, and anatomical models were ignored, and only sample contraceptive methods 53 (59.6%) were used by providers to explain the method (table 2)

For new clients, the following physical examination, information offered, and routine procedures were observed: asking 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%). 70 (78.1%) of 89 new clients were provided/shown how to use the method, 61 (68.5%) advantage, 59 (66.3%) drawback, 15 (16.9%) potential of switching method, 49 (55.1%) return if problem develops, and 70 (78.1%) provider told client during consultation (table 2).

In relation to the counseling and communication skills demonstrated by the provider during consultations, a total of 89 new clients were assessed. Of these clients, 58 individuals (accounting for 65.2%) were probed with open-ended questions, while 49 clients (55.1%) were actively encouraged to ask their own questions. The provider treated 50 clients (56.2%) with respect and ensured that 64 clients (71.9%) were seen in a private setting. Additionally, 64 clients (71.9%) had discussions about scheduling a follow-up visit, and 42 clients (47.2%) were asked about their concerns regarding contraception. Visual aids were employed for 3 clients (3.4%) as part of the counseling process, and 61 clients (68.5%) had their information documented in their records. Lastly, the provider reassured 43 clients (48.3%) about the confidentiality of their information.

Sixty-eight (76.4%) of the new clients used injectable contraception. While administering injections, providers' techniques were observed. All providers chose the appropriate

injection site, and 67 (98, 5%) DEPO vials were well shaken before being drawn into syringes (table 2).

Provider Knowledge and Skill on Specific Contraceptive Methods

A total of ten one-on-one in-depth interviews were conducted. All participants were health professionals involved in the delivery of family planning services; the typical service year in a family planning clinic ranged from 6 months to 4 years with average of 2.6 years. Six service providers received training, with three of them learning about basic family planning services and the remaining three learning about long-acting contraception methods.

Concerning provider knowledge and expertise on specific contraceptive methods, questions were posed on the importance, side effects, contraindications, and per request measure. All providers had good knowledge and skill, especially when it came to injectable and oral tablets, and they at least mentioned two side effects, contraindications, importance, advantage, and disadvantage for both techniques.

All family planning service providers were aware of the appropriate timing to begin contraceptive techniques for the first time.

Provider Ability to Perform Specific Contraceptive Procedures

Two of the ten clinicians performed IUCD insertion, while the others discussed the side effects, contraindications, importance, advantage, and drawback of IUCD. The technique for Implanon/Norplant was conducted by five providers, however all providers mentioned the side effects, contraindications, importance, benefit, and disadvantage.

5.2.4. Provider Client Interaction

During the study, it was observed that in 299 (52%) cases, clients were handled with a high degree of friendliness and respect by the healthcare providers. This positive interaction created a welcoming environment for clients seeking family planning services. Furthermore, a significant number of clients, specifically 254 (63.3%), expressed their trust in the healthcare providers by believing that the information they shared during their

interaction would be kept confidential. This assurance of confidentiality further contributed to the overall satisfaction and confidence of clients in the quality of the family planning services provided.

Three hundred twelve (77.8%) of study participants said the service was easy to understand. However, 89 (22.2%) of them reported that the provider was difficult or that they could not grasp most of what the provider discussed. Through privacy was maintained for 280 (69.8%), and over one-third of those polled, 121 (30.2%), reported to have no privacy.

Table 2: Client-provider interactions during observation in Ezha District, Gurage Zone, Southern Region, Ethiopia, August 2023

| Variable | | Total (n=89) | |
|---|---|--------------|-----------|
| | | Yes (n/%) | No (n/%) |
| Provider greet client | | 47 (52.8) | 42 (47.2) |
| Client has preference about particular method | | 64 (71.9) | 25 (28.1) |
| Does 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) |
| | Spermicide | 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) |
| Does provider applied counseling 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) |
| Physical examination and information given | Assure client of confidentiality | 43 (48.3) | 46 (51.7) |
| | 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) |
| | Disposed of sharp in puncture resistant container | 56 (82.4) | 12 (17.6) |
| | DEPO shaken before drawing into syringe | 67 (98.5) | 1 (1.5) |

5.2.5. Re contact and Follow-up Mechanism

Three hundred sixty-nine (92%) clients have received a written reminder for their next visit and 385 (96%) women would like to return to those service delivery points. Over 90% reported the provider gave a reminder for their next visit and 96% said they would like to come back.

5.2.6. Appropriate Constellation Services

All of the observed health care facilities were in the Ezha District of Gurage Zone and were relatively easy to reach via transportation. Most of the facilities were well-ventilated and illuminated, but the non-government facility was not. Client waiting rooms had functional toilets, enough seating, and were shaded from the sun, wind, and rain. The official hours of operation for one governmental health center and one non-governmental clinic were Monday through Friday, 8:30 a.m. and 1:30 p.m. The governmental hospital and private clinic were open from 8:00 a.m. to 1:30 p.m., Monday through Friday. Three governmental health centers and the non-governmental health facility provided family planning services in separate rooms, while the others provided additional services.

Equipment and Supply

Contraceptive method availability was assessed in each of the six SDPs, and among the family planning techniques, condoms, combination pills, and injectable forms were available in all SDPs. Progesterone only pills were available in the non-governmental health facility and two government health facilities, although IUCD and implanon were

offered in all but the non-governmental clinic. Tubal ligation and vasectomy were not performed in any of the six SDPs, but were addressed by the practitioner in one government health institution.

All health facilities had out-of-stock contraceptives replenished in less than a week, and stores were shielded from the sun, rain, moisture, and rats.

In terms of equipment, all health institutions have antiseptic solutions sterilizer, examination table, weight scale, uterine sound, speculum, scissors, tenaculum, sterile gloves, sterile/disposable needles and syringes. Except for one governmental facility, all health institutes had blood pressure apparatuses and thermometers.

Registration books were available at all health care delivery stations to record multiple visits or new clients. The recording system was in fine working order.

IEC Materials and Activities

Aside from the private health institution, there were signs promoting the availability of family planning services. Except for the non-governmental clinic, they all had at least two IEC materials, but only one governmental facility and the private clinic were not using them.

Supervision and Guidelines

All service delivery points provide monthly statistics reports to the next level, however information was not clearly documented in most facilities' daily family planning activity registers/log books. Except for the non-governmental clinic, no supervision was provided in relation to family planning services.

5.3. Access and Acceptance of Family Planning Services

The distance between the clients' homes and the service delivery points was evaluated by the clients themselves; those who traveled less than half an hour were 243 (85.5%), half to one hour 58 (14.5%).

Three hundred thirty-five (88.5%) of respondents waited less than 1/2 hour to obtain the service, while 46 (11.5%) waited between 1/2hr and 1hr. The average wait time for services was 30.2 minutes, with a range of (27.5- 33 minutes). 267 (66.6%) respondents thought the consultation period was about right, while 134 (33.4%) thought it was too short.

Three hundred ninety-five percent (98.5%) of clients reported receiving the family planning method of their choice, while six (1.5%) did not, due to four clients reporting that providers did not want to tell them, one client reporting that the services they desired were not available, and one other client reporting that time was limited and they did not have time (Table 3).

