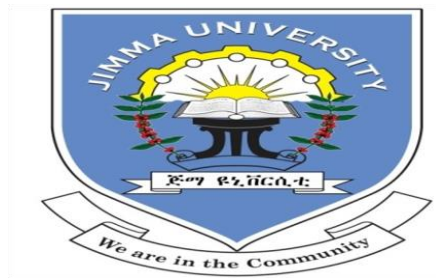


CLIENT SATISFACTION ON FAMILY PLANNING SERVICES AND
ASSOCIATED FACTORS IN SODO WOREDA PUBLIC HEALTH
FACILITIES OF GURAGE ZONE, SOUTH, ETHIOPIA



A THESIS TO BE SUBMITTED TO JIMMA UNIVERSITY, COLLEGE
OF HEALTH SCIENCES, DEPARTMENT OF POPULATION AND
FAMILY HEALTH, IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTER OF PUBLIC
HEALTH IN REPRODUCTIVE HEALTH

(MPH/RH)

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JIMMA, ETHIOPIA

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Abstract

Back ground: Ethiopia is a country with high population growth rate, high fertility and maternal mortality. Providing clients' satisfying family planning service is effective approach to control population growth. It has contribution on controls fertility and maternal mortality by minimizing contraceptive discontinuation rate and unmet need of family planning. However, as to the best knowledge of principal investigator, there is inadequate information about client satisfaction on family planning service in the region in general and in the study area in particular.

Objective: To assess client satisfaction on family planning services and associated factors in public health facilities of Sodo Woreda, Gurage Zone.

Methods: Facility based cross-sectional study was conducted using both quantitative and qualitative data collection methods from April, 1-May, 30, 2015. A total of 14 health facilities were selected using simple random sampling after having list of sampling frame. And about 421, clients were determined by single population proportion formula and proportionately allocated to size by using one month client flow at all selected 14 facilities. Data were collected by using pre-tested interviewer guided semi structured questionnaire at exit time by trained data collectors and entered by using EPI-Data V 3.5.1 and exported to SPSS V.21 to analyze. Variables associated with p-value less than 0.05 were reported with 95% CI and AOR as determinant factor for client satisfaction. For facility audit six health facilities were selected purposively among studied facilities. Data were collected by using standardized structured check lists by observing and asking providers and analyzed by grouping similar categories as presence or absence of a condition.

Results about 416 clients were effectively interviewed with response rate of 99%. The overall mean age of clients was 28 (SD \pm 5) year's. More than half, (53%) of the clients were injectable users followed by Implanon (36%). The overall client satisfaction of this study was 67%.

Regarding factors associated with client satisfaction; information given to clients, (AOR=2.51: CI: 1.466, 4.31). And the odds of clients who didn't recommended FP service to others were 89% less likely be satisfied than those who were recommended service to others. Chosen family planning method received (AOR=2.32: CI: 1.28, 4.21), discussion about family planning with husbands, (AOR=2.04: CI: 1.16, 3.58). The odds of clients who waited \geq 30 minutes to get service were 82% times less likely to be satisfied than those who waited <30 minutes and clients privacy was maintained (AOR=3.36: CI: 1.893, 5.90), were predictors of client satisfaction.

Conclusions in this study, more than half, (67%) of clients were satisfied with the overall service.

Recommendation Based on these findings we recommended providing effective counseling by demonstrating practically rather than theoretical information was needed for clients to better informed choice; to enhance community based reproductive health service. Facilities should have designed to maintain auditory and visual privacy. **Key Words** family planning, client satisfaction, Sodo Woreda.

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LIST OF ACRONYMS AND ABBREVIATIONS

BSc	Bachelor of Sciences
CI	Confidence Interval
CPR	Contraceptive Prevalence Rate
CSA	Central Statistical Agency
EDHS	Ethiopian Demographic and Health Survey
FMOH	Federal Minister of Health
FP	Family planning
Gv't	Government
HC	Health Center
HEWs	Health Extension Workers
HF	Health Facility
HP	Health Post
ICPD	International Conference of Population Development
IEC	Information Education Communication
IUCD	Intra Uterine Contraceptive Device
MCH	Maternal and Child Health
NGO	Non-Governmental Organization
QIQ	Quick Investigation of Quality
QoC	Quality of Care
SNNPR	South Nations Nationalities and People's Region
TFR	Total Fertility Rate
WHO	World Health Organization

CHAPTER1 INTRODUCTION

1.1 Back ground of study

Client satisfaction is the degree of discrepancy between expectations and experience of users to service and satisfaction has been proposed to occur when experiences are equal to, or better than, expectations. It is also best indicator of quality of care that represents the needs, preferences and subjective experience of clients from the client point of view, (1).

Globally, around 137 million women have unmet need for family planning and Global TFR representation is range from 1.1&7.6 children per woman in Taiwan and Nigeria respectively,(2).

Sub-Saharan Africa has the highest fertility of any world region—5.4 births per woman on average—double that of Asia (excluding China) and more than three times that of Europe women have an unmet need for family planning. And the proportion of demand that is satisfied on family planning service in the region is only 45 %,(3).

Ethiopia is the second high populated country in Africa next to Nigeria, with population size of 95.9 million and TFR of 4.1. There is about 2.1% of an annual growth rate of population,(4).

Therefore, assessing client satisfaction level and determinant factors were the best remedy to hinder such identified problems in developing countries like Ethiopia.

1.2 STATEMENT OF THE PROBLEM

The principal determinant of uptake and continued utilization of family planning services is overall client satisfaction,(5).A study on of quality of care in three African countries reported that a large proportion of providers imposed restrictions on family planning based on client characteristics such as age, marital status, spousal consent and number of children,(3). In developing countries, children born within 2 years of an elder sibling are 60% more likely to die in infancy than are those born more than 2 years after their sibling,(6).Annual report of Jhpiego 2014 showed that, yet over 225 million women in developing countries become pregnant, without their intention due to lack of access to contraceptive and voluntary FP information and service ,(7).

Since, Ethiopia is characterized by a high fertility, low life expectancy, high maternal and child mortality (676 per 100,000 and, 88 per 1000 respectively), poor nutritional status and high infant mortality. Therefore, 30% of maternal deaths could be avoided by fulfillment of unmet need for contraception(3). EDHS2014 data show that the TFR decreased only slightly from 5.5 children in 2000 to 5.4 children in 2005, with a more pronounced decline to 4.8 children in 2011 and children to 4.1 to the current,(8). And unmet need for family planning services is twenty five percent, And, According to EDHS-2011, the 12-month contraceptive discontinuation rate for all methods is 37 percent. The majority of these discontinuations were for health concerns and side effects,(9).

Study in in-depth analysis family planning trend in Ethiopia reported that, Lack of women's knowledge due to inadequate information on the different methods, resistance to adopting some of the long acting methods by women. The main reason is due to misconceptions, fear of side effects, and health workers biases to certain methods and absence of a range of methods in health facilities, (10). According to the 2011 DHS; only 8% of the women reported preferring higher number of children than their husbands.

The CPR and the total fertility rate of SNNPR, where the study area is located is recorded as 39.8 and 4.4 respectively. The fertility level is higher than the national average next to Somali, Afar, Benishangul-Gumuz, Gambela, (9). And, the CPR of the woreda is 61%. Large unmet need results from growing demand in the face of service delivery constraints including poor quality of care, lack of support for contraceptive use from communities and spouses, miss information.

The Ethiopian government adopted a population policy in 1993. The overall objective of the policy was to harmonize the country's population growth rate with the nation's economic development agenda by achieving a TFR of four children per woman and contraceptive prevalence rate (CPR) of 44 percent by 2015 by expanding family planning programs for the population. This is clearly affected by the quality of family planning service available at the population,(11). Because this effort was focused on expanding the service for previously uncovered areas by increasing the number of health institutions and other outlets. But the CPR is still low,(12).

Even though, many assessments have focused on measuring changes on coverage rates. Few have emphasized the quality of services. Thus an assessment of factors those contributed to client satisfaction on FP service; aiming that enhance services utilization and decrease contraceptive discontinuation rate by increasing CPR and to regulate TFR, which is the major theme of this study.

CHAPTER 2: LITERATURE REVIEW

Literature review focused on level of client satisfaction and associated factors on family planning service utilization.

2.1: OVERALL CLIENT SATISFACTION

One main factor of uptake and effective utilization of family planning services is overall client satisfaction with those services,(13).Also, it contributes to job satisfaction for providers for better program reputation that harmonizes competitiveness and expansion of access to services for clients,(14).Study in South Ethiopia, revealed that 44.6% of the clients were satisfied with family planning service,(15).Similar study in Jimma Zone revealed that, 93.7% of clientes were satisfied on the overall service,(16).

Study in Hosanna town revealed that 75.3% of clients were satisfied on their family planning services, (17).Another study in Sokoto, Northern Nigeria, showed that 85% of clients were satisfied with their FP services provided, (18). Study on Jordan revealed that about 80% were very satisfied with their service, (19).

2.2: Socio-demographic factors

2.2.1: Number of alive children: Study in Hosanna showed that, 86.7% of clients living with more than four children and above were highly satisfied than mothers living with 4 children and below,(17).

2.2.2: Educational level : Study in Jimma revealed, as educational level of the client's increases, Client satisfaction score to family planning services increases on average by 0.09 with (16).

2.2.3: Age of respondents: Study in Sidama Zone revealed, among clients who were with in <20years of age 49% of them were satisfied in family planning service, (15)

2.2.4 Residence of respondents: Study in Sidama also revealed among rural women, 79% of them were satisfied in service, (15).

2.2.5: Occupational status: previous study in Sidama revealed, among Employee women 26% of them were satisfied on family planning service, (15).

2.3: SOCIO-CULTURAL FACTORS

2.3.1: Recommend the service to others: Study in Sidama Zone revealed that, among clientes who recommend service to others, 93% of clients were satisfied, (16)

2.3.2: Discussion with Husband about family planning: it helps to spread new information from one group to another. Spousal communication regarding issues about family size and contraceptive use has an important influence on client satisfaction by minimizing the prevalence of unmet need for contraception, (19). Study in Tigray Region revealed that men are striving for larger family size as compared to their wives/partners, (P=0.009) a greater proportion of men than women who already had 5-6 children, sought more children, (70% of men and 31% of women), (21). Another study in Jimma Zone revealed that discussion of FP with husband/partner is one of the predictors of client satisfaction ,(16).

2.4: HEALTH SERVICE RELATED FACTORES

2.4.1. Choice of method according client's condition. Choice of methods refers to both number of contraceptive methods offered on a reliable basis and their intrinsic variability .It means method are offered to serve significant groups as defined by; age, contraceptive intention, lactation status, health profile,(22). Study in Sideman, Dale Woreda, revealed that, 70% of clients received their methods of choice were satisfied by the service, (15).

2.4.2 Information given to the clients: Information imparted during service contact that enables to choose, and employ contraceptive methods effectively. Informed choice is allowing a client to freely make a thought-out decision about family planning, based on accurate, useful information. Study in Jimma reported 84.7%, of clients were satisfied on information sufficiency, (16). Another study in Nigeria revealed, Almost all, 97% of well-informed clientes were satisfied with their service, (18). And another study in Sidama showed 69.2 % of well -informed clientes were satisfied, (15).

2.4.3: Waiting time: Numbers of minutes that client had to wait before being examined by a provider if waiting times are in excess of 30 minutes; the health facility is not being respectful of the client and discourages use of this facility in the future, (23). Study in Hosanna revealed that, 60% of clients who got service within 30 minutes was highly satisfied, (21). Another Study in Jimma Zone, reported that, for majority of the respondent, 93.4% who waited less than 30 minutes were satisfied with service, (16). Study in Sokoto, Northern Nigeria, showed that, Significant proportion 74% of the respondents waited for <30 min before being seen by service providers were satisfied, (18).

