QUALITY OF ANTENATAL CARE SERVICES AT DEMBA GOFA WOREDA PUBLIC HEALTH CENTERS, GAMMO GOFA ZONE, SOUTH ETHIOPIA

By

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Quality of Antenatal Care Services in Demba Gofa Woreda Public Health Centers, Gammo Gofa Zone, South Ethiopia

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Abstract

Background: *Antenatal care is one of the evidence based interventions to decrease the probability of negative health outcomes for mothers and their newborns. This depends on the quality of care provided during each antenatal care visit. However little is known about factors contributing to quality of antenatal care service in public health center of Demba Gofa woreda.*

Objectives: *To assess quality of antenatal care services in public health centers of Demba Gofa woreda.*

Methods: *A facility-based cross sectional study design using quantitative and qualitative data conducted from March 25 to April 16,2014. Using systematic random sampling method from 423 study subjects a sample of 418 pregnant women were sampled. The quantitative data was entered in to EpiData version 3.1 and was exported to SPSS version 20.0 for analysis. Bivariate and multiple variables analysis were carried out to identify factors associated with client satisfaction of antenatal care services. Variables with p value< 0.05 were considered as statistically significant. Adjusted odds ratios were used to see the strength of association with 95 % CI. Qualitative data was analyzed thematically by manually. The results were triangulated with quantitative data.*

Result: *The proportion of mothers who were satisfied with antenatal care in this study was 21.5%. Women's satisfaction with antenatal care was associated with frequency of ANC visit (AOR=1.9,95%CI: (1.1, 3.3)), advise on nutrition (AOR=3.3,95%CI: 1.3, 8.5), advise on birth preparedness (AOR=3.3,95% CI: 1.1,9.3)),closeness of the health center to mothers home (AOR=2.3,95%CI 1.3,3.9)).provision of iron (AOR=0.14(95%CI:0.05,0.3).Charge for service (AOR=3.4,(95%CI:1.2,9.5).Moreover 373 (89.2%) of the women received tetanus toxoid vaccine, 324 (77.5) mothers started antenatal care visit after first trimester. The recommended care component such as Venereal Disease Research Laboratory (VDRL) test, blood group and Rhesus factor tests were not done for most of the women. There was 67.18% over all skilled human resource gaps and none of the health professionals had taken training on focused antenatal care.*

Conclusion and Recommendation: *The overall satisfaction of antenatal care services in this study was found to be low. First ANC visit, lack of advice on nutrition, lack of advice on birth preparedness, farness of the health center to mother's home, provision of iron and Charge for service were independently associated with mothers satisfaction of antenatal care. As well lack of skilled health personal &not under taking recommended laboratory tests were revealed. The study strongly suggests strengthening antenatal care follow up, advice on nutrition and birth preparedness, provision of iron and free of charge services at static and outreach level by different responsible bodies and filling the gap of skilled health personal, performing recommended laboratory tests to assure that services provided are more clients directed.*

Key words: Antenatal care, Quality of health care, public health centers, Demba Gofa woreda

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Table of content

Content **page**

List of Figures

List of Tables

Acronyms and Abbreviations

ANC:	Antenatal care
BEMOC:	Basic Emergency Obstetric Care
DGWHO:	Demba Gofa woreda Health Office
DHS:	Demographic and Health Survey
EDHS:	Ethiopian Demographic and Health Survey
EFMHACA :	The Ethiopian Food, Medicine & Healthcare Administration and Control Authority
EMOC:	Emergency Obstetric Care
ESA:	Ethiopian Standard Agency
FANC:	Focused Antenatal Care
HIV:	Human Immune Deficiency Virus
HMIS:	Health Management Information System
ICPD:	International Conference on Population and Development
KDHS:	Kenyan Demographic Health Survey
MDG:	Millennium Development Goals
NGO:	Non Governmental Organization
PMTCT:	Prevention of Mother to Child Transmission
SNNPR:	South Nations Nationalities and People's Region
SPSS:	Statistical Package for Social Science
SS:	Systematic sampling

STI:	Sexually Transmitted Infection
TTV:	Tetanus Toxoid Vaccine
VCT :	Voluntary Counseling and Test
VDRL:	Venereal Disease Research Laboratory
WHO:	World Health Organization

CHAPTER ONE: INTRODUCTION

1.1. Background

Pregnancy is one of the most important periods in the life of a woman, a family and society. World health organization's (WHO's) definition of antenatal care includes recording medical history, assessment of individual needs, advice and guidance on pregnancy and delivery, screening tests, education on self-care and, identification of conditions detrimental to health during pregnancy, first-line management and referral if necessary[1].

Antenatal care (ANC) provides an important opportunity for pregnant women with a wide range of interventions including education, counseling, screening, treatment, monitoring and promoting the well-being of the mother and fetus[2].

Prenatal care is commonly understood to have a beneficial impact on pregnancy outcome. It provides an opportunity for healthcare providers to counsel mothers about behaviors that increase the likelihood of favorable maternal and fetal outcomes, and also about adverse pregnancy outcomes such as maternal morbidity/mortality, preterm birth, and low birth weight, small-for gestational age, and still birth [3].

WHO in its focused antenatal care approach recommends minimum of four antenatal visits for normal pregnancy. At the first visit in the first trimester (ideally before 12 weeks but no longer than 16 weeks), at 24–28 weeks, 32 weeks and 36 weeks [4]. Each visit should include care that is appropriate to the woman's overall condition and stage of pregnancy and help her preparing for birth and care for the newborn. If problems or potential problems that will affect the pregnancy and newborn are detected the frequency and scopes of visits are increased.

Therefore, the major goal of focused antenatal care (FANC) is to help women maintain normal pregnancies through identification of pre-existing health conditions, early detection of complications arising during pregnancy, health promotion and disease prevention and birth preparedness and complication readiness planning[4, 5].

All pregnant women should receive immunization against tetanus and iron and foliate supplementation. In addition, every woman should have a plan for a skilled attendant at birth, the place of birth and how to get there, items needed for the birth, money saved to pay the skilled provider and for any needed medications and supplies [5].Thus in order to reduce birth complication and its consequences on the health of pregnant mothers and children, WHO recommended ANC services should be offered from primary health centers with the required quality of each interventions in order to reduce maternal and neonatal mortality and there by attain MDG4 and MDG5 goal[6].

1.2. Statement of the Problem

Globally, 287,000 woman dies every year from complications related to childbirth [7]. Over 300,000 maternal deaths occurred worldwide and almost all of these in low- and middle-income countries[6, 8]

It is also estimated that every year 3 million newborn babies die within the first month of life [9] and between 2.1 to 3.8 million babies are stillborn[8, 9]. Focused antenatal care (FANC) is one of the recommended interventions to help reduce these alarming maternal and newborn mortalities [10, 11]. Most low-income countries have adopted a focused ANC strategy promoted by WHO which includes four visits and structured elements within this[10].

Although the percentage of women attending ANC (for at least one visit) generally tends to be satisfactory even in low-income countries, maternal and neonatal mortality remain high [9]. In Ethiopia & SNNPR, for example, 82.2% &84.7% of women attend ANC at least once respectively [12]. while maternal mortality is estimated at 673 maternal deaths per 100,000 live births, and neonatal mortality at 39 neonatal deaths per 1,000 live births [13].

According to 2011 Ethiopian demographic health survey indicated the national antenatal coverage is 34% of mothers received antenatal care from health professionals (Doctors, nurse and midwifes) for their most recent births. However, the coverage in Southern nation nationalities by skilled attendant is 27.6% which is when seen from the perspective of profession by Doctor 2.1%, Nurse/midwife 25.3 %. [13]. Thirty-four percent of women who gave birth in the five years preceding the survey [13] received antenatal care from a skilled provider that is a marked improvement from 28 percent in 2005.

According to Demba Gofa woreda Health office report of 2013/2014, those women who attended ANC with a skilled provider at least once is 70%[14]. This weak relationship between ANC use and maternal and newborn survival has motivated a recent call to focus on content and quality of care provided rather than mere ANC attendance as we aim at achieving MDG 4 and MDG 5[6].

Although researchers frequently highlight the importance of quality of maternal care in improving maternal and newborn health [15, 16], the quality of ANC remains insufficiently studied.

Donabedian proposed a framework for assessing quality of care which distinguishes between the attributes of the health care setting (structure), the actual care delivered (process) and the end result of the interaction between an individual and the health care system (outcome) [17, 18]

Maxwell added to this initial concept by arguing that quality of care cannot be measured in a single dimension and suggested six dimensions(access, equity, appropriate, relevant to end, acceptability, efficient and effectiveness) of quality [19]. These qualities of care dimension have been adopted by various organizations.[20, 21].Tools to capture several dimensions of quality of ANC received by mothers have been developed for high-income settings [22, 23] but are not easily transferable to low-income settings. Studies in low-income countries usually rely on population-based surveys such as the Demographic and Health Survey [24] which provide some information on quality of ANC received by mothers, or on community surveys in areas with interventions aiming to improve the quality of maternal health care [25, 26] Where the quality of care is not necessarily representative for the country or region as whole.

In particular, it is necessary that drugs and equipment are available at the facility, that health worker are present and have the necessary knowledge and skills, and that they actually provide the recommended interventions. In settings where health facilities often lack drugs or skilled personnel, evaluating level of service provision may be more diagnostic in terms of identifying where the problem lies, than collecting information from the population on the care received. So far, hardly any published studies have assessed quality of ANC provided at health facilities in SNNPR at large and the study area in particular.

Thus this study will address quality of antenatal care services from structural, process & outcome aspect of health facilities by focusing on availability of resources , provider client interaction and clients satisfaction with the service provided.

CHAPTER TWO: LITERATURE REVIEW

2.1. Definition and Components of Quality

Quality of health care is the application of medical science and technology in a way that maximizes its benefits to health without correspondingly increasing its risks. The degree of quality is, therefore, the extent to which the care provided is expected to achieve the most favorable balance of benefits and risks[27].

2.2. Measuring Quality

Measuring quality of care conceptualized in such a broad manner represents a true challenge. While the technical quality of a health service can be assessed by evaluating the outcomes of the care provided, the subjective dimension of quality of care (interpersonal relationship with the provider and the system's responsiveness to the expectations of the population) can only be assessed through interviews that are strongly influenced by the cultural setting and the circumstances under which they are conducted[28]. In spite of different interpretations of health service quality, key components are effectiveness, efficiency, accessibility, scientific and technical development and the match between the availability of services and needs of the population[29].

Another way in which attributes of quality can be seen in health care is accessibility (do barriers exist to the delivery of necessary care?), coordination and continuity (is there continuity of information and intent through open communication? Is care coordinated between providers?), comprehensiveness (Is a broad perspective on the health care of the patient taken? Are all appropriate resources integrated into the process of care), patient-centeredness (is care planned for and with individual patients?), effectiveness (Is care delivered in accordance with defined standards of benefits and risks, reflecting the best achievable processes and outcomes in given circumstances?) and efficiency (Is there parsimonious provision of necessary services without corner cutting that puts patients at risk?)[30].

2.3. Evaluation of Quality in the Health Care System

According to Overt West there are about three categories of quality. The first one is client quality, what consumers want from the service, individually and as population; this can be ensured by consumer, satisfaction[31].

The second one is professional quality, which deals to meet consumers need, focus on about service delivery system ensured by standard setting and the process of clinical professional or organizational audit. The third one is management quality, focuses on efficient and productive use of resources to meet consumer need[31].

2.4. Elements of Health Care Quality

2.4.1. Structural Quality

It is material characteristics (infrastructure, tools, and technology) and the resources of the organizations that provide care and the financing of care. Many evaluations have revealed shortages in medical staff, medications and other important supplies, and facilities, but material measures of structure, perhaps surprisingly, are not causally related to better health outcomes. Although higher technology or a more pleasant environment may be conducive to better-quality care, the evidence indicates only a weak link between such structural elements and better health outcomes [32].

The study in southwest Nigeria suggests that socio-demographic characteristics of women have limited impact on their perception of ANC quality (age of the respondent, marital status, average monthly income, occupation and educational status of the clients). The identified predictors may serve as the criteria for selecting women that require intensive health centre-specific antenatal interventions aimed at improving perceived quality and thus sustained utilization of antenatal care services in these primary health care facilities[33].

The study in northern Ethiopia, Bahire Dare special zone mentioned major reasons for the over-all perceived quality of care received are due to absence of clean latrine and inadequate water supply, receiving incomplete information about ANC, inadequate

waiting area and seats, absence of privacy, long waiting time and difficulty to understand the provider[34].

A study conducted in northern Ethiopia described that all health facilities had functional weight scale, microscope, fetoscope and stethoscope but sphygmomanometer was not available in one health facility. Uristix for detection of glucose and protein in urine, Venereal Disease Research Laboratory (VDRL) and hemoglobin measurements were available only in two of the eight public health facilities included in the study Penicillin was available in all health facilities but iron sulfate/folic acid was present only in one facility. Private ANC examination room was provided only in two health facilities. Antenatal care guideline and water to wash hands in the examination room was available in none of the facilities [34].