Table 3: Access and acceptance of family planning service users in Ezha District, Gurage Zone, Southern Region, Ethiopia, August, 2023

| Variable | | Frequency (n=401) | Percentage |
|---|------------------------|----------------------|------------|
| Distance to reach the SDP (from home to clinic) | <i>less than 1/2hr</i> | 343 | 85.5 |
| | <i>1/2hr to 1hr</i> | 58 | 14.5 |
| | <i>Total</i> | 401 | 100 |
| Waiting time to receive services | <i>less than 1/2hr</i> | 355 | 88.5 |
| | <i>1/2hr to 1hr</i> | 38 | 9.5 |
| | <i>≥ 1hr</i> | 8 | 2.0 |
| Feeling of client about their counseling time | <i>About right</i> | 267 | 66.6 |
| | <i>It was short</i> | 134 | 33.4 |
| Client received wanted services | <i>Yes</i> | 395 | 98.5 |
| | <i>No</i> | 6 | 1.5 |

5.4. Assessment of Client’s Knowledge on Family Planning Methods

All of clients ever heard about family planning methods. The study showed that 364 (90.8%) of the participants had knowledge of at least one contraceptive method. Only 38% knew three or more contraceptive types. The most commonly known contraceptive methods amongst participants were injectables (86%), followed by pills (61.4%), implants (46.6%) and Spermicide was the least known. Regarding the overall knowledge of the clients, 184 (45.8%) had good knowledge towards family planning and the rest 217

(54.2%) had poor knowledge. Health workers were the major source of family planning for 57.2% of the respondents, with husbands (24.3%) and neighbors (10.2%) following as sources of family planning information for the clients.

5.5. Level of Clients’ Satisfaction on Family Planning Service

Two hundred sixty-nine (67.1%) clients were satisfied with overall family planning services, whereas 132 (32.9%) were not (Figure 5).

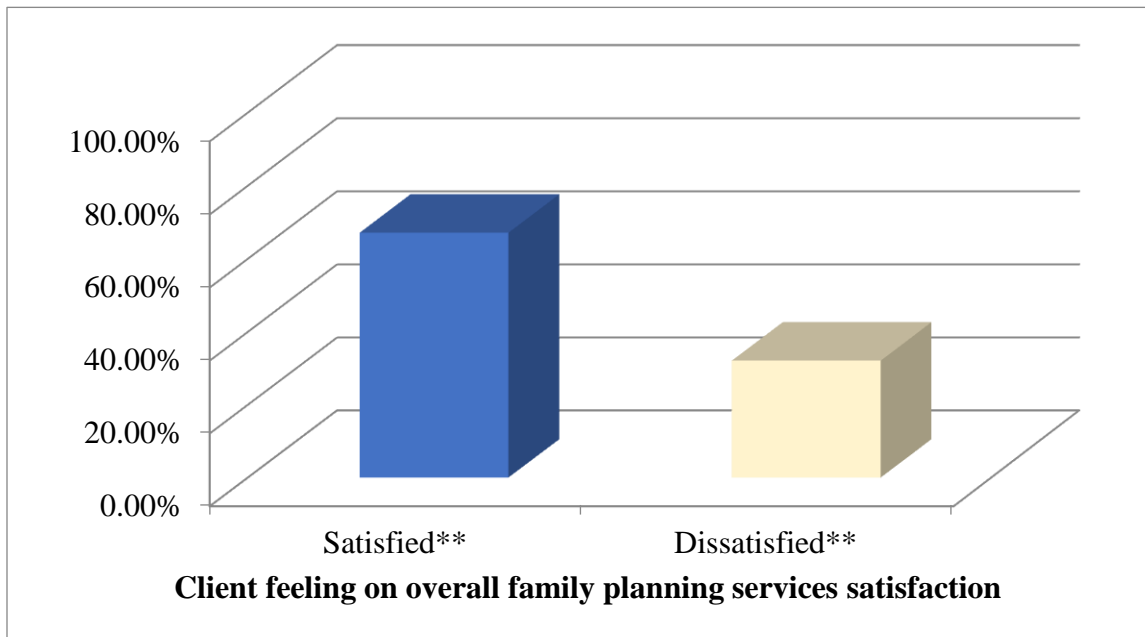


Figure 6: Client responses on overall family planning services satisfaction score in Ezha District, Gurage Zone, Southern Region, Ethiopia, August 2023

N.B ** scores of ≥ 6 were designated as ‘Satisfied’ and scores of ≤ 5 (less than half of the items done) were called ‘Dissatisfied’.

5.6. Factors Associated with Clients Satisfaction with Received Family Planning Services

According to the bivariate analyses, the following variables were eligible for inclusion in the multivariable regression model: type of visit, religion, privacy during consultation, provider consultation, waiting time to receive services, and method explained clearly.

Multivariate analysis found that Protestant clients were significantly less satisfied compared to the Muslim reference group, with an adjusted odds ratio of 0.30 (95% CI 0.12-0.80). Orthodox clients were also significantly less satisfied versus the Muslim reference group, with an adjusted odds ratio of 0.31 (95% CI 0.12-0.81).

Clients who reported adequate privacy during consultation were 78% more likely to be satisfied compared to those with inadequate privacy (AOR 1.78, 95% CI 0.84-3.77), however this result was not statistically significant. Provider consultation that was easy to understand was associated with higher satisfaction, with an adjusted odds ratio of 6.7 (95% CI 3.28-13.88). Clients who reported the family planning method was explained clearly to them were 3.6 times as likely to be satisfied compared to those where the method was not clearly explained (AOR 3.6, 95% CI 1.96-6.4).

In the case of health services, customers who visited health facilities for the first time were nearly twice as likely to be satisfied as those who visited on a regular basis [COR= 1.93 (95% CI 1.21-3.55)]. Clients who had their privacy protected were six times more likely to be satisfied than those who did not have their privacy protected [COR= 6.4 (95% CI 3.78-10.85)].

Clients who perceived the provider was easy to understand were nine times more likely to be satisfied than those who thought the provider was difficult or impossible to comprehend [COR= 9.18 (95% CI (5.38-10.68))]. Clients who were clearly explained the process were approximately five times more likely to be happy than clients who were not properly explained the method [COR= 4.83 (95% CI 2.84-8.12)].

Clients who perceived that provider was easily understandable were nearly seven times more likely to be satisfied than those clients who perceived provider was difficult or wasn't understandable [AOR= 6.7 (95% CI 3.28-13.88)]. After correcting for other factors in the model, customers who received a clear explanation of the method were three and a half times more likely to report being satisfied than customers who did not [AOR=3.6 (95%CI 1.96-6.40)] (Table 4).

