Quality of Antenatal Care Service in Public Health Facilities of, Chencha District, Gamo Gofa Zone, Southern Ethiopia.

By

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ABSTRACT

Background: The quality of antenatal care is dependent on the qualifications of health care providers, the number and frequency of ANC visits, the content of services received and the kinds of information given to women during their ANC visits. Although the quantity rather than quality of health services had been the focus historically in developing countries, ample evidences suggests that quality of care or lack of it must be at the center of every discussion. Hence, assessment of antenatal care quality in the study area is prudent.

Objectives: to assess the quality of antenatal care services in the public health facilities of, Chencha district, Gamo Gofa Zone, Southern Ethiopia.

Methods: A facility based cross-sectional study employing both quantitative and qualitative method was conducted from march-April 2016 among a sampled 350 pregnant women, 8 service providers and 4 heads of the department in ANC clinics of Chencha district. Semi- structured questionnaire, interview guide, resource inventory and 38 observation checklists were used to obtain information. Data were analyzed using SPSS for windows version 20 logistic regression model was used to identify predictor variables. Qualitative data were analyzed based on thematic framework.

Result: - Fifty two point six percent of respondents were satisfied with the service provided. The study revealed that residence, planning status of pregnancy, privacy, parity and counseling on birth preparedness and complication readiness plan were the predictors of client satisfaction. The qualitative part showed that, care providers didn't have regular supervision, updates on ANC, budget for preparing mother's forum, and incentive. Although health centers have basic medical equipments, all of the health institutions have no guidelines, different laboratory reagents, and most of them did not have waiting area with shade, and private room to carryout ANC service.

Conclusion and recommendations: - In this study the overall quality of antenatal care service is low. Even though 184(52.6%) of clients were satisfied, provision of health information is very poor, providers need specific training on ANC, budget for provision of health education, regular supervision, supply of drugs and laboratory reagent, incentive to provide quality of ANC service and all health facilities did not have guideline. So that provision of adequate information on risk factors, birth preparedness and complication readiness plan, regular update & supervision with feedback for service providers, preparing ANC guide line at national level and proper usage of the guideline and supply of reagents are most important.

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ACRONYMS

AIDS-------- ----Acquired Immune-Deficiency Syndrome

ANC ---------- Antenatal care

BP----------Blood pressure

BP/CR_____ Birth preparedness and complication readiness plan

FP ----------Family planning

FANC----------Focused Antenatal care

HC----------Health center

HCT---------- Hematocrit

Hgb----------Hemoglobin

HIV----------Human Immunodeficiency Virus

IPTP ----------Intermittent preventive treatment for malaria during pregnancy

ITN----------Insecticide treated bed net

MCHIP----------Maternal and Child Health Integrated Program

MNCH----------Maternal, neonatal and child health

PMTCT----------Prevention of mother to child transmission of HIV/AIDS

RH----------Reproductive health

STI----------Sexually transmitted Infections

UK----------United kingdom

VDRL----------Venereal Disease Research Laboratory

VCT----------Voluntary counseling and testing

WHO----------World health organization

CHAPTER ONE

1. INTRODUCTION

1.1 Background

Pregnancy is one of the most important periods in the life of a woman, a family and a society. WHO's definition of antenatal care includes recording medical history, assessment of individual needs, advice and guidance on pregnancy and delivery, screening tests, education on self-care and, identification of conditions detrimental to health during pregnancy, first-line management and referral if necessary(1)..The antenatal period presents important opportunities for reaching pregnant women with number of interventions that may be vital to their health, well-being and that of their infants(2).

Most women who are pregnant in the United Kingdom will have an uncomplicated pregnancy, giving birth to a healthy baby at full term. However, problems during pregnancy (such as miscarriage, fetal growth restriction and preterm birth) remain common, and stillbirth rates have changed little in recent years. Maternal complications such as depression, thromboembolism, haemorrhage and sepsis are also still encountered, with the most extreme cases contributing to a UK maternal mortality rate of around 11 per 100,000 maternities(3).

The aims of ANC are to optimize maternal and fetal health, to offer women maternal and fetal screening, to make medical or social interventions available to women where indicated, to improve women's experience of pregnancy and birth and to prepare women for motherhood whatever their risk status(4)..

ANC is a critical area where quality can play a major role in ensuring the wellbeing of the mother and the child(5). It is one of the key strategies in the reduction of maternal death. Focused ANC can assist in determining gestational age, identifying high-risk pregnancies, detecting and monitoring pregnancy related hypertension, assessing fetal well being, and can also promote mother's awareness and increase acceptability of skilled birth attendance. ANC also plays a key role in prevention of mother to child transmission of HIV, which is a contributing factor to both child and maternal deaths. It is recommended that for ANC to be more cost effective, at least four comprehensive antenatal visits during the pregnancy are needed(6).

ANC coverage is a success story in Africa, since over two-thirds of pregnant women (69 percent) have at least one ANC contact. However, to achieve the full life-saving potential that ANC promises for women and babies, four visits providing essential evidence based interventions are required (7).

The quality of ANC is dependent on the qualification of health care providers, the number and frequency of ANC visits, the content of services received and the kinds of information given to women during their visit(8). Provision of quality ANC service requires the presence of relevant infrastructure, adequate trained health workers, infection control facilities, diagnostic equipment, supplies and essential drugs. Furthermore, the ANC process requires the use of guidelines that health providers should follow while offering care to ensure prevention, diagnosis and treatment of complications(9).

Defining quality in health care is a challenge due to the multiple disciplines and professionals responsible for client care, and the diverse clients with infinite needs to be satisfied. At personal level the term quality describes something that satisfies ones expectation; all health care professions have standards for every practice used to determine quality and performance. The Institute of Medicine (1990) defines quality in health care as the degree to which health services for individual or population increase the likelihood of desired health outcomes, and consistent with current professional knowledge(10).

Quality can be assessed from the point of view of users (perceived) quality and the technical standards. Donabedian was one of the first person to reflect upon quality, to operationalize the term and offer a frame of work for its definition based on the three major attributes; structures, process and outcome. Structures refers to the attributes of the setting where health care occurs;" process" denotes what is actually done in giving and receiving care; and "outcome" indicates the effect of care on the heath status of patients and population(11).

The quality of services has largely received little attention in many African countries. Importance of health care on lives of people makes quality critical regardless of where services are provided in the hospital, or community. Yet, improving quality of health services is vital to improving the abysmal level of health (10).

1.2 STATEMENT OF THE PROBLEM

The number of women dying due to complications during pregnancy and childbirth decreased by nearly 50% from an estimated 523 000 in 1990 to 289 000 in 2013. While such progress is notable, the average annual rate of decline is far below that needed to achieve the MDG target (5.5%), and the number of deaths remains unacceptably high. In 2013, nearly 800 women died every day from maternal causes(12). Almost all maternal deaths (99%) occurring in developing countries are due to complications arising during antenatal, intrapartum and immediate postnatal period(13). Of the deaths more than half of them occur in sub-Saharan Africa and one third occur in South Asia. Most causes of these deaths are easily preventable through ANC in pregnancy, skilled care during childbirth, and care and support in the weeks after childbirth(13) However, in many African countries the coverage of ANC is increasing. But the coverage alone does not provide information on quality of care, and poor quality in ANC clinics, correlated with poor service utilization. This is often related to an insufficient number of skilled providers (particularly in rural and remote areas), lack of standards of care and protocols, few supplies and drugs, and poor attitudes of health providers(7). The majority of maternal deaths could be avoided if women had access to quality medical care during pregnancy, childbirth, and postpartum(14).

One of the important problems which are continuously faced these days is lack of good quality of service(15). Quantity rather than quality of health services has been the focus historically in developing countries, ample evidence suggests that quality of care (or the lack of it) must be at the center of every discussion(16). Even though One woman in every three (32 percent) made four or more antenatal visits during the course of her pregnancy in Ethiopia(8) there is a growing consensus that access to ANC alone is insufficient to alter the present maternal health profile and that the quality of ANC services may be a key determinant of maternal and perinatal outcomes(17, 18).

Although researchers frequently highlight the importance of quality of maternal care in improving maternal and newborn health and, studies on quality of ANC have been carried out, there is paucity of data on the quality of ANC in Ethiopia. So that more rigorous examination should be needed on quality of ANC services in order to identify specific problems and develop

strategies to improve and reduce maternal mortality. Therefore this study aims to assess quality of ANC services in Chencha district, Gammo Gofa Zone, Southern Ethiopia.

CHAPTER TWO

2.1 LITRATURE REVIEW

2.1.1 Quality of Antenatal care services

Quality services improve health outcomes by providing clients with respectful and technically sound services, delivered according to standards that are known to maximize their health impact. Recent trends in addressing quality of care have taken a system view of the production of quality services, acknowledging that: 1) health care delivery occurs as part of an interaction between a health care provider and the client and community; 2) provider performance is affected and motivated by a wide range of factors in the provider's immediate environment; and 3) the health system is responsible for providing inputs and processes that service providers need to deliver quality services, including infrastructure, supplies, supervision, and management(16)..

2.2.1 Structural dimension of antenatal care service quality

Study conducted in North Gondar revealed that: most of the facilities, except one health center, claimed that they had PMTCT services and none of the health centers visited had laboratory services for testing syphilis. Moreover, many health centers did not have laboratory tests for hemoglobin, urine for protienuria, and cross match(19).

According to study conducted in Bahr Dar special zone:-On inventory, all health facilities had functional weight scale, microscope, fetoscope and stethoscope but sphygmomanometer was not available in one health facility. Uristix for detection of glucose and protein in urine, VDRL and hemoglobin measurements were available only in two of the eight public health facilities included in the study. Penicillin was available in all health facilities but iron sulfate/folic acid was present only in one facility. Private ANC examination room was provided only in two health facilities. ANC guideline and water to wash hands in the examination room was available in none of the facilities(20).

2.2.2 Process dimension of quality of antenatal care service

Process attributes-Interpersonal aspects

Study conducted in Bahr Dar shows that:-almost all 365 (98.9%) and 359 (97.3%) of respondents reported that the providers seem interested and there was no interruption by the provider during

consultation respectively. The qualitative component of the study (by observation) also demonstrated that respectful and friendly greeting was offered for a total of 78 (81.2%) clients. However 105 (28.5%) of women re-ported that the door was not closed during consultation and 51 (13.8%) of the study women revealed that there were people other than the provider during consultation. (20).

Study conducted in Ambo Town showed that: - Women were asked about the situation of privacy at ANC Care unit, majority 246(84%) of the participant respond that privacy maintained, while 42(16%) believe that there was violation of privacy. Regarding the duration of time spent with provider; majority of the participant 212(70%) said time was adequate, and 66(23%) the time was inadequate. About 206(71.5%) of the participants reported that health care provider were attentively listening to their problem, but 82(28.5%) of the women reported that the provider didn't asked them their feeling. (21).

Process attributes-technical aspects

Study done in Zambia revealed that certain ANC interventions were commonly received by Zambian mothers while others were not. Iron supplementation, weight measurement, IPT of malaria, blood pressure measurement, and tetanus vaccination were each received by over 80% of women, while VCT for HIV was received by half, drugs for intestinal parasites by about a third, and only about a quarter of women reported that their urine had been tested at ANC(22) .

Study conducted in eastern Uganda revealed that client examination was generally well done for the majority 80% of the clients, while counseling for risk factors was observed to have been poorly done for over 176(58%) of the ANC clients. For clients counseling on birth preparedness, over 50% were observed to have had poor counseling. Similarly, 159(53%) of the clients did not have essential tests carried out on them. Nonetheless, at least 22% of the clients were observed to have undergone good counseling for birth preparedness. For the essential drugs provided, 159(53%) of the clients received TT vaccination. However the majority of the ANC clients were not offered folic acid 215(72%) as an iron supplement(23) .

Study conducted in rural Tanzania revealed that, hemoglobin and urine albumin was assessed in 22%–37% and blood pressure in 69% - 87% of all visits. Fifty two (20%) severe maternal morbidities were attributed to substandard ANC, of these 39 had severe anemia and eclampsia

combined. Substandard ANC was mainly attributed to shortage of staff, equipment and consumables. There was no significant relationship between assessment of essential parameters at first ANC visit and total number of visits made(24).

Study conducted in Bahr Dar shows that:-Advice about nutrition, FP and ITN utilization was given for 221 (59.9%), 151 (40.9%) and 130 (35.2%) women, respectively. In this study 316 (85.6%) and 304 (82.3%) of the women were asked and tested for HIV respectively. For majority 356 (96.5%) and 327(88.7%) of women gestational age and uterine height were measured, respectively. (20).

2.2.3 Client satisfaction on service provided

Study conducted in Jimma town shows that:- In overall, 235(60.4%) of the women were satisfied and 39.4% were dissatisfied with the focused antenatal care (FANC) services. (25).

Study conducted in Ambo shows that: ninety seven (33.6%) women were very satisfied, 159(55.3%) women were satisfied with ANC services, while only 32(11%) women were not satisfied(21). Study in Bahr dar special zone revealed that (52.3%) of the study women were satisfied(20). Study in Addis ababa showed that 89% of the study women were satisfied with the care provided(26). Study conducted in Bursa woreda sidama zone, revealed that 97 (33.4%) of the mothers participated in the study were satisfied(27).

2.2.4 Providers perspective

Study in Addis Ababa revealed that care providers identified lack of transportation and communication infrastructure and overcrowding at the referral hospital as challenges for the smooth functioning of the referral network, as well as insufficient pre-service and in-service

training in obstetric emergencies, and lack of supportive supervision as barriers to the provision of timely, quality emergency obstetric care(28).

2.2.5 Factors affecting client satisfaction.

According to Ethiopian mini demographic and health survey urban women are more than twice as likely as rural women to receive ANC from a skilled provider. Eighty percent of women residing in urban areas received ANC services from a skilled provider for their last birth compared with 35 percent of women in rural areas(8).

Study conducted in united republic of Tanzania revealed that Privacy of the consultation (i.e., the door of the examination room being closed) was observed in 81% of consultations in the public sector and in 99% in the private sector which is significantly associated with quality of ANC service Even though they were not run multiple regression the cross tab result shows that $x2=36.65;P<0.001$(29).

Study in Bahr dar revealed that sex of the provider, time of initiation of ANC, privacy during consultation, frequency of ANC visit, duration of consultation time and explaining the procedure before ANC examination were predictor variables for client satisfaction(20).

Study conducted in Jimma revealed that Variables which significantly predict level of satisfaction with focused antenatal care services include: type of health center, average monthly income of family and educational status of the mother, and type of pregnancy and history of stillbirth(25)

2.3 Conceptual frame work.

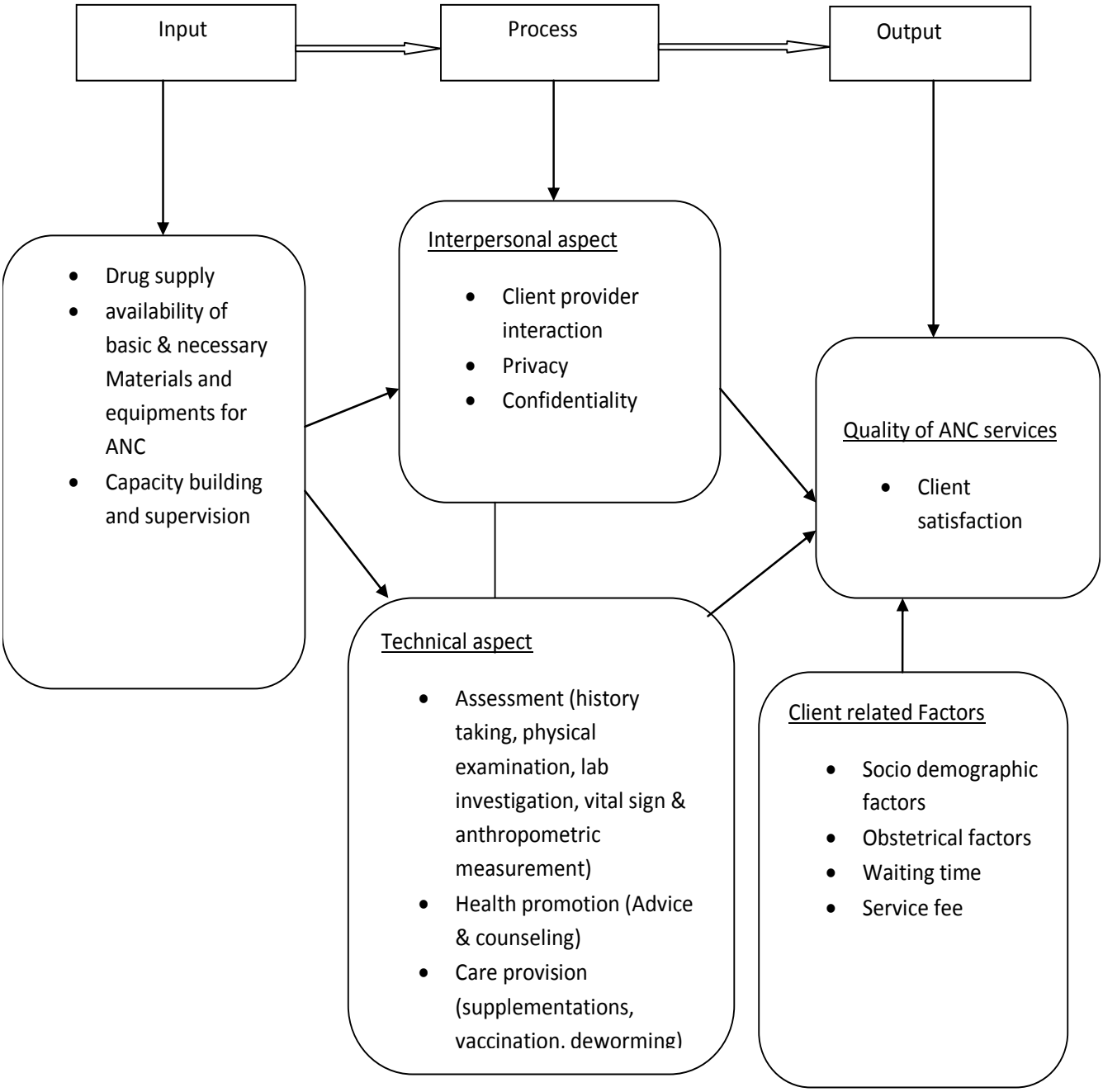

Figure 1 Donabedian Model Adapted for Quality of ANC Service(11).

2.4 SIGNIFICANCE OF THE STUDY

This study aimed to identify quality gaps in the provision of ANC in public MCH facilities, which when addressed will go a long way in strengthening the capacity and credibility of public ANC services and it will gives important information that could be used in informing intervention design and implementation of projects that seek to improve maternal health in the area. The outcomes of this study is also a pointer to clinicians, public health practitioners, and policy makers not to evaluate success of ANC on the basis of its coverage alone but on what was offered in the ANC services and also the result will form baseline data for improving quality of ANC in the study area in particular and other similar settings. The study also gives clue for planning quality in the health facilities as far as it is the current focus and commitment of Ethiopian government.

CHAPTER THREE

3.1 OBJECTIVES OF THE STUDY

3.1.1 General objective

To assess the quality of antenatal care service in public health facilities of, Chencha district from Ethiopia, 2016.

3.1.2 Specific objectives

- To assess the availability of resource that could enable to conduct quality ANC services.
- To determine client satisfaction of ANC service.
- To explore health care providers perceived barriers of good quality of care.
- To identify factors affecting client satisfaction of ANC services.

CHAPTER FOUR

4.1 Methods and materials

4.2. Study Area and Period

The study was conducted from March 15 to April 28 2016 at Chencha district, Gamo gofa zone, southern Ethiopia in four government owned ANC clinics. Chencha district is one of 13 districts in Gamo gofa zone; SNNP regional state which is located at 250 Km south of the capital of southern regional state, Hawassa; and 480 km south east of the capital city of Ethiopia, Addis Ababa. According to the data obtained from the district health office, 2015/2016 projected population of the district is around142, 062. From the total population, the number of women in child bearing age is 27, 812 of these 4850 women planned to be on ANC visit. There are 1 district hospital, 7 health centers, 5 private clinics, two drug venders and 49 health posts with 2 health extension workers in each Kebeles (small administrative unit). It is bordered by Kucha and Boreda weredas in the North, Arbamich zuria wereda in the south, Mirab-Abaya wereda in the east and Dita in the west. It has 52 rural administrations which are called Kebele and currently the district covers an estimated area of 445 km2 and divided into 45 rural peasant associations and 5 urban dwellers associations(30).

4.3. Study design

A facility based cross-sectional study employing both quantitative and qualitative methods were conducted to assess the level of input, process and output of service delivery, resource inventory, client satisfaction exit interviews, interview of provider's perceived barriers of quality of care and observation were conducted.

4.4. Population

4.4.1. Source population

I. For the quantitative part

All pregnant women attending ANC services in Chencha district

II. For the qualitative part

All ANC providers and service providing public health Facilities of Chencha district

4.4.2. Study population

I. For quantitative part

All ANC attending pregnant mothers in public health facilities of Chencha district during the study period.

II. For qualitative part

Purposively selected ANC providers and randomly selected public health facilities of the district

4.5. Exclusion and Inclusion criteria

4.5.1 Exclusion criteria

Pregnant women whose gestational age was below twelve weeks were excluded from the study.

4.5.2 Inclusion criteria

All pregnant women who visited ANC clinic during data collection period in Chencha district

4.6. Sample size determination and sampling technique

4.6.1. Sample size determination

For quantitative study, the required sample size was determined by using EPI-INFO version 7.1 by considering single population proportion based on the following assumptions. The proportion of client satisfaction among ANC users is estimated to be (33%)(27). A level of confidence of 95% and margin of error of 5% were also considered. After adding non response rate of 10% and finite population correction (as source population 4850 is <10,000), the final sample size became 350 ANC users.

For qualitative part

- A total of 12 respondents 8 ANC care providers of (2 from each health facility) and 4 focal person of the unit or head of the health facilities (1 from each) were selected purposively for in-depth interview and resource inventory.
- For observation 38 antenatal care sessions of first visit mothers were observed.

4.6.2. Sampling procedure

Initially, from the 7 health centers, three health centers were selected randomly, and the existing one district hospital were included. The number of pregnant women included from each facility

were determined by a proportional to size allocation based on the average number of ANC users in the quarterly plan of each health facility and the duration of the data collection was continued until the required sample were obtained.

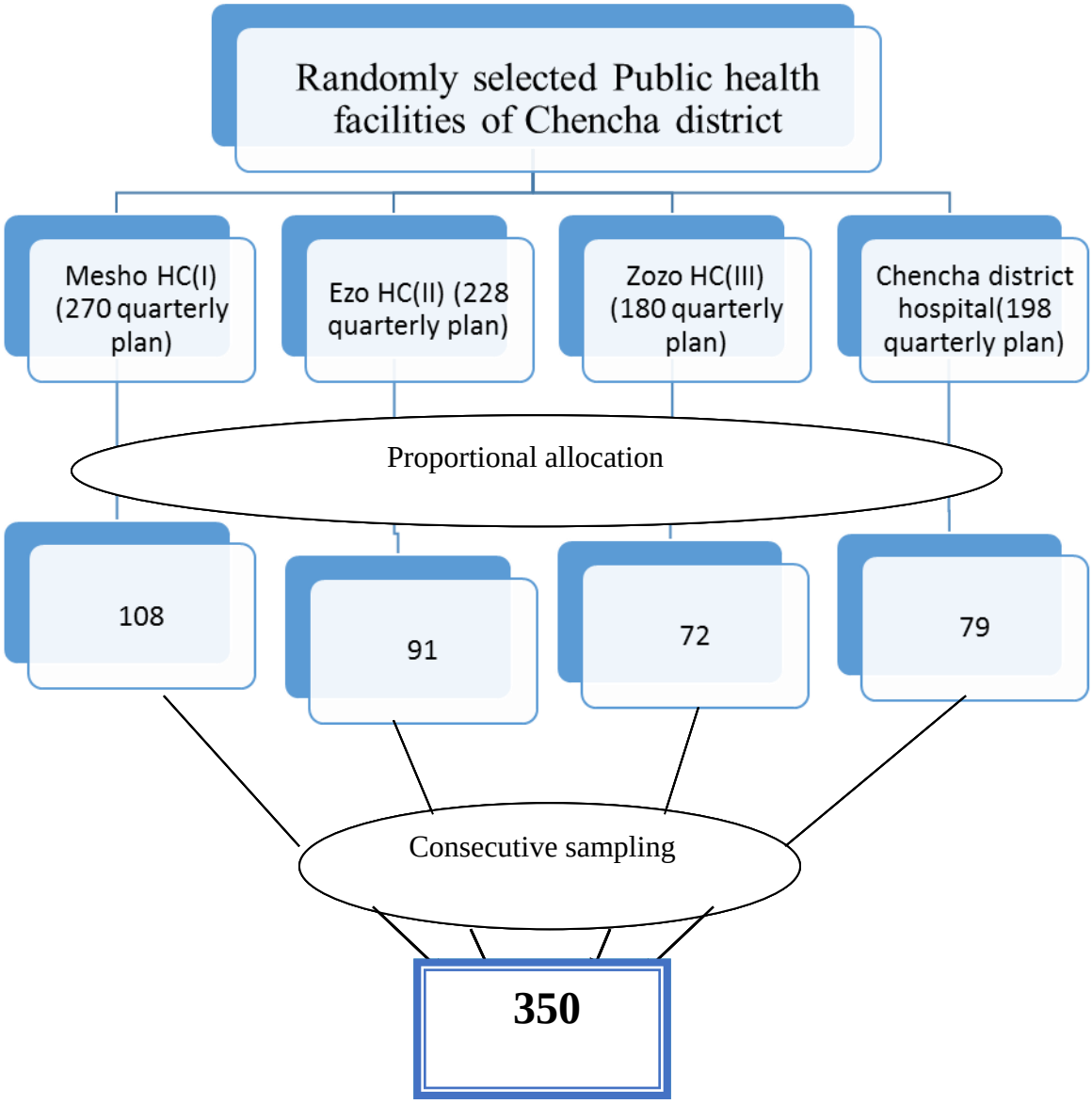

Figure 2 Schematic presentation of sampling procedure.

- For the qualitative method:-

Two care providers who were served at least six months in the ANC clinic were selected for in-depth interview and one focal person or head of the health facility were included from each health facility to conduct resource inventory.

4.7. Study variables

4.7.1. Dependent variable

Client satisfaction

4.7.2. Independent variables

The socio demographic variables: residence, age, religion, ethnicity, marital status, educational status, occupation and income level per month.

The obstetrical variables:- gravidity, parity, history of abortion planning status of pregnancy, number of visits in the current pregnancy, week or month of first visit in the current pregnancy, reason to start follow up by the time, gestational age.

The interpersonal variables: - confidentiality, privacy during consultation &/or physical examination, respect, time spent with care provider, initiation to ask question by care providers.(Accessibility in terms of distance and service fee) and waiting time after arrived,

The technical aspect assess:-explanation made before & after Physical examination, counseling on on danger sign, birth preparedness and complication redness plan, when to go health facility for delivery, PMTCT, nutrition, breast feeding, family planning, vaccination, rest, STD and HIV/AIDS, tests done for hemoglobin, hematocrit, HIV, VDRL for syphilis, Rh-factor, urine test, stool examination, drugs taken:-TT vaccine, iron/folic acid, mebendaazole/albendazole, measurements done:-BP, weight, fundal height, fetal heart beat.

The resource inventory checklist contains:-logistic supplies, presence of waiting space, consultation room, availability of water supply, examination table, weighing machine, measuring instruments, FANC card, sanitation facilities, laboratory facilities, logbook and FANC guidelines.

The provider perspective assess: - training, technical support and supervision taken and barriers for the provision of good quality of ANC service.

The performance observation checklist assess:-Introduction and history taking, tests and treatments, procedures and counseling.

4.8 Data collection tools and process

4.8.1 **Measurements**

Semi-structured questionnaires designed to enable collection of information on client's perspectives, interview guide for provider's perceived barriers to quality ANC provision, and performance observation and resource inventory checklist were used in data collection (standardized tool developed by Maternal and Child Health Integrated Program (MCHIP) were used for provider perspective, resource inventory and ANC performance observation)(31). Whereas, the client exit interview instrument for this study was developed from elements that were applied in other related studies and contextualized (20-24, 32, 33).

The instrument used to assess Client satisfaction; is adapted from study conducted in Bahr dar special zone having internal reliability value of 0.845 (20).

The client satisfaction part assess:-polite or friendly greeting of the care provider, waiting time, adequacy of waiting area and seats, providers understandability, cost incurred for the service, privacy during consultation, provider's performance cleanliness and sanitation, presence of latrine and adequate water supply in the clinic for clients, getting of quality service that they want, getting of full information that they expect, clients interest to continue the rest ANC visit in that health facility and recommendation to their relatives.

4.8.2 Data collection process

Data on the types of services ANC attendees received was collected through interviews and FANC card review. Client exit interview was made to assess the provision of key elements of ANC service. Clients were interviewed at exit outside the service room far away from employees and the data collectors were non-staff personnel to prevent information contamination/bias.

Two ANC providers were included in each health facility to assess current training status, supervision made and providers' perceived barriers by using interview guide and simple

observation were made by using Performance evaluation observation check-list on 38 first visit ANC mothers.

Data on availability of resource were collected by conducting resource inventory in each of the study health facilities. An inventory checklist was used to see supply of required resources for the provision of comprehensive ANC services.

To conduct observation, supervisors who are not included in the study were observed the provider client-interaction, history taking, procedures performed and services provided before the exit interview and after oral consent were obtained from both the provider and the client.

4.9. Data collectors and supervisors

Data collectors were 4 diploma nurse graduates who are fluent speakers of the local language and Amharic as well, two (public health officers) supervisors were recruited. Training was given for two days on the objective of the study, data collection tools, method of data collection, interview techniques and procedures for data collectors and supervisors.

4.10. Data processing and analysis

Following the data collection, data were coded, cleaned and entered using EPI data version 3.1statistical software and exported to SPSS window version 20 statistical packages. Descriptive statistics were computed to determine the extent to which recommended components of ANC services were provided. In the descriptive statistic, simple frequencies, proportion and mean were calculated and the results of the analysis were presented in tables and graphs as appropriate.

Binary logistic regression was carried out to assess the association of different independent variables. Independent variables having $P<0.25$ on the bivariate analysis were considered as candidates for the multiple logistic regression analysis

Multiple logistic regression analysis was carried out to identify factors having statistically significant associations with client satisfaction by controlling for the confounding variables.

Qualitative data were reviewed and analyzed thematically as appropriate.

4.11. Operational definition

1. Client satisfaction of ANC: - were measured using 12 item questions related to Satisfaction each having five point Likert scale from strongly disagree (1) to strongly agree (5). To see the total score of each respondent, the points obtained from the 12 items by each respondent were

computed. A respondent have a minimum of 12 and a maximum of 60 points on ANC satisfaction score. Clients were rated as satisfied if they score more than or equal to the average; otherwise they were considered as not satisfied

2. Necessary and enough man power: is the availability of minimum requirement supply of persons available and fitted for service based on the standard

3. Necessary equipments for ANC: is the presence of at least examination coach, Stethoscope, Sphygmomanometer, Weighing scale , Fetoscope, FANC card and loge book

4. Drug supply for ANC: is the availability of iron, combined dose of TDF +3TC + EFV/ AZT +3TC +EFV, folic acid and TT vaccine.

5. Periodic supervision**:** is when supervision is conducted at least two times within a year

6. Update of health professionals: At least one, in-service training is given to care provider on subjects related to ANC within two years.

7. Quality of antenatal care:-when clients get satisfied, if the healthcare facility has necessary resources, drug supply and update of health professionals to conduct ANC.

8. Accessible:-when a pregnant women access health facility within two hours walking distance

9. Resource:-both human and material resource that are necessary to provide comprehensive and quality ANC services

10. Basic diagnostic facilities for health centers:-If health facilities equipped with diagnostic laboratory for ANC (HCG test kit, Syphilis test, Urine analysis test, HIV test kit, Haemoglobinometer, Albuminstix and Blood group & Rh factor test and vital sign equipment's).

11. Basic diagnostic facilities for primary hospitals:-If health facilities equipped with diagnostic laboratory for ANC (HCG test kit, Syphilis test, Urine analysis test, HIV test kit, Haemoglobinometer, Albuminstix, Blood group & Rh factor test, ultrasound and vital sign equipment's).

4.12. Data quality assurance

The questions were prepared in English and translated into Amharic and back translated to English to check consistency. The questionnaire was pre-tested on Dorze health center in 5% of the sample before the actual data collection to ensure the appropriateness of the content with regard to the questions, language, and coherence.

The quality of data were insured by proper categorization and coding of questionnaire, observation checklist, and each computed questionnaire and checklist were reviewed and checked for completeness and credibility and transferability of qualitative data were ensured.

4.13. Ethical considerations

The proposal was approved by ethical review committee of Jimma University college of health science before the start of the study. Letter of permission was obtained from Chencha district health department and from the respective health facilities. All the study participants were informed about the purpose of the study and finally verbal consent were obtained before interview or observation. The respondents had the right to refuse participation or terminate their involvement at any point during the interview.

4.14. Dissemination of finding

The result of this study will be presented to Jimma University collage of health science, department of population and family health, will be disseminated to Chencha district health department, for NGO projects that seek to improve maternal health in the area and efforts will be made to publish in journal.

CHAPTER FIVE

5 RESULTS

5.1 Socio-Demographic Characteristics

All the sampled 350 clients were responded to the questions. This stands at hundred percent response rates.

The mean age of respondents were 27.92 years (SD ±5.031) and range of 18-42 years of age. Sixty five point five percent of the women participated in the study were found between 25-34 years of age. The study revealed that 96.3 % of them were married.

It was found that 279(79.7%) of the respondents were from rural and only 71(20.3%) were from urban area. Of the total respondents 96.3% of respondents were from Gamo ethnic group and around 59.7% of the sampled women were followers of Orthodox religion and 141 of the respondents (40.3%) were protestant.

One hundred and thirty nine respondents (39.7%) had no formal education and only 38(10.9%) of respondents had tertiary education. Regarding occupation, more than half of the respondents (58.6%) were housewives as shown in Table 1.

Table 1 Number and percent distributions of socio-demographic characteristics of respondents in Chencha district, Gamo gofa zone, southern Ethiopia from March – April 2016.

Socio-Demographic variable	Frequency (n=350)	Percent
Age group		
below 19	14	4.0
20-24	60	17.1
25-29	142	40.6
30-34	87	24.9
above 35	47	13.4
Residence		
Urban	71	20.3
Rural	279	79.7
Marital status		
Married	337	96.3
Single	13	3.7
Educational status		
No formal education	139	39.7
Primary education	85	24.3
Secondary education	88	25.1
More than secondary education	38	10.9
Religion		
Orthodox	209	59.7
Protestant	141	40.3
Ethnicity		
Gamo	337	96.3
Others	13	3.7
Occupation		
House wife	205	58.6
Merchant	83	23.7
Government employee	34	9.7
Private employee	15	4.3
Farmer	10	2.85
Student	3	0.85
Monthly income		
< 1242 ETB	250	71
≥ 1242 ETB	100	29

5.2 Obstetric characteristics of respondents

Mothers were assessed on their current and previous pregnancy status, and this study found that 79.3% of them were Multi-gravida, Two hundred thirty (65.7%) of mothers had at third trimester or above twenty eight weeks but, only 138(39.4%) were came the health facility for third and above visit (Table 2).

Table 2 Number and percent distributions of obstetric characteristics of respondents in Chencha district, Gamo gofa zone, southern Ethiopia from March – April 2016.

Obstetric characteristics	Frequency(n=350)	Percent
Number of pregnancy		
Primi gravid	73	20.7
Multi gravid	279	79.3
Parity		
Second or less	91	25.9
More than two	261	74.1
Number of visit		
First and second visit	212	60.6
Third visit and above	138	39.4
Gestational age		
First or Second trimester	120	34.3
Third trimester	230	65.7

Obstetric characteristics	Frequency(n=350)	Percent
Gestational age at first visit		
First trimester	39	11.1
Second trimester	262	74.9
Third trimester	49	14.0
Reason to start ANC		
TT vaccine	54	15.4
ANC checkup	219	62.6
Pregnancy test	27	7.7
Medical case	50	14.3
History of abortion		
Yes	58	16.6
No	292	83.4
Pregnancy status		
Planned	282	80.6
Not planned	68	19.4

5.3 Availability of resource and structural attributes

The availability of basic materials for ANC service was assessed. Regarding necessary equipments for ANC all service delivery points were equipped with weight scale, fetoscope, measuring tape, cold chain box, safety box, clean and surgical glove, FANC card, registration logbook and alcohol. But only the primary hospital and health center(HC)II have BP apparatus specifically used in the ANC unit. The other health facilities were use BP apparatus in common with different units. None of the health facilities had working ANC guidelines and thermometer. This finding is also supplemented with the providers' perspective in which providers mentioned absence of national ANC clinical management guideline as one of the barrier for the provision of good quality service.

Drug supply for ANC**:-**Iron folic acid tablet is found in all health facilities and given to the clients free of fee in all HCs but in the primary hospital client are expected to pay 35 birr to take iron tablet. TT vaccine is also available in all health facilities and provided in the working days from Monday to Friday. Except HC I all others provide PMTCT and they all have TDF +3TC+ EFV at hand. But HC I refer mothers to the hospital.

Regarding laboratory facilities even though there was scarcity, VDRL testing reagent and albuminstix are only found in the primary Hospital and HC II, except the primary hospital none of the HCs have haemoglobinometer. Pregnancy test, blood group and Rh factor and HIV test were done in all health facilities and except in HC III all others screen urine for infection.

Regarding the availability of latrines and water supply except the primary hospital and HC I, there were no water supply in the other health facilities. Except HC III other health facilities have toilet around the MCH unit. It has also been investigated that the privacy of counseling rooms was not respected in all HC because ANC, EPI and postnatal service were provided in the same room. Only the primary hospital has protected waiting space with enough sits.

Except the hospital none of the HCs were fulfill minimum requirement of the standard. This might be due to shortage of health professionals specially midwifes and also in rural area, due to the availability of health extension workers in the health posts to manage mild cases.

5.4 Process attribute of interpersonal aspect in ANC service

Two hundred ninety six (84.6%) of mothers were agree that care providers treat them respectfully. This finding is also supplemented by ANC session observation. Regarding privacy during physical examination and/or consultation 131(37.4%) of mothers claimed that the door was open. This was again supplemented by the qualitative component as only the primary hospital had private ANC rooms while the remaining facilities had multi- purpose rooms on resource inventory (Table3).

Table 3 Number and percent distributions of process attribute of interpersonal aspect in ANC services of Chencha district, Gamo gofa zone, southern Ethiopia from March – April 2016.

Characteristics	Frequency	Percent
Presence of confidentiality		
Yes	243	69.4
No	107	30.6
privacy during consultation and/or		
Yes	219	62.6
No	131	37.4
Respect by health care provider		
Yes	296	84.6
No	54	15.4
Provider initiation to ask question		
Yes	216	61.7
No	134	38.3
Consultation time		
<20 minute	306	87.4
>=20 minute	44	12.6

5. 5 Process attribute of technical aspects in ANC service

Two hundred twenty eighty (65.1%) respondents were not counseled on danger signs of pregnancy. Out of counseled mothers 105 mothers mention vaginal bleeding, 68 mothers mention severe headache, 40 mothers mention offensive vaginal discharge, 26 mothers mention blurred vision, 21 mothers mention leg and facial edema, four mothers mention decreased fetal movement and 4 mothers mention fever as danger signs of pregnancy. Out of counseled mothers 39 mothers mention two and 50 mothers mentioned more than two danger signs of pregnancy.

Regarding counseling on Birth preparedness and complication redness plan(BP/CR) only 61(17.4%) of them were counseled on BP/CR plan. Out of 17.4% of counseled respondents, 59 mothers mention place of delivery, 7 mothers mention many, 5 mothers mention transport, 4 mothers mention selecting health care professional, 3 mothers mention blood donor and 2 mothers mention cloths for the baby as BP/CR plan. This finding is also supplemented with only 3 mothers were advised to arrange delivery place & emergency transportation and none of the 38 observation were advised on items to have on hand at home for emergencies at the time of observation.

One hundred ten (31.4%) of the study subjects were counseled on nutrition and only 88(25.1%) of them were counseled on prevention of mother to child transmission of HIV virus. This finding is also supplemented with the ANC service performance observation in which out of 35 observations only 6 mothers were counseled on PMTCT (Figure 3).

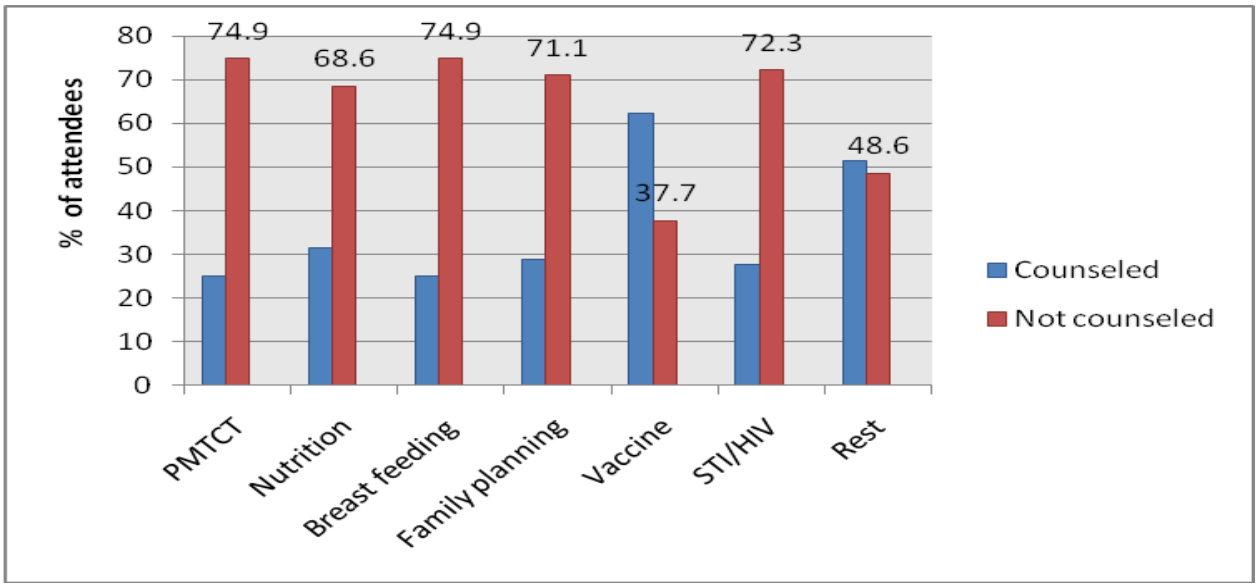

Figure 3: Percentage distribution of mothers not counseled on different maternal and child health related issues in ANC services of Chencha district, Gamo gofa zone, southern Ethiopia from March - April 2016.

Regarding different services in which pregnant mothers were expected to take, TT vaccine were given to 293(83.7%) mothers, Iron/folic acid were give or prescribed for 308(88%) of mothers and only 5.7% of mothers were taken deworming medication and only 49.4% of respondents were checked for pallor.

Base line laboratory investigations and procedures performed for mothers attending ANC service were displayed below (Fig.3 and Table 4).

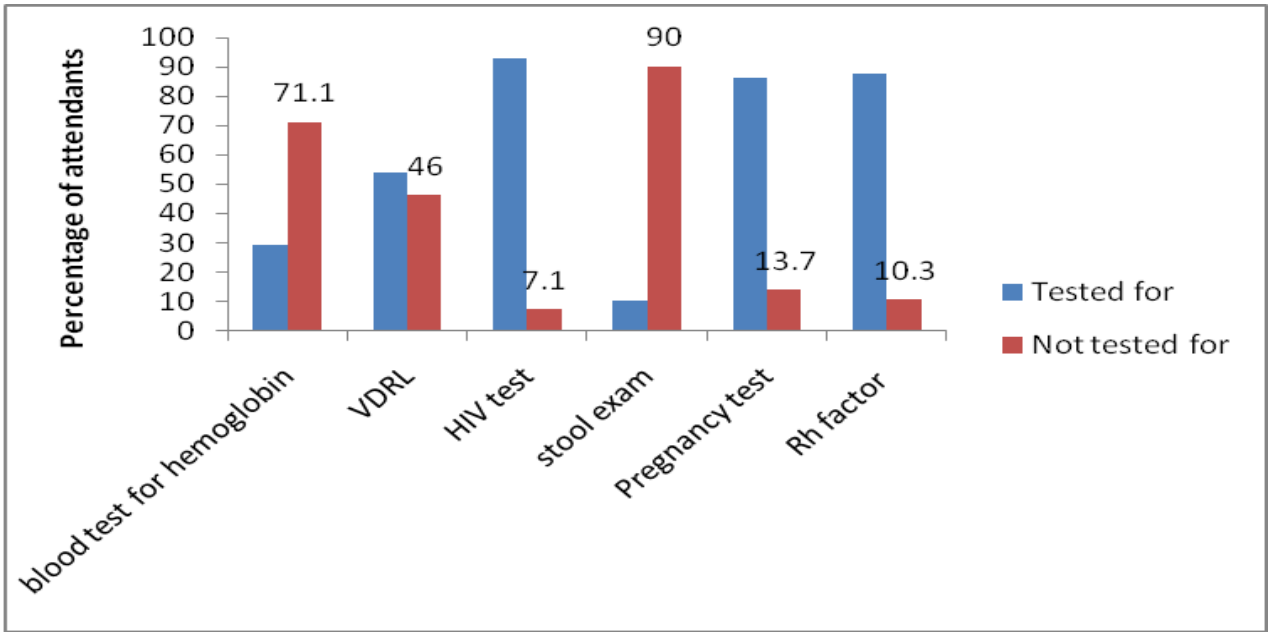

Figure 4: Percentage distributions of baseline laboratory investigations done for mothers attending ANC service in Chencha district, Gamo gofa zone, southern Ethiopia from March – April 2016. (Reviewed from FANC card)

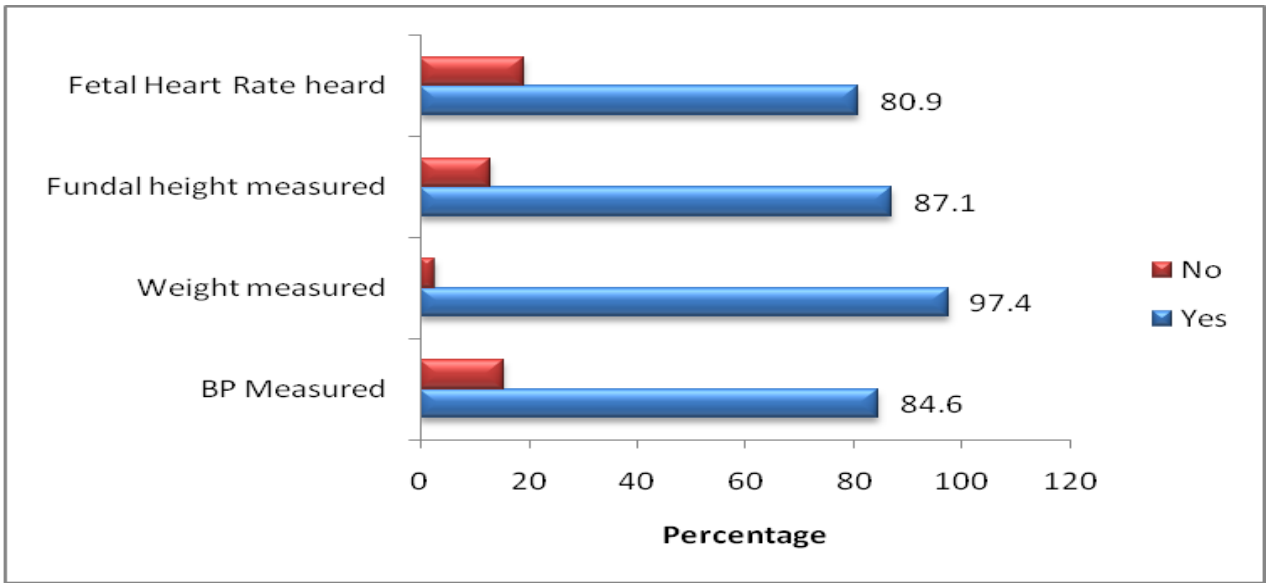

Figure 5 Percentage distributions of procedures performed for ANC attendants in public health facilities of Chencha district, Gamo gofa zone, southern Ethiopia from March – April 2016.

5.6 Client satisfaction

The mean score for client satisfaction on the ANC services received was 64.8. In overall, 184(52.6%), (with 95%CI=47.4-58) of the respondents were satisfied or scored equal to or more than the mean satisfaction score and the rest 47.4% were dissatisfied with the ANC services provided and scored less than the mean satisfaction score. Internal reliability value of items was 0.752.

Table4 Component wise client satisfaction on ANC service in public health facilities of Chencha district, Gamo gofa zone, southern Ethiopia from March-April 2016.

Characteristics	**Strongly disagree**	**Disagree**	**Uncertain**	**Agree**	**Strongly agree**
Provider's greeting	2(.6)	142(40.6)	2(.6)	178(50.9)	26(7.4)
Waiting time	4(1.1)	129(36.9)	7(2.0)	196(56.0)	14(4.0)
Waiting area with sits	1(.3)	163(46.6)	44(12.6)	129(36.9)	13(3.7)
Provider's Understandability	4(1.1)	149(42.6)	6(1.7)	176(50.3)	15(4.3)
Service fee	5(1.4)	7(2)	11(3.1)	203(57.7)	124(58)
privacy during consultation	3(0.9)	26(7.4)	239(68.3)	68(19.4)	14(4)
Cleanliness of procedures	4(1.1)	32(9.1)	237(67.7)	66(18.9)	11(3.1)
Clean latrine & water supply	35(10)	97(27.7)	158(45.1)	58(16.6)	2(0.6)
Get Quality service	5(1.4)	115(32.9)	136(38.9)	91(26.0)	3(0.9)
Get full information about ANC	7(2)	102(29.1)	182(52)	58(16.6)	1(0.3)
Client wants to continue	2(0.6)	21(6)	53(15.1)	266(76)	8(2.3)
Recommend for others	1(0.3)	26(7.4)	120(34.1)	194(55.1)	9(2.6)

5.7 Factors associated with client satisfaction

Both bivariate and multiple logistic regression analysis were made to identify predictors of client satisfaction. The bivariate analysis result revealed that residence, marital status, gravidity, parity, history of abortion, planning state of pregnancy, privacy, respect by care provider, provider initiation to ask question, counseling on danger sign, counseling on birth preparedness and complication redness plan and distance were significantly associated with ANC services satisfaction. The above mentioned were again entered in to multiple logistic regression model to control for confounding.

The variables with p-value less than 0.05 in multiple logistic regression analysis were taken as significant predictors of satisfaction and the rest were refuted. Variables which significantly associated with client satisfaction of ANC services include:- Residence, mothers with two or less deliveries, mothers with unplanned pregnancy, mothers whose privacy were kept and mothers who were counseled on birth preparedness and complication redness plan. The likelihood of satisfaction from service were 2.185 times more likely in urban mothers than rural (AOR= 2.185; 95% CI ;(1.192, 4.006) mothers. The likelihood of satisfaction from the service were 2.043times higher (AOR = 2.043; 95% CI; (1.163,3.587) among mothers with two or less deliveries than that of mothers with more deliveries, mothers with unplanned pregnancy were 0.522times less likely to satisfy than that of planned mothers (AOR= 0.522; 95%CI (0.286,0.953), The likelihood of satisfaction from the service in mothers whose privacy were kept was 5.615times higher than that of mothers whose privacy were not kept (AOR =5.615; 95% CI (3.371,9.355) and mothers who were counseled on birth preparedness and complication redness plan were 2.191times higher than that of not counseled mothers (AOR =2.191: 95% CI: (1.118, 4.293). However, the crude association found between marital status, number of pregnancy she had, history of abortion, respect, provider initiation to ask question, counseling on danger sign and distance from their home to health facility with client satisfaction in ANC service provided were refuted after adjusting for the above variables (Table 5).

Table 5 Multiple logistic regression model variables and predictors of client satisfaction among ANC attendants of, Chencha district, Gamo gofa zone, southern Ethiopia from March - April 2016.

Characteristics	Client satisfaction		Crude OR (95%CI)	AOR (95%CI)
	Satisfied Number (%)	Not satisfied Number(%)		
Residence				
Urban	47 (66.2%)	24(33.8%)	2.030(1.177,3.500)	**2.185(1.192,4.006)**
Rural	137(49.1%)	142(50.9%)	1.00	**1.00**
Marital status				
Single	2(18.2%)	9(81.8%)	0.192(0.041,0.900)	0.619(.117,3.281)
Married	182(53.7%)	157(46.3%)	1.00	1.00
Number of pregnancy				
Primi gravid	48(65.8%)	25(34.2%)	1.991(1.163,3.408)	0.516 (0.134,1.987)
Multi gravid	136(49.1%)	141(50.9%)	1.00	1.00
Parity				
Second or less	58(63.7%)	33(36.3%)	1.855(1.134,3.034)	**2.043 (1.163,3.587)**
More than two	126(48.6%)	133(51.4%)	1.00	**1.00**
History of abortion				
History of abortion	161(55.1%)	131(44.9%)	1.870(1.053,3.322)	1.468(0.769,2.803)
No history of abortion	23(39.7%)	35(60.3%)	1.00	1.00
Pregnancy status				
Planned	156(55.3%)	126(44.7%)	1,00	**1.00**
Not planned	28(41.2%)	40(58.8%)	0.565(0.330,0.967)	**0.522(0.286,0.953)**

Characteristics	Client satisfaction		Crude OR (95%CI)	AOR (95%CI)
	Satisfied Number (%)	Not satisfied Number (%)		
Privacy				
Yes	148(67.9%)	70(32.1%)	5.638(3.499,9.085)	**5.615 (3.371,9.355)**
No	36(27.3%)	96(72.7%)	1.00	**1.00**
Respect by health care provider				
Yes	165(55.7%)	131(44.3%)	2.320(1.269,4.244)	1.820(0.921,3.597)
No	19(35.2%)	35(64.8%)	1.00	1.00
Provider initiation to ask question				
Not at all	100(46.3%)	116(53.7%)	1.00	1.00
Some times	84(62.7%)	50(37.3%)	1.949(1.254,3.028)	.741 (0.443,1.238)
Counseled on danger sign				
Yes	76(62.3%)	46(37.7%)	1.836(1.172,2.876)	1.175(0.641,2.152)
No	108(47.4%)	120(52.6%)	1.00	1.00
Counseled on BP/CR plan				
Yes	45(73.8%)	16(26.2%)	3.035(1.640,5.616)	**2.191(1.118,4.293)**
No	139(48.1%)	150(51.9%)	1.00	**1.00**
Distance				
<1 hour walking distance	161(56.3%)	125(43.7%)	2.296(1.310,4.026)	1.780(0.938, 3.377)
1-2 hour walking distance	23(35.9%)	41(64.1%)	1.00	1.00

5.8 Observation findings of antenatal care service provision

Simple observation was made on ANC service provision of the study health facilities. During observation 85.7% of the clients were treated respectfully in the beginning and at the end of the examination, Blood pressure was measured for 88.6% of the clients. About 97.1% of observed mothers were assessed for the pregnancy and fetal condition and 71.4 % of the clients were informed about the progress of pregnancy.

Only 20% of mothers were counseled on nutrition and healthy eating during pregnancy and 6 mothers (17.1%) were counseled on HIV/PMTCT. Twenty mothers take TT injection and 23 mothers were prescribed to buy and taken Iron/folic acid tablet. About 42.9% of mothers were asked about the problems they were concerned for.

Finally, clients' card were revised and recorded in the beginning and at the end of each care for 28(80%) of the cases. Findings on services provided and procedures performed were displayed as shown in the figure below.

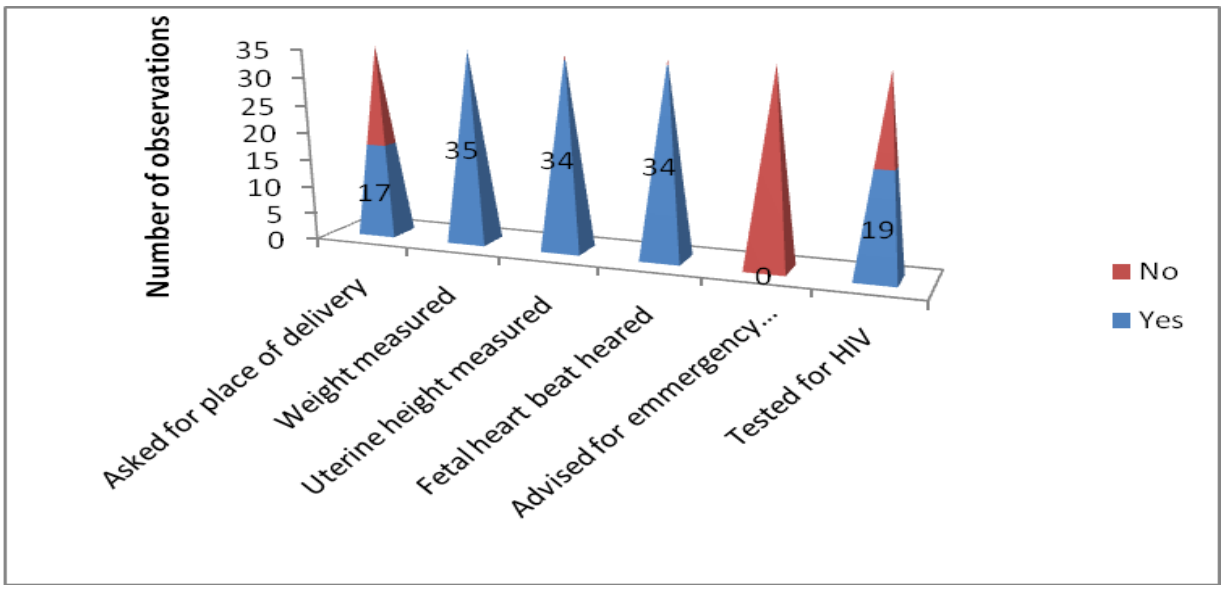

Figure 6: Observation findings of services provided and procedures performed in public health facilities of Chencha district, Gamo gofa zone, southern Ethiopia, 2016.

5.9 Findings of provider perspective on quality of ANC service

Regarding supervision, health care providers from two health facilities mentioned that they were supervised within the past three months but the other health care providers from two HCs reported that they were supervised before one year. All of them reported that there was no internal supervision other than periodic meeting, Even though we are not regularly supervised, during the external supervision they check records and reports that we have done, gave constrictive verbal feedback about how we were doing our job and discuss problems that we were encountered in ANC service provision. However they didn't provide written comment about how we were doing our job.

Among the various things related to their working situation service providers mentioned that:- ANC specific training and onsite orientation, drugs and material supply, incentive, laboratory reagents, budget for preparing mothers forum, strong management, examination table, motivation and absence of ANC clinical management guideline as the major barriers that can prevent the provision of good quality of ANC services.

CHAPTER SIX

6 Discussions

In this study, 52.6% of respondents were satisfied with the service provided. The study revealed that residence, planning status of pregnancy, privacy, parity and counseling on birth preparedness and complication redness plan were the predictors of client satisfaction. The qualitative part showed that, care providers didn't have regular supervision, updates on ANC, budget for preparing mother's forum, and incentive. Although health centers have basic medical equipments, all of the health institutions have no guidelines, different laboratory reagents, and most of them did not have waiting area with shade, and private room to carryout ANC service

6.1.1 Structural Aspects

Structural aspect of this study focused on availability of resources. Based on this assessment, all of the health facilities in the study area have necessary equipment for ANC service provision but only the primary hospital and health center II have BP apparatus specifically used in the ANC unit and none of them had thermometer. This finding is in line with study conducted in Bahr dar(20). This might be due to lack of logistic supplies or difficulty of maintaining. This would make the identification of pregnant women with pregnancy induced hypertension un-likely for subsequent follow up and management.

None of the health facilities have working ANC guidelines. This finding is also supplemented with the providers' perspective in which the providers mention absence of guideline as one of the barrier to provide good quality of care. The finding is similar with study conducted in Addis Ababa(26).This might be due to absence of clinical management guide line at a national level so that as the care providers differ the content in which clients were taken was different and also full package of the service were not provided for all of the clients.

The health centers were lacked important laboratory tests such as VDRL, hemoglobin, and urine protein. This finding is also similar with study conducted in North Gonder (19), This might be due to inadequate logistic supply and also absence of emphasis on base line investigations of pregnant mothers. The absence of such tests has a clear effect on the diagnosis of syphilis, anemia and pre-eclamtic mothers of antenatal care services.

It has also been investigated that the privacy of counseling rooms was not respected in all health centers because ANC, EPI and postnatal services were provided in the same room. Only the primary hospital has protected waiting space with enough sits. This finding is also similar with study conducted in Bahr dar(20).

6.1.2 Client satisfaction

According to this study it was found out that overall client satisfaction of antenatal care service in the study population were 184(52.6%). This study is consistent with study conducted in Bahr dar but lower than other studies conducted in Jimma, Addis Ababa, Ethiopia and Ambo and higher than study conducted in Bursa District, Sidama zone. The difference might be due to subjective nature of the subject matter; because measure of satisfaction needs standardized scales and tools for accurate measurement but most of the literatures measure satisfaction by using simple yes/no response category so that the clients will bias to incline towards yes. This might increase the percentage of satisfaction in other studies (20, 21, 25-27).

6.1.3 Factors affecting client satisfaction

This study revealed that the likelihood of satisfaction from the service in mothers whose privacy were kept during consultation or physical examination were higher from their counterparts; it is also supported with qualitative finding of the study in which all of the study health centers have multipurpose room. This finding is in line with study conducted in Tanzania and Bahr dar.(20, 34).

The likelihood of client satisfaction from the ANC service rendered was more likely in urban mothers than that of rural mothers. This might be due to Urban women are more than twice as likely as rural women to receive ANC from a skilled provider than rural mothers according to Ethiopian min demographic and health survey(8).

The chance of satisfaction on antenatal care service rendered was lower to a statistically significant level among women who had unplanned pregnancy. This might be because of women who had unplanned pregnancy might be too sensitive in terms of privacy and confidentiality due to possible stigma if the pregnancy is out of the wedlock. And also women who had unplanned pregnancy experience greater relationship instability than women whose pregnancies were intended. This agrees with findings of a study conducted at Bursa District, Sidama zone and Jimma(25, 27)

This study also revealed that the likelihood of satisfaction in ANC service provided was higher in mothers who were counseled on birth preparedness and complication redness plan than that of mothers who were not counseled. This might be because the outcome of pregnancy until the actual birth of the baby is unpredictable, provision of adequate information for pregnant mothers specially preparing mothers for the coming new event and making them ready for the unpredictable situations can play a great role in client satisfaction.

The study revealed that parity is one of the predictor of client satisfaction. This might be due to the reason that mother who had few number of deliveries were more likely to satisfy than that of mothers with more deliveries.

6.1.4 Providers perspective

This study revealed from providers' side that, insufficient training specifically on antenatal care service, lack of regular supervision either by internal or external supervisor, and drug and material supply, incentive, funds to prepare mothers forum, guidelines, examination table laboratory reagents and strong management were mentioned as barriers that can prevent provision of good quality services. This finding is similar with study conducted in Addis Ababa in which insufficient pre-service and in-service training in obstetric emergencies, and lack of supportive supervision were mentioned as barriers to the provision of timely, quality emergency obstetric care(28).

Limitation of the Study

The results of this study might be biased as the respondents affected by social desirability bias to respond or tell the existing realty about their care provider and also assessment of health care providers through observation while they do antenatal care creates a type of reactivity in which individuals modify or improve an aspect of their behavior in response to their awareness of being observed.

CHAPTER SEVEN

7 Conclusions

This study identifies several shortfalls of antenatal care service provision from different dimensions. The following are the major shortfalls revealed:-

- Shortage of laboratory reagents especially VDRL, hemoglobin and Urine test for protein.
- All health facilities were delivering services without guideline.
- Low clients satisfaction as compared to others studies
- Lack of Provision of adequate information for pregnant mothers especially not preparing mothers for the coming new event and preventing delay after a problem happens.
- Lack of keeping mother's privacy during consultation and physical examination,
- Lack of training and refreshment courses were registered at all health facilities
- Regular supervision is inadequate along with the absence of feedback system. After all the overall quality of ANC service in Chencha District is low.

CHAPTER EIGHT

8 Recommendations

Based on the result the following recommendations are made to improve ANC services of public health facilities in Chencha district.

To federal ministry of health

- The Ministry of Health has to prepare ANC service clinical management guide line.

To SNNP republic health bureau

- Strengthened regular and supportive supervision should be performed according to its plan at all hierarchy with feedback.

To Gamo gofa zone health office

- Basic training and refreshment courses should be given for all service providers.

To District health office

- The district health office should consistently provide adequate supplies, equipment for providing ANC service to promote quality ANC
- There should be regular supportive supervision and monitoring of service providers activity.

To health facilities

- The reproductive health unit should come up with a standard tool comprising of all important information to be taught at antenatal clinic so that all important information is not missed out at the ANC service.
- Provision of adequate information and counseling for mothers on risk factors. Specially preparing mothers for the coming new event and making them ready for the unpredictable situations and also preventing delay in obtaining treatment if a problem arises.

To researchers

- The effect of capacity building and regular supervision for health care providers on increasing quality of service.

REFERENCES

1. World Health Organization. Health services coverage statistics: antenatal care coverage (percentage). . 2012.
2. United Nation International Childrens Fund. The state of the world's children 2009: Maternal and Newborn Health. 2009.
3. Centre for Maternal and Child Enquiries Mission Statement. Saving mothers' lives: reviewing maternal deaths to make motherhood safer: 2006–08. British Journal of Gynaecology. 2011;118(1):1-2003.
4. National Institute for Health and Care Excellence. Antenatal care: Quality standard. 2012.
5. World Health Organization. Make every mother and child count. WHO Library Cataloguing-in-Publication Data. 2005.
6. Joshua P, Ndema A, João P, A M, Therese D, Guillermo C, et al. Antenatal care packages with reduced visits and perinatal mortality: a secondary analysis of the WHO Antenatal Care Trial. Reproductive Health. 2013;10(19).
7. World Health Organization. Antenatal Care: Opportunities for Africa's Newborns. 2010.
8. Centeral statistical agency. Ethiopia Mini Demographic and Health Survey. 2014.
9. Marilyn M. Is antenatal care effective in reducing maternal morbidity and mortality?. Health Policy and Planning. Oxford University Press. 1996;11(1):1-16.
10. Anthonia A. Assessing and Assuring Quality of Health Care in Africa. African Journal of Medical Sciences. 2010;3(1): 31 -6
11. Donabedian A. The quality of care. How can it be assessed? JAMA. 1988;260(12):1743–8.
12. World Health Organization. World health statistic:WHO Library Cataloguing-in-Publication Data 2014.
13. World Health Organization. Maternal mortality fact sheet No. 348. 2010.
14. World Health Organization, UNICEF, UNFPA, Bank TW. Trends in Maternal Mortality:1990 to 2008 WHO Press. 2010.
15. Pitaloka D, AM: R. Patients' satisfaction in antenatal clinic hospital University Kembangaan.Malaysia J Community Health. Indian journal of preventive medicine. 2006;12:8–16.
16. John W, Mario M, David A, Julio F. Improving the Quality of Care in Developing Countries. 2006:1293-307.
17. Adeniran O, Michael A, Adeyemi O. Clients' Perceptions of the Quality of Antenatal Care. The national medical association. 2008;100(9).
18. Sophie G, Ingrid M, Le Q, Gunilla K, Marie K. Maternal health care professionals' perspectives on the provision and use of antenatal and delivery care. BMC Public Health 2010;10(608):1471-2458.
19. Abebaw GW, and AW, FA. M. Availability and components of maternity services according to providers and users perspectives in North Gondar, northwest Ethiopia. Reproductive Health. 2013;10(43).
20. Tadese E, Mirkuzie W, Yibeltal K. Quality of antenatal care services at public health facilities of Bahir-Dar special zone, Northwest Ethiopia. BMC Health Services Research. 2013;13(443).
21. Yabo A, Gebremicheal M, Chaka E. Assessment of Quality of Antenatal Care Service Provision Among Pregnant Women in Ambo Town Public Health Institution. . American Journal of Nursing Science 2015;4(3):57-62
22. Nicholas N, Collins C, Sabin eG. Quality of antenatal care in Zambia: a national assessment

BMC Pregnancy and Childbirth2012;12(151).

23. Moses T, Elizabeth K, John Bua A, Raymond T, Peter W. Quality of Antenatal care services in eastern Uganda. Pan African Medical journal. 2012;13(27):1937-8688.

24. Nyamtema A, Jong A, Urassa D, Hagen J, Roosmalen J. The quality of antenatal care in rural Tanzania: what is behind the number of visits? BMC Pregnancy and Childbirth. 2012;12(70).
25. Fantaye C., and FA, W. D. Satisfaction with focused antenatal care service and associated factors among pregnant women attending focused antenatal care at health centers in Jimma town, Jimma zone, South West Ethiopia. 2014;7(164).
26. Worknesh S. Assessment of quality of ANC in Addis Ababa Health Centers. . 2009.
27. Tesfaye T. Asssessment of quality of antenatal care service in rural health centers in Bursa woreda, Sidama zone.Southern Ethiopia 2014.
28. Anne A., G.. H, Maria B., S. D, K. T, T. M, et al. Barriers to providing quality emergency obstetric care in Addis Ababa, Ethiopia: Healthcare providers' perspectives on training, referrals and supervision, a mixed methods study. BMC Pregnancy and Childbirth 2015;15(74).
29. Christoph B., Kaspar W., & DM, T. M. Quality and comparison of antenatal care in public and private providers in the United Republic of Tanzania. Bulletin of the World Health Organization. 2003;81(2).
30. Woreda health office. Annual report of Chencha woreda health office: . 2008E.C.
31. Maternal Health Technical Reference Team. Inventory of Tools for Maternal Health Supplies. 2013.
32. Li C, Yaohua D, Yanfeng Z, Qiong W, Vanja S, Michelle H, et al. A comparison between antenatal care quality in public and private sector in rural Hebei, China. Croat Med 2013(54):146-56.
33. Nadia Abd El-Hamed Montasser RMH, Walaa Mohamed Megahed, Sally Khairat Amin, Adel Mohemed Saad,Talaat Refaat Ibrahim and Haitham Mohemed Abd Elmoneem. Egyptian Women's Satisfaction and Perception of Antenatal Care. International Journal of TROPICAL DISEASE & Health. 2012;2(2):145-56.

ANNEXES

Questionnaires

PART I: CLIENT EXIT ENTERVIEW QUESTIONNAIRE

Questionnaire to assess quality of antenatal care service in public health facilities of, chencha district, gammo gofa zone, southern Ethiopia, 2016.

Questionnaire No.: ..... Date: ..... Time of start.....

Name of interviewer and signature: .....ANC card number.....

INSTRUCTIONS

(a) Explain the purpose of the interview to the mother,

(b) Ask for consent before proceeding with the interview

(c) Make sure all questions are answered

(d) Circle choice of the answer as appropriate.

This is a study to be conducted with the objectives of, to assess Quality of ANC service in the health facilities of Chencha District. And you are one of the women who are selected to participate in this study, therefore you are kindly requested to participate in this study and provide the information required from you. Your Participation in this study is completely on voluntary basis and you have the right to refuse from Participating at any time.

I will like to inform you that the responses that you provide will be kept confidential.

CLIENT EXIT INTERVIEW ON QUALITY OF ANTENATAL CARE

Part one:-Socio demographic character of the client

1.1 Residence 1. Urban 2. Rural

1.2 Age of Client in year_____

1.3 Religion_____

1.4 Ethnicity_____

1.5 Marital Status_____

1.6 Educational Statues_____

1.7 Occupation_____

1.8 Income level per month: _____birr

Part two : Obstetrical history

2.1 Number of Pregnancy: _____

2.2. Is the pregnancy planned? 1. Yes 2. No

2.3. Gravida_____ 1. Para_____ 2. Abortion_____

2.4 How many visits do you have in this pregnancy? 1.First 2.Second 3.Third 4 Fourth and above

2.5. Gestational age in completed weeks_____

2.6. When was your first visit? In weeks/Months of pregnancy/_____

2.7 Why did you start at this time?

1. TT immunizations 2. ANC check up 3. Pregnancy test 4. Other medical cases

Part three: Interpersonal aspect

3.1 Do you think the discussion b/n the health care provider and you were confidential?

1. Yes 2. No 3. I am not sure

3.2 Did the health care provider treat you respectfully? 1.Yes 2.No

3.3 How much time did you spent to reach this health center/hospital _____in hour?

3.4 After you arrived in the health facility how much time did you spent to get the health care provider?

Waiting time in hours ____min_____

3.5 How much time did you spent with care provider during consultation? In minutes_____

3.6 What did you say about the time that you spent?

1-Very long ___ 2-Short _____ 3-Appropriate ____

3.7 Is there any time that you return back to your home without having check up?

1.Yes 2.No

3.8. If, yes explain the reason_____

_____

3.9. How often did the health care providers initiate you to ask question?

1. Not at all 2. Some times 3. Usually 4. Other specify----------

Part four : Technical aspect

4.1 Does the health care provider perform general examination in this visit?

1.Yes 2.No

4.2 If yes, for 4.1 does the healthcare provider explain about the examination before the procedure?

1.Yes 2.No

4.3 After performing the examination, did the health care provider explain about the result of examination?

1.Yes 2.NO_____

4.4 During your follow up did the health professionals counseled on the following points in satisfactory way?

1- Danger signs of pregnancy 1.Yes 2.No

1.1 If yes for Q4.4-1 mention the signs_____

_____

2- Birth preparedness and complication readiness plan 1.Yes 2.No

2.1 If yes for Q4.4-2 mention the points_____

_____

3- When to go to health facilities for delivery 1.Yes 2.No

3.1 If yes for Q4.4-3 mention _____

4- PMTCT 1.Yes 2.No

4.5 Today or previously, did you receive counseling on_____

1- Nutrition 2- Breast feeding 3- FP 4-ITN use 5-Vaccination

6- STD and HIV/AIDS 7. rest

Ask the women and encourage to speak

4.6 Which one of the following tests has been done in your today's or previous follow up?(review from FANC card).

4.9.1-Blood test for Hgb/Hct

4.9.2-HIV

4.9.3-VDRL for syphilis .

4.9.4-Rh factor

4.9.5-Urin test for pregnancy

4.9.6-Stool examination .

4.7. Which one of the following drugs have you taken in your follow up?(observe drugs taken if any)

1-TT vaccine

2-Iron/ Folic acid

3-mebendazole/Albendazole

4.11 Which one of the following measurements has been done in your follow up?

1.BP

2.Weight

3.Fundal height with tape or finger measurement

4.Fetal heart rate

5. pallor

4.12 Did the health care provider keep your privacy during consultation and/or physical examination? 1.Yes 2.No

4.13 How much did you pay for the care that you receive?_____

4.14 Did the care provider told you the next date of appointment?

Part five: Client satisfaction on the care	Strongly	Dis	Uncer	Agre	Strongl

provided		disagree	agree	tain	e	y agree
1	Provider's greeting was good and in a friendly way(polite)					
2	Waiting time was fair					
3	Waiting area was adequate & with seats					
4	The provider was easy to understand					
5	The cost incurred for the service was fair					
6	privacy during consultation was maintained					
7	Provider perform the procedure with cleanliness and sanitation					
8	The antenatal clinic has clean latrine & adequate water supply					
9	You get quality service that you wanted					
10	You feel that today you received full information about ANC					
11	You want to continue the rest ANC visits in this health facility.					
12	you recommend your relatives &others to attend their ANC visit in this facility					
REMEMBER TO THANK CLIENT FOR THEIR PARTICIPATION IN THE STUDY						

Amharic version of client exit interview

መጠይቅ አንድ

የመጠይቁ ተራ ቁጥር/ልዩ መለያ……ቀን……

ቃለ መጥይቁ የተጀመረበት ሰዓት----------የጠየቂዉ ስም እና ፊርማ ……..

የቅድመ ወሊድ ካርድ ቁጥር……..

መመርያዎች

1. የመጠይቁን አላማ ለተገልጋዩ ግለጪ

2. መጠይቁን ከመጀመርሽ በፊት የተገልጋዩን ፈቃደኝነት ጠይቂ

3. ሁሉም ጥያቄዎች መመለሳቸዉን አረጋግጪ

4. የተሰጠሽን መልስ አከብቢ

የዚህ ጥናት አላማ በጨንቻ ዎረዳ ዉስጥ በሚገኙ ጤና ተቁዋማት የሚሰጠዉን የቅድመ ወሊድ ክትትል አገልግሎት ጥራት ለማወቅ የሚያስችሉ መረጃ ለመሰብሰብ ሲሆን ከርስዎ የምናገኘዉ ሃሳብ ትልቅ አስተዋጾ ያለዉ መሆኑን እየገለጽን የሚሰጡን ሃሳብ ሚስጥራዊነቱ የተጠበቀ እንደሆነ እና በጥናቱ ዉስት ያለመሳተፍ መብቶ የተጠበቀ መሆኑን እንገልጻለን፡፡ መልሱን ከአማራጮቹ የእርስዎን ትክክለኛ ሁኔታ የሚገልጸዉን እንዲመልሱልን በትህትና እንጠይቃለን፡፡

በጥናቱ ላይ ለመሳተፍ ፈቃደኛ ነዎት? 1.አዎ 2.አይደለሁም

በጥናቱ ላይ ስለተሳተፉ በቅድሚያ አመስግናለሁ!!!

ክፍል አንድ ፡ማህበራዊ እና ኢኮኖሚያዊ መረጃዎች

1. የመኖሪያ አካባቢ 1. ከተማ 2. ገጠር
2. እድሜ……..
3. ሐይማኖት 1. ኦርቶዶክስ 2. ፕሮቴስታንት 3.ካቶሊክ 4. ሌላ
4. ብሄር……..
5. የጋብቻ ሁኔታ 1.ያገባች 2. ያላገባች 3. የፈታች 4.ባሉዋ የሞተባት 5.የተለያየች
6. የትምህርት ደረጃ…….
7. የስራ ሁኔታ…….
8. የወር ገቢ ……..

ክፍል ሁለት ፡ የጽንስ ሁንታ መረጃ

2.1. ስንተኛ እርግዝናዎ ነዉ?…….

2.2. አቅደዉ ነዉ ያረገዙት? 1. አዉ 2. የለም

2.3. የቀድሞ እርግዝና ዉጤት 1. በህይወት ያሉ…….2. የሞቱ……3. ዉርጃ……

2.4. ስንተኛ ክትትልዎ ነዉ? 1. አንደኛ 2. ሁለተኛ 3. ሶስተኛ 4. አራተ እና ከዚያ በለይ

2.5. ካረገዙ ስንተኛ ዎርዎ ነው? (በሳምንት/ በዎራት ግለጪ)……..

2.6. የመጀመርያ ክትትል ያደረጉት በስንተኛ ዎርዎ ነዉ? በሳምንት/ በዎራት ግለጪ……

2.7. ለምን ነበር የእርግዝና ክትትል የጀመሩት? 1. የ መንጋጋ ቆልፍ ክትባት ለመዉሰድ 2. የጽንስ ክትትል ለማድረግ 3. ማርገዝ አለማርገዜን ለማረጋገጥ 4. ሌላ

ክፍል ሶስት ፡ የጤና ባለሙያዉና የተገልጋይ ግንኙነትን/ንግግርን በተመለከተ

3.1. በእርስዎ እና በጤና ባለሙያዉ/ዋ መካከል የነበረዉ ግንኙነት ሚስጥራዊነቱ የተጠበቀ ነዉ ብለዉ ያስባሉ?

1. አዉ 2. የለም 3. እርግጠኛ አየደለሁም

3.2. የጤና ባለሙያዉ/ዋ የሚገባዎትን ክብር እና መስተንገዶ አድርጎሎታል/ጋልዎታለች? 1. አዎ 2. የለም

3.3. ከቤትዎ ወደእዚህ ጤና ተቐም ለመድረስ ምን ያህል ጊዜ ይወስድብዎታል?(በሰዓት/በደቂቃ).....

3.4. እዚህ ጤና ተቐም ከደረሱ በኃላ አገልግሎቱን እስክያገኙ ድረስ ምን ያህል ሰዓት ፈጅብዎ?.....

3.5. ከጤና ባለሙያዉ/ዋ ጋር ምን ያህል ጊዜ ቆዩ?.....

3.6. ስላሳለፉት ሰዓት ምን ይላሉ?. 1. በጣም ረጅም ሰዓት ነዉ 2. በጣም አጭር ሰዓትነዉ 3. ተመመጣጣኝ ሰዓት ነዉ

3.7. ወደ ጤና ድርጅቱ ለክትትል መጥተው ህክምና ሳየገኙ የተመለሱበት ኢጋጣሚ አለ? 1. አዎ 2. የለም

3.8. ለተ.ቁ 3.7 መልስዎ አዎ ከሆነ በምን ምክንያት ነበር?

3.9. ጥያቄ እንዲጠይቁ የጤና ባለሙያዎች ምን ያህል ጊዜ ይገፋፍዎታል? 1. የለም 2. አንድ ኣንዴ 3. ዘዉትር

4. ልላ ካለ ግለጪ…….

3.10. ከጤና ባለሙያው ውጭ ተጨማሪ ሰው ነበረ 1.አዎ 2.የለም ካለ ስንት ሰው?----------

ክፍል አራት ፡ የሙያዊ ሁኔታ መረጃ

4.1. በዚህ ክትትል የጤና ባለሙያው/ዋ ሙሉ የአካል ምርመራ አድርጎሎታል/ጋልዎታለች? 1. አዎ 2. የለም

4.2. ለተ.ቁ 4.1 መልስዎ አዎ ከሆነ የጤና ባለሙያው/ዋ ስለምርመራዉ ቅድመ ገለጻ አድርጎሎታል/ጋልዎታለች? 1. አዎ 2. የለም

4.3. ከምርመራዉ በኃላ የምርመራዉን ዉጤት ገልጾልዎታል/ጻልዎታለች? 1. አዎ 2. የለም

4.4. በክትትልዎ ግዚያት የጤና ባለሙያው/ዋ ከሚከተሉት መካከል በሚገባ ገለጻ አድርጎልዎታል/ጋልዎታለች?

1. በእርግዝና ጊዜ ስለሚፈጠር የአደጋ ምልክት 1. አዎ 2. የለም

2. ስለዎሊድ ዝግጂት እቅድ 1. አዎ 2. የለም

3. በዎሊድ ጊዜ ሊፈጠሩ ስለሚችሉ አደጋዎች መዘጋጀት 1. አዎ 2. የለም

4. ለዎሊድ ወደ ጤና ተቐም መች መሔድ እንዳለብሽ 1. አዎ 2. የለም

5. ኤች አይ ቢ ኤድስ ከእናት ወደጽንሱ እነዳይተላለፍ ስለመከላከል 1. አዎ 2. የለም

4.5. ለተ.ቁ 4.4-1 መልስዎ አዎ ከሆነ ምልክቶቹን ይዘርዝሩ

……

4.6. ለተ.ቁ 4.4-2 መልስዎ አዎ ከሆነ ስለዎሊድ ዝግጂት እቅድ ይዘርዝሩ

……

4.7. ለተ.ቁ 4.4-3 መልስዎ አዎ ከሆነ ይዘርዝሩ

……

4.8. ዛሬ ዎይንም በፊት በሚከተሉት ዙሪያ ምክር አግኝተዋል?

1. ስለ አመጋገብ	1. አዎ	2. የለም
2. ስለጡት ማጥባት	1. አዎ	2. የለም
3. ስለ እርግዝና መከላከያ	1. አዎ	2. የለም
4. ስለአጎበር አጠቃቀም	1. አዎ	2. የለም
5. ስለክትባት	1. አዎ	2. የለም
6. ስለአባላዘር በሽታዎች እና ስለ ኤች አይ ቪ ኤድስ	1. አዎ	2. የለም
7. ስለ ዕረፍት		

4.9 ዛሬ ዎይንም ከዛሬ በፊት ከሚከተሉት መካከል የትኛዉ ምርመራ ተደርጎልዎታል?(ከካርድ ላይ የሚሞላ)

4.9.1-የደም ማነስ (Hg/HCT)	1. አዎ	2. የለም
4.9.2-የኤች አይ ቪ	1. አዎ	2. የለም
4.9.3-የአባላዘር በሽታዎች ምርመራ	1. አዎ	2. የለም .
4.9.4-የሾተላይ ምርመራ	1. አዎ	2. የለም
4.9.5-የሽንት ምርመራ	1. አዎ	2. የለም
4.9.6-የሰገራ ምርመራ	1.አዎ	2. የለም

4.10. ዛሬ ዎይንም ከዛሬ በፊት ከሚከተሉት መካከል የትኛዉን መድሐኒት ዎስደዋል?(ከካርድ ላይ የሚሞላ)

1. የመንጋጋ ቆሌፍ ክትባት	1. አዎ	2. የለም
2. ኢይረን/ፎሌት	1. አዎ	2. የለም
3. ሜቤንዳዞል/አልቤንዳዞል	1. አዎ	2. የለም

4.11. በክትትልዎ ዎቅት ከሚከተሉት ልኬቶች መካከል የትኛዉ ተደረገልዎ?

1. የደም ግፊት	1. አዎ	2. የለም
2. ክብደት	1. አዎ	2. የለም
3. የማህጸን ቁመት	1. አዎ	2. የለም

4. የአይን መንጣት(pallor) 1. አዎ 2.የለም

5. የህጻኑ ልብ ምት 1. አዎ 2. የለም

4.12. በአካላዊ ምርመራ/ በምክር ወቅት ከማንኛዉም አካል ሚስጥርዎ ተጠብቋል? 1. አዎ 2. የለም

4.13. በዚህ ክትትል ወቅት ለተደረገልዎት አጠቃላይ ህክምና አገልግሎት ምን ያህል ከፈሉ?.....

4.14. ባለሙያዉ መቼ መመለስ እንዳለብዎት የህክምና ቀጠሮ ሰጥቶዎታል 1. አዎን ---------- 2. የለም ----------

ክፍል አምስት

ተ.ቁ	የተገልጋዩን የእርካታ መጠን የሚለካ መረጃ	በጣም አልስማማም	በመጠኑ አልስማማም	እርግጠኛ አይደለሁም	በመጠኑ እስማማለሁ	በጣም እስማማለሁ
5.1.	የጤና ባለሙያዉ/ዋ አቀባበልና ሰላምታ ጥሩ ነበር					
5.2.	አገልግሎቱን ለማግኘት የጠበቅኩት ሰዓት ተመጣጣኝ ነበር					
5.3	በተቐሙ በቂ የሆነ መጠበቂያ ቦታ እና ዎንበር አለ					
5.4	የጤና ባለሙያዉ/ዋ ለመረዳት ሆነ ለመገባባት አትከብድም					
5.5	አገልግሎቱን ለማግኘት የከፈሉት ብር ተመጣጣኝ ነበር					
5.6	በአካላዊ ምርመራዎት/ በምክር ወቅት ከማንኛዉም አካል ሚስጥርዎ ተጠብቋል					
5.7	ጤና ባለሙያው/ዋ የአካል ምርመራ በንጽህናና በጥንቃቄ ሰርታለች					
5.8	ኪሊኒኩ ንጹ መጸዳጃ እና በቂ የዉሓ አቅርቦት አለዉ					
5.9	የሚፈልጉትን ዓይነት ጥራት ያለዉ አገልግሎት አግኝተዋል					
5.10	ስለ እርግዝና ክትትልዎ ሙሉ መረጃ አጊኝተዋል ማለት ይቻላል					
5.11	ቀሪ የእርግዝና ክትትልዎን እዚሁ ጤና ተቐም ማድረግ ይፈልጋሉ					

5.12	ሌሎች እናቶች በዚህ ጤና ተቛም እንዲከታተሉ ይመክራሉ					
ተገልጋይዋን በጥናቱ ስለተሳተፈች ማመስገን እንዳይረሱ!!!						

PART II: QUESTIONNAIRE ON PROVIDERS' PERSPECTIVE

INTERVIEW OF PROVIDER'S PERSPECTIVE ON QUALITY OF ANC SERVICE

H1: Facility name	
H2: Today's date (day/month/year)	

H3: Have you given your consent to participate in the study? 1. Yes 2.No

H4: Sex of health worker 1. Male 2. Female

H5: What is your current professional /technical/ medical qualification?

SECTION ONE

EDUCATION AND EXPERIENCE
H1: What year did you graduate (or complete) with this qualification?
H2: In what year did you start working in this facility?
H3: How many years in total have you provided services in ANC? Service may have been here or in another facility
TRAINING AND SERVICES PROVIDED
Questions
H4: What training have you received in the past 3 years (pre- or in-service) training on subjects related to ANC?

WORKING CONDITIONS IN FACILITY
Now I would like to ask you some questions about supervision you have personally received. This supervision may have been from a supervisor either in this facility, or from outside the facility.
H6: What type of technical support or supervision do you receive in your work at this facility?
H7: The last time you were personally supervised, What did your supervisor do during and after the supervision?
H8.Does the supervision 1-Planned regularly 2-periodical
H10.How much is constrictive the comment given?
H11: Among the various things related to your working situation that you would like to see improved, can you tell me the three that you think would most improve your ability to provide good quality of care services?

REMEMBER TO THANK PROVIDER FOR THEIR PARTICIPATION IN THE STUDY	

Amharic version of provider perspective

መጠይቅ ሁለት

በቅድመ ዎሊድ አገልገሎት ጥራት ላይ የጤና ባለሙያዎችን አመለካከት የሚያስስ መጠይቅ

ተ.ቁ1 የጤና ተቐሙ ስም ..... ተ.ቀ2 ቀን(ቀን/ዎር/አመት) .....

በዚህ ጥናት ዉስጥ ለመሳተፍ ፈቃደኛ ነዎት? 1. አዎ 2. የለም

4. ጾታ 1. ወንድ 2. ሴት 5. ሙያዎ ምንድነዉ?.....

ክፍል አንድ

የትምህርት ደረጃ እና የስራ ልምድ		
1. በዚህ ሙያ ከተመረቁ ስንት አመት ሆኖት?		
2. በዚህ ተቐም ስራ የጀመሩት በስንት ዓ.ም ነዉ?		
3. በቅድመ ዎሊድ ክፍል ለምን ያህል ጊዜ አገለገሉ? አገልግሎቱ እዚሁ ዎይንም ሌላ ተቐም ሊሆን ይችላል		
የስልጠና ሁኔታን በተመለከተ		
4. ቅድመ ዎሊድ አገልግሎትን በተመለከተ ባለፉት ሶስት አመታት ምን አይነት ስልጠናዎችን አግኝተው ነበር? ከስራ በፊት ሆነ በስራ ላይ እያሉ ሊሆን ይችላል?		
በተቐሙ ዉስጥ የስራ ሁኔታን በተመለከተ		
5. በግል በተቐሙ ዉስጥ ስላገኙት ቁጥጥር/supervision በተመለከተ ምን ይላሉ? ቁጥጥሩ/supervision የተደረገዉ ከሌላ ቦታ በመጡ ዎይንም እዚሁ ባሉ ሐላፊዎች ሊሆን ይችላል		

6. የቅድመ ዎሊድ ክትትል አገልግሎት ጥራት ያለዉ እንዲሆን ይረዳሉ ብለዉ ሚያስቡዋቸዉን ነገሮች ምንድናቸዉ? በተለይም ጥራት ያለዉ አገልግሎት መስጠት እየፈለጉ ባለመደረጋቸዉና ባለመኖራቸዉ የአገልግሎቱን ጥራት የሚቀንሱ ነገሮች ምንድናቸዉ?
በጥናቱ የተሳተፉትን የጤና ባለሙያ ማመስገን አይዘንጉ!!!

PART III: ANTENATAL CARE SERVICE OBSERVATION CHECKLIST

ANC Service observation Checklist

A1: Facility name	
A2: Facility number	
A3: Observer number	
A4: Today's date(day/month/year)	

Find A Health Worker Involved In Antenatal Care Services. Make Sure To Obtain Permission From Both The Service Provider And The Client. Also Make Sure That The Provider Knows

That You Are Not There To Evaluate Him Or Her, And That You Are Not An "Expert "To Be Consulted During The Session.

A5: Health worker qualification_____

A6: Sex of health worker 1. Male 2.Female

A7: Client code Start client code at 1 for each new facility visited.

Section 1: Introduction and History Taking				
RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAMINATIONS:				
Record the time that ANC consultation started				
Question	Yes	No	DK	Go to
A100: Did the health worker greet the client (and others present) in a friendly and respectful manner?			8	
A101: Did the health worker introduce her/himself and title (midwife, nurse, etc.)				
A102: Did the health worker call the client by her appropriate name or appropriate title?				
A103: Did the health worker ask about or the client mentions any of the following facts?				
01) Client's age				
02) Medication the client is taking				
03) Date that client's last menstrual period began				
04) Prior pregnancies				
A104: Number of prior pregnancies (Observer: listen and record woman's number of prior pregnancies; enter 0 if no previous pregnancies, enter 98 if number not mentioned)				
A105: Did the health worker ask about or the client mentions any of the following for current pregnancy?				

01) Vaginal bleeding				
02) Fever				
03) Headaches or blurred vision				
04) Swollen face or hands				
05) Convulsions or loss of consciousness				
06) Severe difficulty breathing				
07) Persistent cough for 2 weeks or longer				
08) Severe abdominal pain				
10) Frequent or painful urination				
11) Whether the client has felt a decrease or stop in fetal movement				
12) If there are any other problems the client is concerned about				

Section 2: Tests and Treatments				
Question	Yes	No	DN	Go to
A106: Did the health worker wash his/her hands with soap or use alcohol hand rub prior to examination?				
A107: Did the health worker perform any of the following procedures?				
01) Weigh the client				
02) Take the client's blood pressure				

03) Examine hands and face for edema				
04) Perform or refer for urine test				
05) Check for signs of anemia				
06) Perform or refer for anemia test				
07) Palpate the client's abdomen for uterine height				
08) Listen to the client's abdomen for fetal heartbeat				
09) Perform or refer for a syphilis test				
A108: Did the health worker ask about, perform, inquire about, or refer for an HIV test?				
A109: Is client HIV positive? (Observer: listen and record answer, circle Don't Know if HIV status is unknown or status is not discussed)				
A110: Did the health worker provide counseling on HIV/PMTCT?				
A111: Did the health worker give the client any of the following treatments?				
02) Gave supply of iron or folic acid (IFA) or both				
04) Explained how to take iron or folic acid pills/syrup				

06) Prescribed or gave a tetanus toxoid (TT) injection				
07) Explained the purpose of the TT injection				
08) Prescribed or gave anti-malarial prophylaxis (SP for IPT)				
13) Importance of using ITN explained explicitly				
14) Prescribed or gave deworming medication				
END OF SECTION TWO				

Section 3: Counseling and Outcome				
Question	Yes	No		Go to
A112: Did the health worker inform the client about the progress of the pregnancy?				
A113: Did the health worker counsel the client in any of the following reasons to seek Immediate medical care?				
01) Seek immediate care if she has vaginal bleeding				
02) If she has convulsions				

03) If she has severe headaches with blurred vision				
04) If she has fever and is too weak to get out of bed				
05) If she has severe abdominal pain				
06) If she has fast or difficult breathing				
A114: Did the health worker counsel the client in any of the following ways about birth Preparation?				
01) Asked the client where she will deliver				
02) Advised the client to prepare for delivery (e.g. set aside money, arrange for emergency transportation				
03) Advised the client to use a skilled health worker during delivery				
04) Discussed with client what items to have on hand at home for emergencies (e.g. sterile blade)				
A115: Did the health worker discuss nutrition and healthy eating during pregnancy?				
A120: Did the health worker discuss breastfeeding?				
A116: Did the health worker discuss family planning for use after delivery?				
A117: Did the health worker counsel on when to return for next visit?				
A118: Did the health worker ask whether the client had any questions?				
A119: Did the health worker speak using easy-to-understand language for the client?				
A120: Did the health worker look at the client's health				

card/booklet, either before beginning the consultation or while collecting information or examining the client (Observer: choose DK if no card/booklet)				
A121: Did the health worker write on the client's health card? (Observer: choose DK if no card/booklet)				
Record the time ANC consultation ended				

REMEMBER TO THANK CLIENT FOR THEIR PARTICIPATION IN THE STUDY	
AT THE END OF THE CONSULTATION,ASK THE HEALTH WORKER THE FOLLOWING QUESTIONS:	
A122: Ask the health worker how many weeks pregnant the client is (Observer: enter 98 for Don't Know)	
Question	Code
A124: Ask the health worker whether this is a referral visit or a routine ANC visit □ Referral visit □ Routine visit	 1 2
A125: Ask the health worker whether this is the client's first pregnancy (Observer: circle that the answer to A104_4 agrees with the answer to this question) □Yes, first pregnancy □ No	 1 2
A1126: Record the outcome of the consultation (what happened at the time the observation concluded) Client goes home Client referred (same facility) Client admitted (same facility) Client referred to other facility Don't Know	 1 2 3 4 8
A127: If client was admitted or referred, ask health worker what	

is client's diagnosis	
A128: PLEASE COMMENT ON THE QUALITY OF CARE PROVIDED:	

PART IV : RESOURCE INVENTORY CHECKLIST

2. RESOURCES INVENTORY CHECKLIST

Assessment of structural aspect of health centers of the town about antenatal services availability of physical infrastructure

2.1. Health facility name_____

2.2. Health professional Interviewed _____

2.5. Staff Profile of the health institution

S.N	Category	Female	Male	Total
2.5.1	Technical			
	Health officer			
	Midwife			
	Nurses			
	Sanitarian			
	Lab. Technician			
2.5.2	Administrative Staff			
	Clerk			
	Cleaner			
	Guard			
2.6	Does the health institution have specific plan document			
2.6.1	What is the total population that the health center Look			

2.6.2	Does the health institution have prepared action plan for the current budget for F/p, ANC, Delivery and Postnatal			
2.6.3	Is there clear job description for all staff in this health institution			

2.7. Logistics

2.7.1	Does this health institution have transportation facility	1= Car 2=Motorcycle 3=Bicycle 4=none
2.7.2	If available, are they functional?	Yes____ No__
2.7.3	Does the health institution have stand by generator? If no What alternative means do you use _____	Yes____ No_____
2.7.4	What water source is using Pip water Well Water	 Yes ___No___ Yes___ No____
2.7.4	Does the health institution has enough budget for vehicle maintenance and fuel	Yes____ No___
2.8	**Waiting space**	
2.8.1	Is there clean and Protected waiting area	
2.8.2	Adequate sitting space	
2.9	**Consultation room**	
2.9.1	Separate room	
2.9.2	Auditory/ Visual privacy	
2.9.3	Examination Table	
2.9.4	Foetoscope	
2.9.5	Weighing machine	
2.9.6	Stethoscope & B.P. instruments	
2.9.7	Working ANC guideline	
2.9.8	Maternal & child health cards(FANC)	

2.10	**Sanitation facilities**	
2.10.1	Bathroom	
2.10.2	Toilet	
2.10.3	Hand wash room with Soap	
2.10.4	Electricity	
2.10.5	Drinking water facility	
2.11	**Laboratory Facilities and medical supplies**	**1=available 2=not available**
2.11.1	Syphilis test	
2.11.2	Urine Analysis test	
2.11.3	HIV test	
2.11.4	Pregnancy test	
2.11.5	Haemoglobinometer	
2.11.6	Albuminstix	
2.11.7	IFA tablets	
2.11.8	TT Vaccines	

2.12. Sterilization

Sterilizer	1=Dry oven	2=autoclave	3=Boiling pan
2.13	Infection prevention measures taken	1=Yes	2= No
2.13.1	Hand washing with alcohol hand rub		
2.13.2	Decontamination		
2.13.3	Surgical Gloving		
2.13.4	Clean gloving		
2.13.5	High level disinfection		
2.13.8	Safety box		