A study in Tanzania identified factors affecting quality of antenatal care with Proportions of respondents Shortage of qualified staff 91% ,Irregular supply of ANC equipment and drugs 64%,.Regular but inadequate supplies 45% Cultural factors and ignorance among pregnant women 36%,Lack of staff motivation 27% Poor infrastructure for ANC 18% ,Long distance to the health facility with ANC services 9% [35].

A study in rural Zambia reported that 88% of rural mothers lived within 15 km of an ANC facility and only 9% had access to a facility with an optimum level of provision with in this distance[36]. A study in Egypt reported that 72.2% of antenatal care mothers were not satisfied with the location of the facility[37]. A study in Nigeria reported that 84.1% of pregnant women were satisfied with the closeness of the health center for antenatal care service and 91.6% were satisfied with nutrition and diet advice[38].

A study conducted in Northern Ethiopia reported that women who paid for service rendered were 16.4 % and become unsatisfied[39].

2.4.2. Process Quality

Process is the interaction between caregivers and patients during which structural inputs from the health care system are transformed into health outcomes. It includes the patient's activities in seeking care and carrying it out as well as the practitioner's activities in making a diagnosis and recommending or implementing treatment[32]. Addressing client concerns is as essential to good quality health care as technical competence. Quality largely depends on Client interaction with provider, such attributes as waiting time and privacy, ease of access to care and, at its most basic; whether they get the services they want [31].

The quality of antenatal care (ANC) can be measured by the qualifications of the provider and the number and frequency of ANC visits. Antenatal care quality can also be monitored through the content of services received and the kinds of information given to women during their visits. These services raise awareness of the danger signs during pregnancy, delivery, and the postnatal period. They also improve the health-seeking behavior of the client, orient the client to birth preparedness issues, and provide basic preventive and therapeutic care[13].

Study in Eastern Uganda showed that tests performed, client's birth preparedness and counseling for risk factors were the worst performed ANC processes[40].

A study in Zambia revealed the following with ANC intervention Iron supplementation, weight measurement, intermittent prevention treatment (IPT) of malaria, blood pressure measurement, and tetanus vaccination were each received by over 80% of women, while VCT for HIV was received by half, drugs for intestinal parasites by about a third, and only about a quarter of women reported that their urine had been tested at ANC. Approximately half of the mothers received eight or more ANC interventions, 40% received five to seven interventions and 12% received less than five intervention[41].

A study in Nigeria reported that 77.4 % of mothers were advised on birth preparedness[2]. Also a study in Northern Ethiopia reported that advice on birth preparedness was delivered and those advised become prepared in birth preparedness accounted 39.8 %[42].

2.4.3. Outcome Quality

Outcomes can be measured in terms of health status, deaths, or disability-adjusted life years (a measure that encompasses the morbidity and mortality of patients or groups of patients) improvements in patient's knowledge. Outcomes also include patient satisfaction or patient responsiveness to the health care system[32]. Quality assessment studies usually measure one of three types of outcomes: medical outcomes, costs, and client satisfaction. For the last mentioned, clients are asked to assess not their own health status after receiving care but their satisfaction with the services delivered[43].

Client satisfaction may not necessarily mean that quality is good; it may only indicate that expectations are low[4].

One woman in Bangladesh explained that, even though the providers behaved badly, she has to be content. She said that they are lucky if they can get the free medicines that are provided at the clinic. Clients may also say that they are satisfied with care because they want to please the interviewer, worry that care may be withheld in the future, or have some cultural or other reason to fear complaining. Many clients have limited options and have never experienced any other standards of care. Further, educational and class differences between clients and providers often limit clients' ability to assess services[44]. Study conducted in Nigeria indicated that' Toilet, bathroom facilities and water supply were regarded as unsatisfactory in 60.7% and61.9% respectively.

A study in Egypt reported that Patient satisfaction has traditionally been linked to the quality of services given and the extent to which specific needs are met. Satisfied patients are likely to come back for the services and recommend services to others[45].

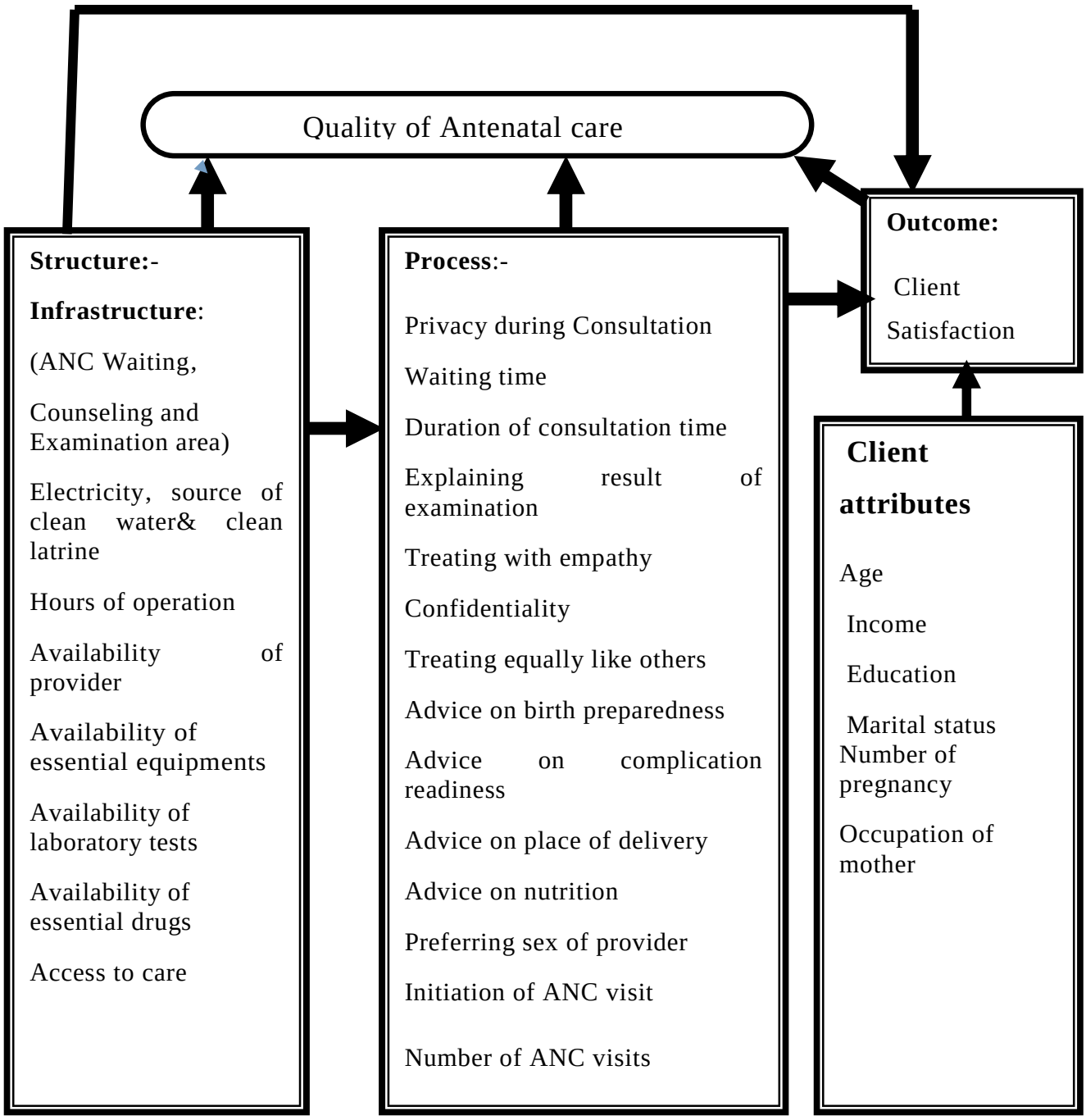

Figure 1.A modified Conceptual frame work for assessing quality of ANC in public health centers of Demba Gofa woreda,March to April 2014[46,58].

CHAPTER THREE: SIGNIFICANCE OF THE STUDY

High quality ANC is one of the service interventions that have a potential to impact on the high maternal mortality. Although the coverage of ANC services has

improved in the last few years, the level of quality of the services has not been known. Though studies on quality of ANC have been carried out elsewhere, there is paucity of data on the quality of ANC in Ethiopia at large & in the study area in particular.

Thus more rigorous examinations of the quality of antenatal care are needed in order to identify specific problems and develop strategies to improve and reduce maternal mortality. Therefore, the purpose of this study is to assess the current status of quality of ANC services and find out the possible reasons for the finding of the study in the woreda. It is thought that results of this study will provide programmers and policy makers with data on quality of antenatal care to assist in the development of strategies to improve service.

Factors that were identified through this study can be feed into reproductive health programs and guide the development of policies and programs for improving quality in ANC at national level in general and the study area and SNNPR in particular. In addition, the paper may be useful to other researchers as reference material while conducting further studies on similar problems.

The results will also form baseline data for improving quality of ANC in the study area specifically and subsequently contributing to reduction of maternal & neonatal mortality in the country.

CHAPTER FOUR: OBJECTIVES

4.1. General Objective

To assess the quality of antenatal care services in public health centers of Demba Gofa Woreda, Gammo Gofa zone, SNNPR, from March to April 2014

4.2. Specific Objectives

To assess the availability of resources (human, material, laboratory tests) in public health centers

To assess provider - client interaction

To determine the proportion of clients' satisfaction with ANC service provided

To identify factors associated with client satisfaction of ANC services provided

CHAPTER FIVE: METHODS AND MATERIALS

5.1. Study Area and Period

A facility based cross sectional study was conducted in Demba Gofa woreda from March 25 to April 16,2014. The woreda is one of the 15 *woredas* of Gammo Gofa Zone in South Nation Nationalities Peoples Regional State. The administrative center, Sawla town, is located at a distance of 525 km from Addis Ababa, capital of Ethiopia in the Southwest direction. The Woreda is divided into 38 rural *Kebeles*[14]. The 2013/2014 population projected for the woreda was 98761 (male: 48393(49%) and female: 50368)[47]

With regard to the health service facilities, there are four governmental health centers and 38 health posts. There are also six private health clinics namely Amanuale clinic and Hanan clinic at Boreda kebele, Zulo kalacha clinic,Worikie wayesara clinic,Lote clinic and Moja clnic in the woreda but do not undergo ANC services. The 2013/2014 estimated pregnant women of the woreda was 3546 and its ANC first coverage was 70% [14].

5.2. Study Design

Facility based cross-sectional study design was employed using both quantitative and qualitative approach.

5.3. Population

5.3.1. Source Population

All pregnant women who attend the service during data collection period and ANC service providers in four public health centers of the study area as well as other health professionals such as laboratory technologist/technician, pharmacy technician/pharmacist, Woreda health office curative & rehabilitation coordinator and head of health center.

5.3.2. Study Subjects

Sampled antenatal care service users at public health centers during the study period and four selected antenatal care providers , four laboratory technologist/technician and four pharmacy technician/pharmacist of the health centers, Woreda health office curative & rehabilitation coordinator & four head of health centers. As well as twelve pregnant women

5.3.3. Inclusion and exclusion criteria

5.3.3.1. Inclusion criteria

All pregnant women who reside in the study area and attend antenatal care with in data collection period and pregnant women of other facilities but attend during data collection were also included.

Key informants: ANC service providers who have experience of providing ANC service & directly involved in ANC services currently in order to provide information in amount, type and quality , pregnant women who have at least one ANC visit and not included in quantitative sample and had visited during data collection were included. Other health professionals such as , laboratory technologist/technician and pharmacy technician/pharmacist, Woreda health office curative & rehabilitation coordinator and head of health center.

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5.3.3.2. Exclusion criteria

Pregnant women who were seriously ill and unable to respond to the questions

5.4. Sampling

5.4.1. Sample Size Determination

The sample size was calculated using a single population proportion formula by assuming 50% of mothers were satisfied with the service they received because of absence of study in rural Ethiopia for ANC satisfaction level of mothers and it gives maximum sample size. Considering 5% margin of error (d) and confidence level of 95% ($z\ \alpha/2 = 1.96$). By adding 10% non- response rates on each sample**.** Based on the above

information a sample size of **423** was calculated**.** The following formula for single population proportion was used:

$$n = \frac{\left(\frac{z\alpha}{2}\right)2p(1-p)}{d2}$$

Where n = Sample size

Zα/2 = Confidence level at 95% = 1.96

.P = 50% = 0.5

d = margin of error of 5% = 0.05

$$n_i = \frac{\left(\frac{z\alpha}{2}\right)2p(1-p)}{d2} = \frac{(1.96)(1.96)\ (0.5)(0.5)}{(0.05)(0.05)} = 384$$

Non response rate = 10%

Nf (final sample size) = **422.4 ˜ 423**

5.4.2. Sampling Technique

Based on the information obtained from the study area health centers in average, 12,16,14 and 18 daily which became 252,336,294 and 378 women were attending ANC at Dombe ‘Uba Baerea, Lymatsala Tasla and Lote public health centers every day respectively. The interval between selected elements from the list was calculated by dividing ANC attendees to the total sample size that was 1260/423 or 3 and this interval was used in all health centers to select study subjects by systematic random sampling until the required sample size at each health centers was obtained. This interval was obtained from the list registered to be seen by the care providers in the day of the survey. The starting point was a number between 1 and 3 that was selected randomly, which was 2, and then sample included the 2nd, 5th and 8th till satisfying the sample size calculated.