2.4.4 Conveniences of facility opening hour: Study in Hosanna showed that, 77.3% of clients who reported that the opening hours of health facility was convenient was highly satisfied, (17). Similar study in Jimma Zone revealed that ,97% of clientes were satisfied on clinic working hour conveniences, (16). Another study in Nigeria revealed, among clients who reported that opening hour was convenient 84.7% of them were satisfied,(18).

2.4.5: Distance from Facility: Distance of clients' home from the service delivery points was evaluated by the clients themselves, study in Bahir-Dare revealed that, 53.4% of clients those who traveled less than an hour were satisfied, (14). Another study in Sidama reported, 53% of clientes who travel < 1hour were satisfied, (15). Similar study in Jimma Zone reported 89% of respondents were satisfied with ease of getting clinic site, (16).

2.4.6: Duration of consultation: This can begin by creating a welcoming environment and should continue through every stage of the client encounter, including follow-up. , increased contraceptive use, increased use of more effective methods, increased use of repeat or follow-up services, increased knowledge, and enhanced psychosocial determinants of contraceptive use, (24). Similar study in Jimma Zone revealed that 94.4% of clientes were satisfied sufficiency of consultation time, (16). Study in Bahir-Dare showed among clients responded that contact time with providers was about enough, 75% of them were satisfied, (16). Study in Jordan sate reported that, the odds of being “very satisfied” increases by 20% with each additional counseling protocol step performed and by 70% with each increase in the number of communication materials used, (19).

2.4.7 Privacy: It is the client's right and power to control the information (about him/herself) that others possess during pelvic exam/IUD insertion or counseling. Privacy may be protected by having a separate room or by having an area closed in by a curtain for these types of examinations, (23). Study in Jimma Zone showed 93% of clientes were satisfied on maintaining privacy, (16). And Study in Hosanna showed, 82% of mothers whose privacy were ensured during exams and procedures were highly satisfied, (17). Another study in Nigeria revealed among clientes who insure their privacy, 86% of them were satisfied, (18)

2.4.8: Frequency FP visits: Study in Hosanna revealed, that among repeated visitors, 78.4% of them were satisfied, (17). Therefore, factors related to quality in relation to clients satisfaction like waiting time to get the service, privacy, spousal discussion, recommendation of service to others, distance of facility, provision of information by providers are some of the factors that affect the satisfaction of clients. Having tangible information about these factors in the in governmental health facilities are better to provide recommendations to improve family planning service delivery and result in a better client satisfaction.

Conceptual framework

Conceptual framework was modified (adapted) after reading different literatures.

In general, the three grouse categories of factors; socio-cultural, service related and socio-demographic have direct relation with the dependent variable, client satisfaction on family planning services. However, socio demographic factors and socio-cultural are affected each other and both directly affect service related factors. Conceptual frame work helps to summarize the determinant factors and to analyze the association between dependent and independent variables

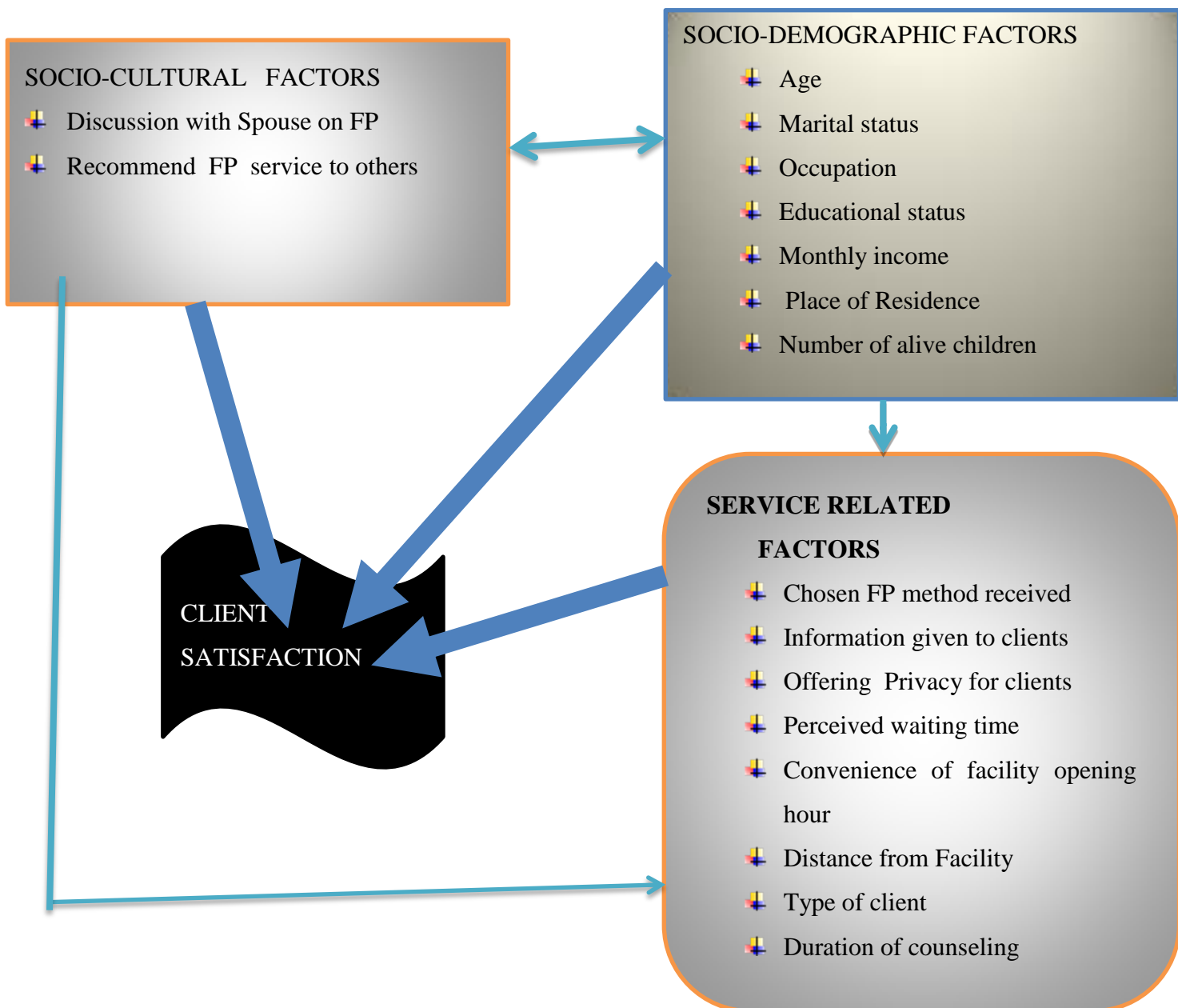


Figure:1 Conceptual frame work of the study (source:-developed(adapted) after reviewed different literatures)

Significance of the study

Measuring client satisfaction is becoming integral vital part of health system quality and coverage improvement strategies across the globe.

As to the best knowledge of principal investigator, there is inadequate information about family planning service client satisfaction in Ethiopia. Thus, assessment of client satisfaction on family planning services at any level in Ethiopia, a country with high Maternal Mortality rate, large unmet need, high population growth and high younger age dependent, is very crucial.

Thus, the study will believe to identify problems that exist in clients care and satisfaction. And its outcome will be help to:

- For higher level officials and program managers it will provide current client satisfaction status on family planning service. which helps to develop new strategies to improve quality of FP service in the future.
- For Woreda, Zonal and Regional level, it accounts on valuable information on major determinant factors of family planning user satisfaction to take appropriate intervention on them to ensure continued utilization of family planning service.
- In the community level it support by providing key information provision concerning their contribution to enhance continued utilization family planning service.
- It will also provide important information for FP providers to improve service as well as up enhance counseling and information provision skills in the study area and others.
- For researchers who interested in this area it can provide valuable information to them.

CHAPTER 3:- OBJECTIVES

3.1: GENERAL OBJECTIVE

- To assess client satisfaction status and associated factors on family planning services in public health facilities of soda Woreda, Gurage Zone, 2015.

3.2: SPECIFIC OBJECTIVES

- To determine level of client satisfaction on family planning service provided at public health facilities of soda Woreda Gurage Zone.
- To identify factors associated with client satisfaction on family planning services in public health facilities of soda Woreda, Gurage Zone.

CHAPTER 4: METHODS AND MATERIALS

4.1: Study area and period

Sodo Woreda is one of the 13 Woreda of Garage Zone in Southern Ethiopia. Administrative center of the Woreda is 105km from Addis Ababa, and 196km from the regional city, Hawassa, and 261km from the Zone, Wolkite. Total population of the Woreda is 169230 in 2014 of which 82923(49%) & 86307(51%) are males and females respectively. An estimated 15651(9.3%) of population are urban dwellers and 42270 (25.2%) are reproductive age groups (15-49yrs).The woreda has 58 kebeles, (4) urban, 54 rural, the woreda has eight governmental HCs, (25).The study was conducted from, April, 1-May, 30, 2015.

4.2: Study design

Facility based cross-sectional study by using both qualitative and quantitative data collection methods were performed.

4.3: population

4.3.1: Source population

Quantitative data: All Female in the reproductive age group (15-49) who visited public health facilities to use family planning during data collection period.

For health facilities: All the 44, (36 rural HPs and 8HCs), Public Health Facilities in the Woreda during the study period.

4.3.2. Study population: Sampled Female in the reproductive age group (15-49) who visited the selected public health facilities during the data collection period.

4.4: Inclusion and exclusion criteria

4.4.1 Inclusion criteria: All females in the reproductive age group (15-49) who were using family planning service at the selected health facilities during data collection period.

4.4.2 Exclusion criteria: Female who were seriously ill and unable to communicate were excluded.

4.4.2.1 Inclusion criteria for health facilities: All the 36 rural HPs and eight, HCs which were on full service provision during data collection period were included.

4.5: Sampling and sample size determination

4.5.1: Sample size determination

To determine the require sample size, the following formula for single population proportion was used for quantitative data with the following assumptions.

$$n = \frac{[z \frac{\alpha}{2}]^2 \times p [1 - p]}{d^2}$$

- ❖ Where n_0 = Initial sample size
- ❖ $Z \alpha/2$ = Confidence level at 95% =1.96,
- ❖ Using level of significance of $\alpha=0.05$.
- ❖ P = The proportion of FP client satisfaction, which is 46.6% and obtained from study done at public health facilities in Dale Woreda, Sideman Zone ,SNNPR,(15)
- ❖ d = margin of error to be tolerated = 5%
- ❖ Therefore, $n_i=383$, $N=23949$
- ❖ By considering 10 %non-response rate, the final sample size was 421.

4.5.2: Sampling technique:

Totally14health facilities were selected from 44 public health facilities which were currently on full service. And consist of, 36 rural HPs, eight public health centers by using “rule of thumb for the QoC (quality of care), rough estimation of sample size. The rule states, if the number of HF is very large which is (500 to 1000) we can take a 10% of facility sample or if it is medium size (100 to500), we can take 20 to 30% sample of facility and if it is very small (less than 50),we can take 30 to 50% facility sample,(26).

Since, our facility number was less than 50 we performed the third scenario from the above rule, (30%) of the facelifts as statically representative samples size. So that out of eight public HCs four of them,(50%) and ten HPs,(30%),were taken by simple random sampling after having list of sampling frame.

The reason why we took 50% of health centers than health posts were by considering range of methods were given and material and infrastructures difference in health centers than health posts. Number of clients was proportionately allocated to size for each Health facility had employed based on previous one month patterns of client flow status. And, clients were taken sequentially from each selected health facility until the required sample size was fulfilled.

But, for facility audiet, totally six HFs, all the selected, (4) HCs, and 2HPs, were taken among the 14 studied HFs purposively by considering client flow status.

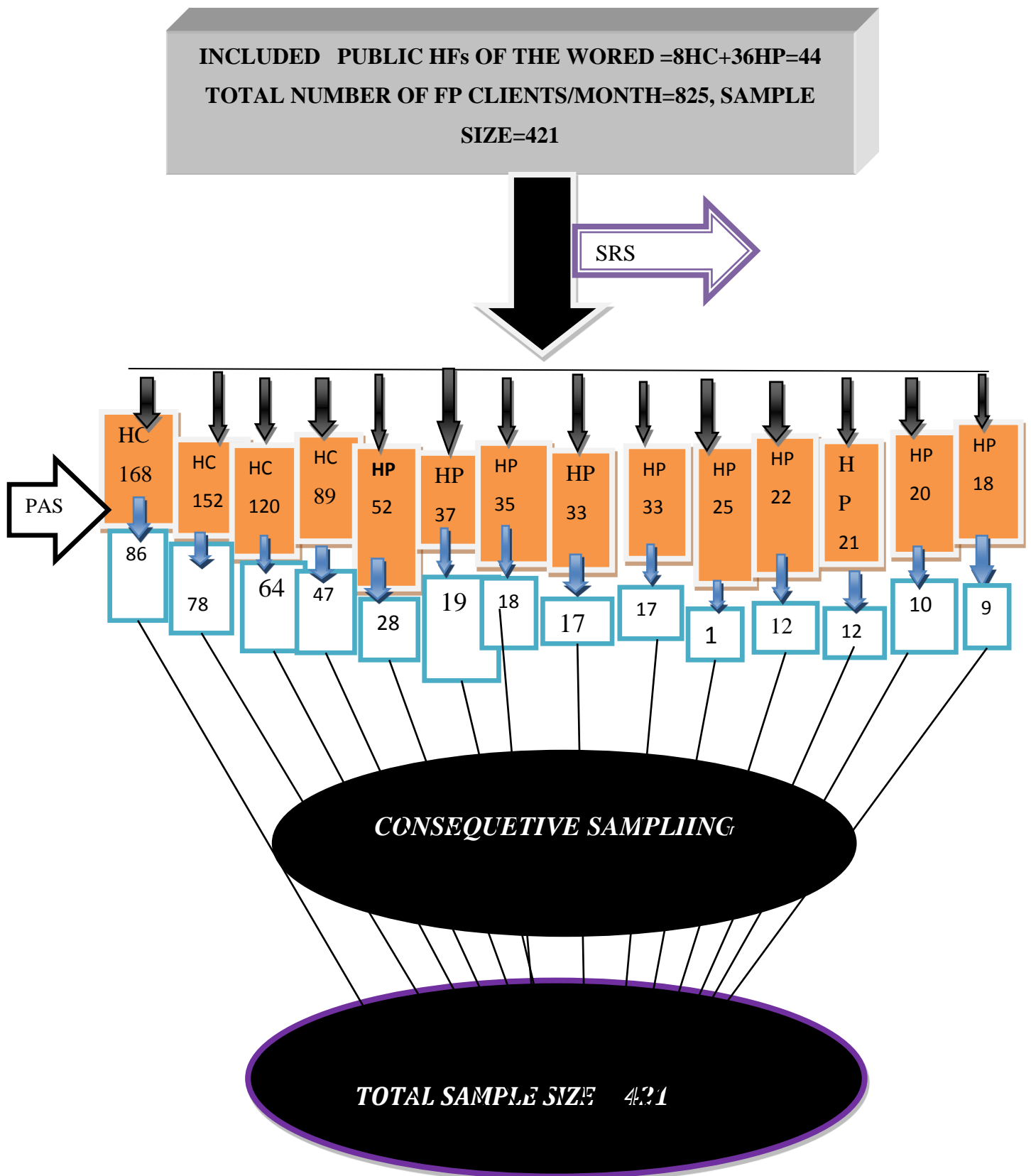


Figure 2 Schematic Presentations on sampling Procedure of clientes on family planning service in Sodo woreda, Gurage Zone, SNNPR April, 1-May, 30, 2015, SRS=simple random sampling PAS=proportionate allocation

Table 3: List of sample size allocation of selected health facilities for both qualitative and quantitative samples, in Sodo Woreda public health facilities Gurage April, 1-May, 30, 2015.

No	Type of HF	Name of HF	Previous One month FP users	Number of clients Proportional Allocation to HFs	Name of facilities observed
1	HC	Tia	168	86	Tia HC
2	HC	Buee	152	78	
3	HC	Kella	120	64	Adele HC
4	HC	Adele	89	47	Buee HC
5	HP	Dachi	52	28	Kella HC
6	HP	Adele Gosse	37	19	Adele Gosse HP
7	HP	Golbe	35	18	Dachi
8	HP	Gogeti,01	33	17	
9	HP	Gogeti, 03	33	17	
10	HP	Adele Borobor	25	13	
11	HP	Adele Silasse	22	12	
12	HP	BueeZuria	21	12	
13	HP	Gogete,02	20	11	
14	HP	KelaZuria	18	9	

4.6 Data collection instrument and techniques

The data collection instrument was;an anonymous closed-ended semi structured,pre-tested, and were used interviewed during client exit for quantitative part. Which was consists of different parts like socio-demographic variables, clients' satisfactions.

Facility audiet onavailability of,service enviroment(privecy, signe of anauncmet in FP service avaliablity)guidlie, and IEC materials and availabilities and fuctionality basic equipment, adquate storage facility and availability of contraceptives, and trained provider avaliablity.And it was adopted from Bruce framework QIQ in family planning,(23).

Likert type approach was provided clients were asked to indicate how strongly they agree or disagree (having a scale of range1-very dissatisfied –very, 5very satisfied). In ranking format, lists of alternatives, were given to clients and they wereasked to rank their service status.and other overall service satisfaction concerned questiones.

Clientes were interviewed by trained newly graduated clinical diploma nurses during exiet at isolated prepared area.

However,facility audiet was performed by using standardised check list.By observing and asking facility managers and providers by one BSc nurse who came from non-studied health center.

4.7 Data quality control and assurance

Data quality assurance

Questionnaire for client was prepared first in English and translated into Amharic by independent translators to check for consistency. Two days training, before and after pretest, was given for data collectors and supervisors on the objectives of the study and, the procedure of data collection by principal investigator. And discussion of the instruments and a review of key terminologies were included in the training. Prior to the actual data collection five percent 5 %,(21clients) were pretested in one health center which was not included in the study .Then necessary modifications were incorporated accordingly.

Six health professionals; one BSc nurse who came from non-selected health center for facility audiet, three newly graduated none employed, diploma clinical nurses were used for the exit interviews, and two health officers who came from non-selected health facilities for the supervision of whole data collection process were recruited.

Data collectors have previous experience in data collection and fluent on local language Guragigna. Data was checked for completeness, accuracy and consistency by supervisors and principal investigator on daily basis of data collection process to ensure the completeness of the questionnaire and to give further clarification. Problems faced were discussed every day with supervisors at the end of each interview day.

4.8 Variables

4.8.1 Dependent variable

Client Satisfaction

4.8.2 Independent variables

- Socio-demographic; Age, marital status, educational status, religion, occupation, ethnicity residence and monthly income, Number of alive children

Socio-cultural factors

- Clients Recommend FP service to their families and friends.
- Discussion about family planning with husband.

Service related factors

- Clients received their chosen FP method
- Information given to clients about FP.
- Waiting time
- Opening hour convenience
- Distance from Facility
- Duration of consultation
- Offering of Privacy
- Type of client(new and repeat)

4.9 Data entry and analysis

Each questionnaire was checked for completeness and code was given by principal investigator during and after data collection. Data was being edited and cleaned for inconsistencies manually. Missing value and outliers were checked for accuracy, those which causes of outliers and missed values were determined and for those unable to determine were dropped out from analysis. And entered by using EPI-Data program version 3.5.1 and exported to SPSS.V.21 statistical software for analysis.

Clients' satisfaction was assessed by using a Likert -scale to identify the level of satisfaction on Family planning service that respondents claimed. The options were 5Likert scale (1-very dissatisfied 2-satisfied, 3-neutral, 4-dissatisfied and, 5-very satisfied) with ten components. Descriptive finding was presented using frequency tables and graphs.

Binary logistic regression was used to assess the associations between dependent and independent variables. Variables with P-Value less than 0.25 were taken as candidates to enter multiple logistic regression model and variables with P-Value less than 0.05 were reported with 95% CI and AOR as determinant factor for client satisfaction.

For qualitative data, availability and functionality of basic medical supplies, equipment and IEC materials guide lines, staff training, and privacy were summarized by grouping similar categories presence or absence of a condition summarized by table manually and described to support quantitative findings.

Multicollinearity and model fitness were checked, and reported that the value of least Tolerance Test of 0.89 and the highest Variance Inflation Factor of 1.1 respectively. Model fitness with Hosmer and Lemeshow-test reported $\chi^2 = 8.301$ with $df=8$ and significant of $p=0.405$

4.10: Ethical Consideration

Ethical clearance was obtained from the Ethical Review Committee of Jimma University. Formal letter was obtained from population and family health department, College of health sciences, Jimma University. Letter of cooperation to health facilities was obtained from Gurage Zone health office to Sodo Woreda health office then after, to the respected facilities. Verbal consent was obtained from respected participants. Confidentiality was maintained throughout the conduct of the study, by excluding name and client identification number in the questionnaire.

4.11: Dissemination plan

The finding of this study will be presented to Population and Family Health Department, College of health Sciences, and Jimma University. And it will be disseminated to concerned bodies. Also it will be presented in different seminars; workshops. Finally possible publications in scientific Journals will be expected.

4.12: Operational definition

Client satisfaction: Was assessed by using the following dimensions; providers' discussion on health concern of client distance of health facility, latrine availability and cleanness, maintaining of privacy, waiting time, information given to clients, sufficient method availability, over all cleanness of facility, providers' greeting and friendly way, and providers knowledge. To compute this variable; Standardized 5-point Likert scales which ranging from strongly disagree to strongly agree (1- 5 points), were used for all items to find cut off point for client satisfaction, the scores for each domain was calculated by summing the answers to all items in each domain. And Clients' overall component wise level was dichotomized as satisfied and not satisfied by using the demarcation threshold from the formula : $\{(\text{total highest score} - \text{total lowest score}) / 2\} + \text{Total lowest score} = \{(48-22)\} / 2 + 22 = 35$, (27) then value which $\geq 35 = 1$ (satisfied) and $< 35 = 0$, (not-satisfied).

Health facility: Any public health facility that provide family planning service by at least one service provider routinely regardless of method selection. Which includes; hospital, clinic, health center or health post.

Distance: Of clients' home from the health facility which was reported by clients themselves, it is acceptable when it is journey distance less than one hour.

Waiting time: Number of minutes a client had to wait before being examined by a provider and which was claimed by clients. Waiting time of less than 30 minutes used as a guideline for what is acceptable waiting time and, exceed this standard was taken as un acceptable, (23).

Information given to clients: This variable was computed by five key information a client should give; presence of other method other than she select, how to use the method, possible side effect of the method, what to do in cause problem happened, schedule follow-up appointment, and then, compute these questions by summing up, all the responses and then mothers who e above the mean, (3.06) were categorized as well informed = 1 and who were below this mean were as not informed = 0, (24).

