EVALUATION of QUALITY of SAFE ABORTION CARE SERVICE; the CASE of HEALTH FACILITIES of JIMMA TOWN, SOUTH WEST, ETHIOPIA

AN EVALUATION THESIS to be SUBMITTED to JIMMA UNIVERSITY, INSTITUTE OF HEALTH DEPARTMENT of HEALTH ECONOMICS, MANAGEMENT and POLICY; MONITORING and EVALUATION UNIT, in PARTIALFULFILLMENT of the REQUIREMENTS for MASTERS DEGREE in HEALTH MONITORING and EVALUATION

BY: FREZER BEKELE (BSc)

JIMMA, ETHIOPIA

JUNE, 2019

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JIMMA, ETHIOPIA

JUNE, 2019

Declaration

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

Name: Frezer Bekele Gudeta

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Place: jimma, Oromia, Ethiopia

ABSTRACT

Background: *Unsafe abortions make up severe threats to women's health globally. Ethiopia is facing different challenges to deliver accessible and quality abortion care service. hence, showing the gaps will lead for right actions to solve those issues .Evaluation was not conducted on quality of safe abortion care services in Jimma town where the abortion service need was prevalent.*

Evaluation objective*: to evaluate the quality of safe abortion care service at Jimma town health facilities in 2019 GC.*

Method: *Single case study involving both quantitative and qualitative data collection method was conducted from March 11-2019 to April 26-2019 in Jimma town health facilities. This evaluation focused on process components of the program based on Donabedian structure-process-outcome model of health care quality with formative evaluation approach. A total of 209 clients were interviewed using a structured and interviewer administered questionnaires. Moreover, 12 key informants and 24 observations were undertaken. Furthermore, 24 client records, comprehensive abortion care Registration books, bin cards and monthly reports were reviewed, In addition to the Resource inventory. Quantitative data were checked, coded and entered into EPI data version 3.1 and exported to SPSS window version 21 for Logistic regression analysis was used. Qualitative data were analyzed manually under each thematized area.*

Result*: based on pre sated criteria and judgments: Availability, compliance and Client satisfaction dimensions achieved, 80.7%, 73.1% and 64.8 %, respectively. However, trained staffs do SAC service with other services at a time, intermittent supply of basic supplies for SAC service provision, absences of national guideline at SAC service provision units, not documenting of clients major findings on client cards, non-respectfulness of providers during service provision, poor practice in explanation of the steps of procedures for clients and absences and not using of IEC materials for consultation and information provision was affecting availability and compliance. In addition, Educational level, facility type and days it takes to get abortion service were predictors for client's satisfaction level on SAC service at Jimma town health facilities.*

Conclusion and Recommendation: *overall quality of SAC service at health facilities of Jimma town is good. Availability, compliance and Client satisfaction dimensions achieved very good, good and good, respectively. We recommend that More efforts to be exerted on improving providers' compliance, availing of necessary resources to enhance the status of SAC services.*

Key words*: Evaluation, quality, safe abortion, client satisfaction, compliance, availability, Jimma town*

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Acronyms/Abbreviations/

FGAE ----------Family Guidance Agency of Ethiopia

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

HSDP----------Health sector development program

IEC----------Information, Education and communication

LNMP----------Last normal menstrual period

MA----------Medical abortion

MCH----------Maternal and child health

MVA----------Manual Vacuum Aspiration

MOH ----------Minster of Health

NGO---------- Non-Governmental

PAC----------Post abortion care

PFSA----------Pharmaceutical Fund and Supply Agency

PPS----------Proportional probability to the size

QOC ----------Quality of care

SAC----------Safe abortion care

SS----------Supportive Supervision

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

WHO ----------World Health Organization

CHAPTER ONE: INTRODUCTION

1.1Background

Maternal morbidity and mortality has become a main public health alarm in recent years. The occurrence of unintended pregnancy will result a women to seek abortion so, If safe abortion care service is compromised a women may forced to choose the unsafe one, which might increase the risk of complication or death. unwanted or unintended pregnancies are directly related to abortion practice(1).

Abortion is the termination of pregnancy before fetal viability, which is conventionally taken to be less than 28 weeks from last normal menstrual period (LNMP). If the LNMP is not known a birth weight of less than 1000gm is considered as an abortion. abortion may occur either spontaneously or induced (2). Induced abortion is the intentional termination of pregnancy before the fetus can live independently and performed due to provocation from the out side to terminate the unwanted pregnancy. Although induced abortion has been used as family planning method for many years .spontaneous abortion occurs unintentionally(3).

The World Health Organization (WHO) defines unsafe abortion as "a procedure for terminating an unintended pregnancy carried out either by person lacking the necessary skills or in an environment that does not conform to minimal medical standard, or both" (4).Also safe abortion as a procedure for terminating unwanted pregnancy by trained health professionals who have the necessary skills and in an environment that fulfills minimal medical standards(5).

Post abortion care (PAC) refers to a package of health facility-based services for complications of spontaneous or induced abortion. The three-component model, includes emergency treatment for complications of abortion, including infection, sepsis, hemorrhage, shock, and reproductive tract injuries; family planning counseling and provision of contraceptive methods for the prevention of further unplanned or mistimed pregnancies that may lead to repeat induced abortions; and community awareness and mobilization around the critical nature of PAC, allowing for important linkages to other reproductive health (RH) services, including gender-based violence (GBV) and Human immune virus (HIV), which are essential to internally displaced person populations in humanitarian crises(6).

There have been notable efforts to define the quality of specific health care service. WHO defines health care quality as that is “acceptable, accessible, effective, efficient, equitable, and safe.” (7).According to Donabedian, quality is the application of medical science and technologies in approaches that maximizes its benefits to health without in the same way increasing its risk(8).

Quality of care (QOC) is central to providing health service that respect, protect and fulfill our most basic human right to the highest attainable standard of health. Care should be based on relationships between providers and clients, and with compassion and empathy. The direct relationship between quality and the use of services is well organized. Quality assessment initiatives encourage supplier to improve quality, thereby increasing the acceptance and sustainability of services within communities (9). Evidences suggest that achieving quality standards improves effectiveness and utilization of health information and service. As such, improved quality of care plays a key factor in the increased use of services (10).

Millions of women worldwide need an access to safe, and high-quality abortion care (11). Safe abortion care (SAC) should be available and accessible for all women, to full extent that the law allows. Even in countries where legal abortion is severely restricted, in circumstances where it is permitted, such as to save the life of woman, it should always be done safely(12).As access to health care overall improves and national governments increasingly prioritize implementing WHO guidelines, access to quality post abortion care also improves. The combined results of these trends and safer procedures means that fewer women are dying from unsafe abortion(13).

Safe abortion has been made liberalized and new technical guidelines have been developed by the Ethiopian ministry of health to provide standards in the provision of abortion care-service to reduce abortion-related maternal mortality since June 2006 under the criminal code of republic of Ethiopia article 551, in particular circumstance, such as where the pregnancy is owing to 1) rape or incest, 2) the continuation of pregnancy endangers the life of the mother or the child, 3) the fetus has an incurable and serious deformity, 4) physical or mental deficiency she suffer from or her minority, 5) in case of grave and imminent danger, which can be averted by public and Non-government organization (NGO) health institutions (14).

The improvement of abortion care quality service lead to reduction in community level abortion stigma and abortion related morbidity and mortality. Providing high-quality abortion care requires attention to several aspects of services such as clinical or technical competence of health care providers, use of updated abortion technology and availability of equipment's, supplies and medications. Additionally, significant components of the care that need to be provided to women include the way that staff and clients interact, the information and counseling that are available to women, and contraceptive and other reproductive health services available on site or by referral along with community linkage(15).

1.2 Statement of the problem

Unsafe abortions make up severe threats to woman health globally**.** An estimated 55.9 million abortions occur each year, 49.3 millions in developing regions and 6.6 millions in developed regions. Overall, 35 abortions occur each year per 1000 women aged 15-44 worldwide. In 14 developing countries where unsafe abortion is prevalent nearly 13% of maternal mortality is caused by unsafe abortion from those 40% of them suffer from an abortion related complications that need medical attention. All over the world, developing countries except eastern Asia, an estimated 6.9 million women are treated annually for such complications; but many more who need treatment do not get timely care as indicated(13).

Unsafe abortion has several negative costs both at individual and at societal level. Complications from unsafe abortion cause maternal deaths that leave children motherless. As well, it can reduce woman capacity to work; hence increasing the economic burdens on families. Post abortion complications also have serious influences on already fragile and resource poor public health systems. The provision of contraceptives and safe, legal abortion is considerably less costly than treating the complications of unsafe abortion and loss of income due to temporary or long term disability(16).

A woman dies every eighth minute somewhere in developing country due to complication arising from unsafe abortion. In spite of major advancements in technologies and in public health, real life story of so money women in developing countries look like, they had little or no money to obtain safe services, or little social support to deal with unplanned pregnancy. Mostly they will be forced to attempt self-induced termination and after that failed, they will turned to an unskilled, but relatively inexpensive, providers. (17).

In India an estimated 420,000 induced abortions take place every year, but only 704 public sector facilities that are eligible to offer abortion services. Because of shortage of trained and certified providers many public sector facilities do not provide safe abortion services as mostly trained provider’s transfers to facilities equipped for the provision of abortion services. Only 15 % of the reported abortions in Bihar are conducted in public facilities, while 85 % occur in private facilities(18).

Inadequate resources and low knowledge of reproductive health rights hinders Ethiopian women's ability to seek SAC service. An estimated 1,209 of every 100,000 women, attempting to terminate a pregnancy will die as a result of abortion complications (19). The risk of death following unsafe abortion procedures is by far higher than that of an abortion carried out professionally(20). However, this public health problem caused by unsafe abortion is largely preventable, by improving the quality and availability of post abortion care, by increasing access to safe abortion service, and by expanding access to contraceptive information and service because most abortion is preceded by unintended pregnancy (21).

The use of contraception helps women avoid unplanned or unwanted pregnancies, and prevent unsafe abortions. The Ministry of Health (MOH) developed the health sector transformation plan of 2015, which aimed to increase the contraceptive prevalence rate (CPR) to 55%. This would mean reaching an additional 6.2 million women and adolescent girls with family planning services by 2020 (22).

Barriers to access service include, a lack of understanding of laws and policies by providers and community members, stigma associated with abortion, negative attitudes of service providers, lack of trained medical personnel, restriction of services to higher level, inadequate supplies and equipment, and lack of integration in to the primary health care system(6,23). Additionally, study conducted in wolaita university reported problems on abortion care service utilization are: 18.8% appointments, 12.5% non-cooperative staff, 9.4% payment before service, 9.4% buying drugs and other supplies before service, and 9.4% absence of service provider (24).While PAC setting is one of important opportunities, where FP counseling and method provided, studies show that they are often missed (25).

Regarding Availability of necessary resources to deliver quality service, Tesfaye and Oljira on their study found that Items like emergency light source apart from backup generators, toilet near to abortion room, sinks and running water, bags, oral airways, suction apparatus, and oxygen apparatus were absent from most of health facilities. And regarding to compliance, during the pre procedure only in 13.8% of them the pain were properly controlled (26).

In Jimma town, by 2011, a total of 4634 first trimester and 195 second trimester abortions were reported according to available registers (27) According to a study done in Jimma town, more than quarter of clients left the health facilities without post abortion family planning. This is calling for action to scale up the counseling service, avail full options of contraception and raise

awareness of community on prevention and consequences of unwanted pregnancy and resulting abortion related complications(28).

In addition, service quality may also influence such factors as clients interest to return to abortion care and to practice post abortion care service. If clients are treated poorly, they may not even return for follow up visits and ultimately hurt their health condition. Moreover, clients may share their bad experience with friends and family and create a negative reputation for legal service in the health facilities that may lead women to look for illegal abortions(29).

For abortion care to achieve its goal, continuous improvement strategies need to be in place as part of maintaining service quality to meet the needs of health care provider, as well as health care needs and rights of women (30). WHO recommends that clients perspectives of the quality of service should be assessed as a part of routine monitoring and evaluation of abortion service (4). Therefore, evaluating clients satisfaction regarding availability of resource and compliance with guideline is legitimate approach to distinctly differentiate factors to be controlled for advancing quality of SAC service (31).

Therefore, these study were attempted to evaluate quality of SAC services in the study area where the abortion service utilization was prevalent, according to a study of Kitila and different higher institution like Jimma University which has more than fourteen thousand students, Jimma teacher training College, South west Military campus are available (32)

Furthermore, The aim of this evaluation were to identify the point safe abortion care service quality gaps occur and to answer how/why determinants on the implementation process of abortion care service quality in Jimma town health facilities, Oromia regional state, southwest Ethiopia, 2019 G.C.

1.3 Significance of the Evaluation

The finding of this evaluation will helps to contribute on the improvement of SAC service of Jimma town health facilities by identifying strength and weakness of program implementation with how to sustain good achievement and how to address weakness of SAC service.

The information obtained by evaluation will be used by implementers of the program: health care providers, health service managers and non-governmental organization which may improve SAC service quality at Jimma town health facilities and provide base line data for other researchers.

CHAPTER TWO: PROGRAM DESCRIPTION

Program descriptions communicate the mission and objectives of the program being evaluated. Descriptions should be sufficiently detailed to ensure understanding of program goals and strategies. The description should discuss the program's capacity to effect change, its stage of development, and how it fits into the larger organization and community. Program descriptions set the frame of reference for all subsequent decisions in an evaluation(34)

SAC service contains ten different package of signal functions those are: Perform induced abortion for uterine size ≤ 12 weeks, Provide post abortion FP,Administer essential antibiotics, Administer intravenous fluids, Administer oxytocics, Perform removal of retained products for uterine size ≤ 12 wk, Perform induced abortion for uterine size>12 weeks, Perform removal of retained products for uterine size >12 wk, Perform blood transfusion, Perform laparotomy this ten structures comprehensive abortion care(28).

2.1 Program Stakeholder Identification and Engagement

Stakeholders are defined as individuals, groups, or organizations that can affect or are affected by an evaluation process or its findings. The evaluation cycle begins by engaging stakeholders (i.e., the persons or organizations having an investment in what will be learned from an evaluation and what will be done with the knowledge). Public health work involves partnerships; therefore, any assessment of a health program requires considering the value systems of the partners. Stakeholders must be engaged in the inquiry to ensure that their perspectives are understood.

When stakeholders are not engaged, an evaluation might not address important elements of a program's objectives, operations, and outcomes. Therefore, evaluation findings might be ignored, criticized, or resisted because the evaluation did not address the stakeholders' concerns or values. After becoming involved, stakeholders help to execute the other steps(34).Jimma town health facilities SAC Service stakeholders identified during Evaluablity assessment after discussion with key stakeholders and it ensure that the evaluation findings to be utilized, the role they have in programs and evaluation, the interest they have on evaluation and the level of importance of stakeholder according to their contribution in the evaluation is determined whether high, medium or low level of importance presented in the table below

Table 1: stakeholder analysis of matrix for evaluation of quality of SAC program in health facilities of Jimma town, Southwest Ethiopia, 2019

S No.	Lists of Stakeholders	Role in the program	Interest in the Evaluation	Role in the Evaluation	Communication strategies	Importance Level
1	Oromia regional health bureau (ORHB)	Planning of SAC program, Capacity building, Resource support, Supportive supervision, decision maker	Knowing areas which needs improvement in SAC service	Finding user	Telephone	M
2	Jimma town health office	Planning, financing, implementing and monitoring of program, supportive supervision	Identification of Strength and gaps in SAC service quality	Evaluation question development, set judgment matrix, data source, facilitating evaluation process, and finding user	Face to face, formal letter and telephone	H
3	Health facilities (hospitals/ health centers	Planning and implementation of the program, recording and reporting , resource organization and mobilization and service delivery	Overall SAC service quality improvement	Source of data, evaluation question development, identification Selection of indicators, Setting judgment criteria, finding user	face to face, formal letter and telephone	H
4	Community representatives (HDA)	community mobilization	Service quality improvement	Finding users	Face to face, formal letter	M
5	HCP(Doctors, HO, nurse, Midwives)	Service providers (Program implementers)	Knowing implementation status and service Improvement	Indicators and evaluation questions selection, Sources of data during the evaluation, finding user	Face to face (interview)	H
6	Non-governmental organizations (IPAS)	Donation of equipment and drug, Provide training	Knowing Area which need Improvement in SAC service quality	finding user	Face to Face, Telephone	M
7	Primary beneficiary (clients)	Utilization of service	Receiving quality services	Sources of data	Face to face(interview)	H
8	Pharmaceutical Fund and Supply Agency(PFSA)	Provision of Drug and supply	Appropriate use of pharmaceuticals	Finding users	Telephone	M

2.2 Program Goal and objectives

Safe abortion care program provides induced abortion according to the legal law and treatment of abortion complications related to unsafe pregnancy termination. In addition to this, the program is expected to contribute for reduction of morbidity and mortality from unsafe abortion, by increasing service utilization and coverage.

GOAL

- To contribute for Reduction of abortion related Maternal Morbidity and Mortality by providing quality abortion care service in Jimma town.

General objective

- To provide quality of SAC service at Jimma town health facilities in 2011EC.

Specific objectives

- To provide comprehensive abortion care service for 711 clients (10% of Jimma town annual expected pregnancy) based on the legal ground in Jimma town health facilities by the end of 2011 EC.
- To provide post abortion FP counseling for 711 clients (10% of Jimma town annual expected pregnancy) at Jimma town health facilities at the end of 2011 EC.
- To avail post abortion family planning service for 711 clients (10% of Jimma town annual expected pregnancy) at Jimma town health facilities at the end of 2011 EC.
- At the end of 2011 EC the proportion of clients post abortion FP acceptance rate will increase from 75% to 85% in Jimma town health facilities.
- To decrease proportion of women seeking repeat abortions from 13% to 8% by the end of 2011Ec.
- To decrease proportion of clients come to health facilities after pregnancy is delayed (above 12 week) from 36% to 30 % by the end of 2011 Ec.
- To achieve all health facility with a regular, timely and complete recording and reporting system from 95% to100% by the end of 2011 EC.

2.3 Major strategies

The program is supposed to achieve the above objectives through the following strategies.

- Resource chain assurance, acquisition and refilling: Assuring continuous sustainable availability of resource and supplies, Checking availability of supplies according to guidelines and protocols in the unit, Constructing best communication channel regarding early acquisition of resource.
- Capacity building: Enhancing skill of health professionals on abortion care service, giving responsibility to trained health worker on abortion complication management, Orientation and continuous sensitization training on SAC protocol and case management for newly employed health professionals.
- Supervision: Developing standard documents like checklists, form, records which helps for supervision, having continuous and sustainable supportive supervision schedule, Giving timely feedback for the unit, Strengthen routine performance monitoring system.
- Strengthening the referral system and hospital - health center network
- Partnership with other governmental, religious and non-governmental institutions
- SAC Service integration with other care programs in the hospital

2.4 Program activities and resource

Program Inputs

The input component of the SAC services program comprised of the human resource, financial resources, infrastructure, medical equipment and drug, budget and guideline, reporting and recording formats and IEC materials.

Program activity

Provision of client counseling, training for care providers, induced abortion care service, post abortion care, Client referral, Diagnosis and treatment of complication, Infection prevention, Supportive supervision, Linkage to other health care services, conducting review meeting, timely recording & reporting.

Program out puts

Number of clients received counseled, number of trained staffs, number of clients received induced abortion, number of client received post abortion care, number of clients received referral service, number of clients treated for abortion complications, number of clients free from post abortion infection, number of supervision session conducted, number of clients linked, number of review meeting sessions conducted, Reports timeline and completeness.

Program out come

Improved health seeking behavior, increased adherence to service, increased service utilization, improved quality of health service, improved data quality

Program impact: contribution in the Reduction of abortion related maternal morbidity and mortality

2.5 Program logic model

Statement of the problem:- poor service quality results low acceptability of legal abortion service that may lead women to seek care from unqualified provider or to self-induced abortions, resulting in abortion-caused morbidity and mortality. **Goal**:-to contribute reduction of abortion related maternal morbidity and mortality by providing quality abortion care service in Jimma town.

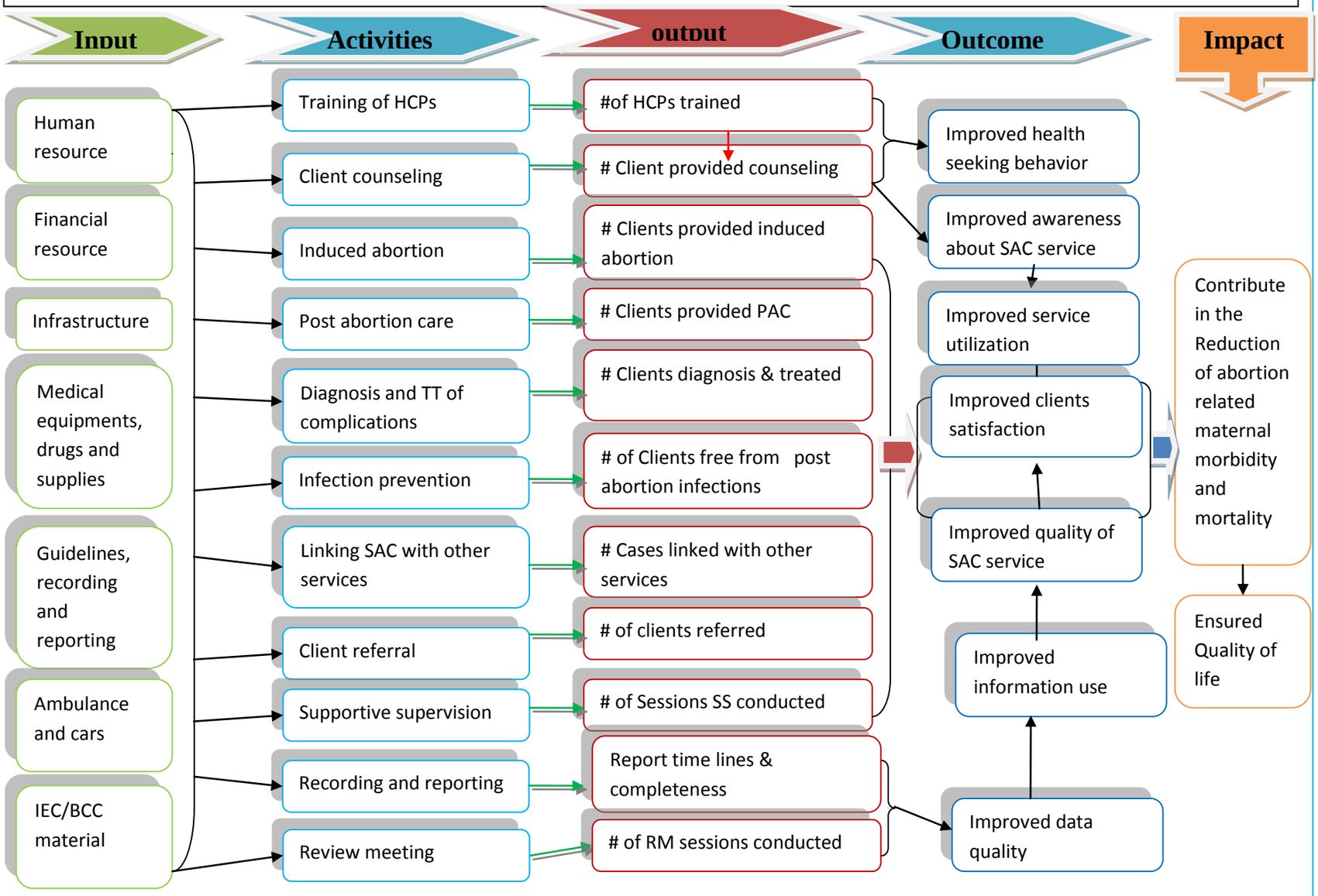

Figure 1, logic model for evaluation of SAC service quality at Jimma town health facilities in 2019.

2.6 Stage of Program Development

Public health programs mature and change over time; therefore, a program's stage of development reflects its maturity. Programs that have recently received initial agreement and funding will differ from those that have been operating endlessly for a decade. Programs can be roughly classed into three stages of development: planning, implementation, and maintenance/outcomes achievement. The stage of development plays a central role in setting a realistic evaluation focus in the next step. Stage of development is way to identify whether the program is just getting started, it is in the implementation stage, or it has been on the move for a significant period of time(35,36).

History of the Program

In 1993, Ethiopia developed a decentralized health policy, creating the Health Sector Development Program (HSDP), which incorporated a 20-year health development strategy launched in 1997 and now in its third phase (HSDPIII)(37).

In 1999, WHO issued an Assessment of Reproductive Health Needs in Ethiopia identifying quality of available services as a major limitation to the access safe abortion service; Poor quality was marked by inadequate provider knowledge and skills, inconsistent training, inadequate monitoring and supervision and lack of appropriate technical guidelines or manuals. On May 9, 2005, the Ethiopian parliament revised the country's antiquated penal code, paving the way for major reform of the law related to abortion. According to the new law a woman can legally terminate a pregnancy under the following circumstances: (1) When pregnancy results from rape or incest,(2) When the health or life of the woman and the fetus are in danger,(3) In cases of fetal abnormalities, (4) For women with physical or mental disabilities and (5)for minors who are physically or psychologically unprepared to raise a child(38).

In June 2006, a group of concerned international and national nongovernmental organizations and the Federal Democratic Republic of Ethiopia Ministry of Health (FMOH) issued the Technical and Procedural Guidelines for Safe Abortion Services in Ethiopia and also the second edition was Revised in 2013 GC (14).

Since legal reform in 2005, there has been a rapid extension of public sector health facilities eligible to offer lawful abortion services. The number of public facilities eligible to provide basic SAC more than quadrupled (from 587 in 2008 to 2597 in 2014). The number of hospitals eligible to provide comprehensive SAC increased from 94 in 2008 to 120 in 2014. As the public health infrastructure in Ethiopia grew over the past decade, so did the capacity of these facilities to perform lifesaving services for basic and comprehensive abortion care(39).

According to study Performed at 2008, access to basic SAC services varied greatly between public hospitals and health centers. The result showed services was poor in public health centers than hospitals. Only one-third of these facilities were able to perform first trimester induced abortion and only half were able to provide PAC services for women in the first trimester of pregnancy. In public hospitals 75–100% performance was scored in the application of each of six basic signal functions(39).Since, the program has been implemented for the last 13 years in Ethiopia and Jimma town, matured enough to evaluate its implementation status and intermediate outcome.

CHAPTER THREE: LITERATURE REVIEW

Health care quality

According to Donabedian, quality can be conceived as the product of two factors. One is the science and technology of health care and the second is application of the science and technology in actual practice. The quality of care achieved in practice is the product of these two. Also this product can be characterized by several attributes that include efficacy, effectiveness, efficiency, optimality, acceptability, legitimacy, and equity. These, taken singly or in a variety of combinations, make up a definition of quality and, when measured in one way or another will indicate its magnitude(8).

Availability of the Program Resources (Structure)

A Study conducted in Jimma town showed that only at 53.6 % of health facilities national guideline for abortion care service were available (32).The finding of a study done in Addis Abeba reveal that 29.4% of health care providers had formal training on procedures to terminate pregnancy (40).

According to study conducted in Tigray region government health facilities; all the hospitals have two rooms for PAC service, adequate lightening supported by operation room light And necessary gynecological examination instruments, but only one institution with adequate water supply. In most of the sites, there was shortage of some drugs like local anesthesia and misoprostole (41).

According to evaluation of maternal and neonatal health service in Ethiopia finding, 3(75.0%) at hospitals and 48(39.0%) at health centers Sufficient light source to perform tasks at night were available (42). Study conducted in Zambia health facilities showed that, Almost all hospitals and 35% of health centers had three health professionals registered, but only 42% of hospitals and virtually none of health centers and posts had three doctors on their staff list (43).

According to report of a study conducted in Afghanistan health facilities on post abortion care service availability of care providers at least one staff on all health facilities, most frequently

midwifes perform service across facility types, followed by general doctors, and obstetrician/gynecologists 11% at health centers and 17% hospitals. At the time of the survey, all facilities reported having at least one staff person that provides PAC. Overall, 71% of providers reported having been trained in PAC (44).

Compliance of Health Care Provider with Guidelines (Process)

A study conducted in Desse town reveal that 56% of the respondents reported that they have got contraceptive counseling/ information from the service provider and 47.5% left the health facility with contraceptive methods. No one had been referred to other health facility for family planning service(45). A study conducted in Gurage zone showed that clients treated with politeness and respect are 93.5%, who are greeted in friendly and polite manner are 95%, and 56.5% of post abortion patents received at least one method of family planning(26).

According to study conducted on post abortion care service quality at government hospitals of Tigray region, compliance with national guideline; 20% bimanual examination performed, 48.3% clients pain was managed, 90% of clients was given antibiotics,48% informed about available family planning methods, none of the provider used IEC materials to elaborate counseling messages to the clients(41). Study conducted on Quality of PAC in Ethiopia reveled that Patients were not informed about the steps of each procedure(25).

Level and determinants of Clients Satisfaction (Outcome)

A study conducted in Jimma town health facilities showed that 76.3% of clients are satisfied with the service provided. The opportunity given to take part in decisions, equity of treatment, advice given by service providers, availability of service providers and availability of drugs (anti pain) are the points on which the participants are more satisfied (32).

According to study conducted on dimensions in comprehensive abortion care service in Addis Abeba The findings showed that satisfaction scores for women served in public facilities were higher than satisfaction scores for women served in private or Marie Stopes clinics(46).

Finding of a Study conducted to assess the quality and determinants of quality of post abortion care in Tigray government hospitals showed that only 40% of clients were satisfied in the care given and this client satisfaction was significantly associated with educational level, occupational status, laboratory prescription and toilet access (41). While, Study done in gurage zone showed that 83.5% of patents are satisfied with the service they received. waiting time and occupation were predictors of client satisfaction (26).

A study in Indonesia on post abortion care service reveal that only 32.7% of clients are fully satisfied with the service they received, with predictors of age over 35 years, monthly income, low economic status, because of the low price or even free of PAC services (47). On the other hand, a study conducted on Expanding availability of safe abortion services through private sector in India showed that majority (90 %) of women reported satisfaction with their care, while 68 % perceived good quality of services (18).

According to a Study conducted on woman satisfaction with abortion care service in United States of America, 93% were "very satisfied" with the overall abortion experience. Women reported mean quality of care scores of 3.9(out of 4) or higher for the staff, doctor, abortion and contraceptive counseling (48).

Quality measurement in health care is the process of using data to evaluate the performance of health plans and health care providers adjacent to accepted quality standards. Quality measures can take many forms, and these measures evaluate care across the full range of health care settings. Measuring the quality of health care is a necessary steps in the process of improving health care quality (49).

Approaches to Assessment of Health Care Quality

Mindel Sheps' seminal paper (1955) on hospital care created conceptual order. Sheps listed prerequisites for good quality care, defined the elements of satisfactory performance and examined the effects of care. His work stimulated and influenced efforts at conceptualizing quality of care for the next twenty years. Alternative approaches were formulated by Donabedian (1966), Dror (1968) and De Geyndt (1970). These alternative formulations were neatly

summarized by Donabedian (1980). According to basic building block of the formulations, even though the words may be different − is the structure−process−outcome trilogy(50).

Structure, process and outcome are not attributes of quality. They are only kind of information one can obtain, based on which one can infer whether quality is good or not. Inference about quality is not possible unless there is a predetermined relationship among three approaches(8).

For this study we chose Donabidian model to evaluate SAC service because those components (structure, process and outcome) has gained widespread acceptance to evaluate quality of care, other than, its simplicity and almost intuitive expressiveness.

3.1 conceptual framework of the Evaluation

In this evaluation, Donabedian model of quality measure with modification was applied. According to Donabedian, there are three components of program important to measure quality within, structure, process and outcome which have relationship each other. The model was developed to assess clinical practices. However, when the model is used to evaluate program or activities rather than clinical practices, it may work as it is or may perform with some modification. Hence, to fit the model with evaluation of SAC program, we made some modifications:

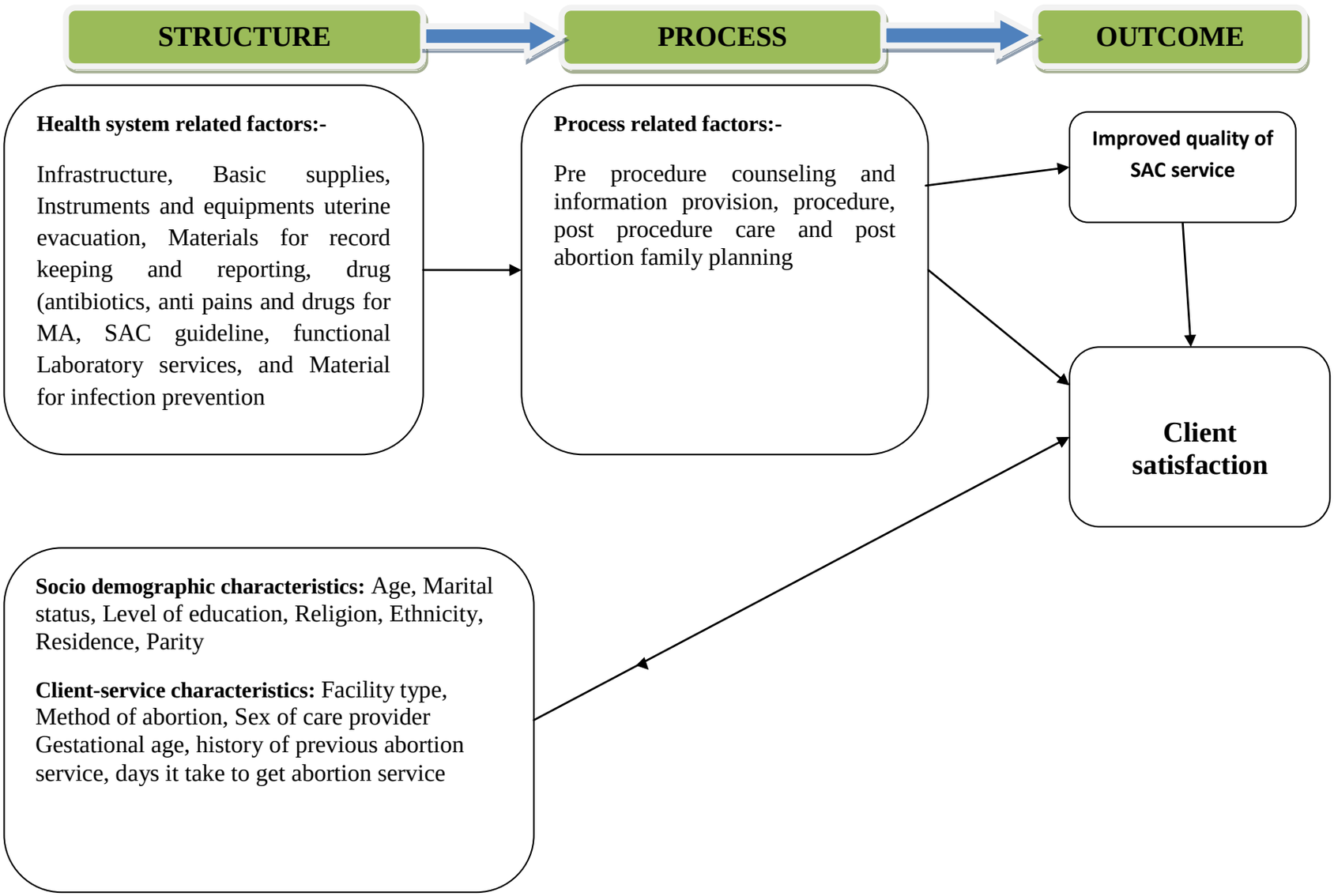

Figure 2 : conceptual framework for evaluation of SAC service quality at health facilities of Jimma town, 2019
(Adapted from Avedis Donabedian, 2003 edition with few modifications)

CHAPTER FOUR: EVALUATION QUESTIONS AND OBJECTIVES

4.1 Evaluation Questions

1. Are the required resources available to implement SAC Program? If yes, how? If not, why?
2. Do health care providers comply with abortion care guidelines in delivering service? If yes, how? If not, why?
3. Are the clients satisfied with the quality of SAC services provided to them?
4. What are determinants of client satisfaction on service provided?

4.2 General Objective

☞ To evaluate the quality of SAC service at Jimma town health facilities in 2019.

4.3 Specific Objective

1. To evaluate the availability of required resources for the SAC program at study area.
2. To evaluate the compliance of the service providers with the National SAC Guideline at study area.
3. To determine the level of clients satisfaction on abortion service quality Provided.
4. To identify determinants of clients satisfaction on SAC service at Jimma town health facilities.

CHAPTER FIVE: EVALUATION METHODS

5.1 Study area

The evaluation was undertaken in health facilities located in Jimma town. Jimma town is a capital of Jimma zone which is located in Oromia Region; about 353 kilo meters far away from in the southwest direction of Addis Ababa, Ethiopia's capital. The town has 17 kebelles with a total population of 120,960 of whom 60,136 are female (51). There are two hospitals, four health centers, two NGO clinics and 32 private clinics in the town, among them SAC service has been delivered in 6 government facilities and 2 NGO clinics and 9 private clinics. These facilities provide variety of service related abortion care including: medical abortion (MA), manual vacuum aspiration (MVA) and second-trimester abortions (which is limited to Jimma University Medical College and Shenen Gibe Hospital).

5.2 Evaluation Period

Evaluability assessment was conducted from November, 16-30, 2018. The Evaluation on the other hand was carried out from March 11-2019 to April 26-2019.

5.3 Evaluation Approach

Formative evaluation approach was applied to examine, amongst other things, delivery of the program, the quality of its implementation and the organizational context, personnel, structures and procedures. Thus, it is preferable to evaluate quality of SAC service in Jimma town health facilities, identify challenges of quality and recommend areas of improvement.

5.4 Study Design

Facility based single case study design with both qualitative and quantitative data collection methods was used in this evaluation. For choosing a case study is to get extensive and explorative result. in addition case study allow us to build a sound premise about the relationships between interventions and their context (52).

5.5 Focus of evaluation and dimension

5.5.1 Focus of evaluation

The evaluation focus was on the process of the SAC implementation, to examine the extent to which a program is operating as intended and meeting the expectation of clients (satisfaction). Focus on understanding, describing, testing and improving components of SAC programs implementation theory components: program's organizational plan (resources to be used, activities to be accomplished and expected outputs) and service utilization plan (client satisfaction) was involved as the focus of evaluation(49).

5.5.2 Dimension of evaluation

The SAC program was evaluated using availability, compliance, and acceptability (satisfaction) dimensions. Since, these dimensions are preferable to show relationship between components (structure, process and outcome) of health care system which are recommended by Donabedian to evaluate health care quality. Also those dimensions could address the evaluation objective and evaluation questions. Based on the availability dimension it can be better to understand the relationship of the volume and type of existing services and resources to the clients' volume and types of needs. It refers to the adequacy of the supplies, health care providers and service delivering infrastructures with their respective clients(52). Compliance: refers to whether the activities are delivered according to the standard or the SAC implementation guideline. Whereas as Client Satisfaction: clients satisfied in their perspective about the SAC service they received(53). It is important to examine how the client views the services so that the immediate outcome of the service was evaluated proximally.

Indicators

Availability (14 indicators)

- Proportion of health facilities with trained man power on SAC program
- Proportion of health facilities with specific budget plan for SAC service.
- Proportion of available basic supplies to provide SAC service as indicated by the SAC guideline.
- Proportion of available equipments for uterine evacuation to the level of health facilities as indicated by the SAC guideline.
- Proportion of health facilities with standard registration books
- Proportion of health facilities with no stoke out of drugs for medical abortion within six months.
- Proportion of health facilities with data recording and reporting formats
- proportion of health facilities with privacy room for SAC clients
- Proportion of functional laboratory services available for SAC service.
- proportion of health facilities having SAC guideline
- proportion of materials for infection prevention available for SAC
- Proportion of health facilities which have waiting areas for clients in the abortion care units.
- Proportion of facilities which have transportation (ambulance) service for referral.
- Proportion of health facilities with IEC/BCC materials for client health education

Compliance (19 indicators)

- ✓ Proportion of providers greeted clients respectfully.
- ✓ Proportion of providers assured confidentiality of clients' information
- ✓ Proportion of provider attending the counseling session attentively
- ✓ Proportion of clients provided information with a language they can understand.
- ✓ Proportion of providers taken written informed consent from clients.
- ✓ Proportion of provider asked medical history of clients
- ✓ Proportion of provider performed bimanual examination
- ✓ Proportion of provider sending laboratory testes recommended by guideline
- ✓ Proportion of provider explaining the steps of the procedure

- ✓ Proportion provider administers anti-pain before the procedure.
- ✓ Proportion provider checked functionality of instrument before use.
- ✓ Proportion of provider socking used instrument in decontamination solution
- ✓ Proportion of clients provided post abortion family planning
- ✓ Proportion of clients appointed seven up to ten days after procedure
- ✓ Proportion of clients received information on post-abortion infection and prevention
- ✓ Number of supportive supervision done in past six month based on schedule.
- ✓ Number of monthly reports submitted timely based on schedule.
- ✓ Proportion of major assessment findings were recorded on client card as recommended by guideline.
- ✓ Proportion of providers used IEC/BCC materials for client health education

Satisfaction (12 indicators)

- Proportion of clients who are satisfied respectfulness of health care provider while treating them.
- Proportion of clients who are satisfied with the cooperation shown by service provider.
- Proportion of clients who are satisfied with carefulness of examination.
- Proportion of clients who are satisfied to waiting time for SAC service.
- Proportion of clients who are satisfied to auditory privacy of counseling room (that other clients could not hear them) at the facility.
- Proportion of clients who are satisfied to cleanliness of the abortion unit.
- Proportion of clients who are satisfied to the pain management care through abortion care procedure.
- Proportion of clients satisfied with clarity of the counselor's explanation.
- Proportion of clients satisfied with The opportunity given by service providers to take part in decisions concerning her own care
- Proportion of clients satisfied with Easiness of getting laboratory service
- Proportion of clients satisfied with Location(visual privacy) of abortion care service unit
- Proportion of clients satisfied with overall service quality

5.6 Variables

5.6.1 Dependent variables

- Client satisfaction on SAC service

5.6.2 Independent variable

- Socio demographic
  - Age
  - Religion
  - Ethnicity
  - Marital status
  - Educational level
  - parity
  - residence
- client and service characteristics
  - facility type
  - Methods of abortion
  - sex of care provider
  - gestational age
  - days it take to get the service
  - history of previous abortion

5.7 Populations and sampling

5.7.1 Target population

All pregnant woman who has a potential need for safe abortion care, all health workers, documents and registrations book of SAC program found in Jimma town health facilities were considered as target population.

5.7.2 Source population

All women visiting health facilities for reproductive health services, all health care providers directly involved in service provision, documents and registrations in the service units were considered as a source population.

5.7.3 Study population

All sampled women's visiting health facilities for safe abortion care service, all selected health care providers directly involved in SAC service, and all selected documents and registrations in the abortion care unit from selected Jimma town health facilities during the evaluation period were considered as a study population.

5.7.4 Study unit and unit of analysis

Study units: women who had got SAC service, health care providers directly involved in SAC service (doctors, trained midwifes, nurses and SAC service coordinator), Service documents (CAC register, monthly reports, client record, and stoke card) from selected health facilities during the study period.

Unit of analysis: The primary unit of analysis was SAC clients; Secondary unit of analysis were health facilities. The final unit of analysis was SAC program in Jimma town 2019 GC.

5.7.5 Sample size determination

Sample size was determined using single population proportion based on the following assumptions.

Required sample size, $n = \frac{(Z\alpha/2)(1-P)}{d^2}$

Where; **n**=the desirable calculated sample size

Z (∝/2) =1.96 (95% confidence level for two side)

P= proportion expected prevalence (50 %) ,since there is no specific variable that represents all variable those may contributing for safe abortion and individuality base nature of the variables ,50% is considered to get the maximum sample size.

d= 5% level of precision **(d= 0.05)**

Therefore the value of n calculated as

$n = \frac{(1.96)^2 * 0.5(1-0.5)}{(0.05)^2} =$ **384**

Since total population N is less than 10,000, when N (**422**)= total clients served in 45 days back from the study period in eight health facilities, so correction formula was used:

$$n = \frac{n_o}{1 + \frac{(n_o - 1)}{N}}$$

= 202 by adding 15% non- respondent rate the total sample size was=**232**

Sample size for other subjects

Health institutions: Health facilities were chosen based on the availability of SAC service and high caseload. The average number of clients accessing safe abortion care service during one month prior to the study was used to select high caseload facilities. Based on the recommendation of WHO (If there are <10 facilities fulfilling these criteria, all eligible facilities in that area was selected(54)), two hospitals and three health centers from public and one NGO clinics, Totally 6 health facilities were included in the evaluation.

Document review: Six SAC service registers, six bin cards and six plan and report documents were reviewed. 24 client records were reviewed in order to triangulate compliance related information sources.

In-Depth Interview: From each health facility: from hospitals (SAC focal person and head nurse of gynecology ward), from health centers (SAC focal person and facility head) and from NGO clinic (delegated clinic head and SAC focal person) and from town health office focal person of abortion care (from family health unit) were involved in the in-depth interviews. Totally 13 participants were interviewed.