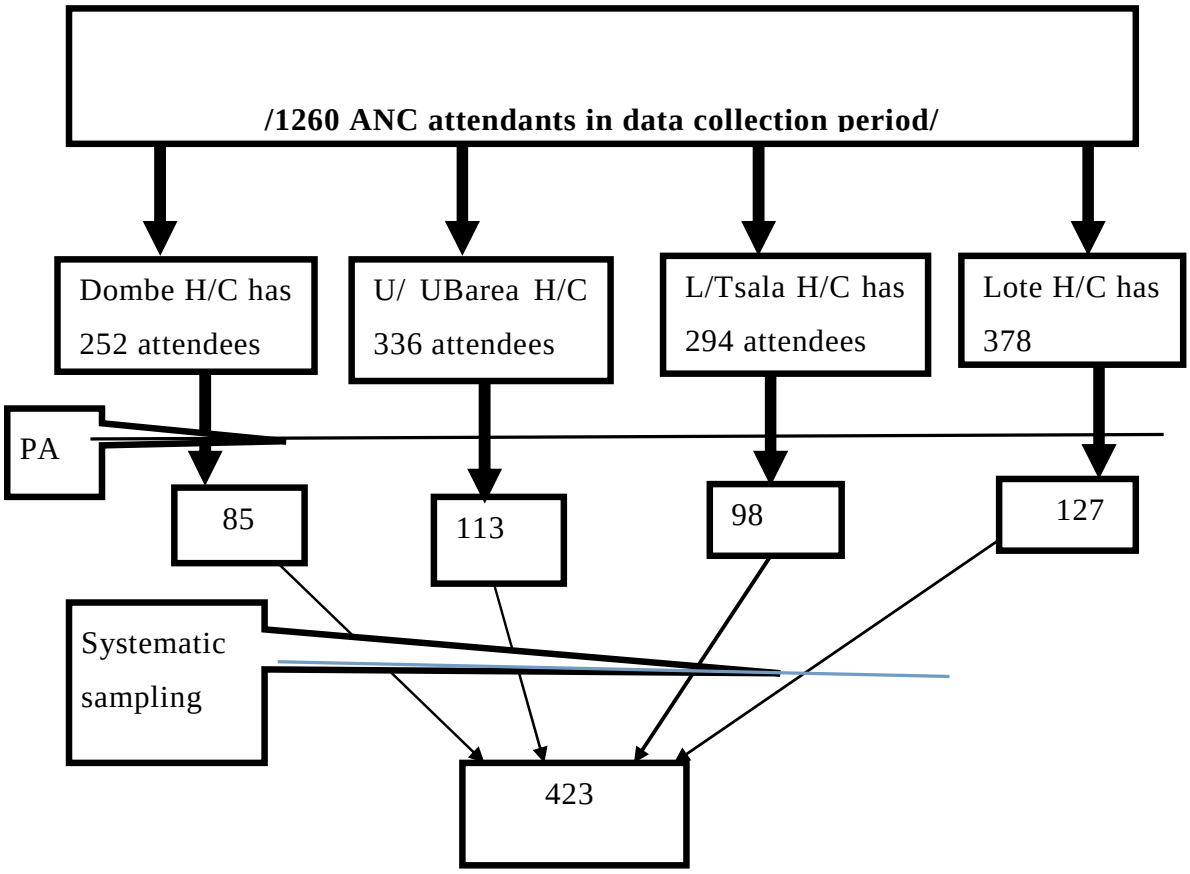

Figure 2:- Schematic representation of sampling procedure on quality of ANC in public health centers of Demba Gofa woreda from March to April,2014

5.5. Data collection instrument and techniques

5.5.1. Data collection instrument

Data collection tool for structural, observation of service provision and some of process part was adapted from DHS service provision assessment tool[49] .Some

process part and outcome category of the questionnaires were adapted from DHS and Ejigu et al study on quality of ANC [34, 49] and the outcome category had internal consistency of 0.84 at Cronbach's alpha for study done by Ejigu et al at Northern Ethiopia. The Cronbach's alpha for this study became 0 .894

The tool was modified according to objectives of this study by the principal investigator. Initially the questionnaire was prepared in English then translated to local language Gofatho and Amharic and back to English by two persons who have the ability of three languages so as to keep its consistency.

Quantitative data collection tools

Structured questionnaire: comprises socio demographic and economic factors ,information about visit of antenatal care, client Satisfaction.

Qualitative data collection tools

In-depth interview guide for pregnant women comprises demographic data, ANC utilization and perception of pregnant women's towards the services. The guide for providers comprises demographic data 'quality of ANC and its determinants, Problems encountered when providing ANC and comments on quality of ANC.

Inventory check lists that comprise infrastructure, laboratory tests, essential ANC equipments, essential drugs, and direct observation checklists which (includes provider information, ANC consultation, client history , danger sign of current pregnancy, physical examination, routine tests, HIV counseling and testing, 'maintaining a healthy pregnancy, iron prophylaxis, tetanus toxid injection, deworming, malaria, preparation for delivery, new born, and post partum recommendation).

5.5.2. Data Collection Procedure

Quantitative approach

Eight female nurses, who have had in service training on ANC & have experience on data collection selected for data collection and two B.Sc. midwives supervisors from

other health institutions, were oriented for one day on data collection process. At the time of the actual data collection, the data collectors arrived early in the morning and give clients' small card with recorded time of arrival.

Data on the types of services ANC attendees received were collected through interviews and observation. Pregnant women were interviewed on their exit from ANC clinics.

Qualitative approach

Four midwives from other health institution observed the way of history taking, physical examination, diagnosis approach and its management to one in every six of the study subjects or 70 study subjects before the exit interview and after oral consent was obtained from both the provider and the client in order to have information on services received by clients& client provider interaction.

In-depth interview with one antenatal care provider, head of health center from each health centers and woreda curative and rehabilitation officers was interviewed about the availability and adequacy of resources for antenatal care service provision and ANC quality issues in each health center by the principal investigator. And interview of three pregnant women at four health center catchment area was carried out. Data on structural- attributes was collected by conducting resource inventory in each of the study health centers. An inventory checklist was used to see if there was uninterrupted supply of required resources for the provision of comprehensive ANC services.

5.5.3. Data collecting Personal

Quantitative data was collected by eight in service trained female nurses where as qualitative data was collected by principal investigators and supervisors. The supervision was done by two B.Sc. midwives and the principal investigators.

5.6. Study variables

Dependant Variables: Client satisfaction

Independent Variables: - Socio-demographic variables of the client (age, educational status, religion, marital status, occupation, monthly income), preferring sex of provider, frequency of ANC visits, Privacy during consultation, time of initiation of ANC, accessibility, waiting time, duration of consultation time and availability of resources, client- provider interaction, explains procedures, advice on birth preparedness& nutrition, advice on birth complication

5.7. Operational and definition of terms

Health care quality is the ultimate validation of achieving and producing health and satisfaction [18].

Health care quality: the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge as well as clients' expectations [21].

Client satisfaction: Satisfaction can be defined as the extent of an individual's experience compared with his or her expectations [57]. It is measured in this study using twelve indicator items of questions related to satisfaction during examination, respectfulness, time concern, advice and information provided.

Satisfaction: It was measured based on five Likert scale which are named strongly disagree ,disagree ,neutral ,agree and strongly agree "the responses strongly agree and agree are classified as satisfied and responses strongly disagree, disagree and neutral as not satisfied. Neutral responses were classified as not satisfied considering that they might represent a fearful way of expressing dissatisfaction. This is likely because the interview is undertaken within the health facilities and mothers might be in fear to express their dissatisfaction feeling of the services they receive. This measures each respondent's satisfaction level [39].

Overall satisfaction level: 75% response of the twelve satisfaction indicator items were categorized under "satisfied" and those who were satisfied in less than 75% of the items were categorized as "not satisfied" [39].

Quality antenatal care: it was measured in terms of client satisfaction and availability of laboratory tests, drugs, supplies, infrastructures, skilled health personal and equipments for ANC service provision for this study.

Respecting Client: greeted and called by name in the beginning and appointment given at the end.

Waiting time is the time starts from the arrival of the client to the health center till the reception of the service. It is measured in this study based on the opinion of the clients

Privacy: - The state of freedom from interference or public attention while antenatal care is provided which is measured in view of the clients.

Consultation time: - the time from the start of the consultation to its end. It was measured based on the perception of the clients.

Availability of infrastructure: it is said to be available when it is in line with national standard [51].

Availability of essential drugs: Tetanus vaccine, iron folic and ferrous sulphate should not absent for a day and has to have a minimum stock for at least two month [14]. At least one broad-spectrum antibiotic (amoxicillin or Augment in or Cotri-moxazole); either Albendazole or mebendazole; methyldopa (Aldomet); the first-line antimalarials; and at least one medicine for treating each of the following reproductive tract infections: trichomanesis, gonorrhea, Chlamydia, syphilis, candidacies, and helimenthesiasis in place during data collection period [49].

Training here refers to structured pre- or in-service sessions any time during the 12 months preceding the survey; it does not include instructions that they may have received during supervision.

Availability of laboratory tests: said to be available when at least the recommended tests such as urine test for infection and protein tests, rapid syphilis test, hemoglobin, blood group and Rh) are observed during data collection period.

Availability of basic equipments: it is said to be available when it is in line with national standard and observed during data collection period in service delivery area

(sphygmometer,fetoscope,thermometer,speculum,measuringtape,examination coach, stethoscope, blood pressure apparatus and adult weighing scale [51].

Availability of skilled personal: In maternal and child health case team if three midwifery specifically, two health officer, two laboratory technicians, three pharmacy technician, five nurse , one sanitarian in the health center in general is said to be available(meets minimum number requirement[51].

Accessibility: the potential ability of women to enter antenatal care services and maintain care for herself and fetus during antenatal care period. According to study participants it includes being able to begin antenatal care as early as possible with health care provider of the women's choice. It also encompasses having care available in location that are convenient to women's home or place of work close to bus routes and with adequate free or inexpensive charges. It was measured in this study in terms of physical access, financial access and availability of services in the view of ANC clients.

Users' fee or Charges for ANC service: User fees are charges levied at the point of use for any aspect of health services, and may include: registration fees, consultation fees, fees for drugs and medical supplies or charges for any health service rendered. Fees can be paid for each visit can encompass a whole episode of illness in this study, it is measured in the view of clients.

Clean Latrine: it is said to be clean when it is with no faces on or near the sets of the latrine and have not been disturbed by flies.

Safe/clean/ water: when piped or protected well water in the health center available and observed in the ANC counseling and examination room for use

Structure refers to the conditions under which care is provided. Structural attributes in this study included; human resources (number, variety, qualification of professionals), material resources (infrastructure, equipment and supplies such as sphygmomanometer, foetal scope, tape measure and thermometer etc).

Process quality refers to activities that constitute health care and interaction between client and care giver. Process in this study included time of initial ANC visit and frequency of visits and client provider interaction. Technical aspects included history taking, physical examination (general and systematic and blood pressure), and laboratory investigations (blood for VDRL, hemoglobin, and HIV, urine testing for albumin). Process quality also looked at treatment prescription of prophylactic treatments like (Iron and TTV), provision of health promotion messages (specifically on diet, delivery preparation, and obstetric complications) and referral system. It was measured based on the subjects answer for service provision and observation of consultation session with checklist.

Outcome quality according to Donavedian's changes (desirable or undesirable) in individuals and population that can be attributed to health care provided. Outcomes in this study included women's satisfaction with the service provided. Here the affirmative answer for the outcome category question assumed to measure the satisfaction level of the respondents.

Provider - client interaction: It is the process of reciprocal action or influence under taken between the service provider and the client. In this study it was measured in terms of inter personal aspects such as privacy, confidentiality, explaining procedures, treating with empathy, respect and friendly greeting, counseling on birth preparedness complication readiness, nutrition, consultation time and technical aspects include history taking, examination and counseling and it was measured in terms of client view and observation of the service provision during consultation.