Table 4: Factors associated with clients' satisfaction with family planning services in Ezha District, Gurage Zone, Ethiopia, 2023

| 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 | Protestant | 105 | 51 | 0.47 (0.21-1.06) | 0.68 | 0.30 (0.12-0.80)* |
| | Orthodox | 125 | 72 | 0.40 (0.18-0.88)* | 0.02 | 0.31 (0.13-0.81)* |
| 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) |
| | House wife | 104 | 45 | 1.00 | | 1.00 |
| Privacy during consultation | Adequate | 242 | 75 | 6.4 (3.78-10.85)* | 0.00 | 1.78 (0.84-3.77) |
| | Not adequate | 27 | 55 | 1.00 | 1 | 1.00 |
| Provider Consultation | Easy understandable | 244 | 68 | 9.18 (5.38-10.68)* | 0.00 | 6.7 (3.28-13.88)* |
| | Difficult or isn't understandable | 25 | 64 | 1.00 | 1 | 1.00 |
| Waiting time to receive services | No wait/no cue/ | 244 | 111 | 1.84 (0.99-3.44) | 0.05 | 1.36 (0.65-2.83) |
| | Less than 1/2hr | 25 | 21 | 1.00 | 3 | 1.00 |
| Method explained 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<0.05; other †: Catholic, Muslim; other ††: daily laborer, student

5. DISCUSSION

It has been stated that high-quality family planning services enable individuals and couples to safely and successfully address their reproductive health needs. The decision of a client to utilize and continue using the service in the future is contingent upon their level of satisfaction. It also serves as a key determinant of the caliber of the service. This study showed that, the overall satisfaction of clients with Family Planning services was 67.1% [95% CI 0.644-0.698]. This percentage was similar with previous studies conducted in underdeveloped countries such as Iran and Ghana (36, 37). The possible reasons for the similarity could be the perceived sufficiency of consultation, and low expectations of clients on Family planning of service at public health facility.

But the finding is higher than the finding of the studies conducted in Wonji Hospital, Ethiopia (42%), and Jijiga (41.7%) (58, 59). The possible explanation might be socio-demographic differences between the study populations in the above studies. However, the result of this study is lower than studies conducted in Jimma zone, Southwest Ethiopia (93.7%), Senegal (84%) and Mozambique (85%) (60, 61, 62). The possible reason for this discrepancy could be this study didn't include the private and non-governmental health facilities compared to the above studies. Hence, the level of client satisfaction is expected to be higher in private health facilities (63).

This level of satisfaction was lower compared to findings from other studies. A study in Iran found that 92% of women surveyed were satisfied or entirely satisfied with reproductive health services (37). Another study in Ghana found that 90% of respondents were satisfied or extremely satisfied with the care received during their health facility visit (38). However, a study conducted in eastern Ethiopia found a total satisfaction rating of only 54.1% among patients with hospital services (41). This variation in satisfaction levels across studies could be due to differences in service quality, user expectations, and the types of health facilities available for service delivery. According to a separate study in Canada, low patient satisfaction is associated with decreased trust in caregivers and a higher likelihood of changing healthcare providers, potentially affecting continuity of care (30).

This study's multivariate analysis revealed that socio-demographic characteristics and access and acceptance of health services, such as respondent age, marital status, occupation, educational status, discuss FP services with husband, type of visit, and waiting time of clients, had no independent statistically significant association with client satisfaction. Religion and provider discussion/consultation were found to be strongly associated with client satisfaction after adjusting for other variables in the model among socio-demographic characteristics and access and acceptance health service factors. Specifically, Protestant and Orthodox clients were significantly less satisfied compared to the Muslim reference group. Clients who reported provider consultation was easy to understand were much more likely to be satisfied compared to those reporting difficulty understanding the provider. Additionally, clients who said the family planning method was clearly explained to them had higher satisfaction versus those who did not receive a clear explanation.

Clients who perceived the provider was easily understandable had nearly seven times the likelihood of being satisfied as those who perceived the provider was difficult to understand. Clients who evaluated the provider as easily comprehensible were more likely to be satisfied than those who perceived the provider as difficult to comprehend, which is consistent with a study done in northwest Ethiopia about the quality of family planning services provided by health institutions (12). Clients who received a properly defined approach were three times more likely to be satisfied than those who did not receive a clearly explained method.

The mean waiting time to receive services was 30.2 minutes, which was lower than studies conducted in Tanzania and Kenya; FP clients waited more than 40 minutes, and a study conducted in Bahir Dar was 48 minutes (13, 47), and this study is also comparable with studies conducted in Jimma, East Azerbaijan, and Bangladesh, where the mean waiting time was (31.7) minutes, less than 30 minutes, and 32.5 minutes, respectively (13, 43, and 32). The waiting time for services is significantly associated with clients' satisfaction with the service. Longer waiting times can lead to increased levels of dissatisfaction among clients, as it can be perceived as a barrier to accessing timely and efficient services.

Therefore, reducing waiting times is crucial for improving clients' satisfaction with the service.

This study revealed that 69.8% of respondents' privacy was protected, which was lower than a study carried out in Colombo, where 97% of respondents felt that there was appropriate visual privacy, and higher than a study carried out in Bangladesh, where 56% of respondents admitted to having a private examination (34, 48). According to research done in East Azerbaijan and Northwest Ethiopia, it was maintained at 66.3% and 68%, respectively (12, 43).

Regarding the information provided to clients, 37.2%, 45.9%, and 28.7% of respondents said that the method was well explained, that the client was informed about contraceptive methods other than their preferred method, that they had the chance to ask questions, and that the information was clear. According to studies done in Bahr Dar Ethiopia, Bangladesh, and Iran, respectively, 74.8, 46, and 88.3% of participants were satisfied with the amount of information they received regarding the usage of their selected FP method (14, 43 and 37). When clients can make their own informed decisions, they are more likely to be satisfied with the technique and continue to practice FP (34). In the Egypt quality care study (50), women reported a lack of information.

Fifty-two percent of clients were handled friendly and respectfully. This proportion was lower than in studies conducted in underdeveloped countries; Azerbaijan, Bangladesh, Ethiopia, Kenya, and Iran had rates of 80, 68.9, 96.4, 68, and 92.5% respectively (43, 32, 51, 26, and 37).

The majority of the customers in this study were encouraged to continue using FP services, with 92% receiving written reminders for their next visit and 96% expressing a desire to return to those service delivery areas. In a Colombo study, 93% of clients received a written reminder of their next clinic appointment (34). Another study conducted in Ghana and Ethiopia found that women were willing to return to service delivery stations in 93 and 93.3% of cases (38,51). According to a study conducted in Iran, 83.0% of women were satisfied that they had enough information concerning follow-up visits (37). The findings of the preceding investigations are consistent with the findings of this study.

In this study, approximately 56.9% of women stated that family planning services/delivers/waiting area was comfortable, which was lower than studies conducted in Colombo and Cote d'Ivoire, which were 78 and 100%, respectively (34,52). Patients generally place a great importance on clean waiting spaces.

This study found that clinicians paid less attention to taking blood pressure and completing physical examinations during first client-provider interactions, with 25.8% and 1.1%, respectively. It leads to client mishandling because contraceptives have their own set of negative effects and contraindications.