Family planning method availability According to World health organization recommendation health centers and health posts are expected to offer five methods: combined pills, progestin only pills post pills condoms, Depo Provera, and implanon,

IUCD. To say methods are available if they are usually provided methods, and available during data collection period, acceptable expired date status,(24).

Equipment availability and functionality: To offer FP services, MOH recommends that for all health facilities to offer basic FP services it needs to have, at a minimum a blood pressure machine, a weighing scale for adults, and an Examination couch or bed. Note: All equipment was considered as available if and only if they are functional and observe on naked eye on service room, (28).

Availability of IEC materials: All health facilities are expected to have charts, brochures and. Posters, job Aides in examination room and assign of announcing family planning service availability in the compound or on client waiting area, (28).

Trained provider availability: Ethiopian family planning services guideline recommends that a minimum of 4 trained FP service providers are required in a health center who had received in-service training in specific to family planning services within 3 years duration and always available during the working hour,(29).

Adequate storage of contraceptives: Assessed by observing in three aspects; are Products are protected from the rain; off the floor and on shelves, protected from exposure of sun light, protected from rodents, (28).

CHAPTER 5-: RESULTS

Out of 421 reproductive age women, 99% of them gave complete response.

5.1 Socio-demographic and cultural characteristics

Women of age 25-29 years constituted large proportion, 177(42%) and the mean age of the respondents was 28(SD \pm 5) years. Nearly two thirds, 303(73%) were rural dwellers. Three hundred nineteen four (95%), were married. The dominant religion and ethnicity were, orthodox, 366(88%) and Gurage, 377(91%) respectively. Nearly half, 199(48%), of study participants were merchants in occupation followed by house wife. With regards to educational attainment, 258(62%) of them were unable to read and write and more than half, 257(62%) of them earn less than 500 Ethiopian birr per month. Two hundred fifty (54%), were living with more than four children

More than half, 283(72%) of married clients have experience of discussing about family planning regularly with their spouse. The large proportion of, (70%) of women were also recommended family planning service to their friends and families (Table 2),

Table 4: Socio-demographic and cultural characteristics of respondents on family planning satisfaction in public health facilities of Sodo Woreda Gurage Zone, Southern Ethiopia, April, 1-May, 30, 2015.

VARIABLE	CATEGORY	No	%
Age	15-24	77	19
	25-29	177	42
	30-34	105	25
	35+	57	14
Residence	Rural	303	73
	Urban	113	27
Marital status	Married	394	95
	Not married	22	5
Religion	Orthodox	366	88
	Protestant	32	8
	Muslim	18	4
Ethnicity	Gurage	377	91
	Oromo	16	4
	Tigre	3	1
	Amhara	13	3
	Others ^D	7	2
Occupation	Merchant	199	48
	House wife	108	26
	Student	41	10

	Farmer	31	7
	Government employee	26	6
	Daily laborer	11	3
Educational status	Unable to read and write	258	62
	Primary level school(1-8)	73	18
	Secondary and above(9-12)+	85	20
Average- monthly income	≤500	257	62
	>500	159	38
Clients who have alive children	1	73	19
	1-3	108	27
	>=4	215	54
Discussion with spouse	Yes	283	72
	No	111	28
Recommendation of service to others	Go to somewhere else	230	45
	Recommended to Come this	186	55

D= Welaita, Silte , Hadiya

5.2 Health service related factors

More than half 220(53%) of clients were well informed about family planning service. Two hundred eight nine, (69%) women were agreed with working hour convenience of Health facilities. Around two third, 290(70%) of the clientes were waiting more than 30minutes to get the service. Two hundred nineteen one (70%) was found the facility less than one hour walking distance. Two hundred seventeen three (66%) of clientes were reported that consultation time was enough. for. Regarding method choice, 304(73%) were received their chosen method. Three hundred fifteen, (85%) were repeated family planning method users. Sixteen four (15%) were accepting family planning method for the first time, (Table 3)

Table 3: Health service related factors of respondents in Sodo Woreda public Health facilities on family planning service satisfaction, Gurage Zone, Southern Ethiopia April,1-May, 30, 2015

VARIABLE	CATEGORY	No	%
Information given to clients	Not well-informed	196	47
	Well informed	220	53
Privacy during consultation	Yes	276	66
	No	140	34
Facility opening hour	Yes	289	69

convenience	No	127	31
Waiting time	≥30 Minute	290	70
	<30 Minute	126	30
Distance from health facility	≥1 hour	125	29
	<1 hour	291	71
Consultation time	The time was enough	273	66
	Too short	127	30
	Too long	16	4
Clients Received their chosen FP method	Yes	304	73
	No	112	27
Type of client	New	64	15
	Repeat	352	85

Among the five key information given to clients; three hundred ninety one (94%) were informed about Schedule for follow-up & appointment, and the list informed, (43%) clients were side effects about family planning method they received.

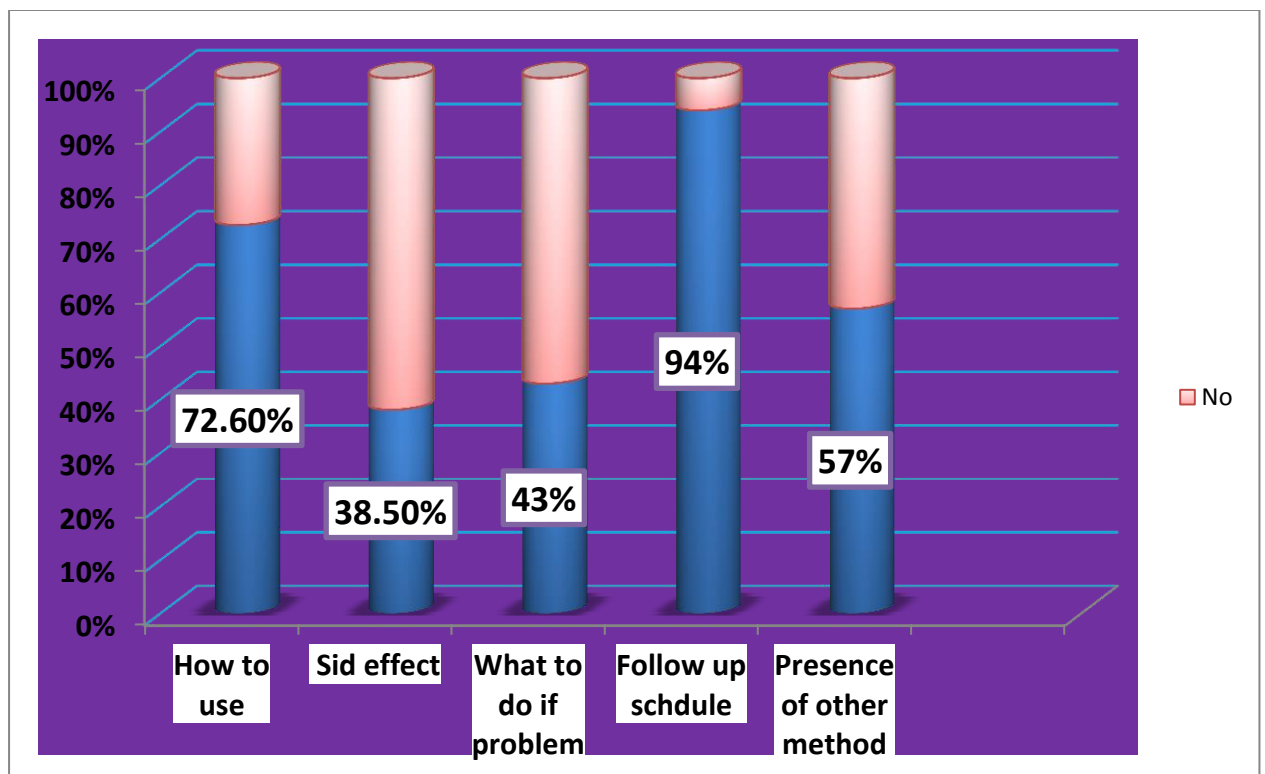


Figure: 3 Types of key information given to clients who received family planning method in Sodo woreda public health facilities, Gurage Zone, Southern Ethiopia April, 1-May, 30, 2015.

5.2.1 Family planning methods received by respondents

Out of various family planning methods, more than half, (53%) of the clients were used injectable and more than one third (36%), of them were used Implanon. The findings of this study revealed that among long acting FP methods, implants were mostly used and IUCD was rarely used. Generally, the majority of clients (60%) were using short acting family planning methods despite different methods were presented in stocks, (Figure4)

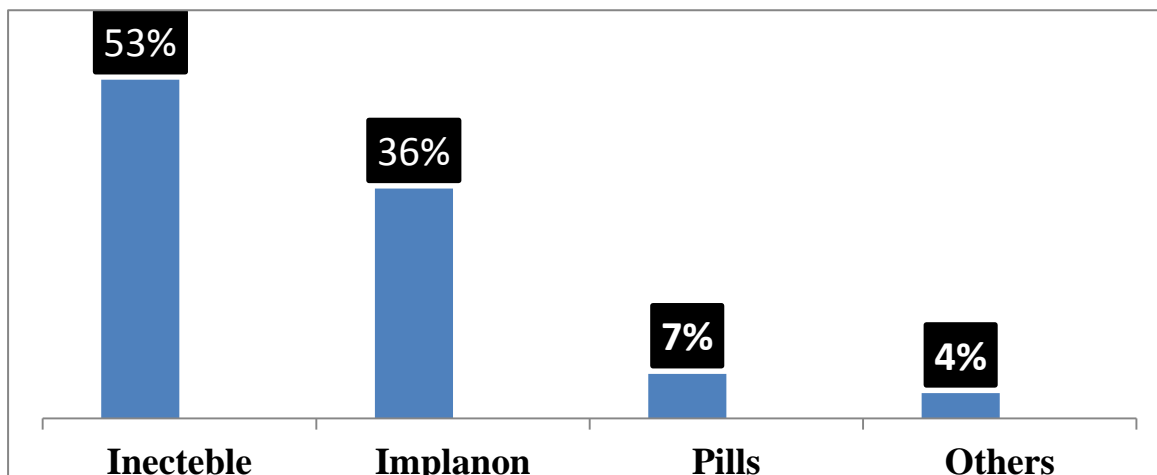


Figure 4: Family planning methods clients were using in Sodo Woreda health facilities, Gurage Zone, Southern Ethiopia April, 1-May, 30, 2015.

Others= condom, diaphragm, IUCD

One hundred eighty six (47%) clients reported that they did not recommended their families and friends to come to sodo woreda public health facilities for family planning service. The two main reason for this were long waiting time (50%) of them and inadequate counsling service were (22%), (Figure4).

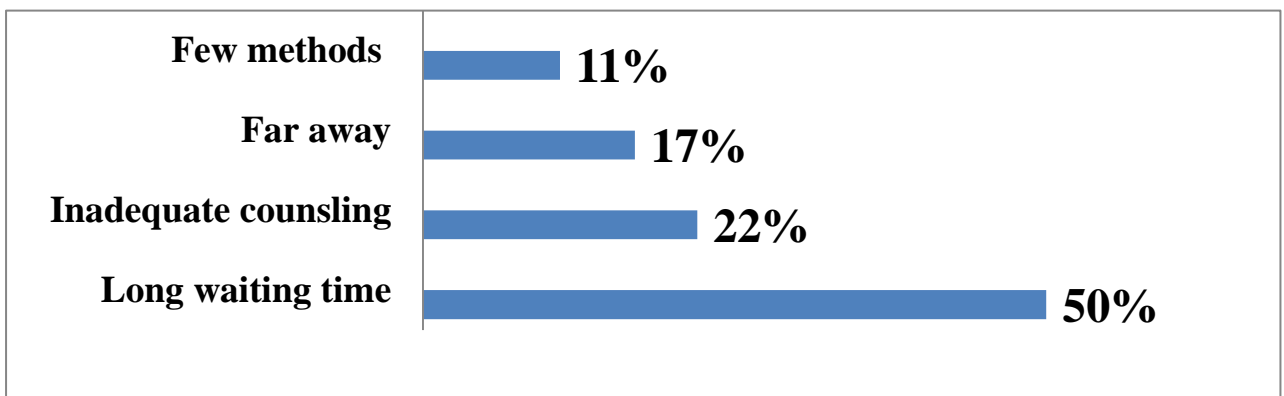


Figure 5: Reason not recommended family planning service to others users to Sodo Woreda public health facilities, Gurage Zone, Southern Ethiopia, April, 1-May, 30, 2015.

5.3 Levels of client satisfaction

The level of satisfaction was assessed by using ten components which five likert scale item rang from very-dissatisfied-to-very-satisfied. Out of ten components, (36.5%), were found to be very satisfied on provider's greeting and more than two third, 164(39) of satisfied clients were reported that sufficient family planning methods were available. Most of dissatisfaction 85(20%), was reported on latrine availability. The largest number 17(4%), among very dissatisfied clients were from sufficient information given to clients, (Table 4)

Table 4: Level of satisfaction based on ten dimensions on family planning service among clients who came to Sodo Woreda public Health facilities, Gurage Zone, Southern Ethiopia April, 1-May, 30, 2015

Components on satisfaction	Very dissatisfied No (%)	Dissatisfied No (%)	Neutral No (%)	Satisfied No (%)	Very satisfied No (%)	Mean(SD±)
Provider's greeting	6(1)	34(8)	62(15)	162(39)	152(36.5)	4(±1)
Provider's knowledge	16(4)	69(17)	62(15)	152(36.5)	117(28)	3.7(1.2)
Sufficient method availability	7(2)	60(14)	68(16)	164(39)	117(28)	3.8(±1.1)
Information given to clients	17(4)	55(13)	87(21)	151(36)	128(31)	3.8(±1.1)
Waiting time	12(3)	66(16)	87(21)	141(34)	110(26)	3.6(±1.11)
Privacy maintained	9(2)	79(19)	70(17)	141(34)	117(28)	3.7(±1.14)
Latrine availability and cleanness	9(2)	85(20)	68(16)	142(34)	112(27)	3.6(±1.14)
Health facility distance	12(3)	84(20)	73(18)	125(30)	112(29)	3.6(±1.2)
Over all cleanliness of facility	12(3)	60(14)	45(11)	161(39)	138(33)	3.85(±1.21)
Providers discussion on clients health issue	10(2)	78(19)	70(17)	132(32)	126(30)	3.7(±1.16)

Out of 416 interviewed clients, or than half, (67%) of them were satisfied on the overall family planning service, (Figur5)

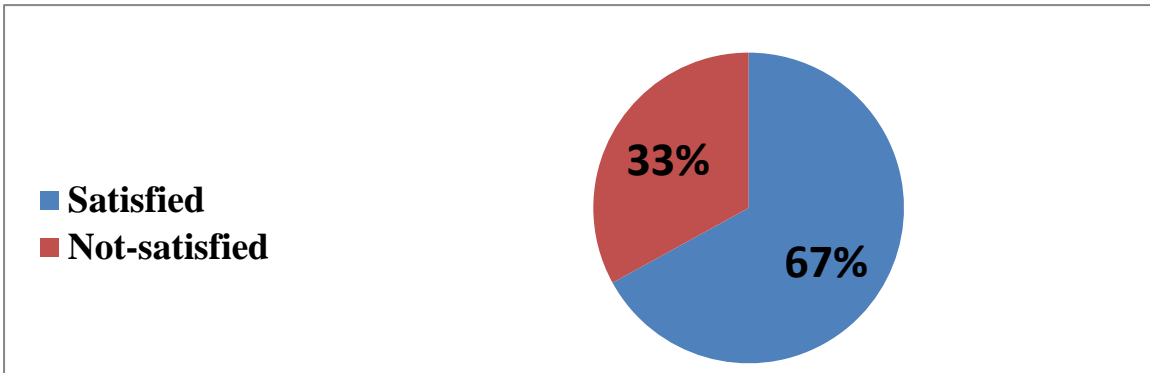


Figure 6: Overall level of client satisfaction on family planning services in Sodo Woreda health facilities, Gurage Zone, Southern Ethiopia April,1-May, 30, 2015

5.4 Factors associated with client satisfaction on family planning service

To identify statistically significant factors logistic regression was done at bivariate and multi-variate level. First, bivariate analysis was done to identify factors associated with the dependent variable, client satisfaction. According to this finding, convenience opening hour, waiting time, discuss with spouse, distance from health facility, privacy, clients chosen family planning method received, clients recommended FP service to their families and friends, Information given to clients were candidate variables to enter multiple logistic regression model (at significance level of 0.25)with client satisfaction. However distance and health facility opening hour convenience were not associated in bivariate analysis with client satisfaction.

The odds of client satisfaction among information received clines about FP, well informed clients were 2.5 times more likely to be satisfied than those who were not well informed (AOR=2.51:CI:1.47,4.31), and the odds of clients who were not recommended FP service to others were 89% less likely to be satisfied than those who were recommended.

Clients whose privacy had been maintained was 3.3 times more likely to be satisfied than those whose privacy hadn't been maintained, (AOR=3.34:CI:1.89,5.90). Clients who received their chosen family planning method were 2.3 times more likely satisfied than those who did not receive their chosen method, (AOR=2.32:CI:1.28,4.21). Clients who discuss with their spouse about FP were 2 times more likely satisfied than those who did not discuss, (AOR=1.77: CI: 1.03, 3.13). The odds of clients who got family

planning service with duration, >30 were 82% times less likely to be satisfied than those who got with, <=30 minutes, (Table5)

Table 5: Factors Associated with family planning satisfaction in clients who received service in Sodo Woreda public health facilities Gurage Zone, Southern Ethiopia April 1-May, 30, 2015

Variables	SATISIED				COR(95%CI)	AOR(95%CI)
	Category	Yes (%)	No (%)			
Waiting time	>=30 minute	165(60)	125 (89)		0.18 (0.10,0.32) ^a	0.13(.06,0.26) ^{***}
	<30 minute.	111(40)	15 (11)	1		1
Discuss with spouse	Yes	197(70)	86(30)		2.17(1.38,3.40) ^a	1.77(1.03,3.13) ^{**}
	No	57(51)	54(49)	1		1
Offering of privacy	Yes	198(72)	78(28)		2.02(1.32,3.08) ^a	3.35(1.89,5.90) ^{***}
	No	78(56)	62(44)	1		1
Client Received their Chosen FP method	Yes	215(71)	89(29)		2.02(1.29,3.16) ^a	2.32(1.28,4.21) ^{**}
	No	61(55)	51(45)	1		1
Clients recommended FP service to friends to	Go Elsewhere	111(48)	119(52)		0.12 (0.07, 0.20) ^a	0.89(0.05,0.17) ^{***}
	Recommend to Come to the facility	165(89)	21 (11.3)	1		
Information given to clients about FP	Well-informed	162(74)	58(26)		2.01(1.33,3.04) ^a	2.51(1.47,4.31) ^{**}
	Note-well informed	114(58)	82(42)	1		1
Distance from facility	< 1 hour	202(73)	74 (27)		0.60(0.34,1.07)^b	
	≥1 hour	89 (64)	51 (36)	1		
Convenience opening hour	Yes	199 (69)	90 (31)		1.44(0.93, 2.22)^b	
	No	77 (61)	50 (39)	1		

***p-value= Highly Significant predictors^ap-value<0.25, ^bp-value>0.25.

**p-value =Significant predictor

5.5: Health facility audit on family planning service

Facility audit was done on, (6) public Health facilities; the four studied health centers and two health posts were observed on availability and functionality of basic equipment, adequate storage of family planning commodities, availability of recent guide lines, service environment, (announcements of FP service availability and privacy) and, IEC materials, adequacy of storage commodities and trained provider availability by observing and by asking facility managers and providers.

Among the approved contraceptive methods; combined and progesterone only pills, injectable, condom, IUD and implant were usually provided methods in all observed health facilities. However ,Jadile, cervical cap and implant were available but not usually provided in all health centers and emergency post pill was available but not usually provided method in all health posts. The reason was inadequate counseling and information given to clients for well informed choice of available methods. And inadequate number of FP trained provider availability.

Totally five health facilities, two Health centers; were stock out of condom and IUCD and other two Health centers and one were also stock out of progesterone only pill and implanon respectively during data collection period. In addition to the above methods Jadile, cervical cap and implant were available but not usually provided in all health centers and emergency post pill was available but not usually provided method in all health posts. Injectable, implanon contraceptive pill and condom were provided in all health centers. Concerning long acting methods; mostly implanon and rarely IUCD were provided during data collection period. And adequacies of storage facility of contraceptives, all facilities have fulfilled the criteria, but in one health center products were exposed for sunlight. All contraceptives were on good expired date status during data collection period.

Regarding basic equipment and materials, all health facilities had basic items like needles, syringes and gloves, examination couch; blood pressure measuring apparatus weight scale However, two HPs didn't have weight scale. On the aspect of prepared antiseptic solutions; all health centers have prepared antiseptic. But the two health posts don't have prepared antiseptic solutions.

All health facilities had only poster from IEC materials except, one Health center which job aid additionally. Assigned of announcements in family planning services

availability were found in waiting areas of four health facilities only. All health facilities don't have FP procedural manuals and guide lines .On the aspect FP and reproductive health focused training; all health facilities, except one Hc, had one trained provider with in two years average duration of training. And one health center and one health post don't have separate room for IUCD insertion and counseling, curtain in the room, (Table 6)

Table 6: audiet of facility in Sodo Woreda public Health facilities on family planning services, Gurage Zone, Southern Ethiopia April,1-May, 30, 2015

Items Audited	Name and type of health facility					
	Tia Hc	Buee HC	Kela Hc	Adele HC	Goss HP	Dachi Hp
All approved family planning methods						
Combined pills	y	y	y	n	y	y
Progesterone only pill	y	y	n	n	y	y
IUD	y	n	y	y		
Injectable	y	y	n	y	y	
Condoms	n	y	y	y	y	y
Emergency post pill	y	y	y	y	y	y
Implanon	y	y	y	y	n	y
Necessary Equipment to deliver approved services						
Sterilizer or boiler	y	y	y	y	n	n
BP apparatus	y	y	y	y	y	y
Weight Scale	y	y	y	y	n	y
Speculum	y	y	y	y		
Flash light	y	y	y	y		
Different types of Scissors	y	y	y	y	n	y
Antiseptic solutions	y	y	y	y	n	y
Disposable and surgical gloves	y	y	y	y	y	n
Examination table	y	y	y	y	y	y
Needle and syringe	y	y	y	y	y	y
Pregnancy test	y	y	y	y		
Offering auditory and visual privacy	y	n	y	n	y	y
IEC (brochures, posters job Aides)	p	p	P and j		p	P
Announcements on FP service availability at client waiting area	y	y	y	y		
Manual Protocols and guide lines	n	n	n	n	n	n
Trained provider availability	y	y	y	n	y	y
Adequate contraceptive storage facility						
Products are protected from exposure of sun light extreme heat, rain	y	n	y	y	y	y
Products are off floor or are on premise are they protected from rodents.	y	y	y	y	y	y

Yes=for FP methods if the method is, A=usually provided, B=Available today, C= Note expired=if, fulfill the above criteria consequently, (A+ B+C=y).

Yes= basic equipment is available if it is functional and in use service room.

n=absence of the observed or asked condition, P=posture, =j =job aid

CHAPTER 6: -DISCUSSION

In our study a more than half (67%) of the respondents were satisfied on the overall aspects of family planning service. Which is relatively low compared to findings from Hossana, Nigeria and Jordan where 75%, 85% and 80% of clients were satisfied with family planning service,(17, 18, 19). This might be due to difference in socio-cultural between respondents and facility level. Where, Hossana and Nigeria study include hospitals and in urban setting. Another difference might be sample size and sampling method and measurement. Hence some of them use five component likert scale and systematic sampling. However, compared the study done in Sidama Zone, this finding is relatively high where only 44.6% satisfied with family planning service at facilities,(15).Such considerable difference in client satisfaction might be due to differences in, the among study facilities because the later study include private facility, clients might be more satisfied in public facility..

Less than half,(40%) of clients those who got service within 30 minute were satisfied on FP service utilization in this study. which similar to the study done in Hosanna Town ,(17). However, this figure is relatively very low compared to the study done in Jimma Zone and Northern Nigeria where 93% and 74% of clients were satisfied with short time waiting time, (16, 18). This difference might be due to health provider availability and health facility difference. Qualitative data also revealed that, all health facilities, except one health center had only one trained provider for more than two years of average in Sodo Woreda which can also limit client satisfaction on family planning service utilization. Because, Ethiopian family planning services guide line recommends that a minimum of 4 trained FP service providers with in a duration of two years training on family planning are required in a health center to give family planning service (29). This might also limit client satisfaction on family planning service utilization.

Nearly two third, (71%) of clients were satisfied on the type of family planning methods they received. which is almost consistent with Study in Sidama Zone, Dale Woreda, where 70% of clients were satisfied (15).However, this finding was relatively low compared to the findings from Sokoto, Northern Nigeria, where about 87% of client were satisfied by their choice,

The difference might be due to socio –cultural difference among respondents, Family planning commodities and resupply fulfillment. And health facility infrastructure and study facility type's difference

From 6 odieted health facilities, two health centers were stock out of condom and IUCD. Similarly, other two health centers were also stocke out of pills and implanon which directly reduces family planning utilization and contributes dissatisfaction on method choice.

On storage adequacy except one health center, all health facilities fulfill the criteria adequate storage facility however, in one health center products were exposed to sunlight in service room. If drugs are not stored properly, they will lose their potency and decrease its effectiveness to prevent pregnancy and make dissatisfied to users. Regarding basic equipment and materials, all health facilities had basic items like needles, syringes and gloves, examination coach; blood pressure measuring apparatus weight scale were present. However two HPs didn't have weight scale. It also prevents mothers not to take their requested method and directly related with utilization.

In this study 74% of clients who received information about family planning were satisfied. It is slightly higher than similar study in Sidama Zone, where 69.2%, well – informed clients were satisfied ,(15)and Jimma Zone where sufficiently informed clients 84.7 %, were satisfied,(16). However, considerable difference from study in Nigeria where a large proportion, 97% of well-informed clients were satisfied with their service,(18). The difference might be due to study participants' difference in educational level to search information day to day, information supplying materials fulfillment, health provider difference. Another difference might be policy difference in information dissemination between the two countries.

Facility audiet on IEC materials; all health facilities had poster only except one. And assigned of announcements in family planning services availability in waiting areas were found on four health facilities only. However, there was no any recent procedural follow and counseling standard manuals and guide lines, in all health facilities to provide recent information and standardized counseling. Because, the National guideline of FP services in Ethiopia is supposed to be used at all levels of health facilities, (29). In addition to the above used methods Jadile, cervical cape

cinolplant were available but not usually provided in all health centers and emergency post pill was available but not usually provided method in all health posts. Even though the methods are available, clients can't utilize due to counseling gap of providers that directly affect satisfaction.

The reason was inadequate counseling and information given to clients for well informed choice of available methods. Another reason might be due to inadequate FP trained provider availability. All these affect adequate information provision of clients that directly related with client satisfaction.

On the aspect of privacy, 72% of clients were satisfied with the service. It is lower than study in Jimma Zone Hosanna, and Northern Nigeria 93%, 82%, and 86% of clients were satisfied with maintaining of privacy, (16, 17, 18). The observed difference might be due to difference among the study settings, availability of privacy maintaining facility and, type of health facility difference and socio-economic difference of countries like Nigeria.

From facility audiet we have identified those two facilities, one health center and one health post didn't have separate room or curtain in the room for IUCD insertion and counseling respectively. This might have contributed for lower satisfaction of clients on provision of privacy in this study.

Regarding clients FP service recommendation, in this study among clients who recommended family planning service to their families and friends, about 89% of them were satisfied. This is lower than similar study reported in Sidama Zone 93% was satisfied, (15). The inconsistency might due to study facility variation, Sidama study included both private and government this indicates in private health facility might be due to provider and infrastructure fulfillment.

In this study, 70% clients were satisfied by spousal discussion about family planning issue. This is nearly satisfactory finding. Might be due to awareness was created by health extension workers and one to five networking by the community and family planning information dissemination improvement in different medias.

In multivariate analysis, the odes of clients who get family planning service with duration, ≥ 30 minute were 82% times less likely to be satisfied than those who got with, < 30 minutes, (Table5) .This is lower than study in Jimma Zone Hosanna town, Northern Nigeria and (16, 17; 18,) This difference might be due to variability study

facilities as the study included Hospitals and private health facilities and trained provider availability difference.

And sample size difference between Hosanna studies. Clients who received their chosen family planning method were 2.3times more likely satisfied than those who did not receive their chosen method,(AOR=2.32:CI:1.28,4.21).This consistence with study in Sidama Zone, (15).

The odds of client satisfaction among information received clines about FP, well informed clients were 2.5times more likely to be satisfied than those who not well informed(AOR=2.51:CI:1.47,4.31). This result is higher than study in Jimma Zone (16). Difference might be due to duration of study, when information dissemination increasing time to time. The difference might be due to study sample size and sampling technique. Hence, in Jimma study the sample size is lesser.

Clients whose privacy had been maintained were 3.3 times more likely to be satisfied than those, whose privacy hadn't been maintained, (AOR=3.34: CI: 1.89, 5.90). This result is lower than study in Hosanna town and Sidama, (17, 15) Zone. The observed difference might be due to difference among the study settings, availability of privacy maintaining facility.

The odes of clients who don't recommend FP service to others were 88% less likely satisfied than those who were recommended. This is inconsistence with study in Jimma Zone, (16). Difference might be due to provider fulfillment.

Clients, who discuss with their spouse about FP was 2times more likely satisfied than those who did not discuss, (AOR=1.77: CI: 1.03, 3.13). Might be due to awareness was created by health extension workers and one to five networking by the community and, family planning information dissemination improvement in different Medias.

CHAPTER 7 CONCLUSION AND RECOMANDATIOM

In our study more than half, (67%) clients were satisfied on the overall level. Since this result finding is less than most of previous studies, we obliged to recommend taking corrective action to assure high client satisfaction by responsible bodies at different levels thus;

For Policy makers and Managers at district or lower level it is better to revise evaluate and monitor the program to recent effective utilization of guide lines and manuals to provide recent and better information to clientes.it is better to consider privacy when designing health facilities.

Facility heads should be assign trained provider on for specific to this service to favor at waiting time and working hour convenience.

Staff who could implement the activities: Should be maintaining privacy of mothers by facilitating favorable service environment. Also it is better to provide effective counseling of clientes with their spouse counseling of clientes with their spouse by using different opportunities, following by following standard recent manuals for better informed choice.

For The Community at large: Kebele and religious leaders should actively discuss on family planning issue on social services like Edir to enhance client satisfaction.

For researchers: Further studies will recommend by other qualitative data collection methods like in-depth interview of clients and managers and focus group discussion on clients. And comparative study between community and facility should recommend.

Strength and Limitations

Limitations: Subjective measurement of satisfaction makes the study difficult to assess and compare satisfaction. Another problem found to have affected this study was social desirability bias to answer dissatisfaction to a person whom they consider as employee of the health center.

Strength However, triangulation of qualitative method, like facility audiet have tried to pick the study from its adverse consequences. And satisfaction from the service was measured at all service provision, makes the measurement to have light objectivity. Also Interview was conducted in a separate room by non-staff members to minimize the bias.

References

1. Johan Hakon Bjorngaard.e.tal, Patient satisfaction with outpatient mental health services – the influence of organizational factors Norwegian University of Science and Technology Faculty of Medicine, 2008
2. Agwanda, Alfred, Anne Khasakhala, and Maureen Kimani.2009.Assessment of Family Planning Services in Kenya: Evidence from the 2004 Kenya Service Provision Assessment Survey. Kenya Working Papers No.4. Calverton, Maryland, USA: Macro International Inc.
3. Hutchinson PL, Do M, Agha S. Measuring client satisfaction and the quality of family planning services: A comparative analysis of public and private health facilities in Tanzania, Kenya and Ghana. BMC Health Serv Res [Internet].BioMedCentralLtd;2011;11(1):203.Availablefrom:<http://www.biomedcentral.com/1472-6963/11/203>.
4. PoPulation RefeRence BuReau,World PoPulation data Sheet Map I,2014.
5. MEASURE Evaluation. Quick Investigation of Quality (QIQ) A User ' s Guide for Monitoring Quality of Care in Family Planning. 2001. p. 1–205.
6. Cleland J, Conde-agudelo A, Peterson H, Ross J, Tsui A. Family Planning 2 Contraception and health.Lancet[Internet]. Elsevier Ltd; 2012;380(9837):149–56.
7. Jhpiego annual report of 2014, ensuring quality of Health care for all, beyond survival, 2014
8. Central Stastical Agency, Ethiopia Mini Demographic and Health Survey, Addis Ababa, Ethiopia. 2014.
9. Central Stastical Agency, Demographic and Health Survey, Adiss Ababa ,Ethiopia 2011;1–111.
10. UNFPA, a decade of change in Contraceptive use in Ethiopia, in-depth Analysis of EDHS 2002-20011, December, 2012, Addis Ababa.
11. UNFPA, ICPD AND HUMAN RIGHTS: 20 years of advancing reproductive rights through UN treaty bodies and legal reform. 2013;1–23.
12. Aldana JM, Piechulek H, Al-sabir A. Client satisfaction and quality of health care in rural Bangladesh. 2001;79:512–7.
13. John Cleland. Agustin Conde-Agudelo, Herbert Peterson John Ross, Amy Tsui Contraception and health Lancet2012; 380: 149–56.19.

14. Tseganeh W. Assessment of Quality of Family Planning Service, Bahar-Dar Special Zone, Amhara Regional State. 2005. p. 1–113.
15. Kondale m. Quality of family planning services from clients' perspectives in the health facilities of dale woreda, Sidama Zone, south ethiopia. 2010. P. 1–112.
16. Tafese F, Woldie M, Megerssa B. Quality of family planning services in primary health centers of jimma zone, southwest ethiopia. *Ethiop J Health Sci* [Internet]. 2013;23(3):245-54.
17. Argago et al. Client's satisfaction with family planning services, in Hosanna Town Public Health Facilities, South Ethiopia: Wachamo University, Ethiopia, *Int. J. Nurs. Midwifery* Vol. - 7(5), pp. 74-83, May 2015.
18. Kaoje UA, Sambo MN, Oche MO, Saad A, Raji MO, Isah BA. Determinant of client satisfaction with family planning services in government health facilities in Sokoto, Northern Nigeria. *Sahel Med J* 2015; 18:20-6.
19. Kamhawi S, Underwood C, Murad H, Jabre B, Client-centered counseling improves client satisfaction with family planning visits: Evidence from Irbid, Jordan. *GlobHealthSciencanPractice* 2013;1(2):180-192. <http://dx.doi.org/10.9745/GHSP-D-12-00051>.
20. Nega Mihret, Determinants of unmet need for contraception among currently married couples in west Belessa woreda, AAU, July 2008 (Unpublished).
21. Gebrekidan Mesfin e.tal ,The role of men in fertility and family planning program in Tigray Region, *Ethiop.J.Health Dev.*2002; 16(3):247 -255.
22. Focus of pathfinder international, study of family planning clients' satisfaction through non-governmental organization, health facilities in Tanzania: mahidol university, 2000, isbn-974-664-602—8. Non-governmental organization,
23. Quick Investigation of Quality (QIQ) A User's Guide for Monitoring Quality of Care in Family Planning, *measure evaluation manual* Series, No. 2.MEASURE Evaluation. Carolina Population Center, University of North Carolina at Chapel Hill. February 2001.
24. Monitoring Quality of Care in Family Planning by the Quick Investigation of Quality (QIQ): Country Reports. Measure Evaluation Technical Report Series No. 5.Tara Sullivan and Jane Bertrand (Editors).Carolina Population Center, University of North Carolina at Chapel Hill. July 2000.
25. Sodo Woreda Health office annual and monthly report; 2007 E. C.

26. Armenian H. Avedis Donabedian . An Introduction to Quality Assurance in Health Care . Oxford : Orwoll ES , Bliziotos M , editors . Osteoporosis . Pathophysiology and Clinical Management . New Jersey (NJ): Humana Press ; 2002 ,615 pages ; ISBN 0-89603-933-1 ; price. B Rev CroatMed J. 2003;44(5):655–7.
27. Monjok E, Smesny A, Ekabu JE, Essien EJ (2010) Contraceptive practices in Nigeria: Literature review and recommendation for future policy decisions. Open Access J. Contraception. 1:9-22.
28. Regional Centre for Quality of Health Care Institute of Public Health,Improving Quality of Care for Family Planning Services in Uganda ;Makerere University, September, 2003.
29. Ministry of Health ,National Guideline for Family Planning Services in Ethiopia, Federal Democratic Republic of Ethiopia ,February – 2011.

Annex 1 English questionnaire

Jimma University, College of public health and medical science Department of population and family health.

An interviewer guided questionnaire consent format used to obtain permission immediately before data collection time from clients to assess quality of family planning service provided by health institutions in Sodo Woreda.

Cod number of the health institution _____

Good morning/Afternoon dear client! My name is _____ I am a member of research team on assessment of in on family planning service, which is going to be carried out by Jimma University. It is believed that client satisfaction on FP service increases clients' continuation on service which contributes to increase CPR. The purpose of this study is to assess the client satisfaction on FPS provided in health institutions, and finally to give important comments that will help to strengthen and improve quality of care of FPS in this and other service delivery points. We would like to improve the quality of care FPS provided by this health institution. To do this, your information is very important and we will ask you a few questions about your visit to the clinic to find out your experience today. We would be very grateful if you could spend a few minutes to answer questions related to the service. We will not put your name or registration number in the format. All the information you give will be kept strictly confidential. Your participation is voluntary and you are not obliged to answer any questions you don't want. But your honest participation will contribute to generate information that can be used to improve quality family planning service in this health institution and other similar settings

Do I have your permission to continue? Yes No Thank you!!

Interviewer: - Name-----Signature

Code number of the client: ----- Name of supervisor, _____

Signature

Name of Principal investigator, _____ signature

Part 1: Socio – Background characteristics for both new and repeat clients

S. No	Questions & filter	Coding category	Skip to
101	How old are you	Age in years _____	
102	Your residence	1. Rural 2. urban	
103	What is your current marital status?	1. Married 2. Single _____ 3. Divorced 4. Widowed	To Q105
104	Do you have children?	1. Yes 2. No _____	To Q111
105	If yes, how many of them are alive?	_____	
106	What is your educational level?	1. Unable to read and write 2. Write & read only 3. Primary school completed (1-8) 4. secondary school complete(9-12) 5. 12 +1 and above	
107	What is your religion?	1. Orthodox Christian 2. Catholic 3. Protestant 4. Muslim 5. If other (specify) _____	
108	What is your ethnicity?	1. Gurage 3. Oromo 4. Tigray 4. Amhara 5. Other (specify) _____	

109	What is your occupation?	1. Government employee 2. Merchant 3. Farmer 4. House wife 5. Student 6. Daily laborer 7. If other (specify)____	
110	What is your monthly income?	1. Ethiopian Birr, Specify_____ 2. In quintal(annually) _____ ,If other (specify)____	

•

Part 2: Service related factors			
No	Question and filer	Coding category	Skip to
201	Did you take any family planning method before today?	1 yes 2 no	
202	What method did you received?	1.Pills 2.Injectable 3. Spermicide 4.Diaphragn 5..IUCD 6 .Condom 7. implanon 8. Other (specify)____	
203	How long did it take to you to arrive at this clinic from your home?	1.<30minut 2. 30-60minut 3. 61-120minut 4.>120 minute	
204	Are the opening hours for this health facility convenient for you?	1.Yes 2.No	
205	How long did you wait between the times you first arrived to the clinic and gets family planning service?	1. <30minut 2. 30-60minut 3. 61-120minut	

		4.>120minut	
206	What did you feel about your consultation time with the clinical staff?	1.The time was enough 2.Too short 3.Too long	
207	Was there enough privacy during Consultation and examination?	1.Yes 2.No	
208	Did you receive the method you Requested?	1. Yes 2. No	

Information given to client about contraceptive methods.			
209	Were you told about the method's side Effects?	1. Yes 3. No	
210	Explain what to do if you experience Any problems before the next visit?	1. Yes 2. No	
211	In addition to the method you received, Were you told about any other methods	1. Yes 2.No	
212	Were you told how to use the method?	1.Yes 2.No	
213	Told your Schedule follow-up & appointment?	1. Yes 2. No	
Socio- cultural factors			
215	If you married, have regularly discussed about FP with your husband when you want?	1. Yes 2. No	
216	If a friend of yours want FP service, Where do you encourage her to go	1. Come to this clinic. 2.Go to somewhere else	
217	If you encourage her to go Somewhere else, why?	1. Long waiting time here 2.Poor/inadequate consultation here 3.Far away 4. Only few FP methods are available here	

		5. Other (specify)	
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Part 7: Miscellaneous questions of Clients Scale agreement on service satisfaction

The following are statements about different characteristics that client satisfies. Please circle according to their satisfaction in the statement, i.e., if they very dissatisfied circle [1], if they are dissatisfied [2], and if they are neutral [3], satisfied mark [4], very satisfied [5] on the space provided.

No	Stamens	very dissatisfied	dissatisfied	neutra l	satisfied	very satisfied
218	How are you satisfied with providers' greeting and a friendly approach?	1	2	3	4	5
219	How are you satisfied with over all cleanliness of facility?	1	2	3	4	5
220	How you are satisfied with providers' knowledge to perform procedure?	1	2	3	4	5
221	How you are satisfied with sufficient methods are available?	1	2	3	4	5
222	How are you satisfied with Information given to you about the methods?	1	2	3	4	5
223	How are you satisfied with waiting time?	1	2	3	4	5
224	How are you satisfied with your privacy maintained?	1	2	3	4	5
225	How are satisfied with latrine availability and cleanness?	1	2	3	4	5
226	How are you satisfied with Health facilities' distance?	1	2	3	4	5
227	How satisfied with of providers discussion on problem concerns about your health condition.	1	2	3	4	5

Annex 2: Sample Amharic questionnaire

ጅም ዩኒቨርሲቲ ሕክምና ፋኩልቲ የሕብረተሰብ ጤና ክብካቤ ክፍል

ሰለቤተሰብ ምጣኔ አገልግሎት እርካታ ለማጥናት የተዘጋጀ መጠይቅ፡

በመረጃ ሰብሳቢዉ የሚሞላ

- ክፍል-----ዞን-----ወረዳ-----
- ጤና ድርጅቱ መለያ ኮድ ቁጥር ----- የቤተሰብ ምጣኔ ተገልጋይ-ኮድ _____
እንደምን አደሩ!

ስሜ -----ይባላል። የመጠሁ ከሶዶወረዳ ጤና ቢሮ ነዉ። በጅም ዩኒቨርሲቲ ሰለቤተሰብ ምጣኔ አገልግሎት በተገልጋይ እርካታ ላይ ለሚደረገዉ ጥናታዊ ምርምር አባል ነኝ ። ጥራት ያለዉ የቤተሰብ ምጣኔ አገልግሎት በጤና ተቋማት ከተሰጠ የቤተሰብ ምጣኔ አገልግሎት ተጠቃሚዎችን ቁጥር እንደምጩምር ይታመናል። የዚህ ጥናት ዋና ዋና አላማ የጤና ተቋማትን የቤተሰብ ምጣኔ አገልግሎት ተጠቃሚዎችን እርካታ ለመለየትና ጠቃሚ መረጃዎችን በመስጠት ለወደፊት ጥራቱን ለማሰደግና ድጋፍ በማድረግ የቤተሰብ ምጣኔ ተጠቃሚዎችን ቁጥር ከፍ ለማድረግ ነዉ። ስለጤና ድርጅቱና ስለ እርስዎ ጥያቄዎችን እጠይቅዎታለሁ። ግዜዎን መስዋዕት አድርገዉ ጥያቄዎችን ጽሑፍ ለመስጠት ፈቃደኛ ከሆኑኝ ምስጋናችዬ ከፍ ያለዉ ነዉ። የካርድ መለያ ቁጥርዎ እዚህ መጠይቅ ላይ አይሞላም። የሚሰጧቸዉ መረጃዎች ሙሉ በሙሉ ሚስጥራቸዉ በከፍተኛ ደረጃ የተጠበቀ መሆኑን ለረጋግጥልዎ እዉዳለሁ። ለጥናቱ ተሳታፊ ለመሆን የእርስዎ ፊዋድ ያስፈልጋል። ለጥናቱ ተሳታፊ ከሆኑ የሚሰጡት እዉነተኛ መረጃ ለጥናቱና የቤተሰብ ምጣኔ አገልግሎቱን ጥራት ለማሻሻል ከፊተኛ አስተዋጽኦ አለዉ።

ፈቃደኛዎቻት ልቀጥል?

ፈቃደኛ ነኝ ፈቃደኛ አይደለሁም

- የቤተሰብ ምጣኔ ተጠቃሚ፡-
መለያ ኮድ ቁጥር -----
የቃለመጠይቅ አድራጊዉ፡

ስም -----

ቃለ መጠይቁን ያረጋገጠዉ ሱፐርቫይዘር ስም _____

ፊርማ _____

የአጥኚዉ ስምና ፊርማ 1 :- _____

ክፍል 1 ማህበራዊ መረጃዎችን በተመለከተ የሚቀርብ መጠይቅ

ተ.ቁ	ጥያቄና ማጣሪያ	የመልስ አማራጭና መለያ ኮድ ቁጥር	ይዘለል
101	እድሜዎ ስንት ነው?	እድሜ በዓመት -----	
102	ነዋሪነትዎ የት ነው?	1. ገጠር 2. ከተማ	
103	የጋብቻዎ ሁኔታ	1. ያገባች 2. ያላገባች _____ 3. ከባላ የተፋታች 4. ባላ የሞተባት	ወደ 105
104	ያገቡ ከሆነ ስለቤተሰብ ምጣኔ ከባለቤትዎ ጋር በሚፈልጉበት ጊዜ ተነጋግረው ያወቃሉ?	1. አዎ 2. አይደለም	
105	ልጆች አሉዎት ?	1. አዎ 2. የለኝም _____	ወደ 111
106	ልጆች ካሉዎት በህይወት ያሉት ስንት ናቸው?	_____	
107	የትምህርት ደረጃዎ ምን ያህል ነው	1 ማንበብና መጻፍ የማይችሉ 2 ማንበብና መጻፍ ብቻ 3 አንደኛ ደረጃ የጨረሱ (1-8ኛ) 4 ሁለተኛ ደረጃ የጨረሱ (9-12) 5 12+ እና በላይ	
108	ሐይማኖትዎ ምንድነው	1. ኦርቶዶክስ ክርስቲያን 2. ፕሮቴስታንት 3. እስልምና 4. ካቶሊክ 5. ሌላ /ግጽ/ -----	
109	ብሔረሰብዎ ምንድን ነው?	1. ጉራጌ 2. አሮሞ 3. ትግሬ 4. አማራ 5. ሌላ/ይገለጹ/	
110	ሥራዎ ምንድን ነው?	1. የመንግስት ሠራተኛ 2. ነጋዴ 3. ገበሬ 4. የቤት እመቤት 5. ተማሪ	

		6. የቀን ሠራተኛ	
		ሌላ/ይገለጽ/	
201	የወር ገቢዎ ምን ያህል ነው?	1. በብር ይገለጽ _____ 2. በኩንታልወይም ሌላ ይገለጽ _____	

አገልግሎት አሰጣጥን በተመለከተ የቀረበ ቃለ መጠይቅ

ተ.ቁ	ጥያቄና ማጣሪያ	የመልስ አማራጭና መለያ ኮድ	የዘላል
202	ከዚህ በፊት የቤተሰብ ምጣነኔ አገልግሎት ተጠቅመዋል?	1. አዎ 2. አይደለም	
203	ጤና ተቋሙ የሚከፈትበት የሥራ ሰዓት ይስማሙብታል?	1. አዎ 2. አስይማማኝም	
204	እዚህ ጤና ተቋም ከደረሱበት ሰዓት ጀምሮ አገልግሎት እስከሚያገኙበት ድረስ ምን ያህል ጊዜቆዩ?	1. <30 ደቂቃ 2. 30-60 ደቂቃ 3. 61-120 ደቂቃ 4. >120 ደቂቃ	
205	ከቤትዎ እስከዚህ ጤና ጣቢያ (ጤና ኬላ) ድረስ ስንት ሰዓት ጨረሱብዎ?	1. <30 ደቂቃ 2. 30-60 ደቂቃ 3. 61-120 ደቂቃ 4. >120 ደቂቃ	
206	ከባለሙያው ጋር ስለነበርዎት የምክክር ጊዜ ምን ተሰማዎት?	1. ጊዜው በቂ ነበር 2. በጣም አጭር ጊዜ ነበር 3. በጣም ረጅም ነበር	
207	የምክርና የምረርመራ አገልግሎትን በተሟደረገሎት ጊዜ መምስተጢርን ለመተጠበቅ ገለለልተኝና ቦታ እና አመቺ ሁኔታ ተፈጥሮልዎት ነበር?	1. አዎ 2. የለም	
	የመከላከያ ዘዴዎች ምርጫ		
208	የፈለጉትን የመከላከያ ዘዴ አግኝተዋል?	1. አዎ 2. የለም _____	ወደ 120
209	ካገኙ፣ የትኛው የመከላከያ ዘዴ ነው? 1 ክህነት 2 መርፌ 3 ፀረ ወንድ ዘር (ፈሳሽ ቅባት) 4 የማህፀን ቆብ 5 በማኅፀን የሚቀመጥ (ሉፕ) 6 ኮንዶም 7 በክንድ የሚቀበር 8 ሌላ ይጠቀስ _____		
210	የእርስዎ ጓደኛ የወሊድ መከላከያ ለመውሰድ ቢፈልጉ ወደየት እንዲሁሄዱ ይመክራሉ	1. እነዚህ ከሊኒክ እንዲመጡ እገፋፋለሁ 2. ሌላ ቦታ እንዲሄዱ እመክራለሁ	

211	ወደሌላ ጤና ድርጅት እንዲሄዱ ከገፋፋ ለምን ?	1. ረጅም ጊዜ ስለሚያቆዩ 2. ሩቅ በመሆኑ 3. የሚሰጠው የመምከረ አገልግሎት ደካማና በቂ ስላልሆነ 4. የመከላከያ ዘዴ ዓይነቶች እነዚህ ጥቂት በመሆናቸው
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ስለቤተሰብ ምጣኔ አገልግሎት የመርጃ ጥያቄዎች

212	አሁን ሊጠቀሙበት ከተቀበሉት የወሊድ መከላከያ ሌላ መከላከያ ዘዴ እንዳለ ተነግሮታል?	1 አዎ 2. የለም
213	የተሰጠሽን መከላከያ እንዴት እንደምትጠቀሙ ተነግሮሻል ?	1. አዎ 2. አይደለም
214	አሁንን የወሰዱትን የወሊድ መከላከያ ዘዴ እንዴት አንደሚሠራ ነገረዎታል?	1. አዎ 2. አይደለም
215	ስለሚያመጣው የጎረቤት ችግር ተነግሮታል?	1. አዎ 2. የለም
216	ችግር ቢያጋጥም የቀጠሮቹ ቀን ከመድረሱ በፊት መምጣት እንደሌለዎት ተነግሮታል?	1. አዎ 2. የለም
217	ስለ ቀጠሮና ክትትል ሁኔታ ነግሮሻል?	1. አዎ 2. አይደለም

ከዚህ በታች በሰንጠረዥ የተቀመጡት ነጥቦች ተጠቃሚዎች በአገልግሎት ላይ ያላቸውን የተለያዩ እርካታዎችን የሳያሉ እንደየ እርካታቸውም ልክት አድርገው ማለትም እጅግ በጣም አልረካሁም [1] ፣ አልረካሁም [2] ፣ ተሀቅቦ [3] ፣ ረክቻለሁ [4] ፣ እጅግ በጣም ረክቻለሁ [5] ፣ የ በተሰጠው ቁጥር ይከበቡ ።

ተ.ቁ	የአገልግሎት ዓይነቶች	እጅግ በጣም አልረካሁም	በጣም አልረካሁም	ድምጸ ተሀቅቦ	በጣም ረክቻለሁ	እጅግ በጣም ረክቻለሁ
218	በአገልግሎት ሰጪው ሰላምታና አቀባበል ምን ያህል ረክተዋል	1	2	3	4	5
219	በተቋሙ አጠቃላይ ንፅህናና ላይ ምን ያህል ረክተዋል?	1	2	3	4	5
220	አገልግሎት ሰጪው ሰሰላሚ ሰራተኛዎች ሥራዎች ዕውቀትና ችሎታ ላይ እርካታዎ ምን ያህል ነው	1	2	3	4	5
221	በዚህ ጤና ተቋም በቂና የተለያዩ የመከላከያ ዘዴዎች አቅርቦት ላይ ምን ያህል ረክተዋል	1	2	3	4	5
222	ስለ ወሊድ መቆጣጠሪያዎች ስለተሰጡት መረጃ እርካታዎ ምን ያህል ነው	1	2	3	4	5
223	እዚህ ተቋም ከደረሰኩበት እስከ አገልግሎት እስካገኘኩበት ባለው የመቆያ ጊዜ ምን ያህል ረክተዋል	1	2	3	4	5
224	የምክርእና የምርመራ አገልግሎት ሲሰጥዎት መምሰስጢርን ለመጠጠቅ ስለተዘጋጀልዎ አማካኝና ገለልተኛ ቦታ ላይ እርካታዎ ምን ያል ነው	1	2	3	4	5
225	በጠና ተቋሙ የተገልጋዩ ሸንት ቤት አጠቃቀምና ንጽህናን በተመለከተ የተሰማዎት እርካታ	1	2	3	4	5
223	ከጤና ተቋሙ እስከቤትዎ ያለው ርቀት ላይ የተሰማዎትን እርካታ ምን ይመስላል?	1	2	3	4	5
227	በአገልግሎት ሰጪው/ዋ ባለሙያ ጤናዎን በተመለከተ ስለተደረገልዎ ገለጻዎን ያል ረክተዋል	1	2	3	4	5

Annex 3 Checklists facility audit

Instructions to data collectors: This inventory should be completed by observing the facilities that are available and discussion with the person in charge of family planning on the day of the visit or the manager of the facility. In all cases you should verify that the items exist by actually observing them .If you are able to observe them, then cod them accordingly. Remember that the objective is to identify the equipment and facilities that currently exist for the service and not to evaluate the performance of the staff or clinic. Thank You!!

1. Health Facility (Name &cod Number_____

2. Type of Facility Where audiet Took Place

Health Center_ Health, Post__

3. Locality of Facility 1. Rural 2. Urban

Name of Interviewer: _____

Name and signature of Team Leader_____

Name and Signature of principal investigator_____

1. Availability and adequate storage of Contraceptives

No	Type of Contraceptive	Usually Provides Method	Available Today	Stock out within the last ten days	Expired date status
1	Combined pills	Yes No	Yes No		
2	Progesterone only pill	Yes No	Yes No		
3	IUD	Yes No	Yes No		
4	Injectable	Yes No	Yes No		
5	Condoms	Yes No	Yes No		
6	Implanon	Yes No	Yes No		
7	Emergency post pill	Yes No	Yes No		

1.2 Adequate storage contraceptives(observe)

Are facilities for storing contraceptives adequate in the following respects					
	Products are protected from the rain.	Products are off the floor and on shelves.	Products are protected from exposure of sun light	Products are protected from rodents	
	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	
Are family planning commodities stored according to their expiration date? OBSERVE1. YES 2.No					

No	Type of equipment	Available	Functionality		Not-available
			Yes	No	
1	Sterilizer				
2	BP apparatus				
3	Weight Scale				
4	Flash light				
5	Uterine sound				
6	Speculum				
7	Different types of Scissors				
8	Antiseptic solutions				
9	Disposable and surgical gloves				
10	Examination table				
11	Thermometer				
12	Needle and syringe				
13	Pregnancy test				
14	Autoclave				
6	Speculum				
7	Different types of Scissors				
8	Antiseptic solutions				
9	Disposable and surgical gloves				
10	Examination table				
11	Thermometer				
12	Needle and syringe				
13	Pregnancy test				
14	Autoclave				

No	Condition availability	Yes	No
3.1	Does the facility have IEC materials?		
3.2	All health facilities are expected to have charts, ,		
3.2	Brochures and. Posters		
3.3	Job Aides in examination room		
3.4	Dose the facility has and assign of announcing family planning service availability in the compound or in waiting area		
3.5	Does the facility have both shelter and settings in the waiting area?		
3.6	Does the facility have availability of Water and soap in examination room and in use?		
3.7	Does the has visual and auditory privacy during procedures or counseling (OBSERVE)		
4	Protocols and guide lines		
4.1	Does the facility has recent version family planning manuals, or guide line (if yes see on sight and its publication year)		
4.2	How many trained staff who had received in-service training in specific to family planning services dose the facility has?		