Monthly income: It was measured on daily income of workers based on 2013 millennium development report which was used to classify workers in developing country as extremely poor, moderately poor, near poor, developing middle class and developed middle class based on their daily income of (<$1.25, ≥$1.25& $2, ≥2 $ & $4, ≥$4 & < $13 and >$13) dollars respectively. By changing the dollar to current currency that is one USA dollar is equal to 19 Ethiopian birr then this daily income was converted into monthly income of respondents[55].

5.8. Data Processing and Analysis

For quantitative data, the response was coded and entered into the computer using EPI Data version 3.1 statistical packages. Data was cleaned accordingly and then exported to SPSS version 20.0(IBM) for analysis. Descriptive statistics such as frequencies, mean, median, SD, percentage was carried out to see the distribution of the study subjects with the variables under the study. The result of the analysis was presented in tables and graphs as appropriate. Bivariate analysis was carried out to select variables for multivariate analysis. Multivariable analysis was carried out to identify factors associated with client satisfaction of quality of ANC service controlling the effect of confounding variables.

A p- value < 0.05 was considered as statistically significant. Adjusted odds ratios were used to see the strength of association with 95 % CI. Variables with p value <0.25 in the bivariate analysis was candidates for multivariable analysis. Finally the final model was constructed using stepwise logistic regression method.

Qualitative data was analyzed thematically by manually. The results were triangulated with quantitative data so as to strengthen the findings.

5.9. Data Quality Management

Training was given for both data collectors and supervisor by the principal investigator for two days. The training covered the objectives of the study ‘method of data collection.

Pre-testing of the questionnaire was carried out on 5% pregnant women at Bulike health center which is found in the adjacent woreda of the study area in order to evaluate the wording, logic behind and consequently edited and used the most applicable questions.

During actual data collection at the end of each day, the questionnaire was checked for completeness, accuracy and consistency by the supervisors and investigator and corrective action was under taken with all the data collectors and the supervisors.

The raw data from the in-depth Interviews was analyzed using content analysis procedures. The audiotapes from the In-depth interviews were transcribed and comparison with written notes was done for completeness, accuracy and as a data quality assurance measure. Each typed transcript was checked against the audiotape by principal investigator before being translated into English. The written transcripts from each interview were read and key words and significant statements were highlighted. The identified themes and sub themes that emerged from each interview were reviewed by the researcher and similar themes was grouped together. Significant statements for each theme was identified and triangulated into the quantitative data to give in-depth analysis of the quality of ANC at Demba Gofa woreda.

5.10. Ethical Consideration

Ethical clearance was obtained from Ethical Review Committee of college of public health and Medical sciences of Jimma University before the start of the study. Written cooperation letter was obtained from Demba Gofa woreda health department and from the respective health facilities. All the study participants (both clients and providers) were informed about the purpose of the study and finally verbal consent was obtained before interview or observation. The respondents have the right to refuse participation or terminate their involvement at any point during the interview. The information provided by each respondent was kept confidential. Furthermore, report writing was not referred a specific respondent with identifier

5.11. Dissemination Plan

The final result of this study is presented to Jimma University, College of Public Health & Medical Science, Department of Health service Management. After the approval by the department, it will be disseminated to SNNPRS Regional health bureau, Demba Gofa district Health facilities which are participated in this study. The findings will also be communicated to local health planners and other relevant stake holders at zonal and woreda level in the area to enable them take recommendations in to consideration during their planning process. It can also be communicated to health planners & managers at regional level. Attempts will be made to publish the finding in peer-reviewed journals and present it in scientific conference.

CHAPTER SIX: RESULT

6.1. Ssociodemographic attribute

The response rate was 98.8%. The mean age of respondent was 29.94 with SD, 4.3 years. Its range was twenty two. The mean and range of numbers of pregnancy were 2.68 with SD of 1.365 number of pregnancy and seven respectively. The average income and range of the respondents were 379.67 with (SD, 365) birr , 1950 (minimum 50 birr and maximum2000birr) respectively. Three hundred seventy three (89.2%) of the respondents were pregnant before and also 368 (88%) of the mothers were married. 21(5%) , 12(2.9%) and 3(.7%) were single, divorced and widowed respectively (**Table 1**).

Table1: Socio demographic characteristics of respondents in Demba Gofa woreda, March - April 2014

Factor		Number	Percent
Occupation	House wife	237	56.7
	Government employee	57	13.6
	Merchant	54	12.9
	Other*	42	10.0
Education status	No formal education	51	12.2
	Primary	166	39.7
	High school and above	198	47.4
Religion	Protestant	261	62.4
	Orthodox	102	24.4
	Muslim	50	12.0
	other**	3	0.7
Language	Gofatho	385	93.4
	Gammotho	6	1.5
	Amharic	21	5.1
Marital status	Married	368	91.0
	Single	21	5.2
	Divorced	12	2.9
	Widowed	3	0.7
Number of pregnancy	Primigravida	150	35.8
	Multigravida	2 48	59.3
	Grandmulti	21	5.0
Age	<20	60	14.4
	20 - 34	295	70.6
	35-49	14	3.3
Income	<712ETH	143	34.2
	712.5 - 1139ETH	270	64.6
	1140 - 2280ETH	5	1.2

Others * students ** Catholics and Adventists

6.2. Structural quality attribute

Two hundred sixteen (51.7%) were not comfortable with the waiting area. 30 years old woman noticed her experience as follows: *"I really like that they take the time for me to just go through my list of questions. "But I dislike when they made me to stay long time in their uncomfortable and with no seat waiting place."* Likewise, 243 (58.1%) and 105 (25.1%) were not comfortable with the toilet and examination bed respectively. Whereas 318(74.9) and 252 (60.3%) of mothers were comfortable with examination bed and working hours of health center respectively. Provider schedule appointment for the next ANC visit was appropriate for 318 (76.1%). Two hundred fifty six (61.2%) mothers waiting time was long, and for 254 (60.8%) mothers the health facility was not the closest. As 28 year old women reported, *'it is actually not quite convenient because I cannot walk there on nice days because it is far from my house"* A 31 year old woman described that:*"My home is very far from the health center as well the road to the health center is mountains in addition it takes me more than six hour to reach the health center, imagine how much hour will a single ANC visit take me a day"*

Sixty four (15.3%) mothers were paying for the service with average 19.52 (SD± 7.2) birr. A 21 year old Midwifery described her view as follows: *"They might pay for the services whenever they are seen at outpatient department but this is not appropriate for cases related to pregnancy and recommended components of services to be delivered free of charge, they should have been told to visit ANC clinic for free services' how ever did not"* Those mothers who did not go back without getting the service because of the absence of the providers accounted 67(16%) whereas those mothers who did not get the service accounted for 351(84%). Mothers who did miss the service as a result of lack of money were 371(88.8%) where as those did not miss accounted 47(11.2%) (Figure-**3**).

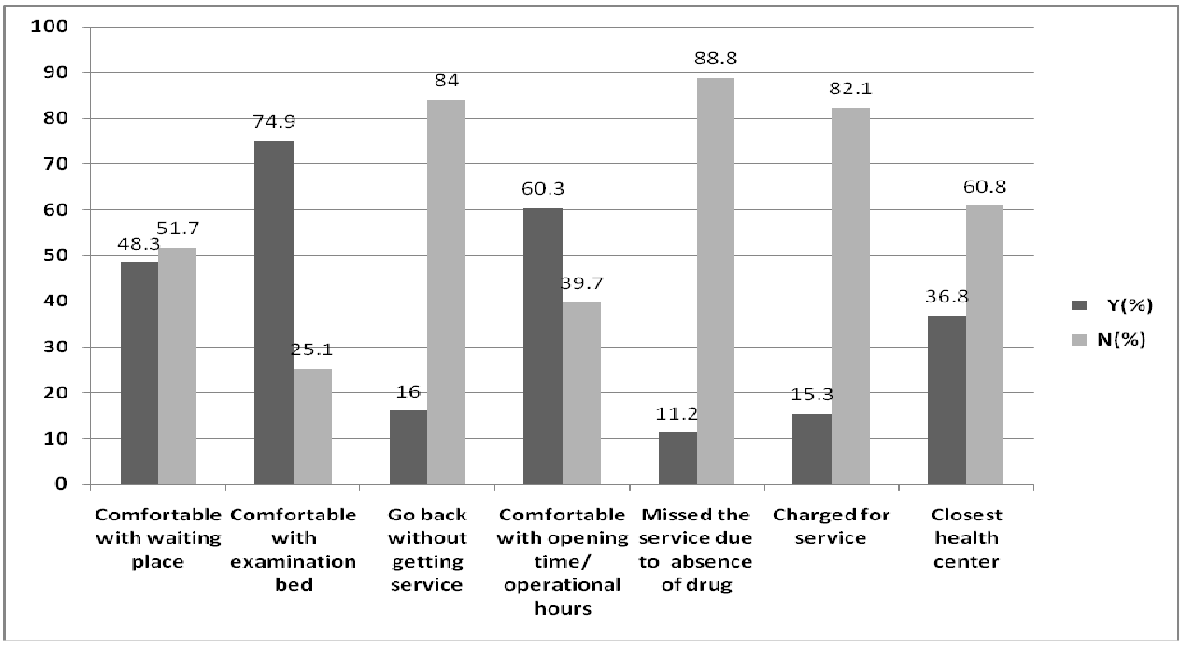

Figure 3 Structural attributes of quality of Demba Gofa public HC March - April 2014

6.2.1. Skilled health personal and providers training situation

According to the inventory result , the overall skilled health personal gap was 67.18% nursing professionals was excluded since it was in excess from the National standard. With regard to training almost all of the health personals had not taken training on FANC with in twelve months of the survey. The minimum required number, actual availability and the gap in each health center were presented. (**Table2**)

Table2: Availability of Skilled health human resources in Demba Gofa woreda public health centers March- April, 2014

	Nursing professionals	Environmental	Laboratory technician	Pharmacy technician	HO/BSN	Midwifery	Total
Lote Health Center							
Min. NO	5	1	2	3	2	3	16
Actual	8	0	1	1	1	1	11
Gap	+3*	1	1	2	1	2	5
%Gap		100	33.3	66.6	50	66.6	31.5
Trained number						2	
training area						EMOC&PMTCT	
U/B Health Center							
Min. NO	5	1	2	3	2	3	16
Actual	9	0	0	1	1	1	12
Gap	+4*	1	2	2	1	2	4
%Gap		100	100	66.6	50	66.6	25
Trained umber	0	0	0	0	0	0	0
Training area	0	0	0	0	0	0	0
LAIMA Health Center							
Min. NO	5	1	2	3	2	3	16
Actual	11	0	0	0	0	2	13
Gap	+6*	1	2	2	2	1	3
%Gap		100	100	100	100	33.3	23.1
Trained Number	0	0	0	0	0	1	
training area						BEMOC	
Dombe Health Center							
Min. NO	5	1	2	3	2	3	16
Actual	5	0	2	1	0	0	7
Gap	0	1	0	2	2	3	9
%Gap	0	100	100	66.6	100	100	43.8
Over all gap% by excluding nursing professionals						67.18	

*excess when seen with respect to standard

6.2.2. Availability of essential drugs, basic equipments, selected laboratory tests and infra structures

The interview of service providers& observation of facilities showed that essential drugs such as amoxicillin or Augment in or Cotri-moxazole); Albendazole or mebendazole; the first-line antimalarials were available in the 4 public health facilities where as methyldopa (Aldomet) ,iron folic and ferrous sulphate were absent in the majority of the health centers.

However, pieces of equipment, thermometers, sphygmomanometers, vaginal speculum, fetoscope, measuring tape, blood pressure apparatus, stethoscope, adult weighing scale, and examination coach were available at the time of visiting in four facilities. Similarly the facilities have private consultation & examination rooms.

From the four health centers Uba barea, Lymatsala and Lote health centers do not have clean latrine facilities, clean water supply, and all health center do not have private ANC waiting area. Electricity is available in Lote and Dombe health center but not in U/barea and Lymatsala.

With regard to the availability of laboratory tests; in almost all health centers those selected laboratory tests were not under taken during the data collection period. But HIV test was under taken in all health centers

6.3. Process quality attribute

6.3.1 Process attributes of care: interpersonal aspects

Three hundred twenty four (77.5) of mothers started ANC visit after first trimester. Two hundred ninety eight (71.3%) were not given iron pills. Two hundred twenty four (53.6%) had had short examination time. From the total participants 401 (95.9%) mothers prefer female care provider. For three hundred thirty two (79.6%) mothers' procedure was explained. This was supported by finding from observation in which Women were invited to talk about their medical concerns in 38(54.3%).Three hundred sixty two (79.6 %) were examined respectfully. The qualitative component of the study (by observation) also supported that respectful and friendly greeting was offered

for a total of 37(52.9%) clients. Three hundred twenty one (76.7%) of mothers were not treated with empathy which was also supported by interruption of women speech was observed in 45(64.3%) of consultations in the facilities. Likewise one hundred ninety eight (47.3%) of mothers had had discussion on nutrition with providers at this and previous visit of this pregnancy whereas 123(29.4%) were advised on nutrition for this visit only for this pregnancy this finding was supported by the observation result 69(98.6%) were advised. Women and antenatal care providers identified the importance of health promotion advice to encourage a healthy life style. Midwifery talked about taking time to address counseling about nutrition and appropriate weight gain was identified as an essential component of quality antenatal care. A20 year old Midwifery described her approach to this as follows: *"I think I do for more nutritional counseling than most people do because I do watch their weight gain and I do try to get them to have food three days a day or as needed and try to help them to bring the weight under control or the weight gain under control if it is getting a bit out of control." "A 33 year old woman reported that: "the nurse most of the time tells me to have variety food"* A 35 year old woman described her view as follows: *"I usually visit the health center for check up but most of the time they have not given me advice on nutrition in detail rather than saying eat more food than the usual"*

Ninety seven (23.3%) of mothers missed the opportunity of advise on nutrition for this pregnancy. With regard to birth preparedness, Two hundred thirty six (56.4%) of mothers were advised on birth preparedness on this and previous visit of this pregnancy. *A 33 year old woman reported that: The nurse at most of the visit let me get prepared for birth in order to prevent problems at birth, for this she tells me to save money for transport, get programmed with a skilled attendant and the likes"* Ninety seven (23.2%) of mothers had got the opportunity of getting advice for this visit only for this pregnancy. Eighty five (20.3%) of mothers were not advised on birth preparedness. *A 33 year old woman reported that: "Most of my visits to the health center for ANC services I have not been advised about birth preparedness"* In general, interpersonal aspects of quality were good, especially in relation to welcoming the patient and providing seat, talk about their medical concerns and respect.

6.3.2. Process attributes of care: technical aspects

The frequency of carrying out specific physical examinations revealed a heterogeneous picture. Some of the examinations were done very regularly (weighing, auscultation of the fetal heart, and palpation of the funds, taking blood pressure and the likes) in the public health centers of the woreda where as some of WHO recommended routine tests such as Anemia, blood grouping, any urine tests and syphilis tests were totally not performed for the observed clients (**Table 3**). With regard to iron prophylaxis in most of the health centers the services were not delivered during the data collection period for the study. The overall performance was considered weak in the facilities. For example, routine prophylaxis or well-known pregnancy-related risk factors such as anemia was only prescribed in a small proportion of consultations (**Table 3**).

Table 3: Services and procedures performed for ANC clients at the public health centers at Demba Gofa woreda, March-April,2014

Service or procedures(N=70)	N	%
History taking		
Client's age	70	100
Medications the client is taking	41	58.6
Date client's last menstrual period began	56	80
Number of prior pregnancies client has had	50	71.4
Physical examination		
Take the client's blood pressure	66	94.3
Weigh the client	70	100
Examine conjunctiva/palms for anemia	63	90.0
Examine legs/feet/hands for edema	54	77.1
Examine for swollen glands	20	28.6
Palpate the client's abdomen for fetal presentation	57	81.4
Palpate the client's abdomen for uterine height	56	80
Listen to the client's abdomen for fetal heartbeat	42	60
Conduct an ultrasound/refer client for ultrasound/look at recent ultrasound report	32	45.7
Examine the client's breasts	14	20
Conduct vaginal examination/exam of perinea area	11	15.7
Measure fundal height using tape measure	57	81.4
Routine tests		
Anemia (hemoglobin) test	70	0.0
Blood grouping	70	0.0
Any urine test	70	0.0
Syphilis test	70	0.0
HIV counseling and Testing		
Asked if the client knew her HIV status	69	98.6
Provide counseling related to HIV test	69	98.6

Refer for counseling related to HIV test	1	1.4
Perform HIV test	69	98.6
Refer for HIV test	1	1.4

(Table 3 Continued**)**

Maintaining healthy pregnancy		
Discussed nutrition (i.e., quantity or quality of food to eat) during the pregnancy	69	98.6
Informed the client about the progress of the pregnancy	50	71.4
Discussed the importance of at least 4 ANC visits	40	57.1
Iron prophylaxis		
Prescribed or gave iron pills or folic acid (IFA) or both	8	11.4
Explained the purpose of iron or folic acid	6	8.6
Explained how to take iron or folic-acid pills	8	11.4
Explained side effects of iron pills	3	4.3
Tetanus Toxoid Injection		
Prescribed or gave a tetanus toxoid (TT) injection	66	94.3
Explained the purpose of the TT injection	60	85.7
Deworming		
Prescribed or gave Mebendazole/Albendazole	1	1.4
Explained the purpose of Mebendazole/Albendazole	1	1.4
Malaria		
Provided ITN to client or instructed client to obtain ITN elsewhere in facility	67	95.7
Explicitly explained importance of using ITN to client	64	91.4
Preparation for delivery		
Asked the client where she will deliver	64	91.4
Advised the client to prepare for delivery (e.g. set aside money, arrange for emergency transportation)	66	94.3
Advised the client to use a skilled health worker for delivery	54	77.1
Discussed with client what items to have on hand at home for emergencies	19	27.1
Health worker – women inter action(interpersonal aspect)		
Interruption of women's speech	45	64.3
Respect	37	52.9

Concerns of women asked about	38	54.3
Offering seat	63	90.0
Explaining procedure to women	28	40.0

Concerning antenatal care service delivery, one hundred ninety eight (47.4%) ,123 (29.4%) were provided advice on nutrition in this and previous visits of this pregnancy respectively. whereas 97(27.2%) of clients were not advised at all.

One hundred ninety five (46.7%) , one hundred eleven (26%) mothers were advised on danger signs of pregnancy on contrary one hundred twelve (26.8%) were not advised at all for this pregnancy of their visit.

Two hundred thirty six (56.5%) and ninety seven (23.2%) mothers were advised on birth preparedness on the other hand eighty five (20.3%) were not advised at all for the visits (**Table 4**).

Table4: ANC service delivered for mothers at public health centers of Demba Gofa Woreda, March - April,2014

Characters	Number	Percent
Provider talk about nutrition		
This & previous visit	198	47.4
On one of them	123	29.4
Not at all	97	23.2
Provider talk about danger sign		
This & previous visit	195	46.7
On one of them	111	26.6
Not at all	112	26.8
Provider talk about birth preparedness		
This & previous visit	236	56.5
On one of them	97	23.2
Not at all	85	20.3
Saved money to be used at the time of delivery		
No	232	55.6
Yes	185	44.6
Examined respectfully		
No	51	12.3
Yes	362	87.6
Decide place of birth		
No	34	8.5
Yes	362	86.6
Where decided place of birth		
Home	109	28.3
Health post	39	10.1
Health center	232	60.7
hospital	2	0.5
Provider explained about examination		
No	85	20.3
Yes	332	79.6
Provider treated with empathy		
Yes	321	76.8
No	97	23.2
Provider treated equally		
Yes	307	73.4
NO	111	26.6

6.3.3. Factors associated with overall satisfaction

Time of initiation of ANC visit COR: 1.67 (95% CI: 0.9, 2.8) and frequency of visit COR: 1.8 (95% CI: 1.1, 2.9) were associated with mothers overall satisfaction. The detail was presented (**Table 5**).

Table5: Client satisfaction on bivariate analysis among ANC attending mothers of public health centers in Demba Gofa woreda, South West Ethiopia, March - April 2014

Factor	Satisfaction		COR (95% CI)
	Yes	No	
Initiation of ANC visit			
At first trimester	27(28.7.4%)	67(71.3)	1
After first trimester	63(19.4%)	261(80.6)	1.6(0.9, 2.8)
Frequency of ANC visit			
First visit	41(17.4%)	195(82.6)	1.8(1.2, 2.9)
Revisit	45(27.6%)	118(72.4)	1
TT vaccination			
One times	43. (17.6%)	201(82.4%)	3.8(1.7, 8.4)
Two times	22(22.4%)	76(77.6%)	2.8(1.2,6.6)
Three or more times	14(45.2%)	17(54.8%)	1
Irion pills provision			
This& previous visit	16(45.7)	19(54.3)	1
One of the visits	29(34.1)	56(65.9)	1.6(0.7, 3.6)
Not at all	45(15.1)	253(84.9)	4.7(2.2,9.8)
Explain for benefit of iron			
This and previous visit	29(44.6)	36(55.4)	1
One of the visits	41(14.8)	236(85.2)	4.6 (2.5, 8.3)
Not at all	20(26.3)	56(73.7)	2.2 (1.1, 4.5)
Explain for side effect of iron			
This and previous visit	27(25.5)	79(74.5)	1
One of the visits	41(20.4)	160(79.6)	1.3 (0.7, 2.3)
Not at all	22(19.8)	89(80.2)	1.3 (0.7, 2.6)
Talked about nutrition			
This and previous visits	53(26.8)	145(73.2)	1
On one of the visits	22(17.9)	101(82.1)	0.5 (0.2, 0.9)
Not at all	15(15.5)	82(84.5)	0.8 (0.4, 1.7)
Talked about danger sign			
This & previous visit	49(25.1)	146(74.9)	1
On one of the visits	24(21.6)	87(78.4)	1.2(0.6, 2.1)
Not at all	17(15.2)	95(84.8)	1.8 (1.0, 3.4)
Talked about birth preparedness			
This & previous visit	59(25)	177(75)	1
On one of the visits	17(17.5)	80(82.5)	1.5 (0.8, 2.8)
Not at all	14(16.5)	71(83.5)	1.6 (0.8, 3.2)
Save money			

No	56(24.1)	176(75.9)	1
Yes	34(18.4)	151(81.6)	0.7 (0.4, 1.1)
Prefer place of birth			
Health center or hospital	49(20.9)	185(79.1)	1
Health post	12(30.8)	27(69.2)	1.2 (0.6, 2.2)
Home	19(17.4)	90(82.6)	0.5 (0.2, 1.2)
Examined respectfully			
Yes	84(23.2)	278(76.8)	1
No	3(5.9)	48(94.1)	4.8(1.4,15.9)
Explain about examination			
Yes	81(24.4)	251(75.6)	1
No	9(10.6)	76(89.4)	2.7 (1.3,5.6)
Treated with empathy			
Yes	13(13.4)	84(86.6)	1
No	77(24)	244(76)	2.0 (1.0, 3.8)
Comfortable with waiting place			
Yes	54(26.7)	148(73.3)	1
No	36(16.7)	180(83.3)	1.8 (1.1, 2.9)
Comfortable with operational hours/opening time			
Yes	61(24.2)	191(75.8)	1
No	29(17.5)	137(82.5)	1.5 (0.9, 2.4)
Waiting time			
Short	48(29.6)	114(70.4)	1
Long	42(16.4)	214(83.6)	2.1 (1.3, 3.4)
Charge for service			
Yes	6(9.4)	58(90.6)	3.0 (1.2, 7.2)
No	82(23.9)	261(76.1)	1
Closest health center			
Yes	45(29.2)	109(70.8)	1
No	40(15.7)	214(84.3)	2.2 (1.3, 3.5)
time of consultation			
≤ 20 minute	55 (27.5)	145 (72.5)	1
> 20 minute	35(16.2)	181 (83.8)	1.9 (1.2, 3.1)

Women's satisfaction with antenatal care service was associated with frequency of the ANC visits. first visits were almost two times more likely unsatisfied than those who had follow up visit (AOR= 1.9 ,95% (1.1, 3.3) , mothers who were not advised on nutrition were three times seemingly unsatisfied than those who were advised. (AOR =3.3, 95%CI: 1.3, 8.5), mothers who were not advised on birth preparedness were three times probably unsatisfied than those who were advised (AOR = 3.3, 95%CI: 1.1, 9.3). Mothers whose homes not closer to health center were two times more likely unsatisfied than those who had closer home (AOR=2.3,95%CI: 1.3,3.9). Mothers who were charged for service were three times (AOR 3.4, 95 % CI: (1.2, 9.5) more likely unsatisfied than those who were not charged. Mothers who were provided iron pills in one of the visit were 99.86% times less likely unsatisfied than those who were not provided iron at all.(AOR= 0.14,95%CI; 0.05, 0.3).

They were statistically significant and associated with overall satisfaction level of ANC service (**Table 6**).

Table6: Predictors of client satisfaction greater than 75% satisfaction level among ANC attending pregnant women at four public health centers in South west , Ethiopia, March-April,2014

Predictor Variables	Satisfaction, n (%) satisfied	unsatisfied	COR (95%CI)	AOR(95%CI)	p.v
Frequency of ANC visit					
First visit	41(17.4)	195(82.6)	1.8 (1.1, 2.9)	1.9 (1.1, 3.3)*	0.03
Revisit	45(27.6)	118(72.4)	1	1.0	
Irion pills provision					
This & previous visit	16(45.7)	19(54.3)	1.6(.7,3.6)		
This visit					
Not at all	29(34.1)	56(65.9)	4.7(2.2, 9.8)	0.14(0.05, 0.3)	<0.01
	45(15.1)	253(84.9)	1	1	
Talked on nutrition					
This & previous	53(26.8)	145(73.2)	1	1	
This visit					
Not at all	22(17.9)	101(82.1)	1.6 (0.9, 2.9)		
	15(15.5)	82(84.5)	1.9 (1., 3.8)	3.3(1.3, 8.5)*	0.01
Talked on birth preparedness					
This & previous					
This visit	59(25.0)	177(75.0)	1	1	
Not at all	17(17.5)	80(82.5)	1.5 (0.8, 2.8)		
	14(16.5)	71(83.5)	1.6 (0.8, 3.2)	3.3(1.1,9.3)*	0.02
Closest health center					
No	40(15.7)	214(84.3)	2.2(1.3,3.5)*	2.3(1.3,3.9)*	0.006
Yes	45(29.2)	109(70.8)	1	1	
Charge for the services					
Yes	82(23.9)	261(76.1)	3.03(1.2,7.2)*	3.4(1.2,9.5)*	0.02
No	6(9.4)	58(90.6)	1	1	

*Statistically significant at p-value < 0.05, adjusted for explain about examination, treated with empathy, treated respectfully, comfortable with waiting place, waiting time, initiation of ANC visit, time of consultation and advice on danger sign of pregnancy

6.3.4. Model description

Variables significant at bivariate analysis with p-value less than 0.25 were included in the multiple variable logistic regressions. Multicollinearity between explanatory variables were checked via co linearity diagnosis using variance inflation factor greater than 10 and tolerance value less than 0.1. Assumption of logistic regression was checked by Hosmer-Lemeshow goodness of-fit-test, result 0.22

6.4. 4. Ooutcome attribute

Client satisfaction was rated by 12 items each having five point Likert scale from strongly disagree (1) to strongly agree (5) as shown in Table 7 which has internal reliability (Cronbach's α of 0.894). This shows that the items were internally consistent. To see the total score of each respondent, the points obtained from the 12 items by each respondent were computed. A respondent had a minimum 13 and a maximum of 60 points on ANC satisfaction. Its mean and median were 39.74 and 41 respectively. Clients were categorized as not satisfied for strongly disagree, disagree and neutral and or satisfied for strongly agree and agree. The overall satisfaction percentage of the client was 21.5 % with(CI 17.9, 25.6%) that means from 60 maximum points mothers who responded 45 and above points were regarded as they were satisfied and otherwise not. The cut point 75% was used since it is usually recommended percentage and preferred by the public to be said on the safest side of the quality of the service provided [56].

Dissatisfaction was highest (78.5%) among women receiving ANC at Demba Gofa woreda public health centers. In this regard 318(75.5%) of mothers were dissatisfied with that the health center has clean latrine and adequate water supply, two hundred ninety six (70.9%) of clients were dissatisfied with waiting time was faire and two hundred fifty three (60%) of clients were dissatisfied with waiting area was adequate and with seat. Of all satisfaction levels, cost for service was faire related satisfaction 286(67%), recommending relatives and others to attend the service at this health center 260(61.1%), general happiness with the service provided today251(59.1%) and continuing the rest ANC visit in this health center 247 (58.1%) were the highest four satisfaction levels(**Table 7**).

Table 7: Category of care and satisfaction level by dichotomizing strongly disagree, disagree and neutral to not satisfied and strongly agree and agree to satisfied mother who received ANC in public health facilities of Demba Gofa, march –April 2014

Category of care		Number	Percent
waiting time was faire	Satisfied	122	29.1
	Unsatisfied	296	70.9
The provider was easy to understand	Satisfied	201	48.1
	Unsatisfied	217	51.9
Received full information about ANC today	Satisfied	215	51.4
	Unsatisfied	203	48.6
Waiting area was adequate & with seat	Satisfied	169	40
	Unsatisfied	253	60
Privacy during consultation was maintained	Satisfied	187	43.8
	Unsatisfied	237	56.2
Provider's greeting was good and in a friendly way	Satisfied	205	48.4
	Unsatisfied	218	51.6
The hours of opening & operation time of the H/c is appropriate	Satisfied	208	49.1
	Unsatisfied	216	50.9
The H/C has clean latrine and adequate water supply	Satisfied	104	24.5
	Unsatisfied	318	75.5
You want to continue the rest ANC visits in this H/C	Satisfied	247	58.1
	Unsatisfied	175	41.9
Cost for services or treatments was fair	Satisfied	286	67.3
	Unsatisfied	134	32.7
You recommend your relatives & others to attend the H/C	Satisfied	260	61.1
	Unsatisfied	159	38.9
Generally you are happy with all the services you have got today	Satisfied	251	59.1
	Unsatisfied	162	40.9
Overall satisfaction percentage	21.5		

Table 8: Respondents satisfaction level on each category of outcome quality attribute among antenatal clients of Demba Gofa Woreda public health centers March- April 2014

Items	Strongly disagree	disagree	neutral	agree	Strongly agree	Mean(SD)
Waiting time was faire	17(4.1)	59(14.1	220(52.6)	103(24.6)	19(4.5)	3.1(0.8)
Understand what the provider said	30(7.2)	38(9.1)	149(35.6)	165(39.5)	36(8.6)	3.3(1.0)
Received full information	47(11.2	27(6.5)	129(30.9)	165(39.5)	50(12.0	3.3(1.1)
Waiting area was adequate & with seat	17(4.1)	104(24.9	129(30.9)	14133.7)	27(6.5)	3.1(0.9)
Privacy during consultation	63(15.1	75(17.9)	99(23.7)	125(29.9)	56(13.4	3.1(1.2)
Greeting was good	44(10.5	40(9.6)	133(31.8)	144(34.4)	57(13.6	3.3(1.1)
Opening & operation time appropriate	67(16.0	39(9.3)	107(25.6)	154(36.8)	51(12.2	3.2(1.2)
Health center has clean latrine& adequate water supply	10(2.4)	183(43.)	123(29.4)	69(16.5)	33(7.9)	2.8(0.9)
You will continue the rest visit in this H/C	33(7.9)	40(9.6)	103(24.6)	69(16.5)	33(7.9)	3.4(1.1)
Cost was faire	42(10.0)	33(7.9)	59(14.1)	113(27.0)	171(40.9)	3.8(1.3)
Recommend this HC for your relatives	18(4.3)	39(9.3)	102(24.4)	204(48.8)	55(13.2	3.5(0.9)
You are happy with service provided today	26(6.2)	36(8.6)	107(25.6)	182(43.5)	67(16)	3.5(1.1)

CHAPTER SEVEN: DISCUSSION

The study estimated the level of mothers' satisfaction with antenatal care services at Demba Gofa woreda public health centers at Gammo Gofa Zone in South west Ethiopia.

The overall proportion of mothers who were satisfied with antenatal care in this study was 21.5% with (95%CI: 17.9%,25.6%). This percentage is very low compared to other studies in developing countries 81.4% in South west Nigeria[33] In this study ANC mothers satisfaction was predicted by frequency of ANC visit, advise on nutrition, advise on birth preparedness, charge for service, provision of iron pills and closeness of the health center to pregnant women home. This finding is inconsistent with other studies in Africa [34, 52]. This much variation in satisfaction of the service might be explained by lack of orientation on FANC for providers, supplies, skilled human resource 'not undertaking the recommended intervention, the absence of the provider in due time and the expectation of mothers.

Mothers who had first ANC visit were almost two times more likely to be un satisfied than mothers who had follow up visit. Similar finding was reported in Ethiopia[34]. This might be justified by understanding the benefit of the service, familiarity with provider and experience.

The study also showed that mothers who had not got advice on nutrition and birth preparedness and complication readiness were three times more likely to be unsatisfied than mothers who were advised[3, 13, 40, and 53].This might be explained by the awareness and experience of the clients with regard to the services as well as expectation. Mothers whose homes at long distance from health center were two times more likely unsatisfied than those who were at short distance [35-37, 52]. This might be justified by the consumption of the time to reach the health center, after arrival the fear of absence of the provider, the required drugs and supplies and the work load at home might disappoint. Mothers who were not advised on nutrition were three times more likely unsatisfied than those who were not. This finding is in line with finding in Nigeria [38]. Nutrition is a fundamental pillar of human life and its requirement varies

with respect to age, gender and during physiological changes such as pregnancy. Clinical implication of nutrition and birth preparedness. Many women suffer from a combination of chronic energy deficiency, poor weight gain in pregnancy, anemia, and other micronutrient deficiencies, as well as infections like HIV and malaria. These along with inadequate obstetric care, contribute to high rates of maternal mortality and poor birth outcome.

Those mothers who were charged for service were three times more likely unsatisfied than those who were not charged. This finding is in agreement with finding in Northern Ethiopia [39].Those mothers who received iron in one of the visits were 99.86% less likely unsatisfied than those who were not provided at all.

The results revealed the health Centres had inadequate number of skilled personnel to attend to pregnant women at the antenatal clinic. The number was inadequate compared to the minimum number of skilled personal required in public health facilities according to National standard [51] and considering the required services and counseling to be provided. This had an implication on the quality of the services delivered because lack of the required skilled professionals will result in increase in waiting time of the clients and decrease in access of the service[33].

The situation in the Woreda is in agreement with the national situation in Ethiopia where other studies have identified low staff levels in most government health facilities to provide required services of proper infrastructure for providing ANC compared to the standards was identified at the health centres [51]. Antenatal women had to wait for the services outside on the ground due to lack of proper structure such as absence of private waiting area and seats, clean latrine, lack of clean water supply.

The findings was consistent with another study[34] Where findings showed that there was no proper structures for providing ANC in most public health centers which hindered most women from reporting for ANC. The finding from inventory and observation entails lack of readiness to provide ANC at the facility. There was also severe shortage of material resources for providing ANC identified at the Health Centre. The health centre had shortage of vital supplies for providing ANC like, reagents for VDRL check, urine

analysis, hemoglobin, Rh and blood grouping ,ANC drugs like iron and others as the in-depth interview result from health center head, laboratory technologist, druggist and ANC provider ascertained. Both women and health care providers discussed the value of screening and assessment as part of quality of antenatal care: A25 year women talked *"primarily about the tests and measurements that provide reassurance the pregnancy and fetal development were progressing normally."*

As one woman commented, *"Every time they check me really they check weight blood pressure and the likes but they did not do laboratory tests".*A26 year old Antenatal care provider noted the importance of following guidelines for screening in pregnant to ensure better out comes for mothers and babies. *"However majority of laboratory tests such as blood grouping, Rh factor syphilis test, any urine tests and anemia tests were not done due to lack of reagents and other resources"* the heads of the of health centers confirmed that *"we did not under take some laboratory tests since we lacked resources in this regard.*

In addition there was inconsistent availability of the supplies. Shortage of material resources supports earlier findings where most public health centers in some study area lacked necessary equipment and supplies like iron, speculum and sphygmomanometers for providing maternal care services[54]. Similar observations were made by WHO, where many public health centers especially developing countries lacked basic supplies and equipment for provision of quality of maternal services which resulted in compromising quality[20]. In agreement with the finding, studies in Eastern Uganda [40] revealed that the quality of ANC in most public health facilities is affected by lack of necessary equipment and resources compared to private facilities mainly due to inadequate funding. This finding implied that the women were denied of services requiring materials which were not available. The study further revealed that the majority of women in Demba Gofa attended antenatal clinic. Despite high antenatal attendance in this study, most women started ANC late that is after first trimester(ideally after 16 weeks) contrary to WHO recommendation of initiation of antenatal care before sixteen weeks [5].

Late starting was due to effect of distance of the health center from clients home and accessibility issue. The clinical implication of late initiation of ANC is the missed opportunity for early intervention for a large proportion of pregnant women in Demba Gofa health centers. This implies that messages regarding the importance of early initiation of ANC have not made any significant impact in the area. The study findings further revealed the skilled staffs at all health centres were not trained on FANC, the new approach proved to have an impact on maternal mortality.

The staff providing ANC concentrated on examinations proven to have less impact on maternal health like weighing, auscultation of the fetal heart and palpation of the funds. Other important examination like, urine and VDRL testing bold grouping and Rh factors and syphilis testes were not done to majority of clients due to lack of reagents and other resources as the qualitative findings from inventory, observation and in depth interview revealed. This implied identification of pre-existing health conditions that may affect outcome of pregnancies such as anemia, and other sexually transmitted infections were not offered. Such missed opportunities should be regarded as indicators of unsatisfactory quality of ANC services. However the finding could be due to lack of staff training on FANC, and lack of resources. Inadequate staff training or lack of refresher courses to upgrade staff skills on maternal health have also been reported in some studies.

Study findings revealed that health education on HIV, and diet was given to most women during ANC follow up. However other important information like danger signs, afterbirth complications, and plan for delivery which are emphasized in FANC were not given to some of the antenatal women. This result consistent with a finding in another study on quality where most health workers in public health centers did not dwell much on educating women on topics like danger signs and birth plan during pregnancy[53]. This implied that emergencies and complicated pregnancies were good time. Women in the survey perceived ANC at Demba Gofa public health centres as unsatisfactory. In line with the survey findings, the qualitative data especially the in-depth interviews with ANC provider, laboratory technologists, druggists and head of health center key informants revealed none under taking of majority of the recommended ANC components due to the

fore mentioned reasons. Two hundred fourteen (83.6%) of mothers perceived long waiting hour were reported were strengthened during in-depth interview with pregnant women in the study. Unsatisfaction in the survey could either mean lack of required services, long waiting time, accessibility issues like financial and physical accessibility by women on what care they could expect at the antenatal clinic or could mean clients avoiding the risk of being denied care during the next visit or clients may also say they are satisfied with care because they want to please the interviewer, worry that care may be withheld in future, or they have cultural reason to fear complaining.

7.1. Strength of the study

The study has utilized different methods of data collection as well it was triangulated with qualitative findings. This could increase the validity of the result and the study.

7.2. Limitation of the Study

Hawthorn effect: It was the presence of an observer during the client-provider interaction, which might have improved provider performance, as well as reduced client openness, in response to the fact that they are being observed.

Social desirability bias: This was tried to minimize by interviewing mothers in a separate place by trained nurses who are not affiliated with the facilities studied.

CHAPTER EIGHT: CONCLUSIONS AND RECOMMENDATION

8.1. Conclusion

The study findings revealed that ANC provided at Demba Gofa public health Centres were below the required standards: The overall satisfaction of antenatal care services in this study was found to be low. First ANC visit, lack of advice on nutrition, lack of advice on birth preparedness, farness of the health center to mother's home, provision of iron and Charge for service were independently associated with mothers unsatisfaction of antenatal care..

Health workers were not implementing current recommended ANC approach known as FANC because they were not oriented at all. In addition unsatisfactory quality was due to lack of proper infrastructure for providing ANC, and inadequate capacity to deal to provide ANC to a large group of antenatal women, shortage of supplies and women in the survey perceived the care received as unsatisfactory which was also indicated by qualitative data lack of satisfaction with the ANC provided due to reasons which are concurring with the shortfalls identified shortage of staff, inadequate resources and lack of training on the new ANC approach for health personals on the quality of ANC at Demba Gofa public health centers.

8.2. Recommendation

According to results the following recommendations are made to improve quality of antenatal care in Demba Gofa woreda public health centers

The study strongly suggests strengthening antenatal follow up, advice on nutrition and birth preparedness, provision of iron and free of charge services at static and outreach level by different responsible bodies to assure that services provided are more clients directed.

South Regional health Beauro and Gammo Gofa Zone

Better if organize training on FANC for providers and managers
Should develop strategies in strengthening the health system intermes of human resource for health , laboratory reagents and materials and iron
Better if make the laboratory service strengthened in the rural health centers so as to avail the services for the clients at any time.

Demba Gofa woreda health office and Public health centers

Better if make continued availability of laboratory material, reagents and recommended laboratory test and supplies like iron.
Train the providers so that they are fully competent in all the component services, and able to offer them in an integrated fashion
Better to hire minimum required number of health personal in each health center as per the national standard.
Should address mothers whose homes are very far from the health center via outreach program me and other appropriate approach..
Should strengthen provision of the recommended ANC components counseling on nutrition, birth preparedness, and ANC follow up.
Should orient mothers' in order to make them initiate& catch up the four visits schedule as per WHO recommendation

Researchers

Better to explore the quality of antenatal care and its determinants by using rigors designs.

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Annex -1. Verbal Consent Form

JIMMA UNIVERSITY

COLLEGE OF PUBLIC HEALTH AND MEDICAL SCIENCES

DEPARTMENT OF HEALTH SERVICE MANAGEMENT

A QUESUONNAIRE TO ASSESS QUALITY OF ANTENATAL CARE IN DEMBA GOFA DISTRICT, GAMMO GOFA ZONE, SOUTHERN ETHIOPIA, 2014

Consent Form

You are among those who are selected to participate in this study. Here below I will mention you the important points that briefs you about the general nature of the study and your role in the study.

Purpose of the study

The quality of antenatal care service among pregnant women who use the service

Your role

You will be asked some questions about your socio-demographic characteristics, human and material resource of the facilities, the initiation, frequency and number of visits, the quality of the service provided and your satisfaction level with the service.

Benefit you will get

The result of the study will be important to improve the quality of ANC, depending on the result of the study the government or other concerned body will act in a way to correct problems that hamper the quality of ANC, if there is any and you will be one of those who will get the benefit.

Risk or discomfort of participating in the study

There is no risk or discomfort you should fear as a result of participating in this study.

Confidentiality

The information that you will give be available only for those who are engaged in this study and will be kept confidential. And also coding will be used in place of your name.

Time you may spend with us

Around 30 minutes will be enough to complete the process

Participation

It is your wish to participate or not participate in this study. You will lose nothing for not participating in the study and you have full right to discontinue providing information any time of data collection and still you will not have any harm for discontinuing the process.

You can ask anything that is not clear to you

1-Is all the information given above is clear to you? Yes___ No____

If No, re-explain the above information.

If yes, proceed to the next question.

2- Are you willing to participate in the study? Yes_➔__ No____

Interviewer:

If yes go to the questionnaire and start data collection. If no, skip to the next eligible.

Whom to contact:

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Annex-2-QUESTIONNAIRE

English Version Questionnaire

Assessment of structural aspects of all health centers about antenatal Services provider, head H/c and other health personal , interview and facility observation checklists

2.1 Health center_____

2.2 Health personal interviewed_____

2.3. Availability of skilled health personal

Sr.no	Category	Training status in RH	Year of training
1	Generalist medical doctor		
2	Nursing professionals (excluding degree nurses)		
3	Degree nurses (e.g. BSc. Nurse)		
4	Midwifery professionals (excluding degree midwives)		
5	Degree midwives		
6	Enrolled nurse/enrolled midwifes		
7	Health officers		

2.4. Availability of essential drugs

Sr No	Drug name	Available		Remark
		Yes =1	No=2	
1	Tetanus toxoid			
2	Irion folic			
3	Ferrous sulphate			
4	Quartem			
5	Amoxicillin			
6	metriondazole			
7	mebendazole			
8	Cotri-moxazole			
9	Aldomet			

2.5. Availability of Infrastructure

1	ANC waiting area	1. Yes 2. No	
2	Private space for ANC counseling	1.Yes 2.No	
3	Private space or ANC examination	1. Yes 2. No	
4	Sources of clean water	1. Yes 2. No	Pipe & protected well
5	Clean latrine	1.Yes 2.No	
6	electricity	1. Yes 2. No	
2.5.	Availability of essential equipments		
2.5.1	sphygmomanometer	1. Yes 2. No	
2.5.2	Fetos cope	1.yes 2.No	
2.5.3.	thermometer	1. Yes 2. No	
2.5.4	speculum	1. Yes 2. No	
2.5..5	Measuring Tap	1. Yes 2. No	
2.5..6	Examination coach	1. Yes 2. No	
2.5..7	Stethoscope	1. Yes 2. No	
2.5..8	Blood pressure Apparatus	1. Yes 2. No	
2.5.9	Weighting scale(adult scale)	1.Yes 2.No	
2.6. Laboratory tests		1.Yes 2. No	
2.6.1	Syphilis test(VDRL)	1.Yes 2.No	
2.6.2	Test for Rh factor	1.Yes 2.No	
2.6.3	Urine Analysis for protein	1.Yes 2.No	

2.6.4	Urine test for glucose	1.Yes 2.No	
2.6.5	HIV test	1.Yes 2.No	
2.6.6	Hgb /Hct test/	1.Yes 2.No	
2.6.7	Blood group test	1.Yes 2.No	

Questionnaire for Exit Interview of pregnant women to assess quality of antenatal care Services in Demba Gofa Woreda

Annex Measurement instruments

Exit interview for antenatal mother about the care they have received.

Table -2. Exit interview for antenatal care

Starting time of interview_____

Name of the interviewer_____

Explanation for awarded to the interviewed mother.

The aim of this study is to collect information to assess the quality of antenatal care provided in public health centers of Demba Gofa Woreda. The information that we obtained from you has great contribution to improve the health services and we would like to promise you that the information is confidential. There for you are kindly requested to select answer that express your right feeling while the interviewer asks. Instruction for the interviewer

Write Tick or number, or statements or word of the interviewed mother in front of the question of space provided ___of this space

2	Back ground information of the client
2.1	Health facility name
2.2	Date of visit.
2.3	Addresses
2.4	Age of Client
2.5	Marital Status 1.married 2.unmarried 3.divorced 4. widowed
2.6	Educational Status _____
2.7	Average income level per month :---------

NO.	QUESTIONS CODING CLASSIFICATION GO TO

2.8	Pregnancy status:- _____
2.9	Religious status1.Musilim 2.protestant 3.orthodox 4.others
2.10	Communicationlangue:1.goffigna 2.Gammogna 3. Wolitegna 4. Amharic
2.11	Occupation_____

101	Do you have an antenatal care card/book or a vaccination card with you today? if yes: ask to see the card/book.	Yes……1 no, ……2 card kept with facility no card/book used. . . 3	
102	Check the ANC card, book, or vaccination card. Indicate whether there is any note or record of the client having received tetanus toxoid.	yes, 1 time ----------1 Yes, 2 times . . . . . 2 yes, 3 or more times. .... .3 no record. 4	
103	How many weeks pregnant is the client, according to the ANC card, book, or vaccination card?	# Of weeks. . . . . Not available. 95	
104	Have you ever been pregnant, regardless of the duration or outcome, or is this your first pregnancy?	First pregnancy.---------- 1 Not first pregnancy. 2	
105	Is this your first antenatal visit at this facility for this pregnancy? if this is not the 1st visit, ask: How many times have you visited this antenatal clinic for this pregnancy?	First visit……1 Second visit . . . . . 2 Third visit . . . . . .3 Fourth visit.---------- 4. More than 4 visits-----.5.	
106	During this visit (or previous visits) did a provider give you iron pills, folic acid or iron with folic acid, or give you a prescription for them?	yes, this visit only. . .1 Yes ,this & previous visit.—2 Not at all----------3	
	Show the client an iron pill, a Folic-acid pill or a combined pill.		
107	During this visit (or previous visits) has a provider explained to you how to take the iron pills?	Yes, this visits only. . . . . .1 Yes, this & previous visit. .2 Not at all----------3	
109	During this visit (or previous visits) has a provider discussed with you the side effects of the iron pill?	Yes, this visits only. . --------1 Yes, this & previous visit----2 Not at all-------3	
110	During this visit (or previous visits) has a provider given you any pills to prevent you from getting malaria?	Yes, this visits only. . . . . 1 Yes, this & previous visit. . . . 2 Yes, previous visit. . . . 3 Not at all----------4	

111	During this visit (or a previous visit) did a provider advice you to use mosquito net that has been treated with an insecticide?	Yes, this visits only. . . . . 1 Yes, this & previous visit--.2 Yes one of the visits. . ----.3 No……4	
112	During this visit (or a previous visit) did a provider offer you a mosquito net that has been treated With an insecticide free of charge?	Yes, this visits only. . . . . 1 Yes, this & previous visit. 2 No……3.	
113	During this visit (or a previous visit) did a provider offer to sell you a mosquito net that has been treated with an insecticide or recommend a place to buy one?	Yes, this visits only. . . . . 1 Yes, this & previous visit. . . . 2 Yes previous visit only. . . . 3	
114	During this visit (or previous visits) has a provider talked to you about nutrition or what is good for you to be eating during your pregnancy?	Yes, this visits only. . . . . 1 Yes, this & previous visit. . . . 2 Yes previous visit only. . . .3 Don't know……4	
115	During this visit (or previous visits) has a provider talked to you about nutrition or what is good for you to be eating during your pregnancy?	Yes, this visits only. . . . . 1 Yes, this & previous visit. . . . 2 Yes previous visit only. . . . 3 Don't know……4	
116	Please tell me any signs of complications (danger signs) that you know of. Circle all responses client mentions. you may probe without using specific answers given on right	Yes, this visits only. . . . . 1 Yes, this & previous visit. . . . 2 Yes previous visit only. . . . 3 No……4	
117	During this visit (or previous visits) has a provider discussed things you should have in preparation for this delivery? This may include planning in case of emergency, things you should bring to a facility, or Provider did not things you should prepare at	Yes----------1 NO----------2	
118	During this visit (or previous visits) did a provider talk to you about where you plan to deliver your baby?	Yes---------- - 1 No----------2	
119	Have you decided where you will go for the delivery of your baby?	Yes……1 No……..2	
120	If yes, where?	At home……..1 At HP. ……2 At HC……..3 At hospital……4	
121	Did the health care provider treat you respectfully?	1.YES 2.NO	
122	Did the provider explain about the result of examination?	1.YES 2.NO	

123	Did provider treat you with empathy?	1.YES 2.NO	
124	Did the provider treat you equally like other clients?	1.YES 2.NO	
125	Did you comfortable with waiting place	1.YES 2.NO	
126	Did you comfortable with toilet?	1.YES 2.NO	
127	Did you comfortable with the examination bed?	1.YES 2.NO	
128	Did health providers schedule an appointment for you?	1.YES 2.NO	
129	Are you comfortable with the opening and working days of the facility?	1.YES 2.NO	
130	Is there time you missed the service due to lack of transport?	1.YES 2.NO	
131	Were you charged, or did you pay fees for any services you're received or were provided today?	1.YES 2.NO	
132	Is this the closest health facility to your home?	1.YES 2.NO	

2. CLIENT SATISFACTION			
NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
Now I am going to ask you some questions about the services you received today. I would like to have your honest opinion about the things that we will talk about. This information will help improve services in general.			

201	How long did you wait between the time you arrived at this facility and the time you were able to see a provider for the consultation?	Minutes . . . . . saw provider Immediately . . . . . 000 don't know	

202	Now I am going to ask about some common problems clients have at health facilities. As I mention each one, please tell me whether you agree with these issues for you today, and if so, whether you **agree** or **not**.					
		StronglyD	Disagree	N	Agree	S/agree
01	Waiting time was faire	1	2	3	4	5
02	The provider was easy to understand	1	2	3	4	5
03	You feel that you received full information about ANC today	1	2	3	4	5
04	Waiting area was adequate & with seat	1	2	3	4	5
05	Privacy during consultation was maintained	1	2	3	4	5
06	The Provider's greeting was good and in a friendly way	1	2	3	4	5
07	The hours of opening &operation time of the H/c is appropriate	1	2	3	4	5
08	The H/C has clean latrine and adequate water supply	1	2	3	4	5
09	You want to continue the rest ANC visits in this H/C	1	2	3	4	5
10	Cost for services or treatments was fair	1	2	3	4	5
11	You recommend your relatives & others to attend the H/C	1	2	3	4	5
12	Generally you are happy with all the services you have got today	1	2	3	4	5

OBSERVATION OF ANC CONSULTATION

1. Name of facility_____ Date----------Month---------- Year-------

Name of observer----------. Questionnaire code---------

2. Provider information

1. Generalist medical doctor 2. Nursing professionals (excluding degree nurses)
3. Degree nurses (e.g. BSN Nurse) 4. Midwifery professionals (excluding degree midwives) 5. Degree midwives 6. Enrolled nurse/enrolled midwifes
Sex of provider: 1. Male 2. Female

4. Observation of Antenatal-Care Consultation

NO QUESTIONS CODING CLASSIFICATION GO TO

READ TO PROVIDER: Hello I am (observer). I am representing the (the researcher members). We are conducting a study of public health facilities in Demba Gofa woreda with the goal of finding ways to improve the delivery of services. I would like to observe your consultation with this client in order to understand how ANC services are provided in this facility. Information from this observation is confidential. Neither your name nor that of the client will be recorded. The information acquired during this observation may be used by MOH or other organizations to improve services, or for research on health services. However neither your name nor the name of your clients will be entered in any data base.
Do you have any questions for me? If at any point you feel uncomfortable you can ask me to leave. However, We hope you won't mind our observing your consultation.
Do I have your permission to be present at this consultation?

Yes 2.NO ☐

READ TO CLIENT**:** Hello, I am_____ I am representing the (research members).We are conducting a study of health services Demba Gofa woreda public health facilities. I would like to be present while you are receiving services today in order to understand how ANC services are provided in this facility. We are not evaluating the **(nurse/doctor/provider)** or the facility. And although information from this observation may be provided to researchers for analyses, neither your name nor the date of service will be provided in any shared data, so your identity and any information about

you will remain completely confidential. Please know that whether you decide to allow me to observe your visit is completely voluntary and that whether you agree to participate or not will not affect the services you receive. If at any point you would prefer I leave please feel free to tell me.

After the consultation, my colleague would like to talk with you about your experience here today.

Do you have any questions for me at this time? Do I have your permission to be present at this consultation? ____ s 2. NO

Record the time the observation started ---------Minutes

Is this the first observation for this provider for this service? 1. Yes 1____

For each of the groups that follow, place “1” any action taken by the provider or the client. If no action in the group is observed, place "0" for each group at the end of the observation.

CLIENT HISTORY

105	record whether the provider asked about or the client mentioned any of the following facts:	
1	Client’s age	
2	Medications the client is taking	
3	Date client’s last menstrual period began	
4	Number of prior pregnancies client has had	
5	None of the above	

DANGER SIGN OF CURRENT PREGNANCY

107	in **column a**, record whether the provider asked about or the client mentioned any of the following for current pregnancy. in **column b**, record whether the provider counseled on the danger signs	(a) provider asked about or client mentioned	(b) provider counselled
1	Vaginal bleeding		
2	Fever		
3	Headache or blurred vision		
4	Swollen face or hands		
5	Tiredness or breathlessness		
6	Fetal movement (loss of, excessive, normal)		
7	Cough or difficulty breathing for 3 weeks or longer		
8	Any other symptoms or problems the client thinks might be related to this pregnancy		

PHYSICAL EXAMINATION

108	record whether the provider performed the following procedures:	
1	Take the client's blood pressure	
2	Weigh the client	
3	Examine conjunctiva/palms for anemia	
4	Examine legs/feet/hands for edema	
5	Examine for swollen glands	
6	Palpate the client's abdomen for fetal presentation	
7	Palpate the client's abdomen for uterine height	

8	Listen to the client's abdomen for fetal heartbeat	
9	Conduct an ultrasound/refer client for ultrasound/look at recent ultrasound report	
10	Examine the client's breasts	
11	Conduct vaginal examination/exam of perinea area	
12	Measure fundal height using tape measure	
13	None of the above	

ROUTINE TESTS

109	Record whether the provider("1" performed &"0"for no action taken the client for the following tests		
		Yes= 1	No=0
01	Anemia test		
02	Blood grouping		
03	Any urine test		
04	Syphilis test		

HIV COUNSELLING AND TESTING

110	record whether the provider did any of the following:	
	Asked if the client knew her HIV status	
	Provide counseling related to HIV test	
	Refer for counseling related to HIV test	
	Perform HIV test	
	Refer for HIV test	
	None of the above	

MAITAINING A HEALTHY PREGNANACY

111	record whether the provider gave the client any of the following advice or counsel about preparations	
1	Discussed nutrition (i.e., quantity or quality of food to eat) during the pregnancy	
2	Informed the client about the progress of the pregnancy	
3	Discussed the importance of at least 4 ANC visits	
4	None of the above	

IRON PROPHYLAXIS

112	record whether the provider gave the client any of the following treatment or counseling:	
1	Prescribed or gave iron pills or folic acid (IFA) or both	
2	Explained the purpose of iron or folic acid	
3	Explained how to take iron or folic-acid pills	

4	Explained side effects of iron pills	
5	None of the above	

TETANUS TOXOID INJECTION

113	record whether the provider gave the client any of the following treatment or counseling	
1	Prescribed or gave a tetanus toxoid (TT) injection	
2	Explained the purpose of the TT injection	
3	None of the above	

DEWORMING

114	record whether the provider gave the client any of the following treatment or counseling:	
1	Prescribed or gave Mebendazole/Albendazole	
2	Explained the purpose of Mebendazole/Albendazole	
3	None of the above	

MALARIA

115	record whether the provider gave the client any of the following treatment or counseling:	
1	Gave malaria prophylaxis medicine (SP) to client during the consultation	
2	Prescribed malaria prophylaxis medicine (SP) to client to obtain elsewhere	
3	Explained the purpose of the preventive treatment with anti-malaria medicine	
4	Explained how to take the anti-malaria medicine	
5	Explained possible side effects of the anti-malaria medicine	
6	Provided ITN to client as part of consultation or instructed client to obtain ITN elsewhere in facility	
7	Explicitly explained importance of using ITN to client	
8	None of the above	

PRPARATION FOR DELIVERY

116	record whether the provider gave the client any of the following treatment or counseling:	
1	Asked the client where she will deliver	
2	Advised the client to prepare for delivery (e.g. set aside money, arrange for emergency transportation)	
3	Advised the client to use a skilled health worker for delivery	
4	Discussed with client what items to have on hand at home for emergencies (e.g., blade)	
5	None of the above	
	Health worker women inter-action(inter personal aspect)	
1	Interruption of women's speech	
2	Door closed during examination	
3	Concerns of women asked about	
4	Offering seat	
5	Explaining procedures	

Observers' comment

Interview guide for women's Health development army leaders

A. Demographic Data

1. Age in years……

3. Level of Education: ----------

B: Regarding ANC utilization by pregnant women and their perception towards the services

1. How is the ANC attendance in this area?

2. In this area where do women go for? A. Antenatal. b. Delivery.

3. Give reasons for the chosen place Antenatal , Deliver , Postnatal Check up

4. in this area who is influential in deciding place of delivery for pregnant

Women Probe for Client Herself, Husband, Relative, Hospital staff ,TBA

5. In your opinion whom do you think women prefer to assist them during, ANC and delivery? Probe for Nurse/ midwifes ,Doctor ,TBA ,Relative

6. What are the possible reasons for choosing? Nurse/midwife ,Doctor, TBA ,Relatives ,Other specify

7. As Women's health development army leader/member of health committee what complaints have you heard from women who attend ANC, and deliver at: a. Hospital

B.Health centre c.TBA.

8. In case of maternity emergencies, how are women in this community referred to the health facility?

9. What role do men play in maternity emergencies?

10. In your opinion which sex (male or female) ANC attendant prefer to be seen by?

11. In your opinion how can safe motherhood be promoted in this area

Health Worker In-depth Interview Guide

Date of interview: ……

Name of facility……

Facility code number……

Instructions:

A. Demographic data:

1. Age-----

2. Profession------

B. Issues regarding quality of ANC and its determinants

3. Can you please tell how you understand quality of health services?

3.1. Dimension of quality of health

4. How do you explain the quality of health services in this health center?

4.1. Determinants of quality of health services

4.2. Any change over time (positive or negative). Why?

5. How do you explain the quality of ANC services in this health center?

5.1. Determinants of quality of ANC services

D/ Problems encountered when providing ANC

6. What problems do you encounter in assisting maternity clients? Probe for

a. Equipment (b) Lack of transport/fuel

c. No wireless communication (d) Shortage of professional staff

e. Lack of essential drugs (f) Community attitudes towards heath workers

7. At this health centre, what time do you open and close the antenatal clinic

8. What is your comment on quality of the antenatal services?

Thank you

Head of curative & rehabilitation officer in woreda health office In-depth Interview Guide

a. Logistics and supplies

1. What does quality health care mean?

2. What does a quality ANC service mean?

3. What are the logistics & supplies required for functional health center in order to deliver quality ANC? Probe

4. Do you think that all functional health centers in the woreda equipped with the required logistics and supplies to deliver quality ANC? Probe

5. Do have regular H/c supervision program? If so do you tell me the program?

Akime ketha sunthay _____

Oysheteyissasi dumma hanotta

Woddethi haniday eretti e77e _____ gidenna _____

He wodde layithay appuneshin

Azzina geello hanottay koyro wodethanne 1/ Machidabba 2/ Billetidaba 3/ Aziin hayi giddaba

Wodeetha payidoy

Yellanappe koyirro mirimara awudde domadi _____ agina

Yellanappe koyiro setiya mirimara appunnitto osseettadi

Yellanappe koyiro de77iya mirimara orra ossethanaw koyetti? A/ Maacassara B/ Attumara

Timirtte dethay

Agginnan demiyayis

Hayimannottey:- 1/ Mussilime 2/ Isillama 3/ Oriitodokise 4/ ye hare

Doonnay: - 1/ Gosatho 2/ Gamo 3/ Wollayittatto 4/ Amaaratho Ye hare.

Yellanage koyiro payatetha shakko go77a bussya be7ida oyishatta

Payiado oyishsha

101 yellanappe koyiro payatetha shakiya kariidiya hachchi oykidonna

E77e ----------1

Baawa----------2

Polibena----------3

102 e77e giddi zariyaba gidikko tt kitibatiya apunitto ekidakko shakka era (shakkadi?----------apuntto

103 ne jaaliya apