

ASSESSMENT OF CLIENTS' SATISFACTION AND ASSOCIATED FACTORS WITH THE HEALTH SERVICE AT GURAWA WOREDA HEALTH CENTERS' OUTPATIENT DEPARTMENT, EAST HAREREGHE, OROMIYA, EASTERN ETHIOPIA.



By: Ebsa Mohammed (B.Sc)

A THESIS REPORT SUBMITTED TO JIMMA UNIVERSITY COLLEGE OF PUBLIC HEALTH AND MEDICAL SCIENCE, DEPARTMENT OF EPIDEMIOLOGY; IN PARTIAL FULFILLMENT FOR THE REQUIREMENTS OF THE DEGREE OF MASTERS IN GENERAL PUBLIC HEALTH

February, 2013

JIMMA UNIVERSITY

JIMMA UNIVERSITY

COLLEGE OF PUBLIC HEALTH & MEDICAL SCIENCE

POST GRADUATE SCHOOL

DEPARTMENT OF EPIDEMIOLOGY

ASSESSMENT OF CLIENTS' SATISFACTION AND ASSOCIATED FACTORS WITH THE
HEALTH SERVICE AT GURAWA WOREDA HEALTH CENTERS' OUT PATIENT
DEPARTMENT, EAST HARERGHE, OROMIYA, EASTERN ETHIOPIA.

By: Ebsa Mohammed

Advisors: 1st: Dr. Sahilu Assegid (MD, PhD)

2nd: Mr. Desta Hiko (MPHE)

February, 2013

Jimma University

I. Abstract

Background: Periodic assessment of client satisfaction and identification of problem areas are very important especially for public institutions concerned with satisfying the needs of general public than profit making. There is no such a study that was ever conducted in Gurawa Woreda.

Objective: -This study aimed to assess the clients' satisfaction and associated factors with the health service at Gurawa Woreda Health centers' outpatient department.

Methods and Materials: - A Cross sectional study was conducted on 420 clients in six public health centers found in Gurawa district, East Harerghe, in Oromiya region from September to October 2013. The total sample size was taken based on single population proportion formula and was allocated proportionally to each health center based on their respective two months clients flow experience prior to data collection. Consecutive sampling technique was used to take each study subjects for exit interview. Observation and focused group discussions were done at each health center. Pre-tested data collection instruments were used and the data were analyzed using SPSS version 20.0. Descriptive statistics like frequency cross tabulation was used to see the association of independent variables with dependent variables using 95% CI.

Result: - Overall satisfaction with the health service delivered in the outpatient department was 316(75.2%) from 420 total clients. The level of satisfaction was highest 382(91%) with courtesy, respect and responsiveness of service providers. The socio demographic characteristics like age, sex, area of residence, marital status, and occupation had no any significant association with client's satisfaction, except educational level. From the total of 408 respondents who had drug prescriptions only 292(71.6%) of them obtained all of prescribed drugs and supplies. The result of FGDs and observation indicated there were shortage of drugs and supplies, problem on cleanliness of latrine.

Conclusion

The result of this study indicated that several numbers of clients are being dissatisfied with the outpatient services at Health centers and there is a need to increase clients' satisfaction. Shortage of drugs and supplies, problem on cleanliness and comfort of Latrine were the highest cause of dissatisfaction on Health centers' OPDs services. Therefore, Health service providers and managers should play a crucial role on solving those manageable priority problems and should also plan for periodic assessment of clients' satisfaction.

I. Acknowledgement

All Praise and thanks be to ALLAH, Lord of the Universe and all what exist. Then I would like to express my sincere and heartfelt gratitude to my advisors Dr. Sahilu Assegid (MD, PhD) and Mr. Desta Hiko (MPHE), for their constructive comments and advice.

I would also like to extend my gratitude to Jimma University for giving me an opportunity to conduct this study.

My gratitude further goes to Oromiya Health Bureau to sponsor me on this Golden opportunity of joining Masters of public Health program.

My deepest gratitude also extends to Gurawa Woreda Health Office, All Health center managers and staff members as well as data collectors and study participants for their valuable help in the realization of this study.

Finally my sincere and deepest heartfelt gratefulness and thanks goes to all my family members and friends for their indispensable help throughout the study.

II. Table of contents

Title.....	Pages
I. Abstract.....	I
I. Acknowledgement.....	II
II. Table of contents.....	III
III. List of Table.....	IV
IV. List of figures.....	V
V. Acronyms.....	VII
Chapter-One: Introduction.....	1
1.1. Background.....	1
1.2. Statement of the problem.....	2
Chapter –Two: Literature Review.....	4
2.1. Literature review.....	4
2.2. Significance of the study.....	7
Chapter- Three: Objectives.....	8
3.1. General Objective.....	8
3.2. Specific Objectives.....	8
Chapter-Four: Methods and Materials.....	9
4.1. Study area and period.....	9
4.2. Study design.....	9
4.3. Population.....	9
4.3.1. Source population.....	9
4.3.2. Study population.....	9
4.4. Sample size determination and sampling technique.....	9
4.5. Inclusion and Exclusion Criteria.....	12
4.6. Data Collection and Measurement.....	12
4.6.1. Study Variables.....	12
4.6.3. Data Collectors.....	13
4.7. Data Analysis.....	14
4. 8. Data Quality Control.....	14
4.9. Ethical Consideration.....	15
4.10. Dissemination plan of the study findings.....	15
4.12. Operational Definition.....	16
Chapter-Five: Results.....	17
Socio-demographic Characteristics of Respondents.....	17
Chapter-Six: Discussion.....	29
Chapter-Seven: Conclusion and Recommendation.....	33
Conclusion.....	33
Recommendation.....	34
Reference.....	35
Appendixes.....	37
Appendix IV: Afaan Oromo Version Questionnaire.....	45

III. List of Table

Table 1: Socio Demographic Characteristics of clients visited OPDs of Health Centers in Gurawa Woreda, Oromiya region, Sept-October, 2013.....	18
Table 2: Comparison of level of satisfaction with the independent variables in the OPD of Gurawa Woreda health centers, East Harerghe, Oromiya region, Sept-October, 2013.....	23
Table 3: Association of Selected Socio-demographic Characteristics with Overall Client Satisfaction in outpatient service of Gurawa Woreda Health centers, East Harerghe, Oromiya region, Sept-October, 2013.....	25

IV. List of figures

Figure.....	Page
Fig 1: Conceptual framework for assessment of clients' satisfaction at Gurawa Woreda Health centers' outpatient service, East Harerghe, Oromiya region Sept- October 2013.....	6
Fig 2: Schematic presentation of sampling technique in Outpatient Department services at Gurawa Woreda Health centers, East Harerghe, Oromiya region Sept- October 2013.....	11
Fig 3: Proportion (percentage) of responses with some of satisfaction measuring Variables in outpatient service of Gurawa Woreda Health centers, East Harerghe, Oromiya region, Sept- October 2013.....	19
Fig 4: Percentages of respondents with respect to waiting time of registration and time at OPDs of Health Centers in Gurawa Woreda, Oromiya region, Sept- October 2013.....	20
Fig 5: Percentage of clients' interview response for availability of drugs for outpatient Service users in Gurawa Woreda, East Harerghe, Oromiya region, Sept- October 2013.....	21
Fig 6: the percentage of response on cost of services at Gurawa Woreda Health Centers' outpatient service, East Harergh, Oromiya region, Sept- October 2013.....	22
Figure 7: Percentage of client reported satisfaction with some of satisfaction measuring variables at Gurawa Woreda Health Centers' OPD services, Gurawa Woreda, East Harerghe, Oromiya region Sept- October 2013.....	24

List of Appendixes

Appendix I: English version Questionnaire.....	37
Appendix II: Focus Group Discussion.....	42
Appendix III: Observation Checklist.....	43
Appendix IV: Afan Oromo Version Questionnaire.....	45
Appendix V: Map of Gurawa Woreda.....	49
Appendix VI: Declaration.....	50

V. Acronyms

AOR	Adjusted Odds Ratio
BP	Blood Pressure
BPR	Business Process Reengineering
BSC	Balanced Score Card
COR	Crude Odds Ratio
DACA	Drugs and Administration Control Authority
EDHS	Ethiopian Demographic and Health Survey
EC	Ethiopian Calendar
FGD	Focus Group Discussion
GTP	Growth and Transformation Plan
HEP	Health Extension program
HEWs	Health Extension Workers
HP	Health Post
HSDP	Health Sector Development Plan
HWs	Health Workers
JU	Jimma University
KMs	Kilometers
MDG	Millennium Development Goal
MOH	Ministry of Health
MPH	Master of Public Health
NGOs	Non-Governmental Organizations
OPD	Outpatient Department
OPDs	Outpatient Departments
PFSA	Pharmaceuticals Fund and Supplies Agency
PHCU	Primary Health Care Unit
SPSS	Statistical Software for Social Science
W H O	World Health Organization

Chapter-One: Introduction

1.1. Background

Gurawa Woreda is located in East Harerghe, Oromiya, Eastern Ethiopia, at the distance of about 550Kms Southeast of Addis Ababa. It covers the area of about 136 square kilometers. The Woreda is bounded in the East by Fedis Woreda, in the west by Bedenno Woreda, in the North by Kurfa Challe and in the south by Mayyu Woreda. The Woreda occupies 45 rural and 2 urban Kebeles with the total population of about 282,842 in the year 2013 (1). In the Woreda there is one District Hospital, six Health Centers, 41 Health Posts with two Health Centers ready to start health care service and 4 Health Posts under construction. The private Health service institutions found in the Woreda includes 1pharmacy, 2 drug stores, 8 lower clinics and 2 rural drug vendors.

The study tries to focus on one of important component of the primary Health care Unit that is the Health Center, which has five satellite health posts under it. All health centers in the country are providing both curative and preventive service with the close support and supervision of five satellite health posts having two Health Extension Workers who works only 20% of their time in the post and 80% of their time in the community on major preventable health problems of the local community that are included in the health extension program (HEP) (2). Under curative service health centers are having both outpatient and inpatient service. The Health centers in Gurawa Woreda are not different from the above mentioned realities. Asking patients what they think about the care and treatment they have received is an important step towards improving the quality of care, and to ensure that local health service are meeting patients' needs. A useful way of doing this is by carrying out surveys of patients who have used the health service (3).It is known fact that clients or patients visiting outpatient service are more mobile than those admitted, hence they have higher chance to go back to the community and communicate with others about their service experience.

Expectation about Health facility service may be influenced based on information obtained from others (4). In the study done at Addis Ababa Public facility, respondents reported that they received recommendation to visit the health care facility from others (5).It is likely that satisfied cliets recommend the service to others (6). Therefore, assessing clients' satisfaction with the outpatient service through customer satisfaction interview questionnaire is very crucial. Also another study indicated that such a study allow service users' voice to be heard and affirm the importance of their experience for improved health care planning (3, 7). On the other hand, provided that there are no adequate studies conducted in east Harerghe zone in this field of study

and no such a study ever conducted in Gurawa Woreda; it is important to conduct this study at this crucial time for better change (development).

1.2. Statement of the problem

Patient/client satisfaction is the essential indicator that indicates the quality of health service at all level of health care facilities. Although there are no universally accepted measure of client or patient satisfaction, results from different studies are stressing that satisfaction in the health service delivery is directly related to the client/patient satisfactions(8). To improve health service provided, Health sector managers should differentiate between a factor they control that is part of a wider social and political context (9).Today, Assessing client or patient satisfaction with the health service delivery has becomes the crucial part of management strategies for Health care delivery institutions worldwide. Moreover, the Health service quality control and approval process in most countries requires that the satisfaction of clients be measured on a regular basis. It should also be stressed that Patient satisfaction measures are useful objective measures that can be used to reformulate the delivery of healthcare (9, 10). In fact, it has been suggested that patient satisfaction is a major quality outcome in itself (11). It is indicated that health care systems in most developing countries suffer from serious deficiencies in financial aspect, efficient utilization, equitable distribution and provision of quality good service and are poorly prepared to meet these challenges (12). Patients' perceptions about health care systems seem to have been largely ignored by health care managers.(13) Their satisfaction depends up on many factors such as: Quality of health service provided, availability of drugs, characters of health service providers, cost of health service, infrastructure of health facilities, physical comfort, and whether to respect their preferences accordingly (14). In our country also different Health indicators (Maternal mortality ratio of 676 maternal deaths per 100,000 live births for the seven year period preceding the survey) researched by EDHS 2011 suggests that there are a lot to work on improvement of health care service delivery (15). The recent studies done on utilization of health service in different part of our country are also supporting this fact by showing that utilization of services is low (not satisfactory) (16).

The five-year Growth and Transformation Plan (GTP) in Ethiopia aims not only to attain rapid economic growth and to be one of the middle income countries but also seeks to ensure the expansion of quality health service to attain the MDG and insure the welfare of the youth and women. The Business Process Reengineering (BPR) effort and other quality improvement process initiatives like Balanced Score Card (BSC) being under taken by health facilities are indication of this fact (15, 17).

Patient perceptions of health care quality are critical to a health care service provider's long-term success because of the significant influence perceptions have on customer satisfaction and consequently organization's performance. Whether clients are satisfied or not affects not only the outcome of the health care process such as patient compliance with physician advice as well as treatment, service utilization and survivor of the medical service but also patient retention and favorable communication and dissemination of information about the service and the facilities. Hence, it is crucial strategy for health care organizations to provide quality service and address patient satisfaction (18). Gurawa Woreda Health Centers are also among those facilities that require assessing their clients' satisfaction and associated factors. Furthermore, there is no any formal research done in the area related to this topic.

Chapter –Two: Literature Review

2.1. Literature review

Patient/client/ satisfaction

Now a day in our country Satisfying patient or client is the primary goal of the Government's reform program including the BPR. Satisfaction is defined differently by different individuals as a consequence of varying backgrounds and experiences (2, 19). Some believe patient or client satisfaction is a relative judgment resulting from comparing perceptions of current health status and what desired and is also "The extent of an individual's experience compared with his/her expectations or need" (20, 21). Some others define it as an expression of the gap between the expected and perceived characteristics of service and it is a subjective phenomenon that could be elicited by asking simply how satisfied or not patients concerning the service. Generally there is an agreement that client satisfaction is an integral component of service quality (22, 23, and 24). Expanded definitions of health service quality typically make explicit mention of patient/client satisfaction.

It comprises both cognitive and emotional facets and relates to previous experiences, expectations and social networks (25). It is a more complicated phenomenon that results from interactions between the goals of the patients seeking health care service in each instance, the level and nature of their past experience with health service, the socio-political ideologies on which the current health system is based, and the images of health held by the patient (26).

It has been stated that the effectiveness of health care is determined, in some degree, by consumers' satisfaction with the service provided. Support for this view has been found in studies that have reported a satisfied patient is more likely to comply with the medical treatment prescribed, more likely to provide medically relevant information to the Health care service provider, and more likely to maintain utilization of the service. The logic has been extended to developing countries; patient satisfaction and perceived quality influences health service utilization and compliance with Health service providers' recommendations (7, 27).

Satisfaction can be measured indirectly by asking users to rate the quality of service they have received, or report their experiences. In practical terms, approaches that focus on expectations imply that the measurement of satisfaction involves an assessment of both expectations and how experiences compare with them. This creates difficulties when expectations are imprecise or uninformed (28).

Healthcare service is multi-dimensional, but many means of measuring satisfaction do not show consumers' relative preferences, although such information is significant for cost-effective and wise decision-making (29).

Independent variables and client satisfaction

The study in the Health center, Bangkok Metropolitan Administration found the association between socio-demographic-economic factors and patient satisfaction. The results showed that education, family income, travelling time and transportation of respondents to visit last year had significant association with level of satisfaction (30).

However, the latest study on Determinants of patient satisfaction with outpatient health service at public and private hospitals in Addis Ababa, Ethiopia, shows there is no association between socio-demographic variables and client satisfaction in public hospitals. But, the reasons for visit, interview day waiting time perceived cleanliness score of hospitals was found to be associated with the satisfaction score (4). The cross-sectional study conducted on Determinants of satisfaction with health care provider interactions at health centers in central Ethiopia also showed that marital status, residence, educational status and occupational status found to be statistically associated with clients' satisfaction. The study result continued to indicate that Perceived empathy, non-verbal communication, and disclosing result of the diagnosis (being told the name of once illness) and frequency of visit, were among the main independent predictors of patient satisfaction. Furthermore, the study indicated that good empathy, fair non-verbal communication and fewer expectations met had greater negative influence on patient satisfaction. On the other hand, the study found that excellent non-verbal communication and disclosing result of the diagnosis (being told the name of once illness) had pronounced positive influence on clients'/ patients' satisfaction (5).

Assessment of the Clients /Patients/ consumer satisfaction with the health service is the Indicator for the health service quality. While quality of Health Service is one of the important factors that affect client satisfaction (7). Other finding from similar study stated that perceived technical quality affects clients' satisfaction less when compared to interpersonal care of service (31).

Distal Independent Variable

Proximal Independent Variables

Dependent Variables

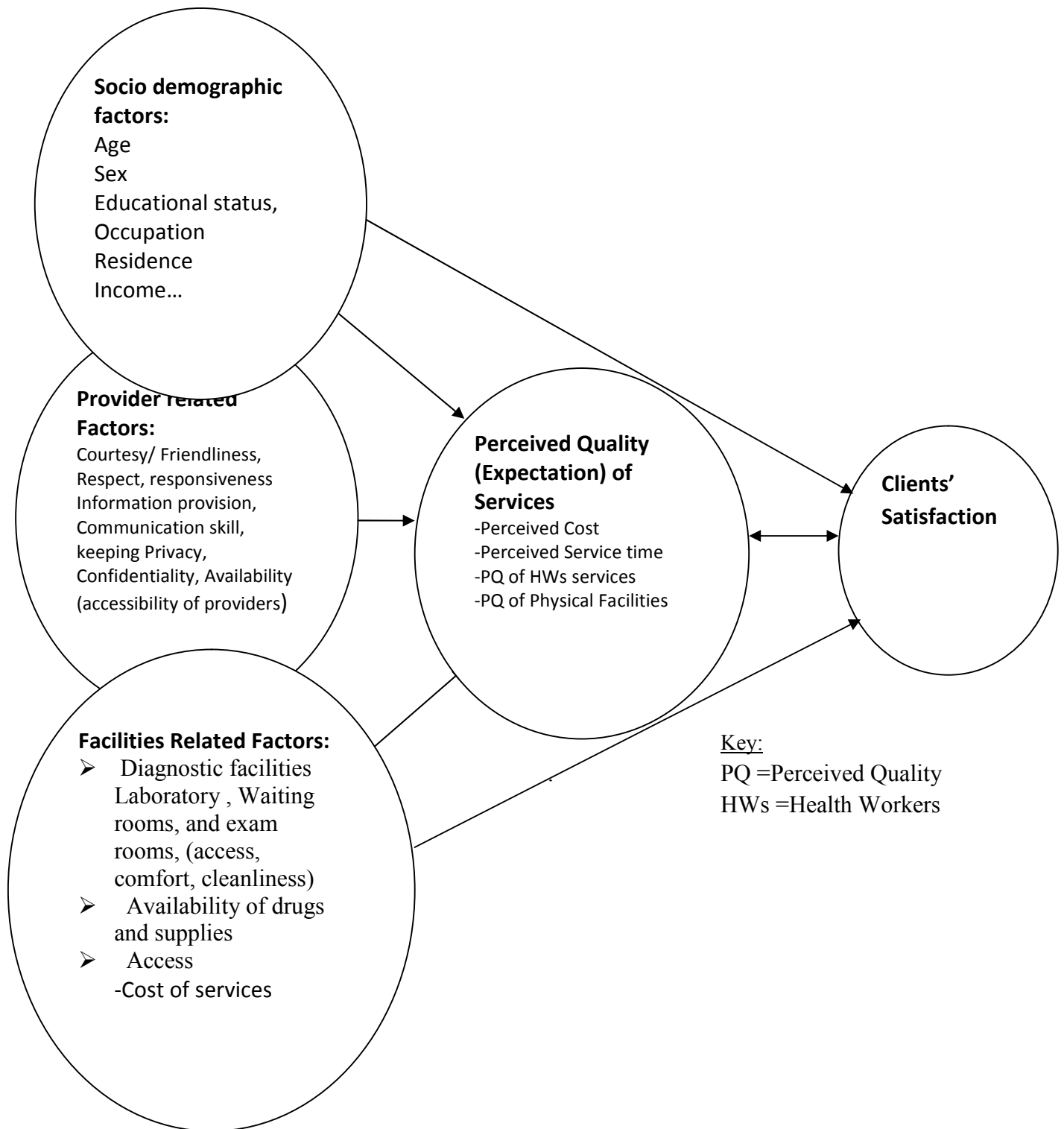


Figure1: Conceptual framework for assessment of clients' satisfaction at Gurawa Woreda Health centers' outpatient departments services, East Harerghe, Oromiya region, Sept-October, 2013.

2.2. Significance of the study

This proposal aims at providing information on the assessment of clients' satisfaction with the health service delivery at Gurawa Woreda health centers. Assessing the service users feeling and attitude towards the service being provided and identifying the existing gap is important in the improvement of the quality of health service. Improving the quality of health service also increase utilization of health service (27) and may leads to creation of competitive good quality service which reduce unnecessary cost that resulted from utilization of alternative inaccessible service provided by profit making private organization. Various studies indicated that satisfied clients are more likely to utilize the service, to comply with the treatment (24, 32) and to maintain harmonious continuing relationships with the service providers, to enjoy better medical prognosis, to have positive attitude of the organizations and to develop thrust.

Assessment of clients' satisfaction with the service provided can be used as a screening tool to identify topic of dissatisfaction (33). Also conducting such a study periodically at different level can be helpful for the program managers, advocators and decision and policy makers to design strategy and focus on appropriate interventions that fill identified gaps and mitigate the problem that leads to the advancement of health care units and program. The findings from this study can contribute to improvements in Health sector development planning and implementation of reform program activities that the country is undertaking. It can also be further applied by other government sectors as well as private health organizations that are interested in satisfying their clients' needs and want to increase their client flow. Nationally little was done on assessment of clients' satisfaction at health centers' outpatient department services, while it has very determinant effect to change image of the whole health center. There was no such study ever conducted on this topic and related issue at the study area.

Chapter- Three: Objectives

3.1. General Objective

To assess the clients' satisfaction and associated factors with the health service at Gurawa Woreda health centers outpatient department, East Harerghe, Oromiya region, 2013.

3.2. Specific Objectives

To determine Level of satisfaction with outpatient departments' services at Health centers' outpatient department service

To determine factors associated with satisfaction of clients at Health centers' outpatient department service

Chapter-Four: Methods and Materials

4.1. Study area and period

The study was conducted in Gurawa Woreda, which is located in East Harerghe, Oromiya region, Eastern Ethiopia, at the distance of about 550Kms South-East of Addis Ababa. It covers the area of about 136square kilometers. The Woreda is bounded in the East by Fedis Woreda, in the West by Bedenno Woreda, in the North by Kurfa -Challe and in the South by Mayyu Woreda (See Appendix V). The Woreda occupies 45 rural and 2 urban Kebeles with the total population of 282,842 in the year 2013 (1). In the Woreda there is one District Hospital, six Health Centers and 41 Health Posts. Additionally, two Health Centers are ready to start health care service and 4 Health Posts are under construction. The private Health service institutions found in the Woreda includes 1pharmacy, 2 drug stores, 8 lower clinics and 2 rural drug vendors (1).

4.2. Study design

Descriptive cross - sectional study was carried-out.

4.3. Population

4.3.1. Source population

All people living in Gurawa Woreda and visiting the Government Health centers' outpatient department found in Gurawa Woreda.

4.3.2. Study population

Sampled population with age range of 15 to 60 years and visiting the outpatient departments of six Health Centers found in Gurawa woreda within data collection period.

4.4. Sample size determination and sampling technique

Sample size:

The sample size is determined by the single population proportion formula as follows:

$$n = \frac{(Z^{\alpha}/2)^2XP(1-P)}{(d)^2} \quad n = \frac{(1.96)^2 \times 0.54 \times 0.459}{(0.05)^2} = 382$$

Where: n = required sample size

Z = 1.96 at 95% confidence interval ($\alpha = 0.05$)

P = Overall satisfaction level (= 54.1%) (34).

d = degree of accuracy desired or absolute precision ($\alpha = 0.05$)

Therefore the sample size becomes 382. Considering 10% non-response rate the final sample size become **420**.

Sampling technique

Consecutive sampling technique was used and all six Health centers found in Gurawa Woreda were selected conveniently.

The total sample size of 420 clients was allocated to each Health Center proportionately, depending on their respective previous 2 months average client flow.

Using the formula: $n_i = N_i/N$

Where: - n_i = Proportional Sample size for each Health center

n = Calculated Sample size = 420

N_i = Average Numbers of Client coming to each Health center within the last 2 months prior to the start of study.

N = Total eligible population

The average of last 2 months clients flow at each health center is taken in order to proportionately allocate the sample size for each health center. Each study subjects at each Health center were selected consecutively and interviewed at their exit point, after finishing their outpatient service use.

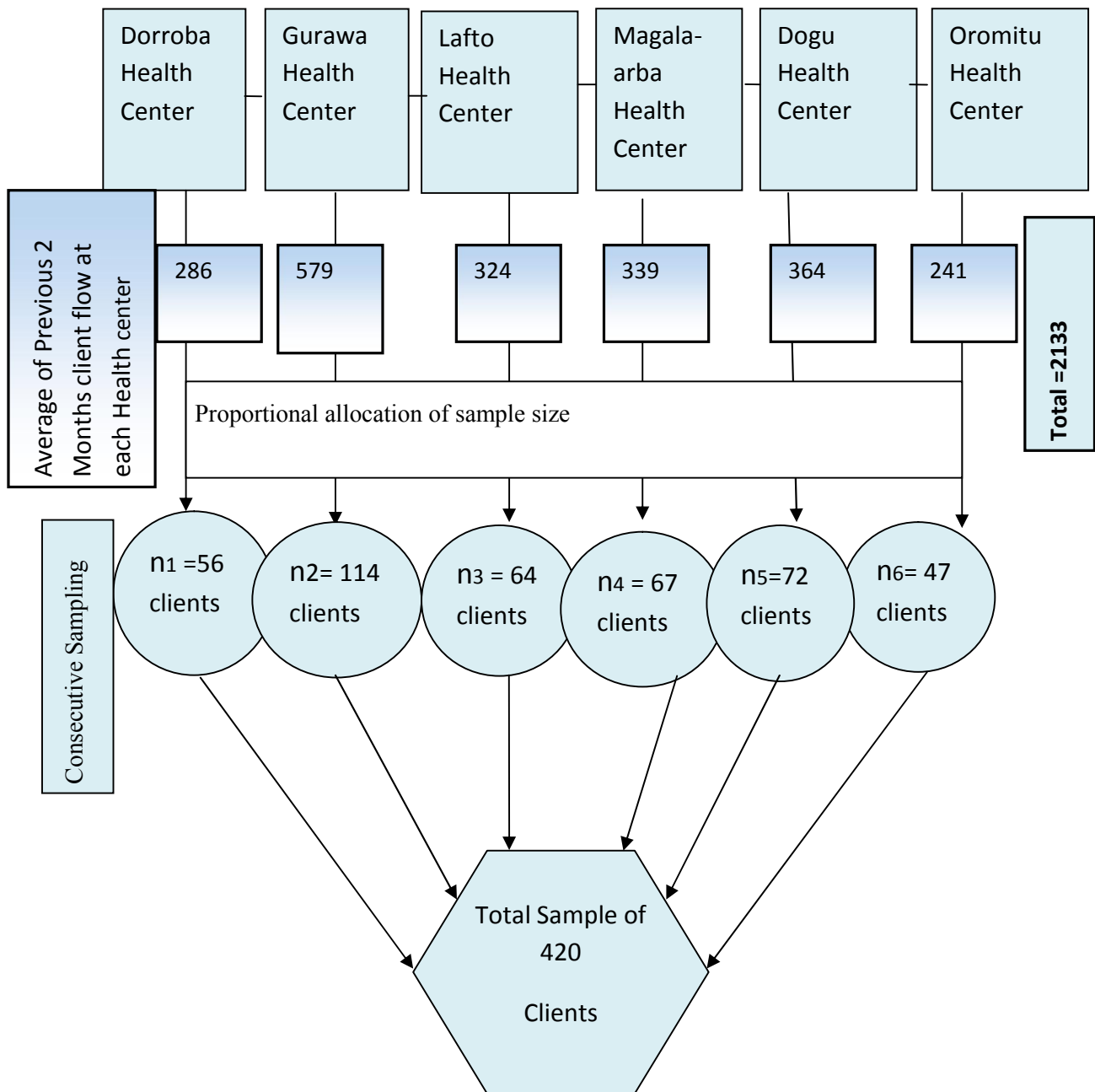


Figure 2: Schematic presentation of sampling technique in Outpatient Department services at Gurawa Woreda Health centers, East Harerghe, Oromiya region, Sept-October, 2013.

4.5. Inclusion and Exclusion Criteria

Inclusion Criteria:

All Clients with age range of 15 to 60 years and were visiting the OPDs of all Health centers' found in Gurawa Woreda.

Exclusion Criteria:

Patients who were unable to respond properly due to severe illness

4.6. Data Collection and Measurement

4.6.1. Study Variables

Independent variables

- **Socio-demographic variables** (Age, gender or sex, marital status, educational level, income, religion, Ethnicity, occupation and residence).
- **Provider related variables :-** Attitude (courtesy, Friendliness, respect)
 - Privacy
 - Confidentiality
 - Information provision
- **Health Facility Related Variables**
 - Diagnostic facilities (Laboratory)
 - Waiting room
 - Examination room
 - Availability of drugs and supplies
 - Accessibility – Providers availability/waiting time
 - Cost of service
- **Expectation of Clients(Perceived Quality)**
 - Perceived Waiting time
 - Perceived cleanliness of the health center
 - Perceived Service time
 - Perceived quality of Physical facilities
 - Perceived quality of Health workers service
 - Perceived quality of Registration staff service

Dependent variables

- Clients' satisfaction

4.6.2. Data Collection Method

Client exit interview with semi structured questionnaire, Focused Group Discussion and interviewer's observation of Facilities and service providers' interaction were used.

Data collection instrument and pre-testing

The data was collected using pre-tested interviewer guided semi structured questionnaire which have socio-demographic variables, expectation (perception) of clients and health service related questions. The FGD and Observation were done at each health center to triangulate their result with the quantitative findings.

The questionnaire was prepared in English and translated to Afan Oromo and it was checked for its consistency by back translation to English.

The instruments were adopted from Oromiya Hospital outpatient survey tool which was translated by Oromiya Health Bureau from Federal Ministry of Health of Ethiopia. Client or Patient satisfaction was assessed using a Five-point Likert scale ranging from Very dissatisfied (1) to Very satisfied (5).

Pre- test

Before the actual data collection, the questionnaire was tested at Gurawa Health Center taking five percent of the total sample size (21 clients) which were visiting the health center and fulfilled the inclusion criteria.

4.6.3. Data Collectors

Data was collected by six nurses who can read, write and speak local language (Afan Oromo) fluently, after they have been trained for three days, both theoretically and practically. One Nurse who has degree of Bachelor of Science and one Health officer were used for follow up and supervision. The whole Data collection process and supervision were commanded by principal investigator (GMPH Candidate).

4.6.4. Data collection process

The clients were interviewed at their exit point after they have received the service and just before leaving the Health Center's compound to obtain quantitative data.

Focused Group Discussions of selected clients were done at each Health Center accompanied by observation of outpatient service provision, on 84(20%) of total clients taken conveniently during data collection period. Client-provider interaction and the whole amenities were observed Using observation checklist. Focused group discussions were held, supported by recording of the voice for transcription of result. The results from all these were triangulated.

4.7. Data Analysis

The collected data was checked for its completeness and analyzed by using SPSS version 20.0. Descriptive analysis such as frequency, percentage and graphs were used to describe relationships of some variables. Also chi square was used to see relationship of variables. The significance level of 5% was used. The data from Focused group discussion were transcribed, categorized and analyzed thematically and the results from it were triangulated with the quantitative findings or results.

4.8. Data Quality Control

The English version questionnaire was translated in to Afan Oromo and then back to English to maintain its consistence for actual data collection purpose with great emphasis given to local vocabularies. The questionnaire was pre-tested on Gurawa Health Center, to ensure their accuracy and consistency prior to actual data collection. Detail training for data collectors and supervisors were given by the principal investigator and guiding documents were given to them. Furthermore, feedback and corrections were given on daily basis for the data collectors before they deployed to the field by the principal investigator and supervisors. Completeness, accuracy, and clarity of the collected data had been checked carefully. Any error, ambiguity, incompleteness encountered had been addressed and needed corrective measures were taken immediately as demanded.

4.9. Ethical Consideration

Letter of ethical clearance was obtained from the Research Ethics Committee of Jimma University. Letter of permission was obtained from Gurawa Woreda administration and Gurawa Woreda health office and the health centers. The objective of the research and its significance were clarified to the study subjects and their consent had been taken individually and confidentiality of responses was guaranteed. Training on maintaining the confidentiality of the collected information had been given to each data collectors and clients were not asked their name. While collecting the data, privacy of the client was assured and the interview places were freed from any disturbance to keep auditory privacy.

4.10. Dissemination plan of the study findings

The result of the study will be presented to Jimma University community as part of Master of Public Health thesis and it will be disseminated to JU College of public health and medical science, department of Epidemiology, regional health bureau, zone and district health offices, to the targeted health facilities and to NGOs working on this area. Further effort will be made to publish it on national and international scientific journals.

4.12. Operational Definition

Cleanliness: The area or the rooms should be free from any dirt and free from annoying smell, well ventilated dry and have enough natural light.

Clients: includes patients or anyone who visit OPD of health center for various reasons.

Client's Satisfaction: Is the client reported satisfaction of clients/patients in health care service provided at outpatient department by meeting the perceived needs and the expectations of the clients in relation to factors related to the Health care provider and of health service facilities and quality of service.

Dissatisfied: Not attaining one's need or desire. Operationally it is being very dissatisfied (fails to meet ones expectation or disappointment) or not satisfied (bellow ones expectation) with the outpatient services. Responding to have neutral feeling can be considered as dissatisfied because of high probability for introduction of social desirability bias.

Outpatient Department Service: the health center's department where adult patients received diagnosis and treatment but did not stay overnight. The service that were given for adult clients or Patients visiting Health center; which includes, the service given at registration room, examination room, Laboratory service and Drug Dispensary.

Overall satisfaction: The perceived satisfaction that is reported by the clients/respondents on overall outpatient services.

Overall service Time: The time between onsets of service (Registration) to accomplishment of all the visiting day's outpatient services (until finishing the service from dispensary) or until they get back.

Quality service: is defined by cleanliness, comfort, privacy, confidentiality and timeliness of service as well as availability of prescribed drugs and supplies,

Perceived Quality: The quality of service expected by the patients

Primary Health care Unit: The health care unit composed of primary hospital, health center and health posts.

Satisfaction: Attaining one's need or desire, operationally being satisfied (just ones expectation) or very satisfied (above ones expectation) with the outpatient services that is with the facility related factors, with provider related factors as well as with the perceived quality of the services.

Service providers: All outpatient workers in the outpatient departments including Health Workers (Health Professionals) and supportive Staffs (Non Health professionals)

Waiting time: The time interval between arrivals at the facility to onset of service (Registration)

5. Results

5.1 Quantitative Result

Socio-demographic Characteristics of Respondents

From the total 420 study subjects 228(54.3%) were male and 192(45.7%) were females. The mean ages of respondents were 32.08 years with standard deviation of 10.14 years. Nearly half of the clients 169(40.2%) were within the age group of 25-34 years. Most respondents 342(81.4%) were rural residents and the rest 78(18.6%) were urban dwellers. Concerning educational level of the clients, 191 (45.5%) cannot read and write, whereas the succeeding percent 138(32.9%) have attended primary school. Only few of respondents 11(2.6%) were educated at higher level. By religion the vast majority 382(91%) were Muslims followed by Orthodox 30(7.1%) and Protestants 8(1.9%). Three hundred eight five (91.7%) of the study participants were Oromo, 31(7.4%) were Amhara and the rest 1% were Somali and Gurage equally by ethnicity. Regarding Marital Status, most of the clients 324(77.1%) were married and 73(17.4%) were single, whereas 23(5.5%) of the customers were found to be divorced or widowed. The mean and median income of clients was 954.20 and 900 respectively. By Occupation the larger number 182 (43.3%) were Farmers, 74 (17.6%) were Merchants and 69(16.4%) were Students. The remaining 66(15.7%), 14(3.3%) and 15(3.6%) were Home Makers/House Wives, Government employee and others respectively. Most of the service users 396(94.3%) were paying for services and only 24(5.7%) were free users. Two hundred twenty nine or 54.5% of the clients were new visitors; whereas 191(45.5%) respondents were repeated service users (Table1).

Table 1: Socio Demographic Characteristics of clients that visited OPDs of Health Centers in Gurawa Woreda, Oromiya, 2013 (n=420).

Socio-demographic characteristics	Number	Percent (%)
Sex		
Male	288	54.3
Female	192	45.7
Age(Years)		
15 – 24	103	24.5
25 – 34	169	40.2
35 – 44	84	20.0
45 – 60	64	15.2
Residence		
Urban	78	18.6
Rural	342	81.4
Educational Level		
Can't read and write or Illiterate	191	45.5
Can read and write	10	2.4
Primary School	138	32.9
Secondary School (High School)	70	16.7
Above Secondary Schools	11	2.6
Religion		
Muslim	382	91
Orthodox	30	7.1
Protestant	8	1.9
Ethnicity		
Oromo	385	91.7
Amhara	31	7.4
Somali	2	0.5
Gurage	2	0.5
Marital Status		
Single	73	17.4
Married	324	77.1
Divorced or Widowed	23	5.5
Monthly Income(in Birr)		
<954	232	55.2
≥954	188	44.8
Occupation		
Farmer	182	43.3
Student	69	16.4
Merchant	74	17.6
House Makers or House Wives	66	15.7
Government Employee	14	3.3
Others*	15	3.6
Payment Status		
Paying	396	94.3
Free	24	5.7
Frequency of Visit		
New Visit	229	54.5
Repeated	191	45.5

* Daily laborers, privately hired workers (Drivers)

Out of all 420 clients, 132(31.4%) could not get any information about where the service rooms like Registration room, Laboratory room, Examination room and Dispensary room, were located from the service providers. Also nearly quarter 102(24.3%) of respondents answered that their privacy were not kept properly due to absence of screens (curtain) or private rooms, while they were having Physical Examination by their physicians or health workers. The same number 102(24.3%) of clients responded that they were not informed with their diagnosis. In contrary to these 402(95.7%) and 404(96.2%) of clients responded that they recommend the service to someone else and choose the same health center if they have another illness again respectively (Figure 3).

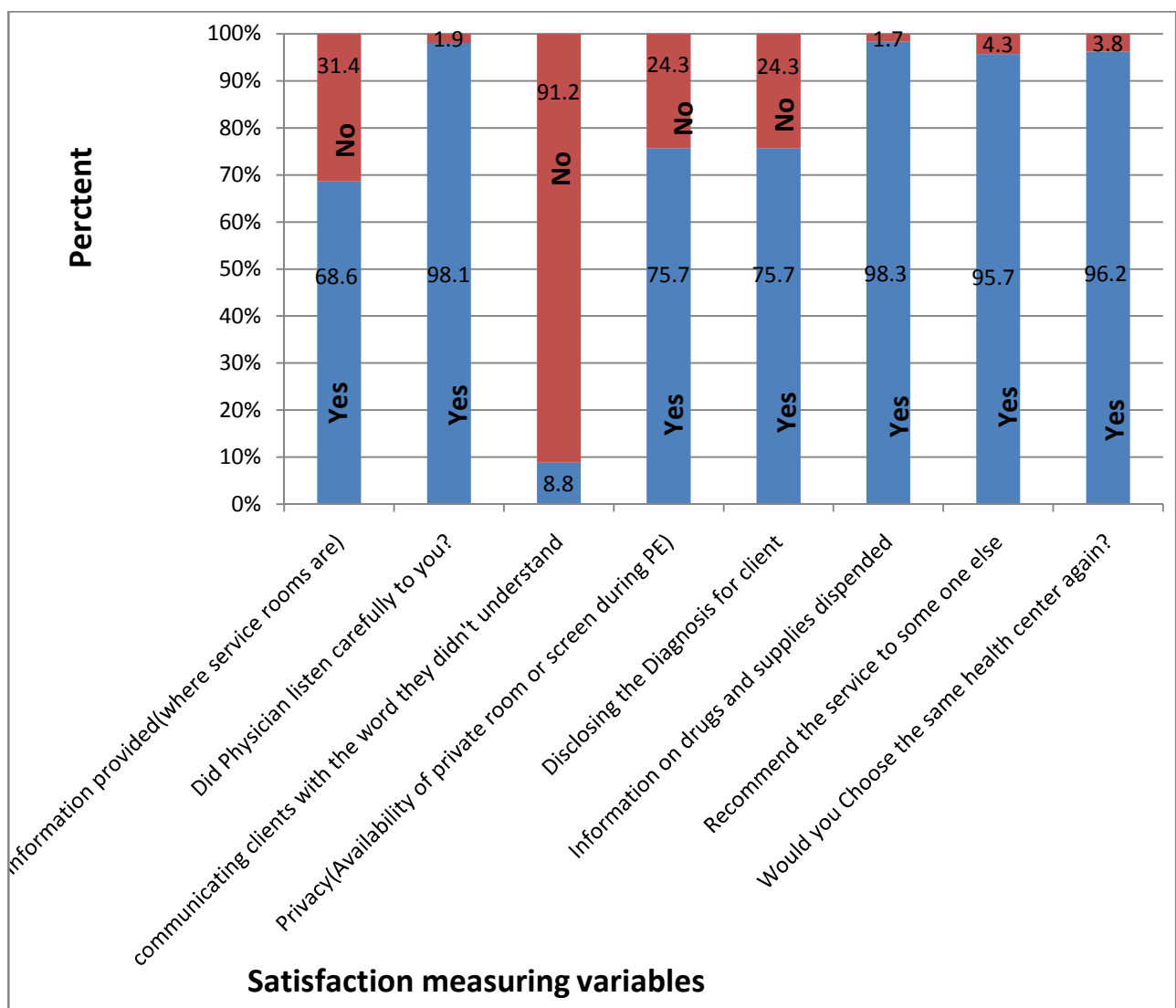


Figure 3: Proportion (percentage) of responses with some of satisfaction measuring variables in outpatient service of Gurawa Woreda Health centers, East Harerghe, Oromiya, Sept-October, 2013.

Concerning waiting time, 160(38.1%) out of total clients stayed less than 10 minutes before on set of services. The same number 160(38.1) of clients stayed between 10 and 30 minutes, where as 86(20.5%) stayed 30 minutes to 1 hour and the remaining 14(3.3%) waited more than one hour. The service time for registration was asked for each client and accordingly, nearly half of the total 420 clients or 52.1% have got the service in less than 10 minutes, 44.5% took the service in 10 to 30 minutes (Figure 4).

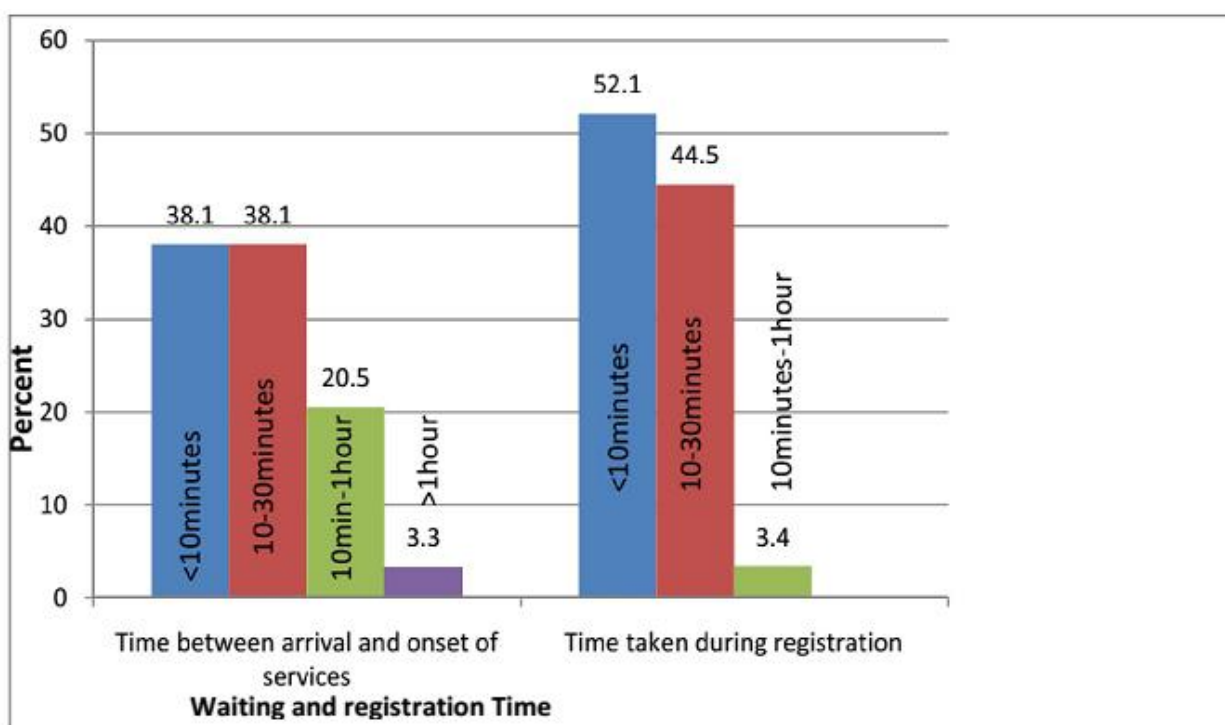


Figure 4: Percentages of respondents with respect to waiting time and time of registration at OPDs of Health Centers in Gurawa Woreda, Oromiya, Sept-October, 2013.

From the total of 408 respondents who had drug order (prescription) only 292(71.6%) obtained all the prescribed drugs and supplies from the health centers' own pharmacy or dispensary rooms, whereas 111(27.6%)of them obtained only some of prescribed drugs and supplies with the rest 5(1.2%) obtained none of it (Figure 5).

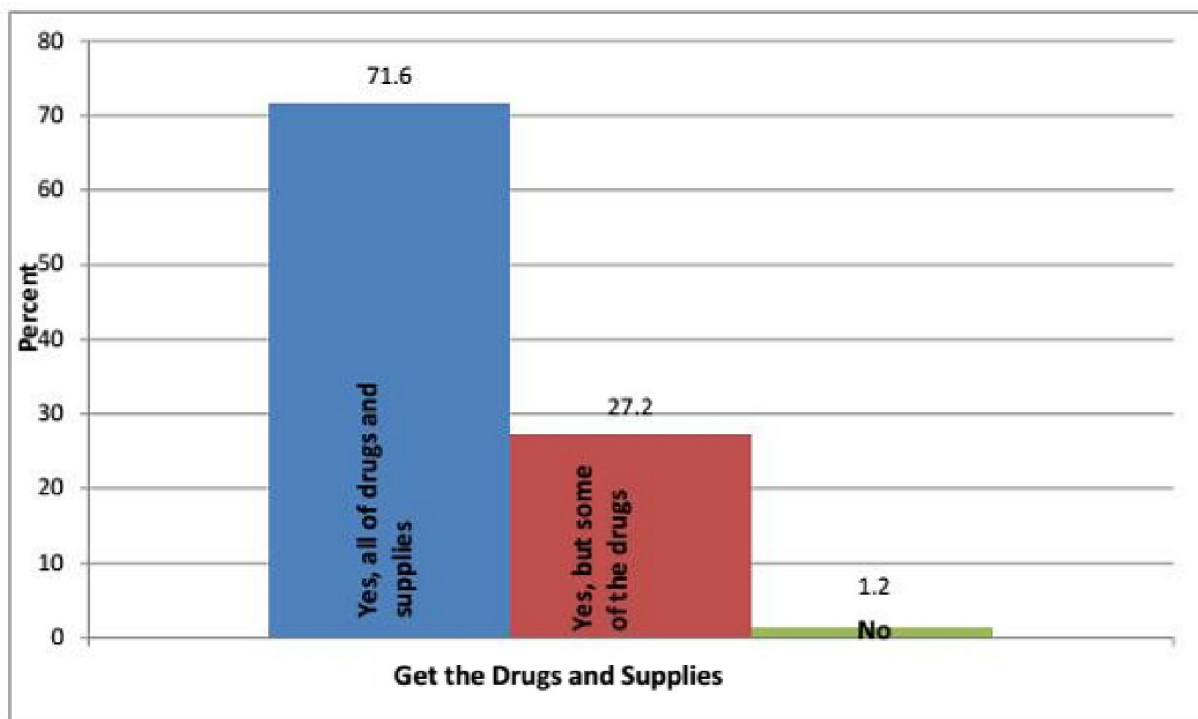


Figure5: Percentage of clients' interview response for availability of drugs for outpatient service users in Gurawa Woreda, East Harerghe, Oromiya, Sept-October, 2013.

From the total 420 clients 258(61.43%) responded that the Health centers' outpatient services cost was Medium. The second higher percentage 156(37.14%) responded that the service cost was cheap and only 6 (1.43%) responded that the service was expensive (Figure 6).

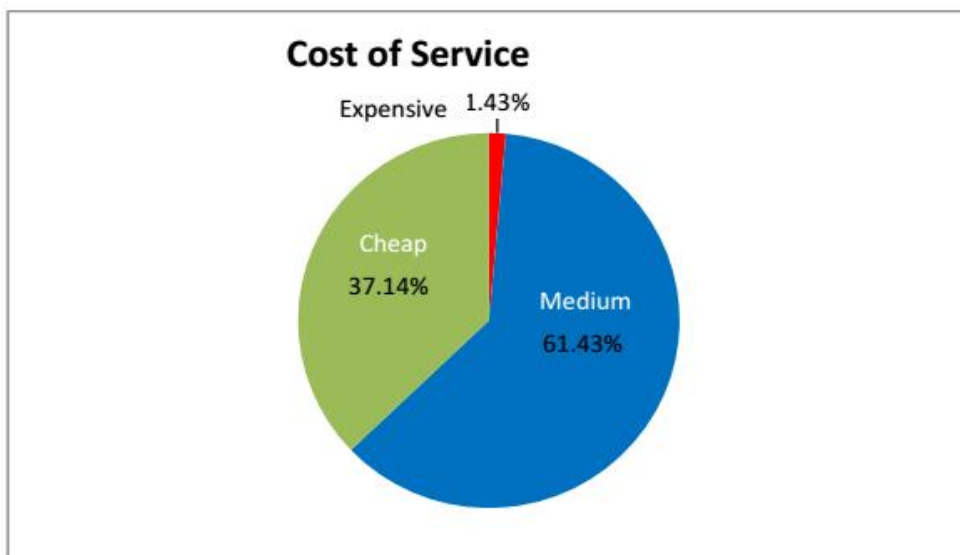


Figure 6: the percentage of response on perceived cost of services at Gurawa Woreda Health Centers' outpatient department services, East Harrah, Oromiya region, Sept-October, 2013. (n= 420)

In the information provided by the service providers on the service (where the location or rooms of services); 81(28.1%) were very satisfied, 193(67.0%) were satisfied, 5(1.7%) were neutral, 7(2.4%) were dissatisfied and the rest 2(0.7%) were very dissatisfied. On availability of drugs and supplies; 208(49%) of respondents were very satisfied, 117(28.7%) were satisfied, 78(19.1%) were dissatisfied, 4(1%) were very dissatisfied and only 1(0.2%) had neutral feeling. Forty four clients (22.8%) were very satisfied with cleanliness and comfort of latrine, 87(45.1%) were satisfied, 55(28.5%) dissatisfied, 4(2.1%) very dissatisfied and the rest 3(1.6%) had neutral feeling on cleanliness and comfort of latrine. (Table2).

Table 2: Comparison of client reported level of satisfaction with the independent variables in the OPDs of Gurawa Woreda Health Centers, East Harerghe, Oromiya region, Sept-October, 2013. 9(n=420)

Variables	V. Dissatisfied Freq (%)	Dissatisfied Freq (%)	Neutral Freq (%)	Satisfied Freq (%)	V. Satisfied Freq (%)
Information Provided by Service providers	2(0.7%)	7(2.4%)	5(1.7%)	193(67.0%)	81(28.1%)
Courtesy, responsiveness and Respect of the Health worker	7(1.7%)	27(6.4%)	4(1%)	275(65.5%)	107(25.5%)
The way privacy Kept during Physical examination	6(1.4%)	41(9.8%)	7(1.7%)	263(62.6%)	103(24.5%)
Satisfaction with Lab services	5(3.1%)	16(10.1%)	4(2.5%)	103(64.8%)	31(19.5%)
Cleanliness of Latrine	4(2.1%)	55(28.5%)	3(1.6%)	87(45.1%)	44(22.8%)
Cleanliness and comfort of Waiting area, service rooms and compound	9(2.1%)	33(7.9%)	16(3.8%)	300(71.4%)	62(14.8%)
Availability of drugs and Supplies	4(1%)	78(19.1%)	1(0.2%)	117(28.7%)	208(51%)
Information about drugs and Supplies	1(0.2%)	12(3%)	5(1.2%)	252(62.5%)	133(33%)
Confidentiality of information	4(1%)	35(8.3%)	9(2.1%)	265(63.1%)	107(25.5%)
Overall service time	4(1%)	44(10.5%)	9(2.1%)	223(53.1%)	140(33.3%)
Overall Quality of Health Center	3(0.7%)	80(19%)	13(3.1%)	249(59.3%)	75(17.9%)
Overall Satisfaction with service	3(0.7%)	85(20.2%)	16(3.8%)	242(57.6%)	74(17.6%)

V. Dissatisfied = Very Dissatisfied, V. Satisfied = Very Satisfied

Among highest satisfaction were 382(91%) satisfaction on courtesy, respect and responsiveness of service providers followed by 88.6% satisfaction with confidentiality of information. The lowest clients' satisfaction was found in lack of cleanliness and comfort of latrine which was 67.9% and also in availability of drugs and supplies which was 79.7%. The highest dissatisfaction 32.1% was observed in cleanliness and comfort of the Health centers' latrine or toilet facilities followed by 22.8% dissatisfaction in overall quality of the outpatient services and 22.3% dissatisfaction with shortage of drugs and supplies (Figure 7).

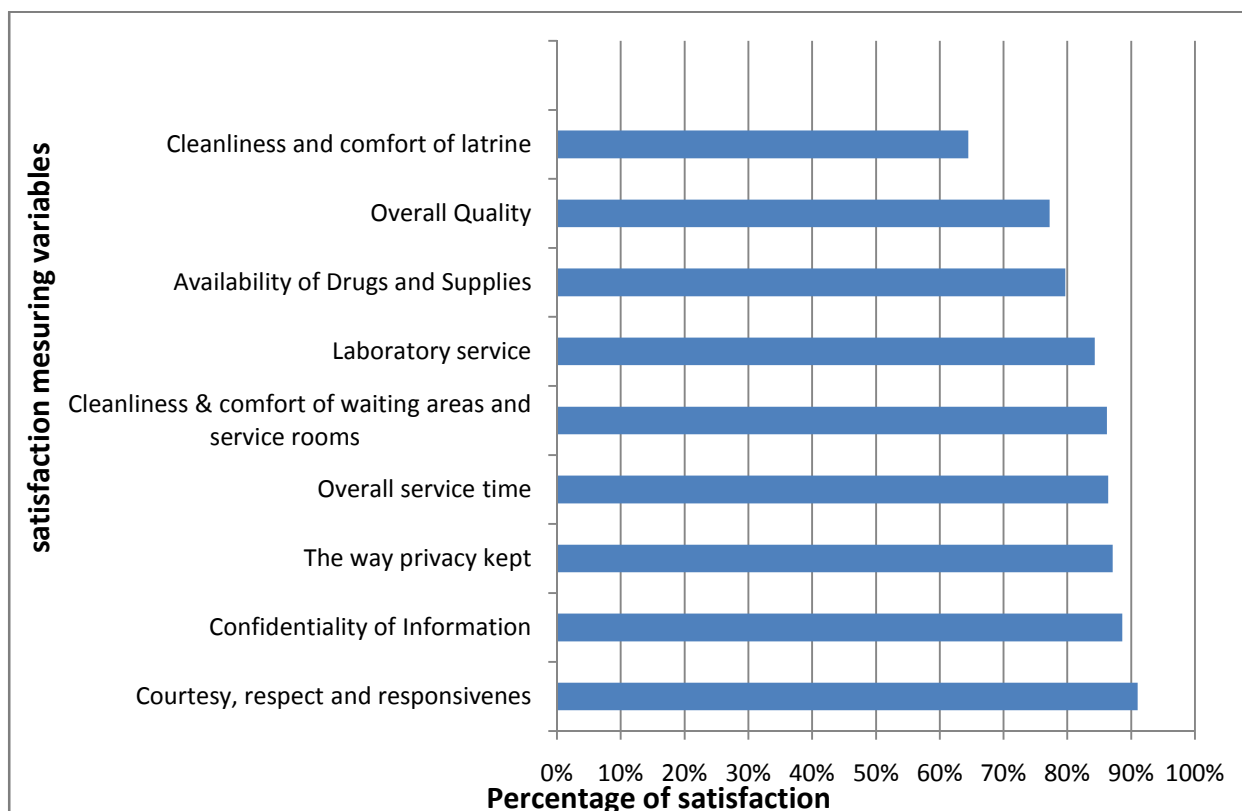


Figure 7: percentage of client reported satisfaction with some of satisfaction measuring variables at Gurawa Woreda Health Centers' OPD services, Gurawa Woreda, East Harerghe, Oromiya region Sept- October 2013.

On chi square analysis all socio demographic characteristics did not show association with overall satisfaction except educational level and payment status (Table 3).

Table 3: Association of Selected Socio-demographic Characteristics with Overall Client Satisfaction in outpatient service of Gurawa Woreda Health centers, East Harerghe, Oromiya region, Sept-October 2013.

Characteristics	Dissatisfied No (%)	Satisfied No (%)	p-value
Sex			
Male	55(24.1)	173(75.9)	0.74
Female	49(25.5)	143(74.5)	
Age (in Years)			
15 – 24	27(26.2)	76(73.8)	0.38
25 – 34	41(24.3)	128(75.7)	
35 – 44	16(19.0)	68(81.0)	
45 – 60	20(31.2)	44(68.8)	
Residence			
Urban	23 (29.5)	55(70.5)	0.28
Rural	81 (23.7)	261(76.3)	
Educational Level			
Can't read and write	37 (19.4)	154 (80.6)	0.02
Can read and write	6(60.0)	4(40.0)	
Primary School	38 (27.5)	100 (72.5)	
Secondary School	21(30.0)	49 (70.0)	
Above Secondary Schools	2 (18.2)	9 (81.8)	
Marital Status			
Single	19(26.0)	54(74.0)	0.92
Married	80 (24.7)	244 (75.3)	
Divorced or Widowed	5 (21.7)	18 (78.3)	
Monthly Income (in Birr)			
<954	52 (22.4)	180 (77.6)	0.22
≥954	52(27.7)	136 (72.3)	
Occupation			
Farmer	47(25.8)	135(74.2)	0.63
Student	14 (20.3)	55(79.7)	
Merchant	21 (28.4)	53(71.6)	
House Makers or House Wives	18(27.3)	48 (72.7)	
Government Employee	2 (14.3)	12(85.7)	
Others	2(13.3)	13 (86.7)	
Payment Status			
Paying	94 (23.7)	302 (76.3)	0.048
Free	10 (41.7)	14 (58.3)	
Frequency of Visit			
New Visit	53 (23.1)	176 (76.9)	0.40
Repeated	51 (26.7)	140 (73.3)	

5.2 Qualitative Result

5.2.1 Results from Observation

From the total of 84 observation of service provider-client interaction taken place at outpatient department examination rooms 67(79.8%) indicated that service providers started interactions with greeting to their clients.

Also the result from observation of clients-service provider interaction showed that 79(94.%) of the communication while taking history of clients were take place politely by the service providers or health professional at examination rooms. On the other hand, the observation result of 29(34.5%) witnessed that the clients privacy were broken either by allowing third person or by not using the screen properly.

At the same time it was observed that there were shortage of medical equipments like BP apparatus, Stethoscope and thermometers and lack of standard treatment guide lines in the examination and dispensary rooms.

Also the result depicted that nearly half 39(46.4%) of the observed clients were going out of the health centers' compound with prescription on hand.

The result from observation take place at waiting area also showed 18(21.4%) out of 84 observed clients were waiting for 30 minutes or more, which was grouped as long waiting time on observation guide. The result also showed 16(19.0%) of the observed waiting areas and service rooms were not clean. From six health centers' latrine, half (50%) were not clean and comfortable.

5.2.2 Result from FGD

The result from the focused group discussions held at all six health centers were summarized and presented thematically as follows.

1, Courtesy and Respect of Service Providers

Generally, all participants at each health center responded that the service providers' courtesy or respect for the clients were good and polite enough.

2, Information Provided on Service and Location of Service Rooms

The discussion on information provided by service providers can also be generalized by the ideas from one of the discussant who said, *“The registration staffs locate us the service rooms, if we are not clear with the place to get the service, they come out of their rooms and locate us”*. And also supported by the other’s idea who stated by saying *“the information is being given they locate us saying this is the examination room, here is the injection room and here is dispensary room”*.

3, Perceived Service Time

There is no in inequality every client is served according to his turn but sometimes although there is drug in the dispensary rooms due to absence or late coming of pharmacist (druggist) we have to go to the private pharmacy or we must wait until it is opened. Others say in the past time we stay a lot but now we are served faster even some times in half to an hour.

4, Laboratory Service

Most of the discussion participants explained that the laboratory service is not bad apart from the absence of x-ray and occasional unavailability of service providers.

5, Availability of Drugs and Supplies

One of the group member from one of the six Health center team marked by saying *“we come here to be treated but ‘they’ meaning health workers, say us there is no medication go to private pharmacy. But the drugs costs very high as much as we can’t afford in those outside pharmacies”*. Other participant added *“even when we can’t afford we have to go back to our home and sell what we have at home or borrow money from our neighbor, to get those prescribed drugs, till then we have to stay without getting the drugs “*. Others groups concluded saying *“the private pharmacy ended us eating our money”*.

The discussants also stressed their concern on shortage of drugs and supplies saying *“they always say us ‘there is no drug’, ‘this drug is finished here’. Really the government should think on this issue and find some solution. Why not enough drugs are supplied for health centers? Everything is ok but shortage of drugs matter here”*.

6, Perceived Waiting Time

The discussion on waiting time can be generalized by the following respondents' idea. One of the respondents said *“Relative to the past time now it looks there is an improvement in waiting time, we do not wait all the day as before. Other added, “Concerning waiting time although there is problem occasionally, we do not wait more than half an hour”.*

7, Factors they think contributed for Dissatisfaction

The entire participant raised their concern that the drugs and supplies they need should be availed there timely and sufficiently.

8, Suggestion to improve OPD services

The participants also suggested their idea saying, “We need all physicians to be here in the Health center all the time. At any time we should get them here”. Also saying “the Government accessed the Health Center to us also the service providers should be accessible in all the time.”

Chapter-Six: Discussion

The result of this study pointed out that overall satisfaction with the health service delivered in the outpatient department was 316(75.2 %). This result is comparable with the result from similar study conducted at Jimma Specialized Hospital which showed 77% of overall satisfaction and far higher than 43.6% of satisfaction result of study done on Tigray Zonal Hospital (35, 36). But it is lower than 86.67% of overall satisfaction obtained from study in Thailand (37).

The study identified that socio-demographic variables like Age, sex, Place of residence, marital status and Occupation had no any significant association with the client's satisfaction. Similarly, the result from the study done on comparison of public and private hospitals of Addis Ababa also showed socio-demographic variables like sex, educational status, marital status and Occupation had no any association with clients' satisfaction at the government Hospitals (4).

The result of this study further revealed that nearly quarter 102(24.3%) of respondents answered that their privacy were not kept properly due to absence of screens (curtain) or private rooms, while they were having Physical Examination by their physicians or health workers.

The result from observation also indicated that 29(34.5%) out of 84 observed client provider interaction at outpatient examination room witnessed that their privacy were broken either by allowing third person or by not using the screen properly.

The study also indicated that the level of satisfaction was highest among courtesy, respect and responsiveness of service providers 382(91%). The result from observation of service provider-client interaction taken place at outpatient departments' examination rooms also supported the above result by indicating that 67(79.8%) of the interactions were started with greeting of client and 79(94.0%) of the communication while taking history of clients were polite enough.

This finding can be compared with outpatient study done at selected health facilities (six Hospitals and six Health Centers) in six regions of Ethiopia namely Oromiya, Amhara, South Nations Nationalities and Peoples, Dire Dawa and Addis Ababa that showed the percentage of satisfaction with the service provider's characteristics like courtesy/respect, privacy, consultation time and advice given ranged from 77.25% to 93.23% (3).

The highest dissatisfaction 32.1% were observed in cleanliness and comfort of the Health centers' latrine followed by 22.8% dissatisfaction in overall quality of the outpatient services and 22.3% dissatisfaction with shortage of drugs and supplies.

This result is almost similar with the result from the study done on assessment of clients' satisfaction with the health services at Jimma Specialized Hospital, which showed 23.5% dissatisfaction with lack of drugs and supplies.

On chi square analysis cleanliness and comfort of latrine, cleanliness and comfort of service rooms and compound availability of drugs and supplies had significant association with clients' satisfaction at outpatient services.

From the total 408(97%) of clients who have got prescription paper 292(71.6%) acquired all the prescribed drugs. This result is higher compared to the result from the study in Jimma Specialized Hospital, which reported that from the total of 88.2% respondents or clients who had prescription; only 33.3% acquired prescribed drugs and supplies (35). Also it is higher compared to the study at Tigray Zonal Hospital that indicated only 32% out of 96% clients with ordered prescription got the prescribed drugs (36). The variability might have occurred due to variation in facility set up or variation due to location and time.

The result also indicated out of 408 clients who have got drug prescription, 116(28.4%), were not having all the prescribed drugs. Accordingly, the result of observation done on about 84 clients which were selected conveniently from all six health center also proved that out of 84 observed clients nearly half 39(46.4%) of them were going out with prescription on hand.

The result from FGD also portrayed that shortage of drugs and supplies at the government health center had magnificent negative influence on clients' satisfaction.

One of the group member from one of the six Health center team marked by saying *"we come here to be treated but 'they' meaning health workers, say us there is no medication go to private pharmacy. But the drugs costs very high as much as we can't afford in those pharmacies"*. Other participant added *"even when we can't afford we have to go back to our home and sell what we have at home or borrow money from our neighbor, to get those prescribed drugs, till then we have to stay without getting the drugs"*. Others groups concluded saying *"the private pharmacy ended us eating our money"*. Meaning they were being asked too high price at the private rural drug vendors and pharmacies that they couldn't afford, relative to the cost of drugs at Health centers' own dispensary.

The discussants also stressed their concern on shortage of drugs and supplies saying “*they always say us ‘there is no drug’, ‘this drug is finished here’. Really the government should think on this issue and find some solution. Why not enough drugs are supplied for health centers? Everything is ok but shortage of drugs matter here*”.

As the result from quantitative findings displayed only 1.4% of the respondents reported that perceived cost of services at the Government Health centers were expensive. The highest number 258(61.4%) responded that it is medium followed by 156(37.2%) who responded that the services cost were cheap.

The study further depicted that dissatisfaction with perceived overall service time had significant association and negative predictive effect on clients’ satisfaction at outpatient services.

From total customers who have visited the outpatient department, 24.8% were dissatisfied with the waiting time at the outpatient services. When compared with the result from Tigray Hospital which showed 44.2%, dissatisfaction in waiting time, it is lower.

This variation may exist due to variability in time of study, and variability of setting. Also there are different reforms being implemented to improve service quality and to health needs of the citizens. Those improvements may reduce dissatisfaction through improvement of service time.

The idea, discussant from one of the six Health Center raised also signified similar result. One of the team member generalized their concern by saying” *our government improved the Health service by availing the Health centers and health professionals near us, at our accessible Location; similarly, the workers should be available at this facility every time*”.

Strength and Limitation of the study

Strengths

Focused Group Discussions were held at each health center and observations of service provider-client interaction were made. Hence, the result from each was triangulated with one another to give strong and better whole sum and reduce effect of social desirability bias that could have been incurred.

Limitation

Service providers may change their performance than usual knowing that study about client satisfaction is being conducted.

The study didn't include the health service provider perspective of satisfaction

The in depth interview was not included in the study

The interview of Health service Providers is not included in this study.

It is also prone to selection bias (Characteristics of cross sectional study).

Efforts made to mitigate the Limitation

1. The interviews were at clients' exit from service just before going out of the compound.
2. The consecutive sampling was used to reduce selection bias
3. The social desirability bias was minimized using observation checklist parallel to semi structured interview questionnaire.

Chapter-Seven: Conclusion and Recommendation

Conclusion

The result of this study indicated that several numbers of clients are being dissatisfied with the outpatient services at Health centers and there is a need to increase clients' satisfaction. This study also revealed that shortage of drugs and supplies, problem on cleanliness and comfort of Latrine were among the highest cause of dissatisfaction on Health centers' OPDs services. The result of FGDs and observation also proofed that shortage of drugs and supplies are the main cause of clients' dissatisfaction at Health centers' outpatient services.

The result from observation and FGD also found that there were shortages of medical equipments like BP apparatus, stethoscope and thermometers which were mandatory for diagnosis of vital sign during Physical examination. There is lack of current standard national guide line used for drug prescription in the OPDs and drug dispensaries. This may introduce either bias or mistakes while prescribing the drugs.

Also it was concluded that there was poor management of cleanliness of latrine or toilet facilities as well as service rooms of the health centers. Although it was difficult to measure the service time tangibly, from general clients' report of dissatisfaction of overall service time, 57(13.6%), it can be concluded that further study should be made on outpatient services with more specific measurement that can include service time

Despite the fact that the result from quantitative findings displayed large figure on recommending the service for someone else and using the same facility if they acquire another illness; it was shown that there were significant figure on dissatisfaction of clients at outpatient service. Therefore, recommendation and choice of the same facility might result from lack of better option.

All the results from qualitative and quantitative findings are supporting each other.

Recommendation

1. The Health center managers and Woreda Health office should alleviate problems of shortage of drugs and supplies, using effective and efficient HCF or figuring out the problem to Woreda Cabine during annual and half year woreda budget allocation. So that, clients can afford at Health center's dispensary. Using effective and efficient health care financing.
2. Still the Health center managers and Woreda Health office needs to improve long waiting through creation of accountability and responsibility of service providers as well as through application of better management system and sticking to reform programs like balanced score card to motivate the service provider by creating sense of competition.
3. The information provision on the outpatient services should be strengthened through establishment of information desk on health center or by attaching the service with triage.
4. Carry out on job training and education on health service professional behavior and ethics that encompass all service providers in the Health Centers. That can increase the service providers' courtesy, respect, responsiveness and assure the way privacy and confidentiality of information of their clients will be kept.
5. The Health center management bodies together with Woreda Health Office should work toward improvement of the cleanliness and comfort of waiting areas, especially service rooms and latrine.
6. Similar study should be conducted in the same setting periodically to assess the trend of client satisfaction.
7. Assessment of Client satisfaction with the involvement of providers' perception should be conducted on the Health centers.
8. The PFSA, Zonal Health office as well as regional Health Bureau should support the health centers in supplies of medical equipments.
9. The health center managers, woreda health office and their respective zonal health office regional health bureau, Federal Ministry of Health and DACA should avail timely current standard treatment guidelines for the health centers.
10. The service providers or health professionals should use and always stick to the treatment guide line.
11. Further specific study should be done on similar health centers OPD with nationally standardized requirements.

REFERENCE

1. Gurawa Woreda Health office, Planning and programming, annual Woreda profile, 2013.
2. Federal Democratic Republic of Ethiopia. Ministry of Health .HSDP-IV 2010/11-2014/15 Draft Version 16 Jan 2011.
3. Bekele A et al. Levels of outpatient satisfaction at selected health facilities in six regions of Ethiopia. *Ethiop.J.Health Dev* 2008; 22(1).
4. Tateke T, Woldie M, Ololo S. Determinants of patient satisfaction with outpatient health service at public and private hospitals in Addis Ababa, Ethiopia. *Afr J Prm Health Care Fam Med*. 2012; 4(1), Art. #384, 11 pages. <http://dx.doi.org/10.4102/phcfm.v4i1.383>.
5. Birhanu et al. Determinants of satisfaction with health care provider interactions at health centers in central Ethiopia: a cross sectional study. *BMC Health Service Research* 2010 10:78.
6. Iloh G, et al. Satisfaction with Quality of Care Received by Patients without National Health Insurance Attending a Primary Care Clinic in a Resource-Poor Environment of a Tertiary Hospital in Eastern Nigeria in the Era of Scaling up the Nigerian Formal Sector Health Insurance Scheme. *Annals of Medical and Health Sciences Research | Jan-Mar 2013 | Vol 3 | Issue 1 | DOI: 10.4103/2141-9248.109471*.
7. Li Z, Hou J, Lu L, Tang S, Ma J. On residents ' satisfaction with community health service after health care system reform in. *BMC Public Health* [Internet]. BioMed Central Ltd; 2012;12(Suppl 1):S9. Available from: <http://www.biomedcentral.com/1471-2458/12/S1/S9>
8. Nettleman MD. Patient satisfaction - What's New? *Clinical Performance and Quality Health Care*. 1998;6:33–7.
9. Thai PL, Brandon S, Emperor F, Guillemin F. Factors determining inpatient satisfaction with care. *Social Science & Medicine*. 2002; 54:493-503.
10. Mathew S and Beth E. *Guide to Assessing Client Satisfaction*. Durban, (South Africa): Health system Trust; January 2001.
11. Derosé et al. Does physician gender affect satisfaction of men and women visiting the emergency department? *Journal of General Internal Medicine* 2001; 16, 218-226.
12. Peter A. Berman, *A decade of health sector reform in developing countries*, 2000.
13. Arshad S A, Shamila H, Jabeen R and Fazil A. Measuring patient satisfaction: A cross sectional study to improve quality of Care at a tertiary care hospital. *h h e a l t h l i n e* ISSN 2229-337X Volume 3 Issue 1 January-June 2012.
14. Sodani R P, Kumar K R, Srivastava J and Sharma L. Measuring Patient Satisfaction: A Case Study to Improve Quality of Care at Public Health Facilities. *Indian Journal of Community Medicine*, November 2009.
15. Ethiopia Demographic and Health Survey 2011. Addis Ababa, Ethiopia and Calverton, Maryland, USA. Central Statistical Agency [Ethiopia] and ICF International. 2012.
16. Fitsum G. et al. Health service utilization and associated factors in Jimma Zone, South West Ethiopia. *Ethiop J Health Sci*. Vol. 21, Special Issue August, 2011.
17. National Guideline for Family Planning Service in Ethiopia. Federal Democratic Republic of Ethiopia Ministry of Health. October, 2011.
18. Qin H. Links among perceived service quality, patient satisfaction and behavioral intentions in the urgent care industry: Empirical evidence from college students. Dissertation Prepared for the Degree of Doctor of philosophy .University of north Texas. August 2009.

19. Ware JE, Davies-A A, Stewart A. The measurement and meaning of patient satisfaction with medical care, *Health and Medical Care Service Review*. 1978; 1:1-14.
20. Wright S. Health satisfaction: a detailed test of the multiple discrepancies. *Social Indicators Research* 1985; 17: 299-31.
21. Asadi-Lari M, Tamburini M, Gray D. Patients' needs, satisfaction, and health related quality of life: towards a comprehensive model. *Health and Quality of Life Outcomes* 2004; 2:32.
22. Campbell P C, Olufunlayo T F and Onyenwenyi A O C. An assessment of client satisfaction with services at a model primary health care center in Ogun State, Nigeria.2010; 20: 13-18.
23. Sitzia J and Wood N. Patient satisfaction: a review of issues and concepts, *Soc. Sci & Med* 1997; 45, 1829 – 184.
24. Oljira, LL Gebereselassie. Satisfaction with outpatient health service at Jimma hospital. *Ethiop J Health Dev*. 2001; 15 (3):179-184.
25. Keegan, O., McDarby, V, Tansey, A., McGee, H., Community involvement in A/E satisfaction survey. 2003.
26. Calnan M. Towards a conceptual framework of lay evaluation of health care. *Social Science & Medicine* 1988; 27(9): 927-93.
27. Michael H B, Wiadnyana I.G.P., Wihardjo H, Phoan I, Patient satisfaction in developing countries, *Soc. Sci. & Med* 48 (1999)989-996.
28. Fitzpatrick R, Hopkins A. Problems in the conceptual framework of patient satisfaction research: an empirical exploration. *Sociol Health Illness* 1983; 5:297–311.
29. Crow R Gage H Hampson S Hart J Kimber A Storey L Thomas H. The measurement of satisfaction with healthcare: implications for practice from a systematic review of the literature. *Health Technology Assessment* 2002; Vol. 6: No. 32.
30. Smutrapapoot P. Patient satisfaction toward the service of health center 23.BMA. (M.P.H.M. Thesis in Primary Health Care Management) Nakhonpathom: Faculty of Graduate Studies, Mahildol University; 1997.
31. Mendoza Aldana J, Piechulek H, Al-Sabir A. Client satisfaction and quality of health care in rural Bangladesh. *Bulletin of the World Health Organization*. Jan 2001;79(6):5127.
32. Tayelgn et al. Mothers' satisfaction with referral hospital delivery service in Amhara Region, Ethiopia. *BMC Pregnancy and Childbirth* 2011, 11:78. <http://www.biomedcentral.com/1471-2393/11/78>.
33. Oja P, Kouri T and Pakarinen A. Health centers' view of the service provided by a university hospital laboratory: Use of satisfaction surveys. *Scandinavian Journal of Primary Health Care*, 2010; 28: 24–28.
34. Abdosh B. The quality of hospital service in eastern Ethiopia: Patient's perspective. *Ethiopian Journal of Health Development*.2006; 20(3).
35. Fekadu A. et al. Assessment of clients' satisfaction with health service deliveries at Jimma University Specialized Hospital. *Ethiop J Health Sci*. Vol. 21, No. 2 July 2011.
36. Adane G. Assessment of clients' satisfaction with outpatient service in Tigray Zonal Hospital. Addis Ababa July 2006.
37. Mandokhail K A, Keiwkarnka B and Ramsoota P. Patient Satisfaction Towards Out Patient Department Services Of Medicine Department In Banphaeo Community Hospital Samut Sakhon Province, Thailand. *Journal of Public Health and Development* 2007 Vol. 5 No. 3.

Appendixes

Appendix I: English Version Questionnaire

**Jimma University College of Public Health & Medical Science post graduate school
department of Epidemiology questionnaire for health facility related information
introduction and informed consent form for the heads of health centers**

Greeting

Hello! My name is -----I am working in research team of Jimma University College of Public health &Medical Science Post Graduate School. This is a study to be conducted with objective of assessing clients' satisfaction and associated factors with the health service delivery at Gurawa Woreda Health centers outpatient department .This is not an evaluation of this facility or of the people who give us this information .We are visiting a number of facilities and all the information you give me will be confidential. No one will know what you said. I would like to inform you that the responses that you provide for the questions are essential, not only, for the successful accomplishment of the study but also for producing relevant information which will be helpful in improving the Health service delivery.

Are you willing to help?

Yes ----- No -----

Checklist code number _____

Name of interviewer----- Sign ----- Date of interview-----

Name of the supervisor ----- Sign ----- Date of interview-----

Jimma University College of Public Health & Medical Science post graduate school
Department of Epidemiology questionnaire for client exit interview introduction and
informed consent form for the client

Greeting Hello! My name is -----I am working in research team of Jimma University College of Public health & Medical Science Post Graduate School. This is a study to be conducted with objective of assessing clients' satisfaction and associated factors with the health service delivery at Gurawa Woreda Health centers outpatient department. Since the study is directly related to Patients (Clients) health service experience at Out Patient department .You are one of the clients who are selected to participate in this study, therefore you are kindly requested to participate in this study and give the information required from you. Your participation in this study is completely voluntary. I am going to ask some personal question and you have the right to refuse participation. Your response will be kept confidential and there will be no way of linking your individual responses to the final result of the study findings.

I would like to inform you that the responses that for the questions are essential, not only, for the successful accomplishment of the study but also for production of relevant information which will be helpful in improving the Health service delivery. Now are you willing to participate in this study?

Yes ----- No -----

1 – If yes, continue to the next page

2 – In no, skip to the other participant

Name of the facility----- Study subject code number-----

Name of interviewer----- Sign ----- Date of interview-----

Name of the supervisor ----- Sign ----- Date of interview-----

I. Socio – Demographic Characteristics

S/N	Questions	Response and Coding category	Go to
1.01	Sex	1. Male 2. Female	
1.02	How old are you?	_____ year	
1.03	Where is your residence?	1. Urban 2. Rural	
1.04	What is the highest education level you have attained?	1. Can't read and write /illiterate 2. Read and/or write 3. Primary school 4. Secondary school 5. Above secondary	
1.05	What is your religion	1. Muslim 2. Orthodox 3. Protestants 4. Others _____	
1.06	What is your ethnicity?	1. Oromo 2. Amhara 3. Somali 4. Gurage 5. Others _____	
1.07	What is your current marital status?	1. Single 2. Married 3. Divorced or Widowed	
1.08	What is your occupation?	1. Farmer 2. Student 3. Merchant 4. Home Maker (House wife) 5. Government employee 6. Others _____	
1.09	Payment status	1. Paying 2. Free	
1.10	Frequency of visit	1. New visit 2. Repeated visit	

II. Questions on Respondents' Satisfaction

S/N	QUESTIONS	RESPONSE	Go to
2.01	Have you got any information about the service provided? (Where the service rooms are? E.g. registration, Laboratory, dispensary and so on)	1. Yes 2. No →	Skip to Q2.03
2.02	How much are you satisfied with the information provided about the service?	1. Very Dissatisfied 2. Dissatisfied 3. Neutral 4. Satisfied 5. Very satisfied	

2.03	How long was the time between just your arrival at this facility and onset of service?	1. < 10 minute 2.10-30minute 3. 30min-1hour 4. > 1hour	
2.04	How long was the registration process of the Health center?	1. < 10 minute 2.10-30minute 3. 30min-1hour 4. > 1hour	
2.05	Did the physician Listen carefully to you?	1 .Yes 2. No	
2.06	Did the providers discuss with you anything with the word you cannot understand?	1 .Yes 2. No	
2.07	How satisfied are you with the Courtesy, responsiveness and respect of the Health worker?	1. Very Dissatisfied 2. Dissatisfied 3.Neutral 4. Satisfied 5. Very satisfied	
2.08	Was there a private room, Curtain or Screen or any means in the area that can keep your privacy?	1. Yes 2. No	
2.09	Was the health service provider talk to you a loud during History taking and physical examination, so that others can here?	1. Yes 2. No	
2.10	How were you satisfied with the way your privacy kept during physical examination, procedure and treatment?	1. Very Dissatisfied 2. Dissatisfied 3.Neutral 4. Satisfied 5. Very satisfied	
2.11	Were any Laboratory procedures ordered for you?	1. Yes 2. No If No →	Skip to Q2.14
2.12	If yes, How were you satisfied with the Laboratory service?	1. Very Dissatisfied 2. Dissatisfied 3.Neutral 4. Satisfied 5. Very satisfied	
2.13	How long did you wait to see the Physician after receiving Your Laboratory results?	1. < 10 minute 2.10-30minute 3. 30min-1hour 4. > 1hour	
2.14	Have you ever used the latrine in this Health center?	1. Yes 2. No If No →	Skip to Q2.16
2.15	If Yes, How satisfied are you with the cleanliness of the Latrine?	1. Very Dissatisfied 2. Dissatisfied 3.Neutral 4. Satisfied 5. Very satisfied	
2.16	How satisfied you are with overall cleanliness and	1. Very Dissatisfied 2.	

	comfort of the waiting area, examination room and the compound?	Dissatisfied 3.Neutral 4. Satisfied 5. Very satisfied	
2.17	How satisfied are you with the time spent to get the health service and go home?	1. Very Dissatisfied 2. Dissatisfied 3.Neutral 4. Satisfied 5. Very satisfied	
2.18	Were drugs and supplies ordered for you?	1. Yes 2. No If No →	Skip to Q2.23
2.19	If yes, were you able to get the drugs and supplies in the Health center's pharmacy?	1. Yes all 2. Some but not all 3. None of them	
220	How satisfied are you with the availability of drugs and supplies?	1. Very Dissatisfied 2. Dissatisfied 3.Neutral 4. Satisfied 5. Very satisfied	
2.21	Were you given the information about the drugs usage and side effects and contra indication?	1. Yes 2. No	
2.22	How satisfied were you with the information provided about the drugs?	1. Very Dissatisfied 2. Dissatisfied 3.Neutral 4. Satisfied 5. Very satisfied	
2.23	Did the physician told you about your diagnosed problem?	1. Yes 2. No	
2.24	How would you rate your experience of the way service providers kept information about your confidentiality?	1. Very Dissatisfied 2. Dissatisfied 3.Neutral 4. Satisfied 5. Very satisfied	
2.25	Would you recommend the service of this Health center to someone else?	1. Yes 2. No	
2.26	If you had another illness again, would you choose the same Health center?	1. Yes 2. No	
2.27	How do you rate Perceived cost of service?	1. Expensive 2. Medium 3. Cheap	
2.28	How satisfied are you with the overall Quality of the Health center?	1. Very Dissatisfied 2. Dissatisfied 3.Neutral 4. Satisfied 5. Very satisfied	
2.29	How do you rate your overall satisfaction with the health service provided to you?	1. Very Dissatisfied 2. Dissatisfied 3.Neutral 4. Satisfied 5. Very satisfied	

Appendix II: Focus Group Discussion

Focus Group Discussion for the clients in the OPD of the Health Center

Discussion Questions

1. How is the courtesy and respect by the Health workers and the registration room workers?
2. Can you please tell me about the provision of information of the service of the OPD (in locating rooms of Triage, Examination rooms, Laboratory and drug and supply dispensary? Usage, side effect and contra indication of obtained drugs and supplies)
3. Would you please tell me about the time spent related to your expectation and about Accessibility, privacy and approach by the Health workers?
4. Do you get the ordered laboratory and Diagnostic service in the health center?
5. Do you get the prescribed drugs and supplies in the Health center?
6. Can you please tell me about the waiting time to get the service in the OPD of the Health center?
7. What are the major factors that you think contribute to the dissatisfaction of clients?
8. What is your suggestion in order to improve the service in the OPD of the Health Center?

Appendix III: Observation Checklist

Instructions for the observer:

Before proceeding to observe the interaction between client and service provider, use the greeting below to explain to the provider that you will be observing him/her while he attends to his/her clients to make sure that she/he knows that you are not there to evaluate her/him and that you are not an “expert” who can be consulted during the session. When observing, be as discreet as possible and try to sit behind the client but not directly in view of the provider, and make notes quickly.

Introduction and Informed consent:

Hello, my name is _____. We are conducting a study to assess clients’ satisfaction and associated factors with the health services at Gurawa Woreda Health centers’ outpatient department. This information will help us to propose ways in which to improve the service offered. As a part of this study, we are observing the interaction of health providers and their clients during their Health care. I will observe silently as you attend to your clients. I am in no way an expert in your area and I am not here to evaluate your work. I will not make any comments or interference in your consultations in any way. Your participation in this component of the study will remain confidential. I will not record your name in the notes I take. This way, no one will be able to know that I observed you.

Do I have your permission? Yes No

Questionnaire code number -----

Name of interviewer----- Date of interview-----Sign -----

Name of the supervisor ----- Date of interview-----Sign -----

1	Does the Health care Provider greet a client?	1. Yes 2. No
2	Is the Health care Provider polite enough to patients?	1. Yes 2. No
3	Does the Health care Provider take history as expected?	1. Yes 2. No
4	Does the Health care Provider give patient chance to talk enough?	1. Yes 2. No
5	Does the Health care Provider Perform Physical examination?	1. Yes 2. No
6	Does the Health care Provider inform patient about his/her findings?	1. Yes 2. No
7	Does the OPD have Screen (curtain) or room for physical examination?	1. Yes 2. No
8	Does the Health care Provider try to keep patient's privacy?	1. Yes 2. No
9	Does the facility have guidelines and manuals on Drug prescription?	1. Yes 2. No
10	Does the OPD have Medical equipments used for examinations like BP apparatus, stethoscope and thermometer etc.?	1. Yes 2. No
11	Is the examination room is clean and comfortable?	1. Yes 2. No
12	Does the Health center have toilet facility?	1. Yes 2. No
13	Is the toilet clean and comfortable?	1. Yes 2. No
14	Does the client go out with prescription due to un available drugs and supplies?	1. Yes 2. No
15	Are the clients wait for the Health care providers for long time?	1. Yes 2. No

Appendix IV: Afaan Oromo Version Questionnaire

Gaafilee Qorannoo

Gaafilee maammiltoonni gaafatamanii fi hayyama isaanirraa fudhatamu (Questionnaire for clients exit interview introduction and informed consent form for clients)

- 1.01. Saala 1. Dhiira 2. Dhalaa
- 1.02. Umriin Kee meeqa? Wagga _____
- 1.03. Eessa Jirraatta? 1. Magaalaa 2. Baadiyyaa
- 1.04. Sadarkaan Barnoota Keetii 1. Dubbisuu fi Barreessuu hindandahu/Hinbaranne
2. Dubbisuu fi /Barreessuu Dandaha 3. Sadarkaa 1ffaa 4. Sadarkaa 2ffaa xumure 5. Sadarkaa 2ffaa ti oli
- 1.05. Amantiin tee maali? 1. Muslima 2. Ortodoksi 3. Protistaantii 4. Kanbiroo _____
- 1.06. Sabni kee maali? 1. Oromoo 2. Amaara 3. Somaalee 4. Gurage 5. Kanbiroo _____
- 1.07. Haala Fuudhaa Heerumaa? 1. Hin fuune/Hin heerumne 2. Fuudhe/Heerume 3. Addaan ban, Ni du'e/Ni duute
- 1.08. Galiin kee ji'atti meeqa nitaha? _____
- 1.09. Hujiin kee maali? 1. Qonnaan bulaa/tuu 2. Barataa/ttuu 3. Daldalaa/tuu
4. Hadaka mania 5. Hjii mootummaa 6. Kan biro _____
- 1.10. Haala kafaltii Yaalaa/wal'aansaa? 1. Kafaltii 2. Bilisaan
- 1.11. Buufata fayyaa kana yeroo meeqa dhufte? 1. Yero jalqabaatiif 2. Deddeebi'eetin jira

Gaafilee ittiin quufinsa maammiltootaa

- 2.01. Waa'ee tajaajjala kutaa deddeebi'anii yaaluu Buufata Fayyaa kanatti kennamuu odeeffannoo argattee jirtaa? (FKN. Kutaaleen Galme, Laboraatorii, Raabsaa qorichaa fi kkf eessa akkatahe bartanii?) 1. Eeyyee 2. Lakkii 3. Lakkii taanaan gaafii 2.03 tti dabri
- 2.02. Odeeffannoo argattanitti hagam quuftan/gammaddan? 1. Hedduu na mufachiise/hedduu na hinguubsine 2. Na mufachiise/na hinguubsine 3. Yaada hin qabu 4. Quubsaadha 5. Hedduun itti quufe/Hedduun gammade
- 2.03. Dhufiinsa keeti fi siif jalqabamuu tajaajila fayyaa jiddu yaroo hagam turte? 1. Daqiiqaa 10 gadi 2. Daqiiqaa 10-30ti 3. Daqiiqaa 30-Sa'aa 1 4. Sa'aa 1 oli
- 2.04. Tajaajila galme xumuruuf yaroo hagam turtan? 1. Daqiiqaa 10 gadi 2. Daqiiqaa 10-30ti 3. Daqiiqaa 30-Sa'aa 1 4. Sa'aa 1 oli
- 2.05. Ogeessi fayyaa rakkoo kee sigaafachuun sirnaan si caqasee jiraa? 1. Eeyyee 2. Lakkii
- 2.06. Ogeeyyiin fayyaa jechoota isiniif hingalleen isiniin dubbatee? 1. Eeyyee 2. Lakkii
- 2.07. Haala simannaa ykn qeeballii ,kabajaa fi deebii kenninsa Hojjattoota fayyaa buufata kanaa tti hammam quufte/gammade? 1. Hedduu na mufachiise/hedduu na hinguubsine 2. Na mufachiise/na hinguubsine 3. Yaada hin qabu 4. Quubsaadha
5. Hedduun itti quufe/Hedduun gammade
- 2.08. Kutaan Dhuunfaa ,golgaan ykn wanni biraa kan nama dhoysu kutaa qorannoo keessa jiraa? 1. Eeyyee 2. Lakkii 3. Lakkii taanan
- 2.09. Sagaleen ogeessa kutaa qorannoo hedduu olka'uun akka namni biraa iccitii seenaa qorannoo keetii dhagahu tahee jiraa? 1. Eeyyee 2. Lakkii

- 2.10. Yeroo qorannoo fi wal'aansi Siif godhamaa turetti haala eegamiinsa iccitii keetitti hammamm gammadde/quufte? 1. Hedduu na mufachiise/hedduu na hinguubsine 2. Na mufachiise/na hinguubsine 3. Yaada hin qabu 4. Quubsaadha 5. Hedduun itti quufe/Hedduun gammade
- 2.11. Qorannoon Laaboraatorii tokkolleen siif ajajamee? 1. Eeyyee 2. Lakkii Lakki taanan 2.14tti dabri
- 2.12. Eeyyee yoo tahe ,Tajaajila Laboraatoriitti hangam gammadde/quufte? 1. Hedduu na mufachiise/hedduu na hinguubsine 2. Na mufachiise/na hinguubsine 3. Yaada hin qabu 4. Quubsaadha 5. Hedduun itti quufe/Hedduun gammade
- 2.13. Erga bu'aa qorannoo Laboratory fudhattee Ogeessa qorannoo deebitee argatuuf hangam turte? 1. Daqiiqaa 10 gadi 2. Daqiiqa 10-30 3. Daqiiqaa 30-Sa'aa 1 4. Sa'aa 1 oli
- 2.14. Mana fincaanii Buufata kanaa fayyadamtee beeytaa? 1. Eeyyee 2. Lakkii Lakkii taanan 2.16 tti tarkaan fadhu.
- 2.15. Yoo eeyyee tahe Qulqullina mana fincaanitti hammam gammadde? 1. Hedduu na mufachiise/hedduu na hinguubsine 2. Na mufachiise/na hinguubsine 3. Yaada hin qabu 4. Quubsaadha 5. Hedduun itti quufe/Hedduun gammade
- 2.16. Walumaa galatti qulqullinaa fi mijjaa mooraa guutuu, iddoo teessumaa fi kutaalee qorannoo fi tajaajilaatti hammam gammadde? 1. Hedduu na mufachiise/hedduu na hinguubsine 2. Na mufachiise/na hinguubsine 3. Yaada hin qabu 4. Quubsaadha 5. Hedduun itti quufe/Hedduun gammade
- 2.17. Yeroo tajaajila argattee galuu dh haf sirraa fudhatametti hangam gammadde/quufte? 1. Hedduu na mufachiise/hedduu na hinguubsine 2. Na mufachiise/na hinguubsine 3. Yaada hin qabu 4. Quubsaadha 5. Hedduun itti quufe/Hedduun gammade
- 2.18. Qorichoota fi Meeshaaleen yaalaa siif ajajamanii 1. Eeyyee 2. Lakkii Lakii taanan 2.23 tti tarkaanfadhu
- 2.19. Yoo eeyyee tahe, Qorichaa fi meshaalee siif ajajaman hunda Buufatuma kana keessaa argattani? 1. Eeyyee 2. Hama tokko arganne 3 . Tokkollee hin arganne
- 2.20. Qorichaa fi meshaalee siif ajajaman asumaa argachuu keetitti hammam gammadde? 1. Hedduu na mufachiise/hedduu na hinguubsine 2. Na mufachiise/na hinguubsine 3. Yaada hin qabu 4. Quubsaadha 5. Hedduun itti quufe/Hedduun gammade
- 2.21. Odeeffannoo haala itti fayyadama qorichaa,miidhaa fiduu dandahuu fi KKF siif himamee jiraa? 1. Eeyyee 2. Lakkii
- 2.22. Odeeffannoo waa'ee qorichaa argattetti hammam gammadde/quufte? 1. Hedduu na mufachiise/hedduu na hinguubsine 2. Na mufachiise/na hinguubsine 3. Yaada hin qabu 4. Quubsaadha 5. Hedduun itti quufe/Hedduun gammade
- 2.23. Ogeessi fayyaa kutaa qorannoo waa'ee rakkoo/dhibdee teetii addaan siif baasee? 1. Eeyyee 2. Lakkii
- 2.24. Waa'ee eegumsa iccitii dhukkubsataa buufata kanaa akkamitti ibsita? 1. Hedduu na mufachiise/hedduu na hinguubsine 2. Na mufachiise/na hinguubsine 3. Yaada hin qabu 4. Quubsaadha 5. Hedduun itti quufe/Hedduun gammade
- 2.25. Tajaajila Buufata fayyaa kana namabiraa akka fayyadaman gorsitaa? 1. Eeyyee 2. Lakkii
- 2.26. Yoo lammada si dhukkube/haajamte Buufatafayyaa kana ni filattaa? 1. Eeyyee 2. Lakkii
- 2.27. Gatii tajaajila wal'aansaatiif baafte akkamitti laalte? 1. Qaalii dha 2. Jiddu galeessa 3. Rakisha

2.28. Walumaa galatti qulqullina Tajaajila Buufata fayyaa kanatti hammam gammadde?

1. Hedduu na mufachiise/hedduu na hinguubsine 2. Na mufachiise/na hinguubsine 3. Yaada hin qabu 4. Quubsaadha 5. Hedduun itti quufe/Hedduun gammade

2.29. Walumaa galatti itti quufinsa tajaajila fayyaa buufata kanaa akkamitti ibsita?

1. Hedduu na mufachiise/hedduu na hinguubsine 2. Na mufachiise/na hinguubsine 3. Yaada hin qabu 4. Quubsaadha 5. Hedduun itti quufe/Hedduun gammade

Marii Garee Xiyyeeffannoo Maammiltoota Kutaa Deddeebi’anii yaaluu Buufata fayyaa

1. Xiyyeeffannoo ,simannaa fi Kabajaan Hojjattooni fayyaa akkasuma hojjattoonni kutaa galmee maammilaaf qaban maalfakkata?
2. Haalli odeeffannoon tajaajila fayyaa deddeebi’anii yaaluu itti kennamu maal fakkaata?(FKN: Kutaalee adda addaa kan akka kutaa galmee,kutaa qorannoo,kutaa Laaboraatorii fi kutaa qorichaa ibsuu.Haala itti fayyadama qorichaa fi meeshaalee yaalaa ibsuu) irratti.
3. Adeemsa hojjattoonni buufataa maammila ofittiin dhiheessan, Hamma yeroo tajaajila argachuuf niturraa yaaddanii fi yeroo hamma tajaajila argachuuf gubdan walbira qabuun nuu ibsaa. Akkasuma haala argamiinsa hojjattootaa, tooftaa nama simataniini fi iciitii maammilaa ittiin eegamu maal akka fakkaatu ibsaa?
4. Haalli Tajaajila Laaboraatorii namaaf ajajame argachuu maal fakkaata?
5. Qorichaa fi meeshaalee namaaf ajajame asumaa argatanii?
6. Tajaajila deddeebi’anii yaaluu kana argachuuf hammamm nama tursiisa?
7. Sababootni maammila buufata fayyaa kanaa tajaajila deddeebi’anii yaaluu kanatti akka hingammanne taasisan maalfaadha?
8. Tajaajilafayyaa buufata kanaa(deddebianii yaalu) fooyyessuuf maaltu godhamuu qaba jettan?

Cheeklistii Laalmayaa (Observation chechlist)

Qajeelfama laalmayaa/daawwannaa (Introduction to observation)

Daawwannaa/Laalmaya geggeessuu kee dura nagaya erga gaafatte booda daawwannaa Qorannoo (risarchii)tiif akka deemtuu fi isa/ishii gamaaggamuuf akka hintahin fi ati ‘ekispartii’ marii gaafatan tahuu dhabuu .Akkasuma yaada isaanii keessa harka guurradhu. Ija maammilaa fi ogeeysaa irraa cinaachatti galuun waan garte hatattamaan galmeessi.

Walbarnootaa fi Hayyama gaafachuu (Introduction and Informed consent)

Akkam jirtan ? Ani maqaan kiyya _____ dha. Qorannoo waa’ee Ittiin quufinsa/gammachuu maammilli tajaajila fayyaa kutaa deddeebia’nii yaalamuu buufat aalee fayyaa aanaa gurawaa irraatti qaban geggeesaa jirra.Yaanni isin irraa fudhannus tajaajila kennamaa jiru kana fooyyessuuf nugargaara.Kanaaf wantoota tokkotokko (haala walqunnamtii keessanii fi haala tajaajilli fakkaatun laaluu barbaada. Iccitiin hirmaannaa keessanii eegamaadha.Maqaan keessan qorannoo kana keessatti hin barreeffamu, haala kanaan name tokkolleen wa’ee keessanii beekuu hin dandahu.

Naaf hayyamtanii? 1. Eeyyee 2. Lakkii

Lakkoofsa Koodii.....

Maqaagaafataa.....Guyyaa.....Mallattoo.....

MaqaaSupparvaayzaraa.....Guyyaa.....Mallattoo.....

1. Hojjataan /ogeessi/ tajaajila fayyaa maammila nagaya gaafatuun simatee? 1. Eeyyee 2. Lakkii
2. Hojjataan fayyaa haala jaalatamaan dhukkubsataa simatee? 1. Eeyyee 2. Lakkii
3. Hojjataan/ogeessi/tajaajila fayyaa Seenaa dhukkuba/rakkoo/ maammilaa haala irraa eegamuun gaafatee? 1. Eeyyee 2. Lakkii
4. Ogeessi fayyaa kutaa qorannoo carraa bal’inaan dubbachuu mammilaaf kennee? 1. Eeyyee 2. Lakkii
5. Ogeessi fayyaa qaama dhukkubsataa qoratee/physical examination/? 1. Eeyyee 2. Lakkii
6. Ogeessichi dhukkubsataan maal akka tahe itti himee? 1. Eeyyee 2. Lakkii
7. Kutaan qorannoo golgaa qaama nama dhoysu ykn kutaa kophaa qabaa? 1. Eeyyee 2. Lakkii
8. Ogeessi icciti dhukkubsataa eeguuf yaalee? 1. Eeyyee 2. Lakkii
9. Kutaa wal’aansaa fi qorichaa keessatti qaceelfamootni ogeeyyiin hogganamaniin jiraa? 1. Eeyyee 2. Lakkii
10. Kutaa qorannoo keessatti meeshaaleen yaalaa fi qorannoo kan akka ‘BP’,steetoskoppi fi teermoometrii ni argamanii?1. Eeyyee 2.Lakkii
11. Kutaaleen wal’aansaa qulqulluu fi mijjaahoodhaa? 1. Eeyyee 2. Lakkii
12. Buufatni mana fincaanii qabaa? 1. Eeyyee 2. Lakkii
13. Manni fincaanii qulqulluu fi mijjaayaadhaa? 1. Eeyyee 2. Lakkii
14. Mammimiltoonni xalayayaa qorichi ittiin ajajame qabachuun qoricha alaa bituuf bahan ni mul’atuu? 1. Eeyyee 2. Lakkii
15. Maammiltoonni iddoo taa’umsaa yaroo dheeraa taa’uudhaan tajaajila ni eegatuu? 1. Eeyyee 2. Lakkii

Appendix V: Map of Gurawa Woreda (Study Area) 2013.



Appendix VI: Declaration

I, the undersigned declare that this Research thesis is my original work and has not been presented for a degree in this or any other university, and all sources of materials used for this thesis have been fully acknowledged.

Name of the student: Ebsa Mohammed Aliyi

Signature: _____

Name of the institution: Jimma University

Date: _____

Approval of the first advisor:

This thesis has been submitted with my approval as University advisor.

Name of the first advisor: [Assistant Prof.] Dr. Sahilu Assegid (MD, PhD)

Date: _____ Signature: _____

Approval of the second advisor:

This thesis has been submitted with my approval as University advisor.

Name of the second advisor: Mr. Desta Hiko (MPHE)

Date: _____ Signature: _____