Observation: Four observations from each facility (59). A total of 24 observations were conducted, In-order to observe compliance of providers to the national guideline.

Resource inventory: Availability and functionality of resources like: trained health care providers, test kits, drugs, guidelines, Basic supplies and infrastructures like water supply, emergency transport…etc were checked at each of the 6 health facilities.

5.7.6 Sampling procedure

Health facilities: Health facilities were purposely selected; with main criteria of presence of SAC service to a given facilities and case overload (Facilities that have >10 Safe abortion care (SAC) Patients reported over 1 month) (54).

Client Satisfaction: Sample size was allocated by proportional probability to size (PPS) of client flow for each health facilities in the town based on 45 days clients flow from one month report back to the study period, **N=422**. To compensate for non-respondent rate, 15 % of calculated sample size was added. Systematic random sampling were used and k interval was 422/232=1.8,

so since, k is less than two we were forced to collect information consecutively (Quota sampling) until the required sample was attained. Formula, PSS= nf * Ni/N

Where, **Ni** =45 days clients flow in each health facilities.

N= total clients served in 45 days in six health facilities
=**422** **ni** = proportionally allocated clients sample size required for the study from each health facilities **n**= total sample size = **232**

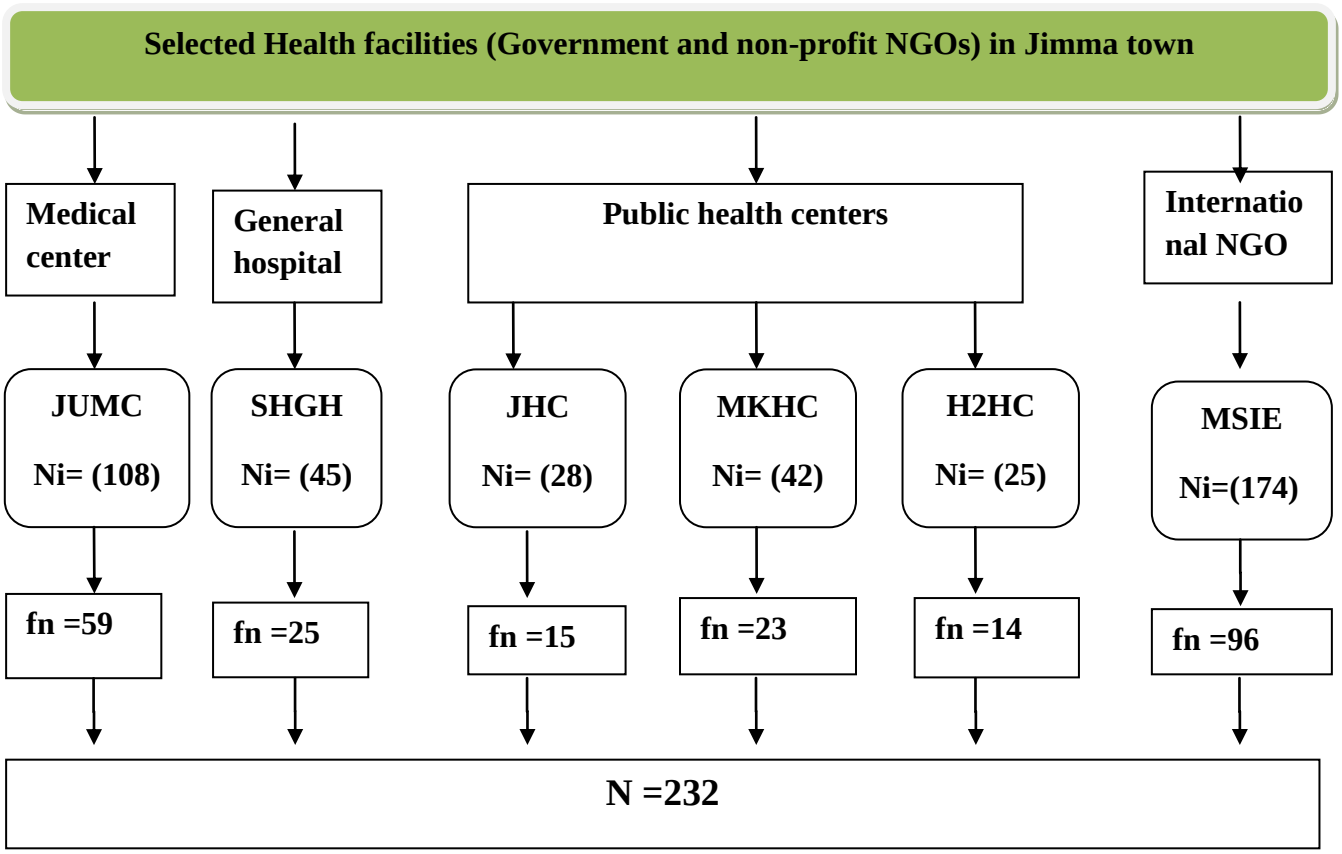

Figure 3, the schematic representation of the sampling procedure for exit interview which was conducted for the evaluation of SAC service quality in Jimma town health facilities, 2019 GC.

Observation: four consecutive client-provider interactions starting from the first SAC client were observed by trained and well experienced professionals at all health facilities.

Document Review: Six months record of CAC registers, plans and reports were reviewed at all facilities. Clients' record from observation session was put separately and reviewed at the end of the day.

In-depth interview: Purposive (criteria sampling technique) was used to select the study participants. The criteria were: their knowledge and sufficient information they will provide about SAC service.

Resource inventory: At suitable time for head of the abortion care unit or his/her representative, inventory concerning to availability of resource for SAC service was conducted.

5.7.6 Inclusion and exclusion criteria

Inclusion criteria

- Health care providers (focal persons of abortion care) assigned and working in abortion care clinic at least for one year.
- Women who came to safe abortion care unit with the age of greater than 18, and who has willingness to participate in the evaluation.

Exclusion criteria

- Client who cannot respond for the interview because of the seriousness of illness due to abortion complication.

5.8 Data Collection

5.8.1 Data Collection Tools

A structured questionnaire for client exit interview were adapted from similar study in Jimma and modified to the study context by reviewing other previous similar studies(32).client card review were adapted from IPAS client oriented, provider-efficient service (COPE) for comprehensive abortion care services a tool book(30) and others like: checklists composed of different components such as SAC resource inventory tool,

document review template, observation consultations and an in-depth interview guides are developed by the evaluator by referring national guideline(2). We did a reliability test for the 12 client satisfaction items and the Cronbach's alpha result was found 0.8, which indicates the items used to measure the variable are internally consistent (55).

The questionnaire for the client exit interview were translated into Afan Oromo and Amharic language by expert who knows both Afan Oromo and Amharic languages and back translated to English by an independent expert.

5.8.2 Data Collectors

Data collection were conducted by six midwifes from other private clinics and hospital which is outside of the study area. Additionally as abortion is sensitive issue, in order to minimize non respondent's rate data collectors were female health care professionals. Exit interview, observation and client card review were conducted by data collectors. In-depth interview, resource inventory and document review was conducted by principal evaluator. Two MSC holder maternity nurses have supervised the overall data collection process. Prior to data collection Two days training was given to data collectors and supervisors by investigator, how to use data collection tool, how to interact with and protect the right and interest of respondents and get maximum data quality which will be representative.

5.8.3 Data collection field work

Data was collected from each facility through:-

Client exit interview: Initially appropriate place was selected for interview in order to protect the privacy of clients particularly clients come look for abortion care service. The process of data collection was supervised for each data collector closely and the daily performance of the data collection process was assessed with the group members and appropriate correction for the next day was taken in case when problem occurs. The number of data collected per day was depending on clients flow at the abortion units at a study period.

Document review: During document review in all cases permission was taken from the respective units.

Direct observation: Client-provider interaction observation was conducted while the health care providers deliver abortion care service. Initially the observer was taken informed consent from both health care provider and from clients in each session. A Total of 24 observations, first two observation sessions from each facilities were dropped in order to minimize Hawthorne effect (observer influenced compliance). Observers were in a white coat and they were not interfering with service provision.

In-depth interview: In all cases tape record were used after consent taken from each participant.

Resource inventory: In the process of resource inventory pharmacy head, laboratory head and head of facilities/wards were interviewed.

5.8.4 Data Quality management

In order to assure quality of the data 12(5%) of the total sample were pre-tested, on eligible subjects and have similar characteristics, at seka district hospital which was not included in actual study and based on findings necessary amendments were made. Prior to the actual data collection, Data collectors were trained for two day intensively on the study instrument and data collection procedure that includes the relevance of the study, objective of the study, confidentiality of the information, informed consent and interview technique. The data collectors were working under close supervision of the supervisors to ensure adherence to correct data collection procedures, supervisors and investigators reviews the filled questionnaires at the end of data collection every day for completeness. And every morning the principal investigators, supervisor and data collectors conduct morning session to solve the faced challenges as early as possible and corrective measures were made accordingly.

5.9 Data processing and analysis

5.9.1 Data entry and cleaning

Questionnaires were checked for completeness every day after data collection by principal evaluator together with data collectors and supervisors, consequently, any problems encountered was discussed among the evaluation team and was solved immediately and finally the data were coded and entered to Epi data version 3.1 for further processing.

The data was then cleaned by visualizing, calculating frequencies and sorting. Corrections were made according to the original data. The questionnaires and the soft copy of the data with multiple backups were kept in proper places. Quantitative data was checked for completeness, edited, coded, entered. For qualitative data Peer examination and Member checks were carried out.

5.9.2 Data analysis

Quantitative data were analyzed using SPSS version 23.0. Satisfaction clients on SAC service was measured by 12 items, each having five points Likert scale from very Dissatisfied (1) to very satisfied (5). To see the total score of each respondent, the points obtained from the 12 items by each respondent was summed. Patients' satisfaction had two categories satisfied above a specified point and unsatisfied below that point. This point is calculated using the demarcation threshold formula which is ***{(total highest score-total lowest score)/2} + Total lowest score*** (32).

Univariate analysis was done to see the frequency, percent and mean of variables for descriptive results. Binary logistic regression was used to determine the association between dependent variable and independent variables. And those variables which showed statistical value ($p<0.25$) on bivariate analysis was taken as candidates for multiple logistic analysis and multiple logistic analysis were conducted to check statistical significance at ($p<0.05$). The degree of association between independent variables and the outcome variables of the program were conducted by using multivariate logistic regression analysis of 95% confidence interval, P-values < 0.05 was taken as a cut of point for accepting as statistically significant association.

Qualitative data was changed in to fair notes, then arranged and written up in each thematic area (compliance and availability). Then it was analyzed under the thematized area used to assess the implementation process and to complement quantitative findings. Finally, the indicators under each dimension for evaluation of SAC service quality in Jimma town, 2019 was judged based on the stated judgment matrix to determine level of the SAC service quality achievement of its objectives.

5.10 Matrix of Analysis and Judgment

Indicators based approach was used to evaluate quality of safe abortion service in health facilities of Jimma town. Indicators set for availability, compliance and satisfaction dimensions. For each respective dimensions weight was given during Evaluablity assessment after detail argument and discussion with stakeholders.

Table 2, Overall judgment matrix of performance indicators of SAC quality in health facilities of Jimma town, southwest Ethiopia, 2019

Dimensions	Expected (x)	Obser ved(y)	Score (y/x)*100	judgment parameter
Availability (summary 14 of indicators)	29.1			>85% excellent, >75-85% very good, 60-75% good, 45-59% fair, <45% poor
Compliance (summary of 19 indicators)	47.9			>85% excellent, >75-85% very good, 60-75% good, 45-59% fair, <45% poor
Satisfaction (summary of 12 indicators)	23			>85% excellent, >75-85% very good, 60-75% good, 45-59% fair, <45% poor
Overall quality (summary of above three dimensions)	100			>85% excellent, >75-85% very good, 60-75% good, 45-59% fair, <45% poor

5.11 Ethical consideration

Ethical clearance was obtained from Institutional Review board of Jimma University Institute of health. A formal letter from Institute of health was written to each of the selected institutions. Participation in the exit interview was entirely voluntary and participation is free to refuse or leave at any time. All the respondents were informed about the purpose/objective, benefit, and risk of the study through the information form, which was available in relevant local language. Verbal consent from all women accepting participation on both exit interview and observation was obtained. Concerning resource inventory, using official latter from Jimma town health office permission was requested from service provider institutions. Client record review, individual was conducted without identifying the study participants. Since the evaluation focuses on women of reproductive age visiting health facilities for safe abortion, this might invariably include minors. If this is the case, those who are less than 18 years of age were not invited to participate in the evaluation. To ensure privacy and confidentiality (anonymity) the interview was took place in a convenient place chosen by respondents and explanation was given to study participants that their name was unnecessary. The evaluation team was trained on how to handle sensitive and emotional issues and on the importance of keeping confidentiality, so that it will compromise the evaluation processes and results.

5.12 Evaluation dissemination plan

The final evaluation finding will be presented to Jimma university department of health economics, management and policy, monitoring and evaluation unit for approval then organizing a one day finding presentation session for a key stakeholders (Jimma town health office, head nurses and SAC focal person…) hard and soft copy of the report will be disseminated to a key stakeholders and finally disseminate the finding for publication on national or international journal**.**

5.13 Operational Definitions

Jimma town health facilities: for this evaluation government facilities (hospitals and health centers) and nonprofit non-Governmental Organizations (clinics) in Jimma town.

Safe Abortion care: refers to a comprehensive termination of pregnancy that is offered to clients as permitted by law.

Unsafe abortion: refers to termination or try to terminate but failed of unwanted pregnancy either by a person lacking necessary skills or in an environment lacking minimal standards or both.

Safe abortion service: refers to clients came to governmental and nonprofit NGOs to seek safe abortion care service which includes; pre abortion counseling, safe abortion for legally indicated cases or incomplete abortions for medical or fetal related problems and post abortion care after safe abortion.

Quality: refers to the measure of stakeholder's expectation based on pre-set judgmental criteria on service delivered and compliance with guidelines, outcome of each dimension (availability, compliance, client satisfaction) of achievements of quality level:>85% excellent, >75-85% very good, 60-75% good, 45-59% fair, <45% poor

Availability: refers to availability of the program resources (infrastructure, logistics and supplies) for the implementation of the program like: Availability of human resources.

Compliance: refers to conformity of health care providers to national safe abortion care (SAC) implementation guideline while; conducting procedure; recording and reporting.

Acceptability: refers to client's satisfaction level in their perspective about the SAC service they received..

Client satisfaction: refers to self-perception of program clients on the availability of services and program resources, quality of service received client provider interaction and acceptability of service delivery set-up: Clients were categorized as dissatisfied or satisfied by using cut of point (38.5) calculated using demarcation threshold formula, {(total highest score-total lowest score)/2} + total lowest score.

Second-trimester abortions: is termination of pregnancy beyond 12 weeks gestation by ultrasound.

Basic supplies: refers availability of IV fluid, syringes and needles, gloves, cotton or gauze sponges, antiseptic solution and long needle holders which are recommended by

national guideline to provide SAC service at a time of data collection.

Equipments: refers availability of 17 equipments for first trimester uterine evacuation and 27 equipments for second trimester uterine evacuation which are recommended by national guideline to the level of each facility at a time of data collection.

Functional laboratory service: refers functionality of pregnancy test, blood group and RH (rhesus) factor test services at a time of data collection**.**

Materials for infection prevention: refers availability of sharp disposable container, mixed decontaminant, mask, apron and eye goggle at a time of data collection.

Greeting clients respectfully: refers to if provider greeted clients by standing from chair and invited the client to site with or without shaking the client's hand.

Medical history: refers that age, LNMP, history of drugs allergic, any previous medical and surgical illness

Drugs for medical abortion: refers Mifepristone and Misoprostol

IEC/BCC materials: availability of Treatment guidelines in the form of poster or pamphlets, continuous provision of Misoprostol and other family planning methods like the injectable, oral pills and IUD material. Besides, Posters containing different messages on STI (sexually transmitted infections), HIV/AIDS, PAC, and family planning should be posted at visible places

Major assessment findings: refers medical history, physical examination, laboratory investigation and other services provided for clients

Chapter six: Result

In this Evaluation From total sample size of 232 clients, 209 were participated with a response rate of 90.1 %. From the total planned in-depth interview, all were participated to provide information about SAC quality service. Direct observation of providers' compliance and resource inventory was conducted using checklists and incorporated it finally.

6.1 Availability Dimension

6.1.1 Infrastructures and Human resources

The result showed that, total of 34 health care professionals were available (gynecology specialists, Emergency surgeons, general physicians, midwives and nurses are professionals) In Jimma town health facilities to provide safe abortion care service. From those 85.3% of them were trained in CAC.

All health facilities had trained health professionals to provide SAC service, but during the time of the study two health centers (mendera Kochi and jimma health centers) were assigned only one HCP to deliver SAC service including other MCH services. This finding is supported by result from in-depth interview. A SAC program focal person from one health center said that *"…when I assigned night duty for one week no trained staff to cover abortion care service at normal working hours, due to that clients will be appointed for up to seven days without the indication of their clinical condition."*

A SAC program focal person from one health center said that "…*Shortage of trained human resource is our main problem because health care providers assigned on delivery, ANC, PIMTCT and cervical cancer screening services at a time. So if client in labour comes, SAC clients will wait until the mother delivered or they will appointed for other day"*

A facility head from one health center said that*"…there are two health care providers in this facility who had been trained on CAC but they are not assigned because they refused to do abortion because of their religion, after binge trained. But we are still communicating with IPAS to train other health care providers …"*

Table 3, availability of human resource for SAC program in health facilities of Jimma town, 2019

Human resource	HOSPITALs				HC						NGO		All HF	
	JUMC		SGGH		JHC		MKHC		H2HC		MSIC			
	TA	TT	TA	TT	TA	TT	TA	TT	TA	TT	TA	TT	TA	TT
Gynecologist	5	5	1	1	-	-	-	-	-	-	-	-	6	6
Emergency surgery officer	-	-	2	2	-	-	-	-	-	-	-	-	2	2
General practitioner	0	0	0	0	-	-	-	-	-	-	-	-	0	0
Midwives	6	6	4	3	3	2	0	0	1	1	0	0	14	12
Nurses (all type)	5	2	1	1	1	1	1	1	1	1	2	2	11	8
Health officer	-	-	-	-	-	-	-	-	-	-	1	1	1	1
Total													34	29
% of trained staffs													**85.3%**	

Key:-

JUMC- Jimma university medical center

SGGH-Shenen Gibe general hospital

MKHC- Mendera kochi health center

TA-total available

TT-total trained

H2HC-haigher two health center

JHC- Jimma health center

MSIC-Marie stops international clinic

It was observed that adequate space for waiting, screen to ensure privacy during examination and examination table was available in all health facilities, and Functional ultrasound on both hospitals, with a scope to manage second trimester abortion care were available. However, there was no Drinking and running water for HCP and the waiting clients at four (66.7%) health facilities: mendera kochi health center, higher two health center, jimma university medical center and shenen gibe hospital.

A health care provider from one hospital said that "*...so difficult to go other unit for hand washing in between service provision it is better to maintain non functional hand washing facility in SAC room."*

A head nurse from gynecology ward said that "…*hand washing facilities at this ward had been maintained for a lot of time with in short period of time. But due to high client flow*

and as clients are unfamiliar with hand washing sink, it has broken again and again. Even though, I already asked for its maintenance from responsible unit "

Even if, the general availability and display of IEC materials to impart health education was grossly poor (66.7%), on all health centers and NGOs clinic IEC materials were available, but still there were no IEC materials observed on both hospitals (jimma university medical center and Shenen gibe hospital) for SAC service.

At Jimma university medical center, Shenen gibe hospital and Marie Stopes international there were no functional toilets for client, counseling room with visual privacy and ambulance for referral, respectively.

A abortion care focal person from one hospital said that "*…for now abortion clients receive the service at the delivery unit with mothers in labour but for future since, abortion room building had been over we are waiting for beds and other equipments to be provided by IPAS"*

From the total health facilities three (33.3%), one health centers (jimma health center) and one hospital (shenen gibe hospital) had no functioning light source. In relation to this

A SAC program focal person from one health center said that*"...our light source was not functional for a long time. We asked a new one until then we choose to perform abortion procedures by using our mobile phones as source of light*."

Result of this evaluation showed that specific budget for SAC service were absent at all health facilities. This finding supported by in depth interview result head nurse from one hospital said that "*…there is no specific budget for safe abortion care service, because its budget were planned together with other MCH services"*

Table 4, availability of infrastructures for SAC program at health facilities of Jimma town, June 2019

Items	Hospitals (yes/no)		HCs (yes/no)			NGO
Infrastructures for each HF (yes/no)	**JUMC**	**SGH**	**JHC**	**MKHC**	**H2HC**	**MSIE**
Functioning toilet for clients	No	Yes	Yes	Yes	Yes	Yes
Functioning running water	No	No	Yes	No	No	Yes
Counseling room with visual privacy	Yes	No	Yes	Yes	Yes	Yes
IEC materials	No	No	Yes	Yes	Yes	Yes
waiting space	Yes	Yes	Yes	Yes	Yes	Yes
Examination table/ Labor table e	Yes	Yes	Yes	Yes	Yes	Yes
Car for referral(Ambulance)	Yes	Yes	yes	Yes	Yes	No
Functioning ultrasound	Yes	Yes	No	No	No	Yes
Screen/curtain for privacy	Yes	Yes	Yes	Yes	Yes	Yes
Functioning light source	Yes	No	No	Yes	Yes	Yes

JUMC- Jimma university medical center *H2HC-haigher two health center*

SGGH-Shenen Gibe general hospital *JHC- Jimma health center*

MKHC- Mendera Kochi health center *MSIC-Marie stops international clinic*

6.1.2Drugs, materials for infection prevention and laboratory services

All health facilities had functional pregnancy test, blood group, HIV test and Heamatocrit/ hemoglobin at a time of data collection.

All health facilities had already mixed decontaminant solution, eye goggle, apron and functioning autoclave for prevention of both health care providers and clients from infection during service delivery. All health facilities had mifepristone and misoprostol for MA service at a time of resource inventory.

According to the finding ceftriaxone and ibuprofen were not available at half (50%) of facilities: one hospital (jimma university medical center), one health center(jimma health center) and one NGO clinic(Marie stopes international clinic) and doxycycline and Diclofenac were not found at one health center(jimma health center) at a time of

observation. Although, availability of anti D for RH negative mother in hospitals is 100%, it was not found in all health centers and NGO clinic at a time of data collection.

From document review of bin cards ceftriaxone, anti D, ibuprofen, doxycycline, diclofenac and drugs for MA (Mifepristone, Misoprostol) were listed as a drug that has been stock out in the last six months at two health facilities.

In relation to this a SAC focal person from hospital said that "…*because we use mifepristone and misoprostol as induction drug at labour ward, it had been stocked out from the facility many times."*

A head nurse from one hospital said that*"…Even at this time ceftriaxone is not available in our hospital so clients buy it from outside of the compound from private pharmacies."*

Table 5, availability of infection prevention materials and drugs for SAC program at health facilities of Jimma town, 2019

Items	Hospitals (yes/no)		Health centers (yes/no)			NGO
infection prevention materials for each HF (yes/no)	JUMC	SHG	JHC	MKHC	H2HC	MSIE
Sharp container	No	Yes	Yes	Yes	Yes	Yes
Already mixed decontaminating solution	Yes	Yes	Yes	Yes	Yes	Yes
aprons in service provision room	Yes	Yes	Yes	Yes	Yes	Yes
masks in service provision room	Yes	Yes	Yes	Yes	Yes	Yes
protective eye wear(eye goggle) in provision room	Yes	Yes	Yes	Yes	Yes	Yes
Functioning Autoclaves	Yes	Yes	Yes	Yes	Yes	Yes
Drugs(antibiotics and anti pains)						
Doxycycline 100mg	Yes	Yes	NO	Yes	Yes	Yes
Metronidazole 500 mg po	Yes	Yes	NO	Yes	Yes	Yes
Ceftriaxone 1g/ml iv	NO	Yes	NO	Yes	Yes	Yes
Ibuprofen 400 mg	NO	Yes	NO	Yes	yes	Yes
Diclofenac 50 mg	Yes	Yes	NO	Yes	Yes	Yes
Diclofenac injection 75 mg	Yes	Yes	NO	Yes	Yes	Yes
Mifepristone 200mg	Yes	Yes	Yes	Yes	Yes	Yes
Misoprostol 200mg	Yes	Yes	Yes	Yes	Yes	Yes
Functional Laboratory services						
Pregnancy test kit	Yes	Yes	Yes	Yes	Yes	Yes
Blood group	Yes	Yes	Yes	Yes	Yes	Yes
Rh factor	Yes	Yes	Yes	Yes	Yes	Yes
Hematocrit/hemoglobin	Yes	Yes	Yes	Yes	Yes	Yes
HIV test	Yes	Yes	Yes	Yes	Yes	Yes

JUMC- Jimma university medical center *H2HC-haigher two health center*

SGGH-Shenen Gibe general hospital *JHC- Jimma health center*

MKHC- Mendera kochi health center *MSIC-Marie stops international clinic*

6.1.3 Basic supplies and Essential equipment

Availability of basic supplies at health centers and NGO clinics is relatively good (table 6).quantitative finding from the two hospitals showed that sterile glove, normal saline and syringe and needles are only available at one of the hospital (Shenen gibe hospital) at a time of observation and there were intermittent supply of this materials indicated by document review of pharmacy store bin card at Jimma university medical center. However, ringer lactate, cotton and gauze and long needle holders are available at both hospitals.

According to Finding from document review of bin card: sterile glove, normal saline, ringer lactate and syringe are basic supplies that had been stock out in the last six months (at jimma university medical center and jimma health center).

According to the resource inventory result, availability of instruments and equipments for uterine evacuation for each level of facilities were not been a challenge to deliver quality SAC service at all health facilities of jimma town.

Despite the fact, among instruments for first-trimester uterine evacuation: Medium self-retaining speculum in three (50%) of facilities (shenen gibe hospital, mendera kochi and higher two health centers), Vacuum pump with extra glass bottles in two (33.3%) of facilities (mendera kochi health center and jimma university medical center) and Adapters in three (50%) of facilities (jimma university medical center, mendera kochi and higher two health centers) was missing.

Table 6, availability of basic supplies and equipments for SAC program at health facilities of jimma town, 2019

Items	Hospitals		Health centers		NGO	HF OF Jimma town	
Basic supplies and Equipments	**n=2**	**%**	**n=3**	**%**	**n=1**	**n = 6**	**%**
Basic equipments							
Sterile gloves	1	50	3	100	1	5	83.3
Normal saline 500ml	1	50	3	100	1	5	83.3
Ringer lactate 500 ml	2	100	2	66.66	1	5	83.3
Syringe and needle	1	50	3	100	1	5	83.3
Cotton and gauze	2	100	3	100	1	6	100
Long needle holder	2	100	3	100	1	6	100
Equipment for first trimester uterine evacuation							
Basic uterine Evacuation							
Tenaculum	2	100	3	100	1	6	100
Sponge forceps or uterine packing forceps	2	100	3	100	1	6	100
Malleable metal sound	2	100	3	100	1	6	100
Pratt or Denniston dilators: size 13-27 French	1	50	1	33.3	0	2	33.3
Medium self-retaining speculum	2	100	2	66.7	1	5	83.3
Local anesthesia 1% without adrenaline	2	100	3	100	1	6	100
Plastic strainers	1	50	1	33.3	1	3	50
Clear glass dish for tissue inspection	2	100	2	66.7	1	5	83.3
Long sponge forceps	2	100	3	100	1	6	100
Container for cleansing solution	2	100	3	100	1	6	100
Single tooth tenaculum forceps	2	100	2	66.7	1	5	83.3
Vacuum pump with extra glass bottles	1	50	2	66.7	1	4	66.7
Connecting tubing	1	50	2	100	1	4	66.7
Cannulae (any of the following) Flexible:4,5,6,7,8,9,10,12 mm Curvedrigid:7,8,9,10,12,14mm Straight rigid:7,8,9,10,12mm	2	100	3	100	1	6	66.7
Vacuum aspirators	2	100	3	66.7	1	6	100
Adapters	1	50	1	100	1	3	50
Flexible or semi-rigid cannula, size 4-12	2	100	3	100	1	6	100

JUMC- Jimma university medical center *H2HC-haigher two health center*

SGGH-Shenen Gibe general hospital *JHC- Jimma health center*

MKHC- Mendera kochi health center *MSIC-Marie stops international clinic*

Only for hospitals

Instruments and ant pains for second-trimester uterine evacuation: bowel or container for examining evacuated tissue in one hospital (Shenen gibe hospital), midazolam and larazepam for pain control at both hospitals was not found.

Items	Hospitals	
Equipment for Twelve-weeks plus	**n=2**	**%**
Mifepristone tablet 200mg oral	2	100
Misoprostol tablet 400 micro gram tablet	2	100
A traumatic tenacullem or volsellum	2	100
Wide specullem (klopher or sims), sponge (ringed) forceps and scissors	2	100
Lidocain	2	100
22 gauge spinal needle for paracervical block	2	100
Cervical dilators(misoprostol tablet or osmotic dilator)	2	100
Electronic or manual vacuum aspirator with 12,14 and 16 mm cannula	2	100
Tapered cervical dilators pratts up to 51 mm	2	100
Small and large sopher and bierer uterine evacuation forceps	2	100
Large postpartum flexible curette	2	100
Bowel or container for examining evacuated tissue	1	50
Proper fetal /tissue disposal IE disposal pit , incinerator	2	100
Emergency surgical backup	2	100
Basic life support …oxygen Ambu bag	2	100
Ultrasound is optional Blood bank is optional	2	100
Clear referral mechanism to higher level facility , when needed	2	100
Pethidine (meperdine) 50-12 mg	2	100
Morphine 10-15 mg IM	2	100
Diazepam 10 mg PO or 2-5 mg IV OR	2	100
Midazolam 5 mg IM (or 0.07-0.08 mg/kg IM) OR	0	0
Lorazepam 1-2 mm PO or 0.05 mg/kg IM (maximum dose 4 mg)	0	0
utertonic agents (oxytocin 10 IU or Ergometrine 0.2 mg	2	100
in-patient bed for Misoprostol Administration	2	100
bowl or container for fetal disposal	2	100
operation theater	2	100

6.1.4 Guidelines, recording and reporting materials

Consent form, referral form and reporting forms are available at SAC service delivery sites of all health facilities studied by this Evaluation.

Result of the study showed that national guideline were available at only 50% of abortion care service units health facilities. At jimma university medical center, mendera kochi health center and higher two health centers there were no national guideline at abortion care service areas at a time of data collection.

In relation to that SAC focal person from one health center said that "…*we don't have national guideline here, I have abortion manual at my home which I received from CAC training and I usually used it as a reference when I thought it is necessary."*

A head nurse from gynecology ward said that"…*we don't have guideline at service area but we have been told its appropriateness by IPAS, I believe we will avail it as soon as we received it…"*

Table 7, availability of guidelines, recording and reporting formats for SAC program at health facilities of Jimma town, 2019

Item	**Hospitals (yes/no)**		**HCs (yes/no)**			**NGO**
Guidelines, recording and reporting materials (yes/no)	**JUMC**	**SGH**	**JHC**	**MKHC**	**H2HC**	**MSIE**
National guideline at service area	No	Yes	Yes	No	No	Yes
Consent form in service provision room	Yes	No	Yes	Yes	Yes	Yes
Referral form in service provision room	Yes	Yes	Yes	Yes	Yes	Yes
One standardized registration book	Yes	Yes	Yes	Yes	Yes	Yes
Recording and reporting formats	Yes	Yes	Yes	Yes	Yes	Yes

JUMC- Jimma university medical center *H2HC-haigher two health center*

SGGH-Shenen Gibe general hospital *JHC- Jimma health center*

MKHC- Mendera kochi health center *MSIC-Marie stops international clinic*

Table 8, program resource availability indicators for Evaluation of SAC service quality at Jimma town health facilities, 2019

Indicators	Expected in #	Observed in #	Weight(W)	Result		Evaluation parameter
				value	Finding (%)	
% of health facilities with trained man power on SAC program	6	6	2.2	2.2	100	Excellent
% of health facilities with specific budget plan for SAC.	6	0	1.1	0	0	Poor
% of available basic supplies to the level of health facilities to provide SAC service as indicated by the SAC guideline.	36	31	2.3	1.98	86	Excellent
% of available equipments for uterine evacuation to the level of health facilities as indicated by the SAC guideline.	152	125	3.3	2.7	81.8	very good
% of health facilities with no stoke out of drugs for medical abortion within six months.	6	4	3	2	66.6	Good
% of health facilities with data recording and reporting formats	6	6	2.4	2.4	100	Excellent
% of health facilities with privacy room for SAC clients	6	5	2.1	1.8	85.7	Excellent
Availability of functional laboratory services for SAC	18	18	2	2	100	Excellent
% of health facilities with standard registration books	6	6	1.8	1.8	100	Excellent
% of health facilities having SAC guideline	6	3	2	1	50	Good
% of materials for infection prevention available	30	26	2.1	1.8	85.7	Excellent
% of health facilities which have waiting areas for clients in the abortion care units.	6	6	1.6	1.6	100	Excellent
% of facilities which have transportation (ambulance) service for referral.	6	5	1.7	1.2	85.7	Excellent
% of health facilities with IEC/BCC materials for client health education	6	4	1.5	1	66.6	Good
Total score of Availability			29.1	23.5	80.8%	Very good

6.2 Compliance dimension

Safe abortion care service registration book document six months back were reviewed at Jimma town health facilities. According to the result for the last six months SAC service was delivered for 1801 clients among these: 68.7% of clients are gestational age of 8-12 weeks, 86.3% of clients received medical abortion and 82.5% of clients received a contraceptive method. According to Document review result: client referral for contraceptive to other health facilities, complication related to SAC service and death related to SAC service were zero.

The finding showed that in the last six months: 90% clients from NGO clinic, 80% clients from hospital and only 79.9% of clients from health centers had received post abortion contraceptive before they leave the facility.

At all health facilities monthly report were submitted timely based on schedule and. On the other hand, there was no specific plan for abortion care service activities at all health facilities.

All health facilities received quarterly supportive supervision from town health office. According to in-depth interview result most of focal persons do not believe the supervision conducted by the town health office is supportive to improve care provision process. A SAC provider from one hospital said that *"... I don't think the supervision conducted by either by town health office or IPAS is supportive to improve the level of service quality. Because they mainly focus in just taking quarterly report and then leave the compound"*

An abortion focal person from town health office said that "*...we identified the gap from feedback of health facilities on meetings. So that we have planned to develop the skill of supervisors by trainings and by giving scholar opportunities to develop their educational level, in addition some staffs from the office have been visiting other town health office activity as a benchmark"*

Finding of client record review showed that, 85.2% at hospitals, 45.4% at health centers and 70.4% at NGO clinics major finding of clients were immediately recorded after service provision.

During direct observation sessions, while assessing the range of services that has been provided in all of the facilities, MVA technique & medical abortion were alternatively used for abortion according to the client preference, professional competency of the provider and gestational age .On contrary, D&C (Dilatation and Curettage) was no more in use during the data collection.

Pre procedure

Counseling and informed decision making: Out of Twenty four, only five (20.83%) of providers greeted clients respectfully (by standing from his/her chair sitting and inviting the client to site with or without shaking the client) and twenty (47.6%) of the providers introduce their name to the clients. Nine (37.9%) of providers was supportive during counseling. All the observed providers were assured about confidentiality and ensured clients privacy and dignity. Twenty three (95.83%) of the clients discussed the risk of pregnancy if they were not use contraception, talked about how to use the method, advantage, disadvantage and medical side effect of the methods. All of clients were offered the available methods of contraception. Only six (25%) providers used IEC materials during consultation.

Information provision: From observed providers 50% of them provided options counseling (continuing the pregnancy or terminating the pregnancy). Only nine (37.5%) of them informed clients about what will be done during and after the procedure and Risks associated with the method of termination of pregnancy both short and long term.58.33% of providers taken written consent of the client. All providers talked about Available methods of pregnancy termination and pain control, advantages and disadvantages and provided information with understandable language to the client.

Diagnosis of pregnancy: all providers asked about the age and LNMP ((last normal menstrual period) of clients ordered pregnancy test for clients. Half of providers asked about any medical and surgical illness and performed physical examination (general and

bimanual pelvic examination). All providers ordered Blood group and RH factors, and Urine analysis, HIV test for their clients.

Procedure: There were an auxiliary (assistant) in only five (41.66%) of the observed clients. four (33.33 %) of the providers explain the steps of the procedure. Eight (66.66 %) of providers measured size and position of the uterus using uterine sound and nine (75 %) of providers given anti-pain to the clients, all clients provided prophylactic antibiotics. Eight (66.7%) of the providers checked aspirators for negative pressure before the procedure, checked the sign of completion and mentioned the danger sign to the clients that necessitate to re-visit the facility, all providers respected the privacy of clients. Ten (83.33%) of clients were asked if they were in pain and assisted to recovery room after the completion of procedure. Before and after the completion of the procedure, eight (66.7%) of clients were provided an opportunity to ask questions.

Infection prevention: Eight (66.7%) of providers wear eye goggles.

Instrument reuse: Instruments that were used in the procedure soaked in the decontamination solution and draw in to the cannula after the completion of the procedure in all observed case. In all the observed case, medical waste disposed by the provider properly.

Post-procedure: Regarding status of the clients, seven (58.33%) of clients were assessed for vital sign, pallor, and abdominal examination before the clients discharge. Concerning infection prevention, eleven (91.66%) of clients were offered information about post-abortion infection and prevention. Five (41.66%) of clients received counseling on sexually transmitted infection, ten (83.33%) of providers offered counseling on voluntary counseling testing. Ten to seven days appointment was given for all observed clients.

Post abortion family planning Although, all providers from observation session was provided post abortion family planning counseling for clients and provided available contraceptive method.

Table 9, Judgment of Compliance dimension for SAC service in health facilities of Jimma town, 2019

Indicators	Expected in #	Observed in #	Weight (W)	Result		Evaluation parameter
				value	Finding (%)	
% of providers greeted clients respectfully.	24	5	3	0.6	20	Excellent
% of providers assured confidentiality of clients' information?	24	24	3	3	100	Excellent
% of provider attending the counseling session attentively	24	20	2.5	2	80	Very good
% of providers used IEC/BCC materials during counseling	24	6	2	0.5	25	Poor
% of clients provided information with a language they can understand.	24	24	2.5	2.5	100	Excellent
% of providers taken written informed consent from clients.	24	14	2.5	1.5	60	Fair
% of medical history of client asked as recommended by national guideline of clients	96	60	3.5	2.2	57.7	Fair
% of physical examination service performed(bimanual examination)	48	24	3.1	1.6	51.6	Fair
% laboratory tests performed as recommended by guideline(BG and RH factor, Pregnancy test)	48	32	3.5	2.3	65.7	Good
% of provider explaining the steps of the procedure?	12	4	2.4	0.8	33.3	Poor
% provider administers anti-pain before the procedure.	12	9	2.2	1.7	77.3	very good
% provider checked functionality of instrument before use.	12	8	2.2	1.5	68.2	Good
% of provider socking used instrument in decontamination solution?	12	12	2	2	100	Excellent
% of clients provided post abortion family planning	24	24	3.3	3.3	100	Excellent
% of clients appointed seven up to ten days after procedure	24	24	2.5	2.5	100	Excellent
% of clients received information on post-abortion infection and prevention?	11	12	2.3	2.3	100	Excellent

% of supportive supervision done in past six month based on schedule.	12	12	1.5	1.5	100	Excellent
% of monthly reports submitted timely based on schedule.	36	36	2.5	2.5	100	Excellent
% of major assessment findings of clients were recorded on client card	648	348	1.3	0.7	53.8	Fair
Total score of compliance			47.9	35	73.1%	Good

6.3 client satisfaction

6.3.1 socio-demographic characteristics

From the respondents who came for SAC service the highest proportion, 124(59.3%) were single and 95(45.5%) were age of 19-24. According to educational level, 67(32.1%) of clients were attend preparatory and above. regarding of the other variables majority 76(36.4%) of clients were students, 164(78.5%) of clients were from urban area and 195(93.3%) of clients were with no history of live birth (parity).

Table 10, Socio-demographic characteristics of respondents of exit interview for evaluation of quality of safe abortion care service at Jimma town health facilities, 2019

Variable	Category	Frequency(N=209)	Percent (%)
Age	19-24	145	69.4
	25-30	46	22
	>30	18	8.6
Marital status	Married	62	29.7
	Single	124	59.3
	Widowed	9	4.3
	Divorced	14	6.7
Level of education	Cannot read and write	38	18.2
	Read and write	42	20.1
	Primary(1-8)	16	7.7
	Secondary(9-10)	46	22
	Preparatory and above	67	32.1
Religion	Muslim	95	45.5
	Orthodox	78	37.3
	Protestant	35	16.7
	waqefeta	1	0.5
Ethnicity	Oromo	128	61.2
	Amhara	58	27.8
	Gurage	11	5.3
	Kefa	8	3.8
	Dawuro	4	1.9
Place of residence	Urban	164	78.5
	Rural	45	21.5
Parity	None	132	63.2
	1-2	63	30.1
	>=3	14	6.7

Current occupation	Student	76	36.4
	Government employee	22	10.5
	Private employee	19	9.1
	Merchant	18	8.6
	House wife	38	18.2
	Daily laborer	18	8.6
	Unemployed	14	6.7
	House maid	4	1.7

6.3.2 Client and service characteristics

From the total respondents the highest proportion, 122(58.4%) were females care providers, 137(65.5%) of cases were medical abortion, and 87(41.6%) were clients from NGO clinic.

Majority 184(88%) of them had no history of previous abortion and among clients with history of previous abortion 96% of them had only one previous abortion history. 125(59.8%) of clients gestational age were <8 weeks, 103(49.3%) of clients Reason for current abortion is Rape and 199(95.2%) of clients were received the service within <3 days.

6.3.3 Client satisfaction on service provided

From the total of clients: 161(77%), 168(80%), 153(73.2%) and 188(90%) of them were satisfied with cooperation shown by provider, with carefulness shown by provider during examination, with auditory privacy of counseling room and with the respectfulness shown by service provider with mean satisfaction level of 3.72, 3.76, 3.73 and 3.91and ±0.582 SD, ±0.519 SD, ±0.684 SD and ±0.388SD, respectively.

On the other hand majority, 106(50.7%) of Clients were dissatisfied with clarity of providers explanation, and 83(39.7%) of clients were dissatisfied with pain management through the abortion care procedure.

Table 11: Level of client satisfaction on each satisfaction measuring items for evaluation of safe abortion care service quality in Jimma town health facilities, 2019

Satisfaction item	Very dissatisfied	dissatisfied	Neutral	Satisfied	Very satisfied	Mean	SD
Satisfied with respectfulness shown by service provider	0	4	14	188	3	3.91	0.388
Satisfied with cooperation shown by provider	0	13	34	161	1	3.72	0.582
Satisfied with opportunity given by providers to take part in decision concerning your own care	0	48	64	96	1	3.24	0.809
Satisfaction with clarity of providers explanation	0	106	32	71	0	2.83	0.907
Satisfaction with carefulness of examination	0	9	32	168	0	3.76	0.519
Satisfaction with cleanliness of abortion unit	0	24	28	157	0	3.64	0.681
Satisfaction with waiting time to get service	0	38	28	137	6	3.53	0.821
Satisfaction location of abortion care service unit	0	33	36	126	14	3.58	0.835
Satisfaction with privacy of auditory privacy of counseling room	0	19	28	153	9	3.73	0.684
Satisfaction with easiness of getting laboratory service	3	37	31	137	1	3.46	0.838
Satisfaction with pain management through the abortion care procedure	5	83	60	61	0	2.85	8.75
Satisfaction with overall service quality	0	14	52	136	7	3.65	0.656

By using demarcation threshold formula on each satisfaction measuring items for evaluation SAC service quality provided for clients were classified into two categories satisfied above a specified point and unsatisfied below the calculated point. This point is calculated using the demarcation threshold formula:

{(total highest score-total lowest score)/2} + Total lowest score(32)

Table 12, Dichotomized client satisfaction using demarcation threshold formula on each satisfaction measuring items for evaluation of SAC quality provided in Jimma town June 2019

Satisfaction item	**Satisfaction category**	
	Satisfied (%)	Dissatisfied (%)
Satisfied with respectfulness shown by service provider	191(91.4%)	18(8.6%)
Satisfied with cooperation shown by provider	162 (77.5%)	47 (22.5%)
Satisfied with opportunity given by providers to take part in decision concerning your own care	97 (46.4%)	112 (53.6%)
Satisfaction with clarity of providers explanation	71 (33.9%)	138 (66.1%)
Satisfaction with carefulness of examination	168 (80.4%)	41 (19.6%)
Satisfaction with cleanliness of abortion unit	157 (75.1%)	52 (24.9%)
Satisfaction with waiting time to get service	143 (68.4%)	66(31.6%)
Satisfaction location of abortion care service unit	140 (66.9%)	69 (33.1%)
Satisfaction with privacy of auditory privacy of counseling room	162 (77.5%)	47(22.5%)
Satisfaction with easiness of getting laboratory service	138 (66%)	71(34%)
Satisfaction with pain management through the abortion care procedure	61 (29.1%)	148(70.9%)
Satisfaction with overall service quality	143 (68.4%)	66(31.6%)

Table 12, shows of SAC quality service provided in clients perspectives score of Quality judgment parameters were: (90.5%) of them were satisfied with respectfulness shown by service provider. clients who satisfied with privacy of auditory privacy of counseling room were (76.5%). Cumulatively the quality of safe abortion care program services as satisfaction sub-dimension is determined as 74.38 %, it needs improvement according to the decision parameter as shown in table 13 below.

Table 13, Satisfaction indicators for evaluation of SAC service quality at health facilities of Jimma town, 2019

Indicators	Expected in #	Observed in #	Weight(W)	Result		Evaluation parameter
				value	Finding (%)	
% of client who Satisfied with respectfulness shown by service provider	209	191	2.1	1.9	90.5	Excellent
% of client who Satisfied with cooperation shown by provider	209	162	2.1	1.6	76.2	very good
% of client who Satisfied with opportunity given by providers to take part in decision concerning your own care	209	97	2.1	0.97	46.2	Fair
% of client who Satisfied with clarity of providers explanation	209	71	1.9	0.6	31.6	Poor
% of client who Satisfied with carefulness of examination	209	168	2.1	1.9	90.5	Excellent
% of client who Satisfied with cleanliness of abortion unit	209	157	1.5	1.1	73.3	Good
% of client who Satisfied with waiting time to get service	209	143	2.1	1.4	66.7	Good
% of client who Satisfied location of abortion care service unit	209	140	1.7	1.1	64.7	Good
% of client who Satisfied with privacy of auditory privacy of counseling room	209	162	1.7	1.3	76.5	very good
% of client who Satisfied with easiness of getting laboratory service	209	138	1.7	1.1	64.7	Good
% of client who Satisfied with pain management through the abortion care procedure	209	61	2.1	0.6	28.6	Poor
% of client who Satisfied with overall service quality	209	143	1.9	1.3	68.4	Good
Total score of Satisfaction			23	14.9	64.8%	Good

6.3.4 Judgment matrix for overall SAC service quality

The overall evaluation of SAC program with the three dimensions shown that, 80.7% availability of essential resource, 71.4% compliance with SAC service guideline and 64.8% satisfaction with service delivered in SAC units of health facilities.

Table 14, All dimensions for evaluation of SAC service quality compared with judgmental criteria in Jimma town, 2019

S. no	**Dimensions**	**Relative value given(x)**	**Value Achieved (y)**	**%(y/x)* 100**	**judgment parameter**
1	Availability (summary of 14 indicators)	29.1	23.5	80.7	**V.good**
2	Compliance (summary of 19 indicators)	47.9	34.2	71.4	**Good**
3	Acceptability (summary of 12 indicators)	23	14.9	64.8	**Good**
4	Overall quality (summary of three dimensions)	100	72.6	**72.6%**	**GOOD**

6.4 Factors associated with satisfaction of clients with SAC service

6.4.1 Bivariate analysis of satisfaction survey

Bivariate analysis was done for socio demographic and service and client characteristics variables and variables with P-value <0.25 (Marital status, level of education, place of residence, gestational age, sex of care provider, Facility type and days it takes to get the service) were candidates variables for multiple logistic regression model (Annex 3).

6.4.2 Multivariate analysis of variables associated with SAC services

On multiple logistic regression analysis, three variables were found to be associated with the client satisfaction on safe abortion services. Level of education, facility type and days it takes to get abortion service were predictors for client satisfaction on SAC service.

Among the total respondents Clients who are educated primary (1-8) were 66.3% times less likely satisfied than those who are illiterates (p-value = 0.021, AOR= 0.337, 95% CI= (0.133-0.850) .Clients who received safe abortion care service from health centers were 93.2% times less likely satisfied than those who received the service from hospitals (p-value = 0.000, AOR = 0.068, 95% CI = (0.026-0.180).and clients who received safe

abortion care service from NGO clinic were 77.3 % less likely satisfied than those who were received the service from hospitals (p-value=0.010, AOR=0.227, 95% CI= (0.074-0.698)

respondents who received the service by waiting > 3 days were 78 % less likely satisfied than those who received the service within <3 days (p-value= 0.005, AOR=0.220, 95% CI= (0.076-0.640).

Table 15, Multivariate analysis of variables predicting which satisfaction of clients participated on evaluation of SAC service quality at health facilities of Jimma town, 2019 EC

Variable	Satisfaction category		COR	AOR	p-value	95% CI
	Satisfied (%)	Dissatisfied (%)				
Marital status						
Married	51 (24.4%)	34 (16.3%)	1	1	1	1
Unmarried	91 (43.5%)	33 (15.8%)	0.544	1.476	0.363	(0.638,3.416)
Level of education						
Illiterate	15 (7.2%)	23 (11%)	1	1	1	1
Primary(1-8)	37 (17.7%)	21 (10%)	0.167	0.337	0.021	(0.133,0.850)
Secondary and above	90 (43%)	23 (11%)	0.450	0.665	0.339	(0.289,1.534)
Residence						
Rural	22 (10.5%)	23 (11%)	1	1	1	1
Urban	120(57.4%)	44 (21%)	2.851	1.640	0.313	(0.627,4.293)
Facility type						
Hospital	311 (4.8%)	50 (23.9%)	1	1	1	1
Health center	30 (14.4%)	11 (5.3%)	0.046	0.068	0.000	(0.026,0.180)
NGO	81 (38.8%)	6 (2.9%)	0.202	0.227	0.010	(0.074,0.698)
Sex of service provider						
Male	41 (19.6%)	46 (22%)	1	1	1	1
Female	101(48.3%)	21 (10%)	0.185	0.838	0.720	(0.318,2.207)
Gestational age						
< 8weeks	67 (32%)	29 (13.9%)	1	1	1	1
8-12 week	60 (28.7%)	21 (10%)	2.618	0.721	0.558	(0.242,2.152)
>12week	15 (7.2%)	17 (8.1%)	3.238	0.729	0.603	(0.221,2.403)
Days it take to get abortion service						
<3	85 (40.7%)	62 (29.7%)	1	1	1	1
>3	57 (27.3%)	5 (2.4%)	0.120	0.220	0.005	(0.076,0.640)

N.B-Variable at P-value <0.05 on multivariate analysis shows predictor for client satisfaction on SAC service.1 shows a reference point.

CHAPTER SEVEN: DISCUSSION

The evaluation finding showed that the overall process of SAC program implementation in the health facilities was 72.6% percent. The structure component measured by availability of resource was 80.7% percent. Compliance of health care provider's to the national guideline and satisfaction of clients also measured and scored 73.1% percent and 64.8% percent, correspondingly. The status of process of the program needs some improvements according to the judgment criterion.

Availability of required resources

Assigning of Health care provider at SAC service only to offer the service without any interruption or work overload, might prevent the provider from fatigue and non compliance. However, finding of this study showed that two health centers (mendera Kochi and jimma health center) assigned only one health care provider to deliver SAC service including other MCH services at a time. These finding were indicated as the main cause of service delay in the health centers (clients have been appointed up to a week to get the service). This finding is not congruent with national guideline recommendation that a woman who is eligible for pregnancy termination should get the service within three working days. This time is used for counseling and diagnostic measures necessary for the procedure(2).Service delay might affect client's level of satisfaction and need to come back for follow ups.

In service training for providers and introducing appropriate protocols have lion share on improving the services quality**.** However, current finding showed that from the total health professionals assigned at SAC units of all facilities, 85.3% of them are trained with CAC service. This finding is inconsistent with WHO clinical policy guideline for abortion care standard recommendation that all staff members providing patient services must have appropriate training(56).Involvement of untrained providers in abortion care service were main reason for non compliance with Guideline, which influence SAC service quality as a whole.

Availability of resources that is basic to carry out abortion care service should be supplied and maintained to make sure compliance of providers. However, finding of this study reveals that functioning light source were available at only four (66.7%) health facilities, two(66.7%) health centers, one (50%) hospital and one NGO clinic. This finding is almost similar with finding of evaluation of maternal and neonatal health service in Ethiopia, showed that Sufficient light source to perform tasks at night is available at 75.0% hospitals and 39.0% health centers(42).

This indicates that absences of essential equipment will affect the compliance of provider to deliver prompt service, which direct women to seek the service from private facilities or if they unable to afford for cost, will be force to terminate the pregnancy by self-induced or by unskilled person.

Availability of equipment to conduct abortion care service is vital to avoid unnecessary referrals. By this study 81.8% equipments needed to conduct first and second trimester abortion were available which judged to be very good. This finding is consistent with national guideline recommendation that Health facilities providing safe abortion services should be supplied with basic minimum(2).

This shows that as availability of equipment at jimma town health facilities judged very well, if compliance of providers improved satisfaction level of clients could be much better than the current score.

During service provision it is predictable that client's clinical condition be in a need of urgent intervention from higher level health facilities, for that reason facilities should avail well-functioning referral system to provide safe and quality abortion services. However, this study result showed that Marie Stopes international had no car (ambulance) for referral. This finding is inconsistent with national guideline recommendation that Presence of a well functioning referral system is vital to provide safe and quality abortion services. It is an ethical responsibility to direct clients to appropriate services at any time (2).

Absences of Referral arrangements, disable women to access routine care timely, and prompt treatment of complications, will reduce clients level of satisfaction and quality of SAC service as a whole.

Health facilities with financial support might be ensured for providing standardization training, job aid materials and program review which could be sustained adequate supply of good quality services. However, from this study specific budget plan for SAC service was zero. The reason might be the SAC program specific financing provided with other MCH services.

To be effective in providing the basic services in SAC, there is a need to develop basic procedural guidelines, treatment guidelines and distribute materials for SAC. These include treatment guidelines in the form of poster or pamphlets, continuous provision of Misoprostol and other family planning methods like the injectable, oral pills and IUD material. Besides, Posters containing different messages on STI (sexually transmitted infections), HIV/AIDS, PAC, and family planning should be posted at visible places. Provision of such materials is equally important as other component of care as they contain important lifesaving information. However data obtained in resource inventory indicated that, IEC materials were available only at health centers and NGO clinic unlike of the two hospitals (jimma university medical center and shenen gibe hospital). This finding is inconsistent to the national Guideline recommendation that information need be supplemented with written material(2)**.**

As Absences of IEC materials will minimize clarity of information provided, which will compromise clients informed decision-making ability and level of satisfaction.

Availability of basic supplies in health facilities is essential to avoid service delay and non compliance of care provider. However, Finding of this study showed that sterile glove, normal saline and syringe and needles were not found at jimma university medical center at time of data collection and document review revel that intermittent supply of these materials at Jimma university medical center in the last six months. This finding is not congruent with national guideline recommendation that Health facilities providing safe abortion services should be supplied with basic minimum equipment that have to be replenished regularly. Basic supplies should always be available in sufficient amounts in all health facilities rendering services(2).

Absences or intermittent supply of basic supplies in jimma university medical center was a reason for delay of service and clients were required to buy from private clinics. This could influence the service delivery, as the cost of this drug is very expensive when it is

brought from drug vendor/ pharmacy and may discourage clients to get safe abortion and post abortion services. Delay in delivering medicines from PFSA was identified as one of the main reasons for stock-outs.

In order to deliver quality SAC service, daily activities of SAC service by health care providers should be compliant with national guideline. However, Result of this study showed that national guideline is available at service area of only 50% of health facilities. Guideline was absent at jimma university medical center, higher two health center and mendera kochi health centers. This finding is similar with a Study conducted in `Jimma town, 53.6 % health facilities had national guideline at service provision area(32).

Absences of national guideline at the service delivery area were reason for non compliance of providers, Other than, shortage of refreshment training and providers burden of workload by provision of SAC service at a time with other MCH services.

Compliance of care providers with national guideline

Finding of this evaluation showed that 71.4% (Good) of providers were compliant with national guideline. So, health care provider congruence with guideline needs improvement to achieve the objectives of SAC service provision program.

It is evident that safe abortion clients are with obvious need for family planning despite the type of abortion and its complications. Post abortion family planning counseling and provision tends to be great (100%) in this study as compared to other studies in Gurage of Ethiopia (56.5%) (26).

This discrepancy might be due to absences of contraceptive selected by the client at gurage zone health facilities.

Documenting client major findings will help other providers to understand client's status easily and in order to make accountable providers that are not congruent with standards. However, Finding of document review showed that only 45.4% of client major findings were documented at health centers. This finding is inconsistent with national guideline recommendation that before any procedure to terminate a pregnancy, a detailed medical history and, physical findings should be documented(2).

This kind of trained compromises data quality, which will minimize the practice of informed decision making.

If health care providers welcome clients with respectful manner, enhances client's confidence to participate on decisions of own care and creates free information flowing environment. However, finding of this study showed that only 20.83% of providers greeted clients respectfully (by standing from his/her chair sitting and inviting the client to site with or without shaking the client). The result is discouraging relatively with result from Gurage zone that clients who are greeted in friendly and polite manner were 95%(57).This discrepancy might be due to the difference of attitude of health care providers and high case load at jimma town health facilities.

This indicates that as providers were not interacting respectfully with clients, it affects clients trust on provider, which might decrease level of satisfaction and quality of care as a whole.

Provision of IEC materials is equally important as other component of care as they contain important lifesaving information. However, only six 25% providers used IEC materials during consultation. this finding is better than a result from Tigray that none of the provider used IEC materials to elaborate counseling messages to the client(41). Also This was inconsistent with national guideline recommendation that information's should be supplemented with written material (2)**.**

This disparity might be occurred due to difference in a trend of supportive supervision at Jimma town health office and Tigray region health office.

Non compliance of providers had negative effect on provision of quality SAC service, as information provision activities were limited only on verbal communication; it is difficult to transfer clear information. So this will damage the level of client satisfaction

Each care provider has to take written informed consent from client's age of > 18 in order to get clients permission and also to protect himself from been accused for conducting procedures without clients consent. However in this study only 60% Providers taken written informed consent from clients. This finding is not congruent with national

guideline recommendation that before any procedure provider has to secure an informed consent for the procedure using a standard consent form(2).

For health care providers to deliver the right care for the right client they should ask and document the medical history of the client on record card. While, in this study only 57.7% of providers asked Medical history of clients. This finding is not congruent with a recommendation of national guideline, before any procedure to terminate a pregnancy; ask and document detailed medical history (2).

This indicates that providers could deliver a care for a client with contraindications, which might put client's life in danger. This kind of non compliance may affect client's level of satisfaction and also there need to come back for follow up, additionally also program implementation quality as a whole.

Conducting binomial pelvic examination is appropriate to establish the diagnosis of intrauterine pregnancy, uterine size and position and presence of other uterine pathologies. However, only half of providers performed bimanual pelvic examination. This was better than finding from Tigray finding shows only 20% of provider performed bimanual examination(41).

This indicates that providers could miss important findings, hence puts client's life in danger, which might affect service quality as a whole.

This discrepancy might be due to non compliance of care providers induced by lack of continuous follow up by responsible bodies at Tigray region relative to Jimma town.

Patients and health care personnel are at risk of exposure to blood borne pathogens and other potentially infectious material. Infectious material may be transmitted to patients when proper engineering and work-practice controls, which reduce exposure, are not followed. According to the finding of this study only 66.7% of providers wear eye goggles and boots. This is better than finding of a study from Tigray region, most of them except one provider did not wear goggles and protecting boots and apron(41).
This difference might be due to shortage of infection prevention materials at Tigray region relative to Jimma town and lack of follow up by responsible bodies

Non compliance of health care providers to guideline recommendations will enhance the risk of been Exposed for infection, parallel to that clients chance of being exposed to post abortion infection (complication) and abortion related maternal death will be wide, moreover, it will be one Reason for the decline of clients perceived quality of safe abortion care service, which is the reason for seeking un safe abortion.

Providing information for clients on what will be done during procedure had influence on the psychological readiness of clients, as it improves client's pain threshold ability. However, this study showed that only 33.3% of providers explained the steps of the procedure. This finding is not congruent with national guideline recommendation that information provided to and the counseling to women must include, what will be done during and after the procedure.

Not Preparing clients mined for the care going to be provided, affects clients psychological readiness, increase clients pain throughout the procedure, which might reduce acceptably of the care by service users.

Clients' satisfaction with a service provided

This study showed that overall satisfaction of clients on SAC service was 64.8%.this finding is higher than the findings from: A study in Tigray government hospitals that only 40% of clients were satisfied(41) and A study in Indonesia on post abortion care service that only 32.7% of clients are fully satisfied with the service they received (47).

This discrepancy might be due to difference in standard check lists that used to determine level of satisfaction and difference in compliance of providers(41) which is a known factor to affect clients level of satisfaction.

In contrast with this, acceptable level of satisfaction was reported in gurage zone 85.3% (57)These discrepancies might be related to socio-cultural difference in clients and organizational facilities that facilitate client satisfaction.

On the other hand this study is almost similar to a finding from Jimma town health facilities that 76.3% of clients are satisfied with the service provided(32).

Among the total respondents those who are educated primary (1-8) were 66.3% less likely satisfied than those who are illiterates (p-value= 0.021, AOR=0.337, 95% CI= (0.133-0.850).This finding is similar to a study finding at Jimma town reveled those their educational level was preparatory and above were 22.0% times less likely to be satisfied with the service than those their educational level was less than preparatory [AOR (95% CI) = 0.004 (0.079 0.619)](32).

This finding was similar with a study conducted in Tigray region on quality of post abortion care service at government health facility showed that participants with higher educational status i.e. 1-6 grade, and 7-12 grades were 0.3 times [AOR =0.33, 95% CI of 0.10, 1.06] and 0.1 times [AOR=0.1, 95% CI of 0.01, 0.17] more satisfied than the females who were illiterate, respectively. (41).

This indicates clients who are literate are with more Expectation of quality service than illiterates which might reduce their level of satisfaction.

Regarding, facility type clients who received safe abortion Care service from health centers were 93.2% less likely satisfied than those who were received the service from hospitals (p-value=0.000, AOR=0.068, 95% CI= (0.026-0.180).

Health center clients might be more dissatisfied due to lack of good client provider interaction, resulted from absences of health care provider assigned to provide SAC service specifically.

This indicates that since, less satisfied clients at health centers might prefer or recommend SAC service from other health facilities; increases client flow at other level of health facilities (hospitals), which affects SAC service quality at hospitals.

clients who received safe abortion care service from NGO clinic were 77.3 % less likely satisfied than those who were received the service from hospitals (p-value=0.010, AOR=0.227, 95% CI= (0.074-0.698). this finding is similar with study in Addis Abeba, satisfaction scores for women served in public facilities were higher than satisfaction scores for women served in Marie Stopes clinics(46).

respondents who received the service by waiting > 3 days were 78 % less likely satisfied than those who received the service within <3 days (p-value= 0.005, AOR=0.220, 95% CI= (0.076-0.640).

Possible explanation for the satisfaction of clients who received SAC<3 days than clients received the service >3 days is may be due to clients need to safe time for other business in their personal life.

By this finding majority 147(70.3%) of clients received the service with in less <3 days.

According to national guideline, a woman who is eligible for pregnancy termination should obtain the service within three working days. This time is used for counseling and diagnostic measures necessary for the procedure(2).

This indicates provision of SAC service within less than three days except with clinical indication; improve satisfaction level of clients with quality of SAC service.

Limitations of the Evaluation

- ✓ Since all of our data collection were taken place on-site at the facilities in which women receive their abortion care, it is possible that social desirability bias may be occurred and women may not felt comfortable criticizing the care.
- ✓ Health care Providers may show their best behavioral responses during the observation of Client provider interaction (Hawthorne effect).
- ✓ Since abortion is sensitive issue observation process of service provision was conducted with some Restrictions

CHAPTER EIGHT: CONCLUSION AND RECOMENDATION

8.1 CONCLUSION

Availability of resources for safe abortion care service at Jimma town health facilities was judged to be very good with some essential resources absence or shortage at health facilities like: trained man power, IEC materials, functional toilet, drinking and washing water, ambulance, functioning light source, ceftriaxone and Diclofenac, sterile glove, normal saline and syringe and national guideline.

Compliance of health care providers with SAC guideline was judge to be good. Assurance of confidentiality and information provision for clients with understandable language were excellent, but documentation of client's major finding at health centers, greeted clients respectfully, use of IEC material during counseling, taking written informed consent and explaining the steps of procedure were poorly achieved.

Overall satisfaction of clients on SAC service was judge to be good. Clients with educational level of illiterate are more satisfied than clients with educational level of primary (1-8), clients from hospital are more satisfied than clients from health centers and NGO clinic and clients who received the service with in less than three days are more satisfied than clients who received the service more than three days. Generally, Overall quality of SAC service at Jimma town health facilities was judge to be good.

8.8 Recommendation

Based on the findings of our evaluation on, safe abortion care service quality at Jimma town health facilities, the following recommendations were given:

A. for health care providers

1. All health care providers should improve on the service process like giving greeting respectfully
2. Should improve documentation of clients major findings at client record
3. Should take informed consent of > 18 years of age clients before any procedure
4. Should ask and document medical history of client
5. Should explain steps of procedures

6. Should use IEC materials during counseling
7. Should use a limited resource properly

B. for health facilities

1. Jimma health center and shenen gibe hospital should avail functional light source at abortion provision unit
2. Marie stopes international clinic should avail Ambulance for emergency referrals
3. Jimma health center, and Jimma university medical center should avail necessary antibiotics (ceftraxon) and ant pains (diclofinac)
4. Jimma university medical center should improve availability of basic supplies like sterile glove, normal saline and syringe.
5. Jimma university medical center, higher two health center and mendera Kochi health center should avail national guideline at service area. ..
6. Mendera kochi and jimma health center should assign health care providers only for SAC service to avoid unnecessary delay of service delivery.
7. Health centers should work to minimize number of days it takes to get SAC service by avoiding unnecessary appointments.

For Jimma town health office

1. Should provide job aid materials and standardized Guidelines in practices to capacity building health workers which enhances motivation and scale up of best practices in town.
2. IEC materials are as equally important as other components of care. Hence, future refresher training should focus on these areas. Posting the information on the walls for the providers could also be reminding.
3. Should coordinate in service trainings to increase number of trained health care providers at health centers
4. Should provide regular and focused integrative supportive supervision needs to be strengthened at all levels to gain the commitment and enhance habit of compliance to guideline for a successful SAC service quality

C. for IPAS

1. Should provide in service training for health care Providers to share knowledge and learn from good experience.
2. Should improve provision of missing instruments and supplies for health facilities in order to provide quality of SAC services

D. For researchers

1. Community based study should be support these findings to identify the behavioral determinants of clients and root causes and design appropriate strategies for SAC service quality improvements in the town.
2. Client perspective of quality of SAC service should be evaluated qualitatively.

CHAPTER NINE: META EVALUATION

The focus this paper was on formative Meta evaluation on evaluation of quality of abortion care service at Jimma town government health facilities by considering program Evaluation standard, guiding principles of evaluators and Fundamental ethical principles. The main purpose of formative meta-evaluation is to reveal deficiencies in the primary evaluation at a time when they can still be addressed, thus preventing the determination and dissemination of invalid conclusions and increasing the primary evaluation's utility and cost-effectiveness. It takes place while an evaluation is underway in order to provide guidance for improvement. It assesses the quality of a completed evaluation, increasing the appropriateness of evaluation processes. A standard checklist was used(58).

Table 16, Meta evaluation score for an evaluation of SAC service quality at jimma town health facilities, 2019

Items	Score	Parameter
Utility	Strength of the Evaluation's provisions for Utility (total **score=16**): 26 (93%) - 28 Excellent, 19 (68%) – 25 Very Good, **14 (50%) - 18 Good,** 7 (25%) - 13 Fair, 0 (0%) - 6 Poor	**Good**
Feasibility	Strength of the Evaluation's provisions for Feasibility (total **score=9)** 11 (93%) - 12 Excellent, **8 (68%) - 10 Very Good** 6 (50%) - 7 Good, 3 (25%) - 5 Fair , 0 (0%) - 2 Poor	**Very good**
Propriety	Strength of the Evaluation's provisions for Propriety (total **score=23)** 30 (93%) - 32 Excellent, **22 (68%) - 29 Very Good,** 16 (50%) - 21 Good, 8 (25%) - 15 Fair, 0 (0%) - 7 Poor	**Very good**
Accuracy	Strength of the Evaluation's provisions for Accuracy (total **score=32):** 45 (93%) - 48 Excellent, 33 (68%) - 44 Very Good, **24 (50%) - 32 Good ,** 12 (25%) - 13 Fair, 0 (0%) - 11 Poor	**Good**

6.1 Utility

The stakeholder was identified at the beginning and was consulted throughout the process and the evaluation questions and a judgment criterion was set with stakeholders. Evaluation reports and any significant findings will be disseminated to stakeholders. All will be provided with clear, simple and summarized soft and hard copy report. And also will be presented to them so that they may be used in a timely fashion. In order to increase the likelihood of the evaluation to be used, stakeholders were involved throughout the evaluation process.

6.2 Feasibility

In order to make evaluation procedures practical, minimize disruption & obtain relevant and needed information competent & qualified data collectors were recruited& trained. While planning and conducting the evaluation, different positions of various interest groups were anticipated so that their co-operation had been obtained.

6.3 Propriety

Regarding this issue, the evaluation was conducted legally, ethically, and with due regard for the welfare of those involved in the evaluation, as well as those affected by its results. Thus, stakeholders involved in the study were treated with respect and fairness.

6.4 Accuracy

The evaluation was designed to help organizations address and effectively serve the needs of the full range of participants. Evaluation purpose and questions, audiences, evaluation reports, evaluation procedures and schedule, Confidentiality/anonymity of data and Evaluation resources were agreed. In the design process of this evaluation, respecting and protecting the rights and welfare of human subjects were considered.

Reference

1. Introduction i. Safe abortion : technical & policy guidance for health systems legal and policy considerations,world health organization. 2015;
2. Ministry f. Technical and procedural guidelines for safe abortion services in ethiopia second edition federal ministry of health. 2013;
3. Town m, zone eg. Magnitude and associated factors of induced abortion at health facilities among who take post abortion care service in debre. 2017;3(9):315–28.
4. Who/. Safe abortion :technical and policy guidance for health systems second edition. 2012;
5. Town d, cherie n, asmerom b. Proportion of safe abortion and associated factors among women who seek abortion care services in family guidance and marie stopes international clinic in. 2017;9(october):279–85.
6. Barot s. Implementing postabortion care programs in the developing world: ongoing challenges. 2014;17(1):22–8.
7. Making apfor, choices s, systems inh. Quality of care, a process for making strategic choices in health systems. 2006;
8. Avedis donabidian edited by rashid bashshur. An introduction to quality assurance in health care, oxford university of press. 2003.
9. Ippf/. Quality of care framework,2015, from choice a worlde of possiblities. 2016;
10. Safe abortion clinical practice handbook, world health organization. 2014;
11. Kneerim t. Report advancing measurement of abortion quality report advancing measurement of abortion quality. 2017;(may).
12. Practice b, no p. Best practice in comprehensive abortion care. 2015;(2).
13. Susheela singh, lisa remez, gilda sedgh, lorraine kwok tsuyoshi onda. Abortion world wide, uneven progress and unequal access. 2017;
14. Ababa a. Technical and procedural guidelines for safe abortion services in ethiopia. 2006;(june).
15. Samandari g, wolf m, basnett i, hyman a, andersen k. Implementation of legal abortion in nepal : a model for rapid scale-up of high-quality care. 2012;1–11.
16. Judy g, laura h hw and rw. How to talk about abortion, a rights-based messaging guide. 2015.
17. Shah ih, ortayli n. Access to safe abortion : progress and challenges since the 1994 international conference on population and development (icpd). 2014;1–26.
18. Banerjee sk, andersen kl, navin d, mathias g. Expanding availability of safe abortion services through private sector accreditation : a case study of the yukti yojana program in bihar , india. Reprod health [internet]. 2015;1–11. Available from: http://dx.doi.org/10.1186/s12978-015-0096-6
19. Gultie t, sisay e, sebsibie g. Nutritional status and associated factors among orphan children below the age of five years in gondar city , ethiopia. 2014;2(4):179–84.
20. Fetters t, abdella a, tesfaye s, kumbi s, ababa a. Caring for women with abortion complications in ethiopia : national estimates and future implications. :6–15.
21. Cohen sa. Facts and consequences : legality , incidence and safety of abortion worldwide. 2009;12(4):2–6.
22. The dhs program. Ethiopia demographic and health survey [internet]. 2016. 187-189 p. Available from: https://dhsprogram.com/pubs/pdf/fr328/fr328.pdf

23. R s, john w. Townsend nd, r and s. Postabortion care : going to scale, international perspectives on sexual and reproductive health. 2011;
24. Gelaye aa, taye kn, mekonen t. Magnitude and risk factors of abortion among regular female students in wolaita sodo. Bmc womens health [internet]. 2014;14(1):1–9. Available from: bmc women's health
25. Kumbi s, melkamu y, yeneneh h. Quality of post-abortion care in public health facilities in. 2008;1–8.
26. Tesfaye g, oljira l. Post abortion care quality status in health facilities of guraghe zone , ethiopia. Reprod health [internet]. 2013;10(1):1. Available from: reproductive health
27. Bonnen ki, tuijje dn, rasch v. Determinants of first and second trimester induced abortion - results from a cross-sectional study taken place 7 years after abortion law revisions in ethiopia. 2014;1–9.
28. Ek e. Safe abortion care , utilization of post abortion contraception and associated journal of women ' s health care. 2016;5(4).
29. Jewkes rk, gumede t, westaway ms, dickson k, brown h. Why are women still aborting outside designated facilities in metropolitan south africa ? 2005;112(september):1236–42.
30. Health e. Cope® for comprehensive abortion care services, a toolbook to accompany the cope® handbook [internet]. New york,ny 10001 u.s.a; 2009. Available from: www.engenderhealth.org
31. Article r. Patient satisfaction survey as a tool towards quality improvement. 2014;29(1):3–7.
32. Kitila sb. Client satisfaction with abortion service and associated factors among clients visiting health facilities in jimma town , jimma , south west , ethiopia. 2016;24:67–76.
33. Services h, avenue w, bethesda s. Assurance project h e a lt h m a n a g e r ' s g u i d e monitoring the quality of hospital care.
34. Services h. And inside : continuing education examination framework for program evaluation. 1999;48(cdc).
35. Of health and human services centers for disease control and prevention. 2012;
36. M. H. A guide to planning and conducting program evaluation. 2009;(may).
37. Edition s. Comprehensive abortion care reference manual.
38. Sackett a. Bridging the gaps : implementation of comprehensive abortion care in ethiopia. 2008;
39. Dibaba y, dijkerman s, fetters t, moore a, gebreselassie h, gebrehiwot y, et al. A decade of progress providing safe abortion services in ethiopia : results of national assessments in 2008 and 2014. 2017;1–12.
40. Abdi j, gebremariam mb. Health providers ' perception towards safe abortion service at selected health facilities in addis ababa. 2011;15(march):31–6.
41. Hospitals g, demtsu b, bugssa g, alemu a. Family medicine & medical science research assessment of quality and determinant factors of post-abortion care in. 2014;3(4):2–7.
42. (ehnri). Baseline evaluation of maternal and newborn health care services in 25 selected woredas. 2013;(december).
43. Campbell omr, aquino eml, vwalika b, gabrysch s. Signal functions for measuring

the ability of health facilities to provide abortion services : an illustrative analysis using a health facility census in zambia. Bmc pregnancy childbirth [internet]. 2016;1–13. Available from: http://dx.doi.org/10.1186/s12884-016-0872-5
44. Ansari n, zainullah p, kim ym, tappis h, kols a, currie s, et al. Assessing post-abortion care in health facilities in afghanistan : a cross-sectional study. 2015;1–9.
45. North d. Integration of family planning services within post abortion care. 2012;7522(march):38–46.
46. Chekol bm, abdi da, adal ta. Dimensions of patient satisfaction with comprehensive abortion care in addis. Reprod health [internet]. 2016;1–10. Available from: http://dx.doi.org/10.1186/s12978-016-0259-0
47. Wariki wm v, wantania jj. Post-abortion care in north sulawesi , indonesia : patients determinants in selection of health facility. 2015;23:181–8.
48. Godfrey em, prine l, andersen kl, macnaughton h, gold m. Women ' s satisfaction with abortion care in academic family medicine centers.
49. Paul d. Cleary, ph.d meo has. Behavioral and social science research, evaluating the quality of health care.
50. Geyndt w de. Managing the quality of health care in developing countries managing the quality of health care in developing countries. 1995;
51. Statistical c. 2007 population and housing census of administrative. 2012;(april).
52. Baxter p, jack s. Qualitative case study methodology : study design and implementation for novice researchers qualitative case study methodology : study design and implementation. 2008;13(4):544–59.
53. Facility e, of a, availability s. Service availability and readiness assessment (sara) an annual monitoring system for service delivery reference manual.
54. Kim cr, tunçalp ö, ganatra b, gülmezoglu am. Who multi-country survey on abortion-related morbidity and mortality in health facilities : study protocol. 2016;1–8.
55. Taber ks. The use of cronbach ' s alpha when developing and reporting research instruments in science education. 2016;
56. Federation na, ave v, national t, federation a. Clinical policy guidelines for abortion care. 2018;
57. Tesfaye g, oljira l. Post abortion care quality status in health facilities of guraghe zone , ethiopia. 2013;(july).
58. Stufflebeam dl. Program evaluation models metaevaluation checklist (based(based on the program evaluation standards). 1999;
59. bowels KE, Kang dufour M-S Evaluation Toolkit: patient and provider perspective about Routine HIV Screening in Health Care Settings. Centers Dis Control Prev (Internet) 2012;21-7. Available from: http://www.cdc.gov/hiv/topics/testing/healthcare/index.htm

Annex 1

Exit interview information sheet and Consent form for 18-49 years old women received safe abortion care (English Version)

Jimma University, College of public health and medical sciences Department of health service management, program of Monitoring and Evaluation

Section I. Information sheet

1. Name of the study institute _____

2. Questionnaire identification no. _____

INTRODUCTION: Good morning/afternoon? My name is _____I am a graduate student at Jimma University, college of public health and medicine science, Department of health service management, program of Monitoring and Evaluation.I would have a short discussion with you for about 30-35 minutes only and I am asking you to help us. Before we go to our discussion, I will request you to listen carefully to what I am going to read to you about the purpose and general condition of the study and you will tell me whether you agree or disagree to participate in this study at the end. The purpose of this study is to evaluate quality of safe abortion service care in Jimma town health facilities. The study will be conducted through interviews. The information that you will give us could help to expand quality safe abortion service in the town as well as in the country. The interview involves private life questions. I would like to assure you that privacy will be maintained strictly throughout. A code number will identify every participant and no name will be used. Your responses to any of the questions will not be given to anyone else and no reports of the study will ever identify you. If a report of results is published, only information about the total group will appear. The interview is voluntary and your participation / non-participation, or refusal to respond or stop responding to the questions will have no effect now or in the future on services that you or any member of your family may receive from the service providers. Are you willing to participate in this study?

1. [ ] Yes. 2. [ ] No

Thank you!!

NB:

1. If the study subjects agree to participate in the study, go to consent form
2. No need of enforcing the clients to be included in the study
3. Please register the age of study subjects who refuse to participate in the study

Consent form for 18-49 years old women (English Version)

I the undersigned have been informed about the purpose of this particular evaluation project. I have been informed that I am going to respond to this question by answering what I know concerning the issue. I have been informed that the information I give will be used only for the purpose of this study and my identity as well as the information I give will be treated confidentially. I have also been informed that I can refuse to participate in the study or not to respond to questions if I am not interested. Furthermore I have been informed that I can stop responding to the questions at any time in the process. Based on the above information I agree to participate in this research voluntarily.

Signature: _____

Date: _____

NB:

1. If the study subject is voluntary to participate in the study, start the interview.

2. Interviewer signature certifying that informed consent has been given verbal by the respondent. Name: _____ Signature: _____ Date : _____ Tel. : _____

3. If there are things that require clarification please don't hesitate to ask the interviewer or the principal investigator for clarification.

Address of the principal investigator:

- Frezer bekele, Jimma University
- Cell Phone: 0913135812, Jimma university

GAAFANNOO ODEEFFANNOO FI WALII GALTEE DUBARTOOTA UMURII WAGGAA 15-49 TAJAAJILA ULFA BAASUU ARGATANIIF GODHAMU

Yuunivarsitii Jimmaa, Kolleejjii Fayyaa Hawaasaa fi Saayinsii Fayyaa

Departmentii Bulchiinsa Fayyaa, Sagantaa Hodoffii fi gamaggamaa irraa

Kura I. Uunka Odeeffannoo

1. Maqaa Dhaabbataa _____

2. Lakkoofsa eenyummeessaa gaafannoo. _____

Seensa: Akkam bultan/ooltan? Maqaan koo _____jedhama. Ani barataa digrii 2 ffaa Jimmaa yuuniversitiiti, kolleejjii fayyaa hawaasaa fi saayinsii hawaasaa, Deipaartimentii bulchiinsa fayyaa fi sagantaa hordoffii fi gamaggamaa irraati. Marii gabaabaa daqiiqaa 30-35 fudhatun isin waliin qaba. Kanaaf akka nagargaartanin barbaada. Osoo gara marii keenyatti hin seenin dura waanan isinitti himu jechuun kaayyoo fi haala waliigala qorannichaa akka haalaan nadhaggeeffattan isin gaafadha. Erga dhaggeeffattan booda dhuma irratti waliigaluu fi walii galuu dhiisuu keessan isin gaafadha. Kaayyoon qorannoo kanaa dhaabbata fayyaa magaalaa jimmaa keessatti tajaajila ulfa baasuu qulqullina qabu qorachuudha. Qorannoon kunis bifa gaaffii fi deebiin gaggeeffama. Odeeffannoon isin nuuf kennitan dhaabbata fayyaa magaalaa Jimmaa fi guutummaa biiyyaa keessatti tajaajila ulfa baasuu qulqullina qabu kennuuf gargaara. Gaafannoon kun gaaffii jireenya dhuunfaa keessaniiti ilaallata, kanaafis gaaffiin dhoksaa jireenya keessanii ibsu kun eenyuuf dabarfamee akka hin kennamne waadaan isiniif gala. Gaafannoo keessan kanas koodii itti kennina malee wanti maqaa keessan ibsu hin jiru. Bu'aan qorannoo kanaa oggaa gabaafamu bu'aa qorannoo waliigalaatu gabaafama malee waayeen nama dhuunfaa ibsu tokkollee achirratti hin ibsamu. Hirmaachuun fedha keessan, hirmaachuu dhiisuun ykn diduun miidhaa homaallee isin irratti ykn tajaajila maatiinkeessan gara fuulduraatti argatu irratti hin qabuItti fufuu dandeenyaa?

1. [ ] Eeyyee . 2. [ ] Miti

Galatoomaa!!

NB:

1. Yoo hirmaattonni gaafatamuuf waliigalan gara unka walii galtee deemi
2. Namoota qorannoo keessatti humnaa hirmaachisuun hin barbaachisu
3. Umurii namoota gaafannoo irratti hirmaachuu didanii barreessi

Mirkaneesa waliigalitee

Maqaan koo_____,kanan isin bira dhufeef raga maadaallii tajaalija ulfa baasutin

Walqabat funaanuun dhufe. Qorannoon kun kan geggeeffamuuf,tajaajila akkamii fi odeeffannoo maamiltoonni yeroo tajaajila qindoominana ulfa baasutin walqabate argatan ilaaluf taʺu. odeeffannoon kun kallattii ittiin tajaajila kennamu fooyyessuuf nugargaara. Akka kutaa qorannoo tokkootti nuti kan gaafannu dubartootota tajaajila qindoominaa ulfa baasun walqabate guyyaa harʺaa argatan gaafanna. Gaafilee kana keessatti kan isaan gaafannu waaʺee tajaajila isaan argatanii fi odeeffannoo isaan argatan,itti quufinsa isaan tajaajila irratti qaban ,waaʺee meeshaalee hospitaalichaa fi dhimmoota biro fayyaan walqabatan faʺi.

Gaaffiin godhamu icciitii keessan kan eegeee fi ogeessi harʺa isin ilaale kamiyyuu irratti hin argamu. Haataʺumalee qorannoo kana keessatti hirmaannan keessan fedhiidhani fi akkan isin hin gaafanne illee filachuu dandeessu.yoo filannoon kessan qorannoo kana keessatti kan isin hin hirmaachifne taʺe,homaa isin hin adabsiisu garuu hirmaannan kessan qorannoo kanaaf gumaachaa guddaa qaba. Yoo hirmaannaa kessan itti amantan fudhattan fi garuu booda yaadakessan jijjiiruu barbaaddan, gaaffii addaan kutuuf yeroo barbaaddanitti na gaafachuu dandeessu

Ibsa armmanolitti naafgodhame hubadhee gaafiilee naafdhiyaataniif hangan beeku deebisuuf

waliigaleera, kanumas mallatoo kootiin niibsa.

mallattoo ----------Guyyaa-----/-----/----------

Maqaa ragaa funaanee_____ mallattoo_____ guyyaa_____ Maqaa superviyiizeraa _____mallattoo_____ guyyaa_____

1. እድሜዎቾውከ18-49 ለሆኑ ሴቶች የ ሚ ጃ ማህ ጫ ፍ የ ፈ ቃ ድ ኝ ነ ት ማ ጠ የ ቂ ያ ቅ ፅ ጅ ማ ዩ ን ቨ ር ስ ቲ በ ጠ ፍ ሳ ይ ነ ስ ሚ ን ስ ቲ ት ዩ ት የ ጠ ፍ ክ ት ት ል ና ም ዝ ና ት/ክ ፍ ል፡ ፡

ክ ፊ ሌ 1(- የ ሚ ጃ ማ ህ ጫ ቅ ፅ)

1. ጥ ና ቱ የ ሚ ካ ሄ ዴ ዉ በ ት አ ካ ባ ቢ ስ ም ----------

2. የ ማ ጠ ይ ቁ ማ ላ ያ ቁ ጥ ር ----------

መ ግ ቢ ያ : እ ን ደ ምን አ ደ ሩ/ዋ ሉ? ስ ሜ ---------- ይ ባ ላ ል፡ ፡ እ ኔ በ ጅ ማ ዩ ን ቨ ር ሲ ቲ የ ደ ህ ረ ም ረ ቃ ተ ማ ሪ ስ ሆ ን የ ጠ ፍ ክ ት ት ል ና ም ዝ ና ት/ክ ፍ ል አ ስ ተ ባ ባ ሪ ነ ት በ ሚ ካ ና ወ ነ ው ጥ ና ት በ እ ኔ ና በ ዕ ር ሶ አ ጠ ር ያ ለ ና ከ30-35 ደ ቂ ቃ የ ሚ ወ ስ ዴ ወ ይ ይ ት ይ ኖ ረ ና ሌ:: ለ ዚ ህ ም ወ ይ ይ ት እ ን ዱ ተ ባ በ ሩ ኝ በ ት ህ ት ና እ ጠ ይ ቃ ሁ፡ ፡ ወ ደ ወ ይ ይ ቱ ከ መ ገ ባ ታ ች ን በ ፊ ት ስ ለ ጥ ና ቱ አ ላ ማ ኛ ጠ ቅ ላ ላ ሁ ኔ ታ ስ ለ ማ ብ ል ዎ ት በ ጥ ሞ ና እ ን ዱ ያ ዲ ም ጠ ኝ እ ጠ ይ ቃ ሀ ሁ፡ ፡ በ ሚ ጨ ረ ሻ ም በ ጥ ና ቱ ለ መ ሳ ተ ፍ መ ስ ማ ም ዎ ን ወ ይ ም አ ለ መ ስ ማ ም ዎ ን ይ ነ ግ ሩ ኛ ል፡ ፡ የ ዚ ህ ጥ ና ት አ ላ ማ በ ጅ ማ ደ ረ ጃ ዉ ን (ን ጽ ህ ና ዉ ን) የ ጠ በ ቀ የ ወ ር ጃ አ ገ ሌ ግ ሎ ት አ ጠ ቃ ቀ ም ሁ ኔ ታ ም ን እ ን ደ ሚ መ ስ ል ለ ማ ወ ቅ ሲ ሆ ን ጥ ና ቱ የ ሚ ካ ሄ ደ በ ት መ ን ገ ድ በ መ ረ ጃ ሰ ብ ሳ ቢ ው በ ማ ቋ ር ብ ማ ጠ ይ ቅ ይ ሆ ና ል፡ ፡ ማ ጠ ይ ቁ የ ራ ስ ዎ ን ሁ ኔ ታ በ ተ መ ላ ከ ተ ይ ሆ ና ል፡ ፡ እ ር ሶ ዎ የ ሚ ሠ ጠ ኑ መ ረ ጃ ን ጽ ህ ና ው (ደ ረ ጃ ዉ ን) የ ጠ በ ቀ ህ ጋ ዊ የ ወ ር ጃ አ ገ ል ግ ሎ ት በ አ ዲ ስ አ በ ባ ና በ ሀ ገ ር አ ቀ ፉ ደ ረ ጃ ለ ማ ስ ፋ ፋ ት ይ ረ ዳ ል፡ ፡ በ ቆ ይ ታ ዎ ሁ ለ ሚ ስ ጥ ር እ ን ደ ሚ ጠ በ ቅ እ ያ ረ ጋ ገ ጥ ኩ ኝ ለ እ ያ ን ዳ ን ዱ ተ ሳ ታ ፉ የ ተ ለ የ ማ ላ ያ ቁ ጥ ር የ ሚ ኖ ረ ው ሲ ሆ ን ስ ም ም አ ይ ጻ ፍ ም፡ ፡ ለ ማ ን ኛ ዉ ም ጥ ያ ቄ የ ሚ ሰ ጠ ኑ ም ላ ሽ ለ ለ ላ ሠ ው ተ ላ ል ፎ የ ሚ ይ ሰ ጥ ሲ ሆ ን የ ጥ ና ቱ ሪ ፖ ር ት ም ስ ር እ ር ስ ዎ አ ይ ገ ለ ጹ ም፡ ፡ በ ተ ጨ ማ ሪ የ ጥ ና ቱ ሪ ፖ ር ት ቢ ታ ተ ም የ ሚ ወ ጣ ው ስ ለ አ ጠ ቃ ሊ ይ ተ ሳ ታ ፉ ዎ ች መ ረ ጃ ብ ቻ ይ ሆ ና ል፡ ፡ ማ ጠ ይ ቁ በ ፍ ቃ ዯ ኝ ነ ት ላ ይ የ ተ መ ሠ ረ ተ ሲ ሆ ን የ እ ር ስ ዎ መ ሳ ተ ፍ ወ ይ ም አ ለ መ ሳ ተ ፍ እ ን ዱ ሁ ም ጥ ያ ቄ ዎ ች ን ለ መ ሚ ስ ፍ ቃ ድ ኛ አ ለ መ ሆ ን ና በ ጥ ያ ቄ ው ወ ቅ ት አ ቋ ር ጦ መ ው ጣ ት አ ሁ ን ም ይ ሁ ን ወ ደ ፉ ት እ ር ሶ ም ይ ሁ ኑ ቤ ተ ሰ ብ ዎ በ ሚ ያ ገ ኙ ት አ ገ ሌ ግ ል ት ሊ ይ ም ን ም አ ይ ነ ት ተ ፅ ዕ ኖ አ ይ ኖ ረ ዉ ም፡ ፡

በ ጥ ና ቱ ለ መ ሳ ተ ፍ ፍ ቃ ደ ኛ ነ ዎ ት? 1. አ ዎ 2. አ ይ ደ ለ ሁ ም አ መ ሰ ግ ና ለ ሁ ም!!

መ ሰ ታ ወ ሻ ፤

1.ጥናቱ ተሳታፉ በጥናቱ ለመሳተፌ ፍቃደኛ ከሆኑ ወደ ፍቃደኛነት ማረጋገጫቅፅ ይለፉ፡ ፡

1. የአገሌግልት ተጠቃሚዎች በጥናቱ እንዲሳተፈ ማስገደድ አያስፈልግም፡ ፡

2. እባክዎን በጥናቱ ለመሳተፌ ፍቃዩኛ ያሌሆኑትን ተሳታፊ ዕዴሜይመዝግቡ፡ ፡

ክፍሌ 2- እድሜያቸውከ18-49 ለሆኑ ሴቶች የፈቃደኝነት ማጠየቂያ ቅጽ፡ ፡

ከዚህ በታች ፊርማዬን ያኖርኩት እኔ የጥናቱ አላማየተነገረኝ ሲሆን ለምጠይቀው ጥያቄ የማውቀውን መመሇስ እንደምችል፤ እኔ የምሠጠውመረጃ ለዚህ ጥናት አገሌግልት ብቻየሚውሌ ሲሆን ስሜና የምሠጠው መረጃ በሚስጥር እንደሚጠበቅ ተነግሮኛሌ፡ ፡ ፍሊጎት ከሇለኝ በጥናቱ ያለመሳተፍ፤ ጥያቄ ያለመመሇስና በጥያቄው ወቅት ምሊሹ መስጠት ማቋረጥ እንደሚቻሌ ተነግሮኛሌ- በዚህ መሰረት በጥናቱ በመሳተፍ ፈቃደኛ መሆኔን በፊርማዬ አረጋግጣለሁ፡ ፡

ፊርማ-------------------- ቀን ---------------------

ማስታወሻ

1. የጥናቱ ተሳታፊ በጥናቱ ለመሳተፍ ፈቃደኛ ከሆኑ ማጠይቁን ይጀምሩ

2. የፈቃደኝነት መግለጫየሚሌስ ሰጪውበቃለል መስጠቱን የሚያረጋግጥ የመረጃ ሰብሳቢው ስም-------- ------------------------- ፊርማ------------------------------ ቀን -------------------------------- ስሌክ -------------------------------

ማንኛውምገለፃ የሚያስፈሌጋቸውነገሮች ካለ መረጃ ሰብሳቢውን ሆነ ዋና ተመራማሪውን በአካሌም ሆነ በአድራሻ ይጠይቁ፡ ፡

የዋናውተመራማሪ አድራሻ ፡ ፍረዘር በቀለ

ጅማዩንቨርሲቲ

በጤና ሳይንስ ዒንስቲቱተዩት

የጤና ክትትልና ምዘና ት/ክፍል

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Questionnaire

Jimma University

College of public health and medical sciences

Department of health service management, program of Monitoring and Evaluation

Instructions

This questionnaire is designed for the study on evaluation of safe abortion care service quality in Jimma town government health facilities. The questionnaire is divided into five parts **(socio-demographic factors, Client and service characteristics, and satisfaction).** You are expected to explain every question clearly and completely. Your interviewees' answer and records will be confidential and anonymous. Please follow instruction on each part of the questionnaire. Your best effort is highly appreciated and will have good impact on questionnaire validity and reliability. If the client's informed consent not reached, they will not participate in the study.

Exit Interview Questioners for Clients

JIMMA UNIVERSITY COLLEGE OF PUBLIC HEALTH AND MEDICAL SCIENCES DEPARTMENT OF HEALTH SERVICE MANAGEMENT, PROGRAM OF MONITORING AND EVALUATION

Instructions: This questionnaire is designed for the study on evaluation of safe abortion care service quality in Jimma town government health facilities. The questionnaire is divided into three parts **(socio-demographic factors, Client and service characteristics, and satisfaction).**

no	Socio-demographic variables	Response
1.	How old are you	_____years
2.	Marital status	1.Married 2.Single 3.widowed 4.divorced 5.Others (specify)_____
3.	What is Your level of education?	1.can not read and write 2.read and write 3.Primary(1-8) 4.Secondary(9-10) 5.Preparatory and above
4.	What is your Religion?	1.Muslim 2.Orthodox 3.Protestant 4.Other (specify)_____
5.	To which Ethnicity do you belong?	1.Oromo 2.Amhara 3.Guragae 4.Kefa 5.Other(specify)_____
6.	What is your place of Residence	1.Urban 2.Rural
7.	Parity	_____
8	What is your Current occupation	1. Student 2.government employee 3.private employee 4. Merchant 5.house wife 6. daily laborer 7. Unemployed 8. Other specify
	Client and service characteristics	
8	Name of Health facility	1.Jimma university medical center 2.Shenen Gibe hospital 3.Jimma Health center 4.Mendera kochi HC 5. Higher two HC 6. Mery stops international Ethiopia
9.	Types of uterine evacuation done for you	1.Medical abortion 2.surgical abortion(MVA/EMV)
10.	Sex of service provide	1.Male 2.Female
11.	History of previous abortion service	1.Yes 2.No if no skip question no12
12	Number of previous abortion	in number_____
13	Gestational age(duration of pregnancy)	_____
14	What is your reason for current abortion	1. Unplanned pregnancy 2. Rape 3.result of incest 4.medical problem 5.fetal problem 6.minority(physically and mentally unfit) 7 other specify_____
15	How many days it takes to get abortion service?	Number of days_____

Client related questions (exit interview)

Note for interviewer: the following questions will be used to assess the satisfaction of the client on service listed below the satisfaction questionnaire comprised of 12 items and each item will be measured with Likert scale responses. Therefore, **circle** on the answer of client.

Note for client: based on your experiences as a client at this health facility, please tell us your satisfaction rate on the following services.

Satisfaction question	Very satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
How do you rate your satisfaction with Respectfulness shown by service providers	5	4	3	2	1
How do you rate your satisfaction with Cooperation shown by service providers	5	4	3	2	1
How do you rate your satisfaction with The opportunity given by service providers to take part in decisions concerning your own care	5	4	3	2	1
How do you rate your satisfaction with clarity of providers explanation	5	4	3	2	1
How do you rate your satisfaction carefulness of examinations	5	4	3	2	1
How do you rate your satisfaction with Cleanliness of abortion unit?	5	4	3	2	1
How do you rate your satisfaction with Waiting time to get service?	5	4	3	2	1
How do you rate your satisfaction with Location of office or abortion unit?	5	4	3	2	1
How do you rate your satisfaction with auditory privacy of counseling room?	5	4	3	2	1
How do you rate your satisfaction with Easiness of getting laboratory service?	5	4	3	2	1
How do you rate your satisfaction with pain management through the abortion care procedure?	5	4	3	2	1
How do you rate your satisfaction with overall service quality	5	4	3	2	1

Observation Checklist

INSTRUCTIONS FOR CONDUCTING OBSERVATIONS:

- ✓ You should get verbal consent from both the client and the provider before observing their interaction. Those clients unable to give verbal consent should not be included in the study.
- ✓ Try to minimize disruptions during the treatment of the patient.
- ✓ Explain to providers that the purpose of the observation is not to assess their personal performance, nor will information gathered through the observation be provided to their superiors to be used in a performance appraisal. The purpose of the study is for the observer to get a sense of how safe abortion services are provided overall at the health care institution.
- ✓ Always dress white coat.
- ✓ Before the session begins, find a place to sit or stand so that the patient-provider interaction can be seen clearly.
- ✓ During the session, you should remain quiet and still so as not to disrupt the patient and provider. Writing on the forms should be done as discreetly as possible.
- ✓ Allow the patients and providers to refuse to be observed at any time, or to discontinue the observation completely.
- ✓ Do not discuss your observations with anyone other than the study staff.

NOTE FOR OBSERVER: For all observation list not performed activities if the reasons other than provider side please write the reason on remark part.

Observation Checklist

Code of the client_____ code of service provider_____

Data collector: - Name _____ code data collectors_____

Name of the health facility_____ Time observation began_____ end_____

Pre-procedure

	Questions			
	Who examined the client	1.Obstetrician/gynecologist 2.General physician 3.Nurse or nurse midwife 4.Midwife(trained, untrained) 5.Others(specify)		
A	**Counseling and informed decision making**	**Performed**	**Not performed**	**Remark**
1	Is service provider greeting the client respectfully? (if provider greeting client standing from his chair sitting and inviting the client to site with or without shaking the client)			
2	Is service provider introducing him or herself to the client by name?			
3	Is service provider confirms privacy and dignity?			
4	Is service provider assuring confidentiality?			
5	Is service provider attending the counseling session attentively?			
6	Is service provider support during counseling?			
B.	**Information provision**			
7	Is provider talking about options counseling (continuing the pregnancy or terminating the pregnancy'			
8	Available methods of pregnancy termination and pain control used, advantages and disadvantages			
9	What will be done during and after the procedure			
10	Risks associated with the method of termination of pregnancy both short and long term			
11	Resumption of menses			
12	Follow up care			
13	Is the information provided with understandable language to the client			
14	Is the information supplemented with written material			
15	Is provider taken written consent of the client			
	Diagnosis of pregnancy			
16	Is provider asking about medical history of client(age, reproductive hx, LNMP, hx drug allergy, any medical and surgical illness			
17	Is provider performing physical examination(general and bimanual pelvic examination)			
18	Is provider sending laboratory tests • Blood group and RH factors • Urine analysis			

	• Pregnancy test			
19	Is provider assessing extra uterine pregnancy			
20	Is provider assessing gestational age • The last normal menstrual date • Physical finding (Abdominal and pelvic examination) • Ultrasound (optional)			
21	Is provider offering cervical preparation(for women with GA of more than 12 weeks			

Procedure (if the procedure is Medical abortion jump to post abortion family planning)

22	Primary staff member who performed	1.Obstetrician/gynecologist 2.General physician 3.Nurse or nurse midwife 4.Midwife(trained, untrained) 5.Others(specify)		
	Questions	Performed	Not performed	
	Interaction and information provision			
23	Is assistant present?			
24	Is provider explaining the steps of the procedure?			
25	Is provider giving verbal support to clients?			
26	Is the provider measuring the uterine size and position with uterine sound before the procedure?			
27	Is provider giving anti-pain before the procedure?			
28	Is provider providing prophylactic antibiotics(if needed)			
29	Is provider checking the aspirator for negative pressure before the procedure?			
30	Is provider respecting the privacy of the client?			
31	Is provider mentioning danger signs that may necessitate the facility?			
32	Is client asked if she was in pain?			
33	Is the provider checking the sign of completion?			
34	Is provider checking for tissue?			
35	Is the client having opportunity to ask questions before or after procedures were completed?			
36	Is the provider assisting the client to recovery room after the completion of procedure?			
	Infection prevention			
37	Is provider following no-touch technique?			
38	Is provider wearing eye goggle and boots?			

	Instrument reuse			
40	Is provider socking used instrument in decontamination solution?			
41	Is provider drawing the decontamination solution via the cannula?			
42	Is provider disposing medical waste properly?			

Post-procedure

43	Is client rest in the recovery room?			
44	Is provider monitoring vital sign?			
45	Is provider looking for pallor?			
47	Is provider offering information on post-abortion infection and prevention?			
48	Is provider fostering counseling on sexually transmitted infection?			
49	Is provider offering counseling on voluntary counseling testing?			
50	Is provider giving information about other related issues?			
54	Is client given follow-up appointment with in seven to ten days?			
	Post-abortion family planning			
53	Is provider offering post-abortion family planning counseling			
54	Is provider discussing the availability benefit and risk of contraceptive methods?			
55	Is provider discussed the client risk of pregnancy if not using contraception?			
56	Is provider talking about; How to use method, advantage, disadvantage, medical side effects			
57	Is provider using IEC material during consultation			
58	Is the client expressing her desire for family planning method?			
59	Is provider offering for client choice of contraceptive method?			
60	Is clients referred for non-available method?			
61	Is provider asking the client question if she had any concern?			
62	Is provider asking the client question if she had any concern?			
63	Is provider offering the available method of contraception?			
64	(If yes) which method Condom Oral contraceptives Injectables IUD Other(specify)			

Client record-review checklist

Client Record-Review Checklist for Abortion Care service Site: _____ Reviewer: _____Date: _____							
(Select 4 records from observation session and place a check mark if each of the items in the checklist was recorded on the corresponding client record.)							
Serial no	Checklist Item	1	2	3	4	total	Remark
	Client registration no. and/or identification information						
	Medical history						
1	Date of visit						
2	Woman's age or year of birth						
3	Number of pregnacys (gravida)						
4	Woman's parity						
5	Hx Previous abortion						
6	Gestational age based on LNMP						
7	Health history						
	Physical examination						
8	Vital signs (temp., pulse, blood pressure)						
9	Uterine size (in weeks) and position						
10	Any presenting complications						
11	Diagnosis of intrauterine pregnancy						
	Laboratory investigation						
12	Blood group and RH factors						
13	Urine analysis						
14	Pregnancy test						
15	Smear and Grams stain of vaginal discharge						
16	Cervical cancer screening						
17	Ultrasound (if appropriate)						
	genetic test						
	OTHER SERVICES						
18	Medications and dosages used for pain management						
19	Signed informed consent form						
20	Uterine evacuation techniques						
21	Provision of comprehensive counseling						
22	Contraceptive method selected and received prior to discharge (if desired)						
23	Other sexual and reproductive health services provided on-site (if needed)						
24	Referrals to other sexual and reproductive health services (if needed)						
25	Follow-up plans						

26	Provider's name and signature						
	For complications only (e.g., perforation, hemorrhage, etc.)						
27	Detailed description of complication						
28	Detailed description of complication management						
29	Medications and dosages given						
30	Discharge status						
31	Informed consent form signed and included in record						

Document review checklist

Elements to review(from registration book)	Total	%	Remark
Number of clients who received Safe abortion care service in the last six months			
Completed gestation (weeks)			
Less than 8weeks			
□ 8-12 weeks			
□ Greater than 12 weeks			
Type of procedure/method			
□ MVA			
□ SMC			
□ Medical abortion			
□ Other, Specify			
Women who expressed desire to delay further pregnancy			
Women who received a contraceptive method			
Number of clients Referred for contraceptive method			
Number of clients referred to other facility for abortion care by			
Number of women with major complications			
Number of women who have died from complications of abortion			
Monthly Reports and other documents of the program			
Number of staffs trained CAC			
Number of monthly reports submitted timely based on schedule			
Number of complete reports sent to town health office and NGOs in			

the last six months			
Was there any stock out drug for SAC in the last six months IF yes mention it			
Are all drugs for SAC for their stock balance monitored			
Is there supportive supervision done in budget year? If yes By who?			
Are there up dated plan document for activities and finance for SAC			

Checklist for resource inventory

Note: - Complete the following tables by interviewing care providers, SAC unity head nurse, lab technicians and pharmacists

Sr no.	Health workers	Totally available in the facilities	Totally trained on SAC
1	Gynecologists/gynecology specialist		
4	General physician		
5	Health officer		
6	Midwives nurse		
7	Nurse(all types)		
11	Others		

Sr no.	Item	Available	Not Available	remark
	Infrastructure			
1	Functioning Toilet for clients			
2	Functioning running water			
3	Counseling room with visual privacy			
4	IEC materials displayed adequately			
5	Adequate waiting space			
6	Separate room for SAC service			
7	Functioning Ultrasound			
8	Screen/curtain for privacy			
9	Examination/labor table			
10	Functioning Light source			
11	Car for referral(ambulance)			

Drugs and basic supplies for SAC service

Sr no.	Item	Currently available on date of evaluation		Cumulative period of drug stock out at pharmacy during the last six months	Last month with stock out of drug (dd/mm/yy)
	Materials for infection prevention	**Yes**	**No**		
1	Sharp container				
2	Already mixed decontaminating solution				
3	aprons in service provision room				
4	masks in service provision room				
5	protective eye wear(eye goggle) in provision room				
6	Functioning Autoclaves				
	Basic supplies				
7	Sterile gloves				
8	Normal saline 500ml				
9	Ringer lactate 500 ml				
10	Syringe and needle				
11	Cotton and gauze				
12	Long needle holder				
	Drugs(antibiotics and anti pains)				
13	Doxycycline 100mg				
14	Metrindiazol 500 mg po				
15	Ceftraxone 1g/ml iv				
16	Ibuprofine 400 mg				
17	Diclofinac 50 mg				
18	Diclofinac injection 75 mg				
19	Mifepristone 200mg				
20	Misoprostol 200mg				

Sr no	**items**	Available on date of evaluation		Functional this season		Number of occasions with sock out during last 6 months	Cumulative period of sock out during the past one year
	Laboratory	**Yes**	**No**	**Yes**	**no**		
1	Pregnancy test kit						
2	Blood group						

3	Rh factor						
4	Hematocrit/hemoglobin						
5	Urine analysis						
6	VDRL						
7	Cervical cancer screening						
8	Smear and grams stain						
9	Genetic test						

Ser. no	**Guideline, recording and reporting material**			
1	Availability of National guideline at service area			
2	Consent form in service provision room			
3	Referral form in service provision room			
4	One standardized registration book			
5	Recording and reporting formats			

Sr no.	**Items**	**Currently available on date of evaluation**		
	Instruments and equipments for first trimester uterine evacuation	**Yes**	**No**	**Remark**
1	Tenaculum			
2	Sponge forceps or uterine packing forceps			
3	Malleable metal sound			
4	Pratt or Denniston dilators: size 13-27 French			
5	Medium self-retaining speculum			
6	Local anesthesia 1% without adrenaline			
7	Plastic strainers			
8	Clear glass dish for tissue inspection			
9	Long sponge forceps			
10	Container for cleansing solution			
11	Single tooth tenaculum forceps			
12	Vacuum pump with extra glass bottles			
13	Connecting tubing			
14	Cannulae (any of the following) o Flexible:4,5,6,7,8,9,10,12 mm o Curvedrigid:7,8,9,10,12,14mm o Straight rigid:7,8,9,10,12mm			
15	Vacuum aspirators			
16	Adapters			
17	Flexible or semi-rigid cannula, size 4-12			

- **Only for hospitals (the above resources Plus)**

Sr no	**Instruments and equipments for Twelve-weeks plus**	Currently available on date of evaluation		Remark
		Yes	**no**	
1	Mifepristone tablet 200mg oral			
2	Misoprostol tablet 400 micro gram tablet			
3	A traumatic tenacullem or volsellum			
4	Wide specullem (klopher or sims), sponge (ringed) forceps and scissors			
5	Lidocain			
6	22 gauge spinal needle for paracervical block			
7	Cervical dilators(misoprostol tablet or osmotic dilator)			
8	Electronic or manual vacuum aspirator with 12,14 and 16 mm cannula			
9	Tapered cervical dilators pratts up to 51 mm			
10	Small and large sopher and bierer uterine evacuation forceps			
11	Large postpartum flexible curette			
12	Bowel or container for examining evacuated tissue			
13	Proper fetal /tissue disposal IE disposal pit , incinerator			
14	Emergency surgical backup			
15	Basic life support …oxygen Ambu bag			
16	Ultrasound is optional Blood bank is optional			
17	Clear referral mechanism to higher level facility , when needed			
18	Pethidine (meperdine) 50-12 mg			
19	Morphine 10-15 mg IM			
20	Diazepam 10 mg PO or 2-5 mg IV OR			
21	Midazolam 5 mg IM (or 0.07-0.08 mg/kg IM) OR			
22	Lorazepam 1-2 mm PO or 0.05 mg/kg IM (maximum dose 4 mg)			
23	utertonic agents (oxytocin 10 IU or Ergometrine 0.2 mg			
24	in-patient bed for Misoprostol Administration			
25	bowl or container for fetal disposal			
26	Operation theater			

Interview guide

Instructions: this guide will be used to asses SAC service delivery and organization of implementation of the program at the safe abortion care and will be answered by health care provider (SAC focal person) working at the last one year for the last one year.

Consent form

Introduction:

I want to thank you for taking time to meet with me today. My name is_____ from Jimma university and I would like to talk to you about your experiences participating in the on SAC service, as one component of our overall program evaluation. We are assessing program implementation in order to capture lessons that can be used in future to improve the program. The interview should take 30-45 minutes all response will be kept confidential this means that your interview response will only be shared with research team members and we will ensure that any information we include in our repot does not identify you as the respondent remember you don't have to talk about anything you don't want to and you may end the interview at any time.

Are there any questions about what I just explained?

Are you willing to participate in this interview?

_____

Interviewee witness date

Identification and background characteristics of respondent:

Name of health institution: _____Date of interview: _____
sex of respondent: _____Age of respondent: _____

What is your profession:-_____What is your current position_____

Where do you currently work? _____

For focal person of SAC program

1. How many hours a day your health facility provide SAC service?

2. Could you tell me how many health workers are assigned in SAC unit? **Probe:- nurses? Midwives? Physicians? Health officers?**
3. Could you tell me how many health care providers in SAC unit received training on SAC? **Probe**: - Was it adequate? If not why?

4. What is your opinion about availability and adequacy of logistics for abortion care service? **Probe:-**
    1. infrastructures (waiting area, counseling room, procedure room, recovery room)
    2. basic supplies (IV fluids, antibiotics, ant pains, drugs for MA, autoclave)
    3. instruments and equipments for first trimester uterine evacuation (tenaculum, sponge forceps, malleable metal sound, medium self-retaining speculum)
    4. Was there any supervision conducted? If yes in your opinion was it supportive?

5. In your opinion, do you think abortion care service is safe in your facility? **Probe:- if not why?**
6. Are there any conditions at which clients return home without getting the service in your facility? **Probe:-if yes why?**
7. Did national guideline is available at service provision area? **Probe:-if not why?**
8. Did providers follow standard operating procedure while delivering SAC service? **Probe:-if not why?**

Thank you!

For health facility heads

1. Have you monthly meeting to review quality of service and to share knowledge? **Probe**:-If not, why?
2. What is your plan to improve the quality SAC service delivery system?
3. Do you believe that your clients are satisfied by the service you provided (process)? **Probe:-** If not why?
4. Does the health facility have specific plan for SAC service? If not, why(**probe**, if yes describe the content of the plan)
5. Is there clear job description for all staff in the health facility? If not, why? (**probe**, brief discus SAC staff job description)
6. Explain how do you allocate budget for SAC at this facility? **Probe:-** if not why?
7. How do you motivate the staff members (probe, training, education, incentive)
8. Has any trained professionals turn over within the last two years? **Probe** :-If yes, what do you think the reason?

9. What is the area that needs improvement to deliver quality SAC service in this health facility? (**Probe**, regarding availability essential resources, health care providers updated knowledge and motivation and the service for client interest?
   Thank you!

For Jimma town health office department

1. Is there at least one in service trained Health worker on SAC unit in practice in this health department? **Probe:-** If not, why
2. What do you think about the adequacy of HWs involved in SAC activity in Jimma town? **Probe:- training? Proportion client flow?**
3. What do you think hinder the service delivery system? **Probe:-** (infrastructure, administrative, economy, attitude?)
4. Are supplies and equipments adequate for last 6 month? **Probe:- if not why?**
5. Does SAC service have been cancelled because of insufficient supplies or any other reasons in the last six months? **Probe:- if yes why?**
6. Do the achievements reports on SAC activities have been received on time from all operational HFs in the last six months? **Probe: - if not why?**
7. Is the SAC Service provided regularly every month? **Probe: - if not why?**
8. Have you conducted monthly meeting to review quality of service and to share knowledge? **Probe: - if not why?**
9. Do you have plan to improve the quality of SAC service of in JIMMA town? **Probe:- if not why?**
10. Did you have any other comments that you would like to share us?

Annex 2

Table 17, Information matrix on dimension for evaluation of quality of SAC service at Jimma town health facilities, 2019

Evaluation question	Dimension	Indicators	Source of information	Methods	Tools
Are the required resources available to implement SAC Program? If yes, how? If not, why?	**Availability**	Number of health facilities with trained man power on SAC program	Training log book	Resource inventory	Resource inventory checklist
		Number of health facilities with specific budget plan for SAC service.	Program document	Resource inventory	Resource inventory checklist
		Proportion of basic supplies available for their level to provide SAC as indicated by the SAC guideline	SAC unite/ pharmacy store	Resource inventory	Resource inventory checklist
		Proportion of instruments available for uterine evacuation available for their level as indicated by the SAC guideline.	SAC unite/pharmacy store	Resource inventory	Resource inventory checklist
		Number of health facilities with standard registration books	SAC unit	Resource inventory	Resource inventory checklist
		Proportion of health facilities with no stoke out of drugs for medical abortion within six months.	Bin card	Resource inventory	Resource inventory checklist
		Number of health facilities with data recording and reporting formats	SAC unit	Resource inventory	Resource inventory checklist
		proportion of health facilities with privacy room for SAC clients	SAC unit	Resource inventory	Resource inventory checklist
		Proportion of functional laboratory services Available for SAC service as indicated by guideline	Lab. Unit & lab technician	Resource inventory	Resource inventory checklist
		proportion of health facilities having SAC guideline	SAC Unit	Resource inventory	Resource inventory checklist
		proportion of materials for infection prevention available	SAC unit	Resource inventory	Resource inventory checklist
		Number of health facilities which have waiting areas for clients in the abortion care units.	SAC UNIT	Resource inventory	Resource inventory checklist
		Number of facilities which have transportation (ambulance) service for	CAC unit	Resource inventory	Resource inventory

		referral			checklist
		Number of health facilities with IEC/BCC materials for client health education	CAC unit	Resource inventory	

Evaluation question	Dimension	Indicators	Source of information	Methods	Tools
Do health care providers comply with abortion care guidelines in delivering service? If yes, how? If not, why?	**Compliance**	Proportion of providers greeted clients respectfully	Care provider	Observation	Semi structured checklist
		Proportion of providers assured confidentiality of clients' information?	Care provider	observation	Semi structured checklist
		Proportion of provider attending the counseling session attentively	Care provider	observation	Semi structured checklist
		Proportion of providers used IEC/BCC materials during counseling	Care provider	observation	Semi structured checklist
		Proportion of clients provided information with a language they can understand.	Care provider	observation	Semi structured checklist
		Proportion of providers taken written informed consent from clients.	Care provider	Observation	Semi structured checklist
		Proportion of provider asked medical history of clients	Care provider	Observation	Semi structured checklist
		Proportion of provider sending laboratory testes recommended by guideline	Care provider	Observation	Semi structured checklist
		Proportion of provider explaining the steps of the procedure?	Care provider	Observation	Semi structured checklist
		Proportion provider administers anti-pain before the procedure.	Care provider	Observation	Semi structured checklist
		Proportion provider check instruments before use?	Care provider	Observation	Semi structured checklist

		Proportion of provider socking used instrument in decontamination solution?	Care provider	Observation	Semi structured checklist
		Proportion of clients provided post abortion family planning	Care providers	observation	Semi structured checklist
		Proportion of clients appointed seven up to ten days after procedure .	Care provider	Observation	Semi structured checklist
		Proportion of clients received information on post-abortion infection and prevention?	Care provider	Observation	Semi structured checklist
		Number of supportive supervision done in past six month based on schedule	Care provider/ program document	Observation	Semi structured checklist
		Number of monthly reports submitted timely based on schedule.	Monthly report	Observation	Semi structured checklist
		Proportion of clients whose major assessment finding were recorded on client card.	Client card	Document review	Semi structured checklist
		Proportion of providers used IEC/BCC materials for client health education	Care provider	Observation	Semi structure checklists

Evaluation question	Dimension	Indicators	Source of information	Methods	Tools
Are the clients satisfied with the SAC services provided to them? If yes, how? If not, why?	**Satisfaction**	Proportion of client who Satisfied with respectfulness shown by service provider	Client	Exit interview	structured questionnaires
		Proportion of client who Satisfied with cooperation shown by provider	Client	Exit interview	Semi structured questionnaires
		Proportion of client who Satisfied with opportunity given by providers to take part in decision concerning your own care	Client	Exit interview	structured questionnaires
		Proportion of client who Satisfied with clarity of providers explanation	Client	Exit interview	structured questionnaires

		Proportion of client who Satisfied with carefulness of examination	Client	Exit interview	structured questionnaires
		Proportion of client who Satisfied with cleanliness of abortion unit	Client	Exit interview	structured questionnaires
		Proportion of client who Satisfied with waiting time to get service	Client	Exit interview	structured questionnaires
		Proportion of client who Satisfied location of abortion care service unit	Client	Exit interview	structured questionnaires
		Proportion of client who Satisfied with privacy of auditory privacy of counseling room	Client	Exit interview	structured questionnaires
		Proportion of client who Satisfied with easiness of getting laboratory service	Client	Exit interview	structured questionnaires
		Proportion of client who Satisfied with pain management through the abortion care procedure	Client	Exit interview	Semi structured questionnaires
		Proportion of client who Satisfied with overall service quality	Client	Exit interview	Semi structured questionnaires

Table 18, Relevance matrix of indicators used for evaluation of SAC service in Jimma town health facilities, 2019

Sr. no.	**Indicators**	**Dimensions**		
	Availability indicators	**Availability**	**compliance**	**Satisfaction**
1	Number of health facilities with trained man power on SAC program	RRR	RRR	RR
	Number of health facilities with specific budget plan for SAC service.	RRR	R	R
2	Proportion of basic supplies available for their level to provide SAC as indicated by the SAC guideline	RRR	RRR	RR
3	Proportion of instruments for uterine evacuation available for their level as indicated by the SAC guideline.	RRR	RRR	RR
4	Number of health facilities with standard registration books	RRR	RR	R
5	Proportion of health facilities with no stoke out of drugs for medical abortion within six months.	RRR	RR	RR

6	Number of health facilities with data recording and reporting formats	RRR	RR	R
7	proportion of health facilities with privacy room for SAC clients	RRR	RR	RRR
8	Proportion of functional laboratory services Available for SAC as indicated by guideline	RRR	RRR	RR
9	proportion of health facilities having SAC guideline	RRR	RRR	R
10	Proportion of materials for infection prevention available for SAC service	RRR	RR	R
11	Number of health facilities which have waiting areas for clients in the abortion care units.	RRR	RR	RR
12	Number of facilities which have transportation (ambulance) service for referral	RRR	RR	RR
13	Number of health facilities with IEC/BCC materials for client health education	RRR	RR	R
	Compliance indicators			
1	Proportion of providers greeted clients respectfully	R	RRR	RRR
2	Proportion of providers assured confidentiality of clients' information?	R	RRR	RRR
3	Proportion of provider attending the counseling session attentively	R	RRR	RR
4	Proportion of providers used IEC/BCC materials during counseling	R	RRR	R
5	Proportion of clients provided information with a language they can understand.	R	RRR	RR
6	Proportion of providers taken written informed consent from clients.	R	RRR	RR
7	Proportion of provider asked medical history of clients	R	RRR	R
8	Proportion of provider sending laboratory testes recommended by guideline	R	RRR	RR
9	Proportion of provider explaining the steps of the procedure?	R	RRR	RRR
10	Proportion provider administers anti-pain before the procedure.	R	RRR	RR
11	Proportion provider who checked instruments before use?	R	RRR	R
12	Proportion of provider socking used instrument in decontamination solution?	R	RRR	R
13	Proportion of clients provided post abortion family planning	R	RRR	RR
14	Proportion of clients appointed seven up to ten days after procedure	R	RRR	RR
15	Proportion of clients received information on post-abortion infection and prevention?	R	RRR	RR
16	Number of supportive supervision done in past six month based on schedule	RR	RRR	R

17	Number of monthly reports submitted timely based on schedule.	R	RRR	R
18	Proportion major assessment findings of client recorded on client card .as recommended by guideline	R	RRR	R
19	Proportion of providers used IEC/BCC materials for client health education	R	RRR	RR
	Satisfaction indicators			
1	Proportion of client who Satisfied with respectfulness shown by service provider	R	RR	RRR
2	Proportion of client who Satisfied with cooperation shown by provider	R	RR	RRR
3	Proportion of client who Satisfied with opportunity given by providers to take part in decision concerning your own care	R	RR	RRR
4	Proportion of client who Satisfied with clarity of providers explanation	R	RR	RRR
5	Proportion of client who Satisfied with carefulness of examination	R	R	RRR
6	Proportion of client who Satisfied with cleanliness of abortion unit	R	RR	RRR
7	Proportion of client who Satisfied with waiting time to get service	R	RR	RRR
8	Proportion of client who Satisfied location of abortion care service unit	R	R	RRR
9	Proportion of client who Satisfied with privacy of auditory privacy of counseling room	R	RR	RRR
10	Proportion of client who Satisfied with easiness of getting laboratory service	R	R	RRR
11	Proportion of client who Satisfied with pain management through the abortion care procedure	R	RR	RRR
12	Proportion of client who Satisfied with overall service quality	R	RR	RRR

“

***RRR**” - very relevant* *“**R**” - poorly relevant*

*“**RR**” - is relevant* *“N” - not relevant*

Table 19, indicator definition to evaluate SAC service quality at jimma town health facilities, 2019 Ec.

Dimension	Indicators	**Numerators**	**Denominator**

Availability	Number of health facilities with trained man power on SAC program	Number of health facilities who have trained man power on SAC	Total number of health facilities observed for having trained man power
	Number of health facilities with specific budget plan for SAC service.	Number of health facilities with specific budget plan for SAC service.	Total number of health facilities observed for specific budget plan for SAC service.
	Proportion of basic supplies available for their level to provide as indicated by the SAC guideline	Number of basic supplies available at a time of observation	Total number of basic supplies available as recommended by national guideline
	Proportion of instruments for uterine evacuation available for their level as indicated by the SAC guideline.	Number of instruments for uterine evacuation available at a time of observation	Total number of instruments for uterine evacuation available as recommended by national guideline
	Number of health facilities with standard registration books	number of health facilities with standard registration books	Total number of health facilities observed
	Proportion of health facilities with no stoke out of drugs for medical abortion within six months.	Number of health facilities with no stoke out of drugs for medical abortion within six months.	Total number of health facilities observed
	Number of health facilities with data recording and reporting formats	Total number of health facilities with data recording and reporting formats	Total number of health facilities observed
	proportion of health facilities with privacy room for SAC clients	Number of health facilities with privacy room for SAC clients	Total number of health facilities observed
	Proportion of functional laboratory services	Number of	Total number

	Available for SAC	functional laboratory services Available for SAC	functional laboratory services recommended by WHO
	proportion of health facilities having SAC guideline	Number of health facilities having SAC guideline	Total number of health facilities observed
	Proportion of materials for infection prevention available for SAC	Number materials for infection prevention available	Total number of materials for infection prevention recommended by guideline
	Number of health facilities which have waiting areas for clients in the abortion care units. .	Number of health facilities which have waiting areas for clients in the abortion care units.	Total number of health facilities observed
	Number of facilities which have transportation (ambulance) service for referral	Number of health facilities which have transportation (ambulance) service for referral	Total number of health facilities observed
	Number of health facilities with IEC/BCC materials for client health education	Number of health facilities with IEC/BCC materials for client health education	Total number of health facilities observed

Dimension	**Indicators**	**Numerators**	**Denominator**
Compliance	Proportion of providers greeted clients respectfully	Number of clients greeted and treated by their name	Total number of provider observed during observation session
	Proportion of providers assured confidentiality of clients' information?	Number of provider assured confidentiality of clients' information?	Total number of provider observed during observation session
	Proportion of provider attending the counseling session attentively	Number of provider attending the counseling session attentively	Total number of provider observed during observation session
	Proportion of providers used IEC/BCC	Number of providers	Total number of

	materials during counseling	used IEC/BCC materials during counseling	provider observed during observation session
	Proportion of clients provided information with a language they can understand. .	Number of clients provided information with a language they can understand.	Total number of clients observed during observation sessions
	Proportion of providers took written informed consent from clients.	Number of provider took written informed consent from clients.	Total number of provider observed during observation sessions
	Proportion of provider asked medical history of clients .	Number of asked medical history of clients	Total number of provider observed during observation session
	Proportion of provider sending laboratory testes recommended by guideline	Number of provider sending laboratory testes recommended by guideline	Total number of provider observed during observation session
	Proportion of provider explaining the steps of the procedure?	Number of provider explaining the steps of the procedure?	Total number of provider observed during observation session
	Proportion provider administers anti-pain before the procedure.	Number of provider administers anti-pain before the procedure.	Total number of provider observed during observation session
	Proportion provider checked functionality of instrument before use.	Number of provider checked functionality of instrument before use.	Total number of providers observed during observation session
	Proportion of provider socking used instrument in decontamination solution?	Number of provider socking used instrument in decontamination solution?	Total number of provider observed during observation session
	Proportion of clients provided post abortion family planning	Number of clients provided post abortion family planning	Total number of clients observed during observation session
	Proportion of clients appointed seven up to ten days after procedure .	Number of clients appointed seven up to ten days after procedure.	Total number of clients observed during observation session
	Proportion of clients received information	Number of clients	Total number of

	on post-abortion infection and prevention?	received information on post-abortion infection and prevention	clients observed during observation session
	Number of supportive supervision done in past six month based on schedule	Number of supportive supervision done in past six month based on schedule	Total number of supervision expected
	Number of monthly reports submitted timely based on schedule.	Number of monthly reports submitted timely based on schedule	Total number of reports reviewed
	Proportion of client major assessment finding were recorded on client card.	Number of clients major findings were recorded	Total number major finding expected to be recorded
	Proportion of providers used IEC/BCC materials for client health education	Number of providers who used IEC/BCC materials for client education	Total number providers observed
Dimensions	Indicators	Nominators	Denominators
satisfaction	Proportion of client who Satisfied with respectfulness shown by service provider	Number of clients satisfied with adequacy of provide information	Number of clients interviewed
	Proportion of client who Satisfied with cooperation shown by provider	Number of clients who are satisfied respectfulness of health care provider while treating them.	Number of clients interviewed
	Proportion of client who Satisfied with opportunity given by providers to take part in decision concerning your own care	Number of clients who are satisfied to waiting time for SAC service	Number of clients interviewed
	Proportion of client who Satisfied with clarity of providers explanation	Number of clients who are satisfied to auditory privacy during discussion	Number of clients interviewed
	Proportion of client who Satisfied with carefulness of examination	Number of clients who are satisfied to cleanliness of the abortion room	Number of clients interviewed
	Proportion of client who Satisfied with cleanliness of abortion unit	Number of clients who are satisfied to the pain management	Number of clients interviewed

		care through abortion care	
	Proportion of client who Satisfied with waiting time to get service	Number of clients satisfied with clarity of the counselor's explanation.	Number of clients interviewed
	Proportion of client who Satisfied location of abortion care service unit	Number of clients satisfied with the sex of health care provider	Number of clients interviewed
	Proportion of client who Satisfied with privacy of auditory privacy of counseling room	Number of clients satisfied with opportunity given by service provider to take part in decisions concerning your own care	Number of clients interviewed
	Proportion of client who Satisfied with easiness of getting laboratory service	Number of clients satisfied with easiness of getting laboratory service	Number of clients interviewed
	Proportion of client who Satisfied with pain management through the abortion care procedure	Number of clients satisfied with Location of office or abortion unit	Number of clients interviewed
	Proportion of client who Satisfied with overall service quality	clients satisfied with overall service quality	Number of clients interviewed

Annex 3

Bivariate analysis of satisfaction survey

Table 20, bivariate analysis of variables with satisfaction of clients participated on evaluation of SAC service at health facilities of Jimma town, 2019

Variable	**Satisfaction category**		**COR**	**p-value**	**95% CI**
	Satisfied	**Dissatisfied**			
Age					
19-24	**30 (14.4%)**	**16 (7.7%)**	**1**	**1**	**1**
25-30	**12 (5.7%)**	**6 (2.9%)**	**1.111**	**0.843**	**(0.392,3.147)**
>30	**45 (21.5%)**	**100(47.8%)**	**0.938**	**0.913**	**(0.296,2.969)**
Marital status					

Married	**51 (24.4%)**	**34 (16.3%)**	**1**	**1**	**1**
Unmarried	**91 (43.5%)**	**33 (15.8%)**	**0.544**	**0.043**	**(0.544,0.302)**
Level of education					
Illiterate	**15 (7.2%)**	**23 (11%)**	**1**	**1**	**1**
Primary(1-8)	**37 (17.7%)**	**21 (10%)**	**0.167**	**0.000**	**(0.075,0.369)**
Secondary and above	**90 (43%)**	**23 (11%)**	**0.450**	**0.026**	**(0.223,0.911)**
Parity					
None	**98(46.9%)**	**34 (16.3%)**			
1-2	**41 (19.6%)**	**22 (10.5%)**	**0.480**	**0.353**	**(0.102, 2.256)**
≥3	**12 (5.7%)**	**2(0)**	**0.311**	**0.148**	**(0.064, 1.514)**
Residence					
Rural	**22 (10.5%)**	**23 (11%)**	**1**	**1**	**1**
Urban	**120(57.4%)**	**44 (21%)**	**2.851**	**0.002**	**(1.446,5.622)**
Facility type					
Hospital	**311 (4.8%)**	**50 (23.9%)**	**1**	**1**	**1**
Health center	**30 (14.4%)**	**11 (5.3%)**	**0.046**	**0.000**	**(0.018,0.118)**
NGO	**81 (38.8%)**	**6 (2.9%)**	**0.202**	**0.004**	**(0.069,0.594)**
Type of uterine evacuation					
Medical abortion	**85 (40.7%)**	**46 (22%)**	**1**	**1**	**1**
Surgical abortion	**57 (27.3%)**	**21 (10%)**	**0.681**	**0.681**	**(0.368,1.260)**
Sex of service provider					
Male	**41 (19.6%)**	**46 (22%)**	**1**	**1**	**1**
Female	**101(48.3%)**	**21 (10%)**	**0.185**	**0.000**	**(0.99,0.348)**
Previous abortion history					
Yes	**19 (9%)**	**6(2.9%)**	**1**	**1**	**1**
No	**123(58.9%)**	**61 (29.2%)**	**1.570**	**0.361**	**(0.597,4.134)**
Gestational age					
< 8weeks	**67 (32%)**	**29 (13.9%)**	**1**	**1**	**1**
8-12 week	**60 (28.7%)**	**21 (10%)**	**2.618**	**0.021**	**(1.154,5.943)**
>12week	**15 (7.2%)**	**17 (8.1%)**	**3.238**	**0.007**	**(1.379,7.605)**
Days it take to get abortion service					
<3	**85 (40.7%)**	**62 (29.7%)**	**1**	**1**	**1**
>3	**57 (27.3%)**	**5 (2.4%)**	**0.120**	**0.00**	**(0.046,0.318)**

N.B- p-value < 0.25 is candidate for multivariate analysis. 1 shows a reference point

Thesis approval form

I, the undersigned, hereby declare that this thesis is my original work. The work has not been presented for degree in any university and source of materials used for the project has been acknowledged.

Student's Name: _____

Signature _____

Date _____

Approval of the advisors:

First Advisor's Name: _____

Signature _____

Date _____

Second Advisor's Name: _____

Signature _____

Date _____

Internal examiner's Name: _____

Signature_____

Date_____