In this study, the utilization of client teaching aids, during consultation ranged from 3.4% when using visual aids to 71.9% when discussing a return visit with the client during the client-provider interaction. Additionally, client confidentiality was assured to 48.3% of women during the consultation. In a research conducted in Colombo, information, education, and communication (IEC) materials were employed in 38% of the observations (34). Another study conducted in Ghana and Zambia found that flip charts were used to counsel more than half of the clients (52).

Clients received more information about their preferred contraceptive technique from providers who used contraceptive samples and anatomical models during counseling sessions (22). Communication skills of providers are especially crucial since a client is more likely to continue contraceptive use if she feels comfortable with her interactions with providers (43). Even though the cause was not addressed in this study, the provider lacked such expertise.

All of the health care facilities investigated in this study were in the Ezha District of Gurage Zone and were easily accessible by transportation. The non-government facility and two governmental health centers, on the other hand, employed separate rooms to provide family planning services. Services delivered in a separate area are more likely to relax the client and ensure visual privacy.

The majority of service providers had received training in basic family planning and long-acting contraception techniques. Regarding provider knowledge and skill on specific

contraceptive methods, respondents in this study indicated that for injectable and oral pills, all providers had good knowledge and skill, particularly on providing injection, and at least two side effects, contraindications, importance, advantage, and disadvantage for both methods. According to a survey conducted in Iran, 86.6% of women were satisfied with the experience of the FP provider skill (37).

The majority of providers who participated in this study had similar perceptions of quality family planning services, which almost all defined as satisfying clients with clean, safe, and standardized services quickly, respectfully, and without any obstacles, as well as providing adequate manpower, adequate supply of equipment, and drug. According to one provider, "If adequate equipment and drugs were available, I would provide quality services."

Technical competence is a crucial aspect of quality care in family planning services, as it ensures that providers have the necessary knowledge and skills to effectively meet the needs of their clients. The findings from the study indicate both positive and concerning aspects regarding technical competence. On the positive side, providers demonstrated good knowledge and skills in administering injectable and oral contraceptive methods. They were able to discuss the importance, side effects, contraindications, advantages, and disadvantages of these methods. Additionally, providers showed competency in performing certain procedures, such as injections and Implanon/Norplant techniques. This level of technical competence is essential for ensuring the safe and effective delivery of family planning services.

However, there are areas of concern that need to be addressed. The study revealed that some contraceptive methods, such as spermicide, diaphragm, tubal ligation and IUCDs as well, received less attention during consultations. This suggests a potential gap in knowledge and skills regarding these methods among the providers. Furthermore, the limited use of information, education, and communication (IEC) materials, such as flipchart pamphlets and posters, raises questions about the providers' ability to effectively educate and inform clients about contraceptive options. Additionally, the low percentage of physical examinations performed and the lack of privacy reported by a significant portion of clients are concerning,

as they indicate potential shortcomings in the comprehensive and client-centered approach to care. These findings highlight the need for ongoing training and quality improvement initiatives to enhance the technical competence of family planning service providers and ensure consistent delivery of high-quality care.

In terms of provider-client interaction, the study identified positive aspects that contribute to a satisfactory experience for clients. A majority of clients reported being treated with friendliness and respect by healthcare providers, fostering a welcoming environment. The assurance of confidentiality was another notable finding, with a significant number of clients expressing trust in the providers to keep their information confidential. This trust is crucial for establishing a strong provider-client relationship and ensuring open communication. Additionally, the majority of clients found the services easy to understand, indicating effective communication between providers and clients.

However, there are areas for improvement in provider-client interaction. A substantial proportion of clients reported difficulties in understanding the information provided by the providers. This suggests a need for clearer and more effective communication strategies to ensure that clients fully comprehend the information shared during consultations. Moreover, the reported lack of privacy for a significant number of clients raises concerns about confidentiality and dignity during service delivery. Efforts should be made to prioritize privacy and create a confidential and comfortable environment for clients.

The study included both private for-profit and non-governmental health facilities, providing a comprehensive view of the healthcare landscape and increasing the study's relevance. To reduce bias, non-professional female interviewers conducted exit interviews, promoting more honest responses and potentially improving the response rate. The interviews were conducted at a distance from the service delivery points to minimize courtesy bias and create a neutral environment. However, limitations should be acknowledged, such as the possibility of participants providing positive feedback due to social desirability and the Hawthorne Effect, which may have influenced the behavior of both clients and providers. These limitations highlight the need for cautious interpretation and further research.

7. CONCLUSION AND RECOMMENDATION

7.1. Conclusion

A study discovered a constraint in the delivery of quality family planning services in six SDP in Ezha District, Gurage Zone, Southern Region, Ethiopia. Overall, client satisfaction with the quality of family planning services was good, owing to the fact that clients were handled respectfully, privacy was maintained during consultations, and the waiting area lacked seats to manage customer load. In addition, practitioners lacked acceptable communication skills during consultations, administered hormonal contraceptives without assessing vital signs, and underutilized IEC materials. Half of the health facilities did not have a distinct space for delivering family planning services, and there were equipment constraints. Another restraint identified was a lack of employee training and a supporting supervision framework.

While providers demonstrated generally good technical knowledge and skills for some contraceptive methods, there appear to be gaps in competence regarding other methods like IUCDs. The limited use of IEC materials and low rates of physical exams and privacy also point to issues with comprehensiveness and client-centered care. In terms of interaction, clearer communication is needed to ensure client understanding, and greater priority needs to be placed on maintaining privacy and confidentiality during consultations. Overall, the findings suggest a need for continued training initiatives to strengthen providers' technical abilities and consistency in delivering all aspects of high-quality family planning services with strong client-provider interaction processes that respect clients' privacy, dignity and informed choice.

7.2. Recommendations

To improve the quality of FP clinic services in the study area, program planners, health managers, and service providers should implement measures based on research findings, such as:

1. Programme Level

- ✓ A clear need for providers to be trained or retrained in essential parts of family planning services technology (family planning methods providing, as well as service providers' communication and counseling abilities).
- ✓ Identify shortcomings, regular supportive supervision and clinic audits may be performed.

2. Facility Level

- ✓ Encourage family planning providers to use instructional materials during consultations.
- ✓ Improving client information to ensure an informed choice of family planning strategy.
- ✓ The appropriate clinic manager should pay attention to client waiting rooms, keep an adequate supply of IEC materials on hand, and provide a dedicated room for family planning services.

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9. APPENDIXES

APPENDIX A: ENGLISH QUESTIONNAIRE FOR EXIT INTERVIEW

Wolkite University
College of Medicine and Health Sciences
Department of Public Health

Questionnaire on Quality of Family Planning Services and Associated Factors

To be filled by data collectors

Region _____ Zone _____ Woreda _____

Code number of the health institution _____

Hello, dear client! My name is _____. I arrived from the Ezha Woreda Health Bureau. I am a member of the research team for Wolkite University's assessment of the quality of family planning services and associated factors. Quality family planning services are thought to increase client satisfaction, which contributes to an increase in contraceptive prevalence. The goal of this study is to evaluate the quality of family planning services provided in some health institutions, as well as the level of satisfaction of family planning users, and to provide important comments that will help to strengthen and improve the quality of family planning services. We want to improve the quality of family planning services offered by this clinic. Your information is critical to accomplishing this. I'd like to ask you a few questions about your visit to the clinic today to learn more about your experience. We would appreciate it if you could spend a few minutes answering questions about the service. Your name or registration number will not be included in the format. Your personal information will be kept strictly confidential.

Your participation is entirely voluntary, and you are under no obligation to answer any questions you do not wish to answer. However, your truthful participation will help to generate data that can be used to improve the quality of family planning services.

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 | Q 111 |

| | | | |
|-----|---|---|--|
| | | 2.No----- | |
| 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. Depends on will of God 4. Depends on situations | |
| 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.Secondary school 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. Gurage 2. Silte 3. Oromo 4.Welayeta 5. Sidamo 6. Amhara 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. Neighbors 3. Health professional 4. Other (specify)_____ | |
| 202 | How long did it take to you to arrive at this clinic? | 1.Less than 1/2 hr 2.1/2 to 1 hr 3.1 to 2 hrs | |
| 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 | <p>1.provider do not want to tell me</p> <p>2.the service I want was not available</p> <p>3.time was too short & I did not get time</p> <p>4. Other (specify).-----</p> | |
| 207 | Did you feel that your consultation with the clinical staff was | <p>1.About right 2.Too short</p> <p>3. Too long 88. Don't know</p> <p>99. No answer</p> | |
| 208 | During consultation, was the provider easy to understand? | <p>1.Easy to understand</p> <p>2.Difficult to understand</p> <p>3.Don't understand</p> <p>99.No answer</p> | |
| 209 | Was there adequate privacy during consultation | <p>1 Adequate 2.Not adequate</p> <p>99.No answer</p> | |
| 210 | Do you know any other clinic where you can get family planning service? | <p>1. Yes 2. No</p> <p>88. don't know</p> | |
| 211 | If yes, is this clinic the closest site to your home? | <p>1.Yes</p> <p>2.No</p> <p>88. Don't know</p> <p>99. No answer</p> | |

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 counseling 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.Diaphragm 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 | 1. Pills ----- | 1. Yes 2. No | |
| 217.2 | 2. Injectable ----- | 1. Yes 2. No | |
| 217.3 | 3. Spermicidal ----- | 1. Yes 2. No | |
| 217.4 | 4. Diaphragm ----- | 1. Yes 2. No | |
| 217.5 | 5. IUCD----- | 1. Yes 2. No | |
| 217.6 | 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 2. No | |

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----- | 1. Yes 2. No | |

| | | | |
|-------|--|----------------------------------|--|
| 226 | Which service did you like from this clinic? | | |
| 226.1 | | | |
| 226.2 | 1. Get service with in short period ----- | 1. Yes 2. No | |
| 226.3 | 2. Provider gives good service ----- | 1. Yes 2. No | |
| 226.4 | 3. Counselling was clear & satisfactory – | 1. Yes 2. No | |
| 226.5 | 4. Received the method chosen----- | 1. Yes 2. No | |
| 226.6 | 5. Other (specify)----- | 1. Yes 2. No | |
| | 6. No answer | 1. Yes 2. No 99. No Answer | |
| 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 ^h 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----- Other (specify) ----- | 1. Yes 2. No | |
| 241.6 | Don't know----- | 1. Yes 2 .No | |
| 241.7 | - | 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? | 1. Yes 2. No | |
| 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/ ----- | 88. Don't know | |
| 244.6 | Don't know----- | | |
| 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 | | 1. Yes 2. No | |
| 248.2 | No problems----- | 1. Yes 2. No | |
| 248.3 | Spotting b/n Menstrual periods----- 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. Don't know | |

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 | | |
| 251.1 | problems, if any, should you come back to the clinic | | |
| 251.2 | No problem ----- | 1. Yes 2. No | |
| 251.3 | Severe headache----- Heavy vaginal bleeding----- | 1. Yes 2. No | |
| 251.4 | Unexpected weight gain----- | 1. Yes 2. No. | |

5) For Tubal ligation

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

APPENDIX B: CHECKLISTS FOR OBSERVATION

Observation Guide for provider client interaction

Code number of the health institution_____

Greet providers and clients; introduce yourself and the study's purpose. Obtain the agreement of both the client and the provider before proceeding to observe their interaction. There is no need for intervention. For each of the following questions, draw a circle to represent your observation of what happened during observation.

Good morning dear provider and client!

My name is ----- . I came from the Ezha Woreda Health Bureau. I am a member of the research team for Wolkite University's study on the quality of family planning services. Quality family planning service is thought to increase contraceptive prevalence, and the goal of this study is to assess the status of quality family planning service in some health institutions. The study's findings are intended to improve the quality of family planning services in both government and non-government health institutions, thereby increasing contraceptive prevalence. You have been chosen to participate in this high-quality family planning study. The observation includes a variety of techniques for assessing your interaction. The findings of the study are intended to improve the quality of family planning services in both government and non-government health institutions, increasing contraceptive prevalence. You've been selected to take part in this high-quality family planning study. The observation includes several techniques for evaluating your interaction.

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 | If yes which method. | 1.Pills | |
| 305.2 | | 2. Injectable | |
| 305.3 | | 3. Nor plant | |
| 305.4 | | 4. IUCD | |
| 305.5 | | 5. Condom | |
| 305.6 | | 6. Diaphragm | |
| 305.7 | | 7.Spermicide | |

| | | | |
|--------------|--|-------------------------|--|
| 305.8 | | 8. Female sterilization | |
| 305.9 | | 99.No answer | |
| 306 306.1 | IEC materials used during consultation:- 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 | |
| 307 307.1 | Did the provider /counseling skills/ 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 C: CHECKLISTS FOR IN-DEPTH INTERVIEW

Health institution – Hospital/ Health Center/Private clinic

Code of the health institution_____

I am conducting a survey of quality family planning services at various health institutions to identify ways to improve the service. I'd like to ask you some questions in order to learn more about your experience. Please ensure that this conversation is strictly confidential and that your name is not 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. IUCD: - 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.

6.5. 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

Could you please explain how you understand the quality of family planning services in this facility as a component of health service quality?.....

APPENDIX D: CHECKLISTS FOR OBSERVATION OF THE FACILITY

Instructions to data collectors: This observation should be completed by inspecting the available facilities and speaking with the person in charge of family planning on the day of the visit. In all cases, you should observe the items to ensure that they exist. If you can observe them and code them appropriately. Remember that the goal is to identify the current equipment and facilities for the service, 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.PROGESTERONEONLY | 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)

| | | | |
|-------------------|---------------|-----------|---------------|
| Type of equipment | Functionality | Available | Not available |
|-------------------|---------------|-----------|---------------|

| | | |
|----------|-----|----|
| 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?

APPENDIX E: AMHARIC VERSION QUESTIONNAIRE

ወልቂጤ ዪኒሸርሲቲ ህክምና አና ጤና ሳይንስ ኮሌጅ የሕብረተሰብ ጤና ክብካቤ ክፍል ስለ የቤተሰብ ምጣኔ አገልግሎት ጥራት ለማጥናት የተዘጋጀ መጠይቅ፡

በመረጃ ስብሰባዬ የሚሞላ

ዘን..... ወረዳ.....

የጤና ድርጅቱ መለያ ኮድ ቁጥር.....

ሰላም ዉድ የቤተሰብ ምጣኔ ተገልጋይ!

ስሜ..... ይባላል። የመጣሁት ከእዣ ወረዳ ጤና መምረያ ነዉ። የወልቂጤ ዪኒሸርሲቲ በቤተሰብ ምጣኔ አገልግሎት ጥራት ላይ ለሚያደርገዉ ጥናታዊ ምርመር አባል ነኝ። ጥራት ያለዉ 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 ለወደፊቱ ጥራቱን ለማሳደግና ድጋፍ በማድረግ የቤተሰብ ምጣኔ አገልግሎት ተጠቃሚዎችን ቁጥር ከፍ ለማድረግ ነዉ። ስለ ጤና ድርጅቱ ስለ እርስዎ ጥቂት ጥያቄዎችን እጠይቅዎታለዉ። ጊዜዎን መስዋዕት አድረገዉ ለጥያቄዎች መልስ ለመስጠት ፈቃደኛ ከሆኑልን ምስጋናችን ከፍ ያለ ነዉ። ስምዎና የካርድ መለያ ቁጥርዎ ከዚህ መጠያቅ ላይ አይሞላም። የሰጣቸዉ መረጃዎች ሙሉ በሙሉ ሚስጥራቸዉ በከፍተኛ ደረጃ የተጠበቀ መሆኑን ልናረጋግጥልዎ እንወዳልን። ለጥናቱ ተሳታፊ ለመሆን የእርስዎ ፈቃድ ያስፈልጋል ። ለጥናቱ ተሳታፊ ከሆኑ የሚስጡት እዉነተኛ መረጃ ለጥናቱና የቤተሰብ ምጣኔ አገልግሎቱን ጥራት ለማሻሻል ከፍተኛ አስተዋጽኦ ያደረጋል።

ፈቃደኛ ነዎት ልቀጥል?

ፈቃደኛ ነኝ ፈቃደኛ አይደለሁም

የቤተሰብ ምጣኔ ተጠቃሚ፡.

መለያ ኮድ

ቁጥር.....

የደረሱበት

ስዓት.....

አገልግሎት ያገኙበት

ስዓት..... ጠቅላላ

የቆዩበት

ስዓት.....

የቃለ መጠይቅ አድራጊዉ፡.

ስም.....መለያ ኮድ ቁጥር

ቃለ መጠይቁን ያረጋገጠዉ ሱፐርቪይዘር/አጥኝ

ፍርማ..... ክፍል 1: ማሕበራዊ

መረጃዎችን በተመለከተ የሚቀርብ መጠይቅ፡፡

| ተ.ቁ | ጥያቄና ማጣሪያ | የመልስ አማራጭና መለያ ኮድ ቁጥር | ይዘለል |
|-----|---------------------------------------|-----------------------------------|------|
| 101 | እድሜዎ ስንት ነዉ? | 1.እድሜ በዓመት..... 88.አላዉቀዉም | |
| 102 | ለቤተሰብ ምጣኔ አገልግሎት ሲመጡ ይህ የመጀመሪያ ጊዜዎ ነዉ | 1.አዎ 2.አይደለም | |

| | | | |
|-----|--|--|------------------|
| 103 | የጋብቻዎ ሁኔታ | 1. ያለገባች 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 ያውቃሉ? | 1.አዎ 2. የለም 88. አለስታዉስም | |
| 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 ያውቃል 4. ባለቤቴ ያውቃል 99..መልስ አልተሰጠበትም | |

| | | | |
|-----|-------------------------------------|--|--|
| 108 | ተጨማሪ ልጅ ለመውለድ ከፈለጉ መቼ እንዲወለዱ ይፈልጋሉ? | 1. አሁኑኑ 2. <input type="checkbox"/> እስከ አንድ አመት 3. እስከ <input type="checkbox"/> 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+1 እና በላይ | |
| 111 | ሐይማኖትዎ ምንድነው? | 1. ኦርቶዶክስ ክርስቲያን 2. ፕሮቴስታንት 3. ካቶሊክ 4. እስልምና 5. ሌላ /ይገለጽ/----- | |
| 112 | ብሔረሰብዎ ምንድነው? | 1. ፖሎን 2. ስልጤ 3. ኦሮሞ 4. ወላይታ 5. ሲዳሞ | |

| | | | |
|-----|--------------------|---|--|
| | | 6. አማራ 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 | 1. ባለቤቱ 2. ጎረቤቶቹ | |

| | | | |
|-----|--|--|-------------|
| | ማን ነገረዎት? | 3.የጤና ባለሙያ 4. ሌላ /ይገለጽ/----- - | |
| 202 | ከቤትዎ እዚህ ጤና ድርጅት ለመድረስ ምን ያህል ጊዜ ይጨርስብዎታል? | 1.ከግማሽ ሰዓት በታች 2.ከግማሽ ሰዓት እስከ አንድ ሰዓት 3. ከአንድ ሰዓት እስከ ሁለት ሰዓት 4.ከ ሁለት ሰዓት በላይ 88. አላዉቀዉም | |
| 203 | እዚህ ክሊኒክ ከደረሱበት ሰዓት ጀምሮ አገልግሎት እስከ አገኙበት ምን ያህል ጊዜ ቆዩ? | 1.ምንም ቆይታ የለም 2. ከግማሽ ሰዓት ያነስ 3. ከግማሽ ሰዓት እከአንድ ሰዓት 4. ከአንድ ሰዓት በላይ 88.አላዉቀዉም | |
| 204 | በዛሬዉ እለት የሚፈልጉትን አገልግሎት አግኝቻለሁ የሚል ስሜት አለዎት? | 1.አዎ----- 2.የለም | ወደ ጥ ቁ. 206 |
| 205 | ከላገኙ ዋና ምክንያት ምን ይመስልዎታል? | 1.አገልግሎት ስጭዉ ፍላጎት ስለሌዉ 2.የምፈልገዉ አገልግሎት ባለመኖሩ 3.ጊዜዉ አጭር በመሆኑ | |

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| | | 4.ሌላ /ይገለጽ/ | |
| 206 | ከባለሙያዉ ጋር ለመነጋገር የነበረዉ ጊዜ አንዴት ያሁታል? | 1.ጊዜዉ በቂ ነበር 2.በጣም አጭር ነበር 3.በጣም ረጅም ነበር 88.አላዉቅም 99.መልስ አልተስጠበትም | |
| 207 | በምክር አገልግሎት ጊዜ የምክር አገልግሎት ስጭዉን በቀላሉ መረዳት ይቻላል? | 1.በቀላል መረዳት ይቻላል 2.ለመረዳት በጣም አስቸጋሪ ነበረ 3.መረዳት አይቻልም 99.መልስ አልተስጠበትም | |
| 208 | ለብቻዎ የተስጠዎት ምክር አገልግሎት ሁኔታዉ እንድት ነበር ? | 1.በቂና አመቺ ነበር 2. በቂ አልነበርም 99.መልስ አልተስጠበትም | |
| 209 | የቤተሰብ ምጣኔ አገልግሎት የሚስጥበት ሌላ ጤና ድርጅት ያዉቃሉ? | 1.አዎ 2.የለም 88.አላዉቅም | |

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| 210 | የሚያወቁ ከሆነ ለቤትዎ ቅርብ ነዉ/ለዚህ ጤና ድርጅት ይቀርባል/? | 1.አዎ/ይቀርባል/ 2.አይቀርብ 88.አላዉቅም 99. መልስ አልተስጠበትም | |
| 211 | በሚቀጥለዉ ቀጠሮዎ ይመለሳሉ? | 1.አዎ 2. አልመለስም/የለም/ | |

ክፍል 2.ንዑስ ክፍል 1:ለአዲስ ቤተሰብ ምጣኔ አገልግሎት ተጠቃሚዎች የሚቀርብ መጠይቅ:

| ተ.ቁ | ጥያቄና መጠረያ | የመልስ አማራጭና መለያ ኮድ ቁጥር | ይዘለል |
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| 212 | ወደዚህ ጤና ድርጅት ለምን መጡ ? | 1.የወሊ ድ መቆጣጠሪያ ለመዉስድ 2.የምክር አገልግሎት ለማግኘት ብቻ 3.ሁለቱንም አገልግሎት ለማግኘት | |
| 213 | አሁን የወሊድ መቆጣጠሪያ ለመዉስድ ወስነዋል? | 1.አዎ 2.የለም----- | ወደ ተ.ቁ 215 |

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| 214 | መልሱ አዎ ከሆነ የትኛውን ዜዴ ነው የመረጡት? | 1.ክኒን 2.በመርፌ መልክ የሚስጠውን 3.በክንድ ላይ የሚቀበር 4.በማሕፀን የሚቀመጥ 5.ከንዶም 6. ማሕፀን ቆብ 7.ፀረ ውንድ ዘር ፍሬ (ፈሳሽ ቅባት) 8.ማፀሕን ማስጠ | |
| 215 | መልሱ የለም ከሆነ ለምን ያወላድ መከላከያ ዜዴ መጠቀም አልፈለጉም? | 1.ሃሳቤን በመቀየሪያ 2.መረጃ ብቻ ለማግኘት ስለመጣሁ 3.እርግዝና ጥርጣሬ ስላለ 4.የምፈልገው የወላድ መቆጣጠሪያ ዜዴ እኔ ልወስደው የማልችል መሆኑ ስለ ተነገረኝ 5.የፈለኩት የመቆጣጠሪያ 88.አላወቅም 99.መልስ አልተስጠብኩም | |
| 216 | እርስዎ ስለሚወስዱት የወላድ መከላከያ ዜዴ የምክር አገልግሎት | | |

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| | ስጫዉ ስለሚከተሉት ነጥቦች በቂ ገለፃ አደረገለዎት? | | |
| 216.1 | የወሊድ መከላከያ ዜዴዉ እንዴት እንደሚስራ ነገረዎት? | 1.አዎ 2.የለም 99.መልስ አልተስጠበትም | |
| 216.2 | እንዴት እንደሚጠቀሙ አሳይቶታል? | 1.አዎ 2.የለም 99.መልስ አልተስጠበትም | |
| 216.3 | ስለሚያመጣዉ ጠንቅ ተነግሮታል? | 1.አዎ 2.የለም 99.መልስ አልተስጠበትም | |
| 216.4 | ችግር ቢያጋጥም የቀጠሮቻቸውን ከመድረሱ በፊት መምጣት እንዳለባቸው ተነግሮታል? | 1.አዎ 2.የለም 99.መልስ አልተስጠበትም | |
| 216.5 | የመከላከያ ዜዴዉ ካልተስማማዎት ሊቀይሩ እንደሚችሉ ተነግሮታል? | 1.አዎ 2.የለም 99.መልስ አልተስጠበትም | |
| 216.6 | ለሚቀጥለዉ ቀጠሮቻቸው መሄድ እንዳለባቸው ተነግሮታል? | 1.አዎ 2.የለም 99.መልስ አልተስጠበትም | |
| 217 | አሁን ሊጠቀሙበት ከተቀበሉት የወሊድ መከላከያ ሌላ የወሊድ መከላከያ ዜዴ እንዳለ ተነግሮታል? | 1.አዎ 2.የለም 99.መልስ አልተስጠበትም | |
| 218 | በሚቀጥለዉ ቀጠሮቻቸው 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 | ይዘለል |
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| 219 | የትኛውን የመከላከያ ዘዴ ነው የሚጠቀሙ? | 1. ክኒን 2. በመርፌ መልክ የሚስጠውን 3. በክንድ ላይ የሚቀበር 4. በማሕፀን የሚቀመጥ 5. ኮንዶም 6. ማሕፀን ቆብ 7. ፀረ ውንድ ዘር ፍሬ (ፈሳሽ ቅባት) 8. ማፀኝን ማስ ጠ | |
| 220. | አሁን ከሚጠቀሙበት የወሊድ መከላከያ ሌላ የትኛውን ዜዴ ያውቃሉ? | | |

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| 220.1 | 1.ክኒን | 1.አዎ | 2.አይደለም | |
| 220.2 | 2.በመርፌ መልክ የሚስጠውን | 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 ዜዴ ከዚህ የጤና ድርጅት ነበር የሚያገኙት? | 1.አዎ | 2.የለም | |
| 222 | ከዚህ ከልሆነ ከየት ነበር የሚያገኙት? | 1.ከሌላ የመንግስት ጤና ድርጅት 2.ከግል ክሊኒክ 3. የመንግስታዊ ያልሆኑ ጤና ድርጅት 4.መድሀኒት ቤት | | |
| 223 | የወሊድ መከላከያ ዜዴውን ለአገልግሎቱ ይከፍላሉ? | 1.አዎ | 2.የለም | |

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| 224 | የእርስዎ ጓደኛ የወሊድ መከላከያ ዜዴ ለመወሰድ ቢፈልጉ ወደዚህ ጤና ድርጅት እንዲመጡ ይገፋፋችዎል? | 1.እዚህ ክሊኒክ እንዲመጡ እገፋፋለሁ 2.ሌላ ቦታ እንዲሄዱ እመክራለሁ 88.አላወቅም 99.መልስ አልተሰጠበትም | |
| 225 | ወደ ሌላ ጤና ድርጅት እንድሄዱ ከገፋፋ ለምን? | | |
| 225.1 | ረጅም ጊዜ ስለሚያቆዩ | 1.አዎ 2.አይደለም | |
| 225.2 | ፍቅ ስለመሆኑ | 1.አዎ 2.አይደለም | |
| 225.3 | ጥራት ያለው አገልግሎት እዚህ ስለሌለ | 1.አዎ 2.አይደለም | |
| 225.4 | የሚስጠው የምክር አገልግሎት ደካማና በቂ ስላልሆነ | 1.አዎ 2.አይደለም | |
| 225.5 | የመከላከያ ዘዴ አይነቶች እዚህ ጥቂት ስለሆኑ | 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.ለክሊን ተጠቃሚዎች

| ተ.ቁ | ጥያቄና ማጣረያ | የመልስ አማራጭና መለያ ኮድ ቁጥር | ይዘት |
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| 227 | ክኒን መዉስድ መቼ ነዉ መጀመር ያለበት? | 1.የወር አበባ በመጣ ከመጀመሪያ እስከ 5ኛዉ ቀን 2.በማንኛዉም ስዓት 88.አላዉቅም 99.መልስ አልተስጠበትም | |
| 228 | የወሊድ መከላከያ ክኒን በምን ያህል ጊዜ ልዩነት መዉስድ አለበት? | 1.አንድ ክኒን በቀን 2.በማንኛዉም ስዓት 3.በግብረ ሥጋ ግንኙነት ጊዜ 88.አላዉቅም 99.መልስ አልተስጠበትም | |
| 229 | የወሊድ መከላከያ ክኒን በሚወስድበት ጊዜ ምን አይነት ቀለል ያሉ ችግሮች ሲከሰቱ ይችላሉ? | | |
| 229.1 | ችግር አይኖርም | 1.አዎ 2.አይደለም | |
| 229.2 | ቀለል 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 መፍስስ | 1.አዎ 2.አይደለም | |
| 229.6 | አላዉቅም | 88 | |

2.በመርፌ መልክ የወሊድ መከላከያ ለሚወስድ

| ተ.ቁ | ጥያቄና ማጣረያ | የመልስ አማራጭና መለያ ኮድ ቁጥር | ይዘለል |
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| 230 | በመርፌ መልክ የሚወስዱት የወሊድ መቆጣጠሪያ የትኛው እንደሆነ ያውቃሉ? | 1.አዎ 2.የለም | |
| 231 | በመርፌ መልክ የሚወስዱት የወሊድ መቆጣጠሪያ በየስንት ጊዜው ነው መወስድ ያለበት ? | 1.በየወሩ 2.በየ ሁለት ወሩ ወይም በየሶስት ወሩ 3.በየዓመቱ 88.አላውቅም | |
| 232 | የወሊድ መከላከያ በመርፌ መልክ በሚወስድበት ጊዜ ምን አይነት ቀለል ያሉ ችግሮች ሲከሰቱ ይችላሉ? | | |
| 231.1 | ችግር አይኖርም | 1.አዎ 2.አይደለም | |
| 231.2 | ቀለል ራስ ምታት | 1.አዎ 2.አይደለም | |
| 231.3 | ከብልት ብዛት ያለው ደም መፍስስ | 1.አዎ 2.አይደለም | |
| 231.4 | አላውቅም | 88 | |

3.በማሕፀን ውስጥ ለሚቀመጥ መከላከያ ለሚወስዱ

| ተ.ቁ | ጥያቄና ማጣረያ | የመልስ አማራጭና መለያ ኮድ ቁጥር | ይዘለል |
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| 232 | በማሕፀን ውስጥ የተመጠልዎት የወሊድ መከላከያ በቦታው መኖሩን እንዴት ነው የሚያረጋግጡት ? | 1.በብልት ውስጥ ክሮች መኖራቸውን በየጊዜው በመዳሰስ | |

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| | | 2.አንድ ጊዜ በማሕፀን ከተቀመጠ ከዚያ በኋላ አይወጣም 88.አላዉቅም | |
| 233 | በማሕፀን ውስጥ የተመጠልዎት የወሊድ መከላከያ የመጀመሪያ ጉብኝት መቼ እንዲመጡ ተቀጠሩ ? | 1.መመለስ ወይም ቀጠሮ አያስፈልግም 2.ከአንድ ወር ባነስ ጊዜ ውስጥ 3 በየ ሁለት ወሩ ወይም በየሶስት ወሩ 5.ከወር በኋላ 88.አላዉቅም | |
| 234 | በማሕፀን ውስጥ የወሊድ መከላከያ የተመጠልዎት በጎላ 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 መፍስስ | 1.አዎ 2.አይደለም | |
| 234.5 | አላዉቅም | 88 | |

4.በክንድ ላይ የሚቀበረው የወሊድ መከላከያ ለሚወስዱ

| ተ.ቁ | ጥያቄና ማጣረያ | የመልስ አማራጭና መለያ ኮድ ቁጥር | ይዘላል |
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| 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.አላስታዉስም | |
| 236 | በክንድ ላይ የሚቀበረው የወሊድ መከላከያ መድሃኒት ጥቅም ተነግሮዎታል ? | 1.አዎ 2.የለም አላስታዉስም | |
| 237 | በክንድ ላይ የሚቀበረው የወሊድ መከላከያ ከመደበኛ ቀጠሮዎ ዉጭ ምን አይነት ችግር ቢከስት ነዉ 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 | ክብደት መጨመረ | 1.አዎ 2.አይደለም | |

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| 237.5 | አለባቸው | 88 | |
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5. ማሕፀን ማስቆጠር ለተስራላቸው

| ተ.ቁ | ጥያቄና ማጣረያ | የመልስ አማራጭና መለያ ቁጥር | ይዘት |
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| 238 | ስለማሕፀን ማስቆጠር የመከላከያ ዜዳ ጥቅሙንና ሌላም አስፈላጊ መረጃዎች ተነግሮታል? | 1.አዎ 2.የለም/አልተነገርኝም 99.አላስታወስም | |
| 239 | ማሕፀን የመጠር ዜዳ ለምን ያህል ጊዜ ያገለግላል? | 1.ሶስት ወር 2.1ዓመት 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 | ይዘት |
|-----|--------------------------------------|-----------------------|-----|
| 240 | የወሊድ መከላከያ ዜዳው እንዴት እንደሚስራባቸው ነገረዎት? | 1.አዎ 2.አይደለም | |

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| 241 | አሁን ሊጠቀሙበት ከተቀበሉት የወሊድ መከላከያ ሌላ የወሊድ መከላከያ ዜዴ እንዳለ ተነግሮታል? | 1.አዎ | 2.አይደለም | |
| 242 | ለቤተሰብ ምጣኔ አገልግሎት ስጭዉ ጥያቄናማብራረያ የማቅረብ ዕድል አግኝተዉ ነበር ? | 1.አዎ | 2.አይደለም | |
| 243 | አገልግሎቱ ስሰጠዎት ጥሩና የጅደኝነት ስሜት ነበር?/ደህና አደርሽ ወይም ደህና ዋልሽ በማለት ስላምታ ስጠተዎታል? | 1.አዎ | 2.አይደለም | |
| 244 | በምክር አገልግሎት ጊዜ ለብቻዎና አመቸ ሁኔታ ተፈጥሮልዎት ነበር?/ሌላ ተገልጋይ እርሰዎ የሚያወሩት ይስማል/ | 1.አዎ | 2.አይደለም | |
| 245 | አገልግሎት ስጭዉ ለሚስራቸዉ 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 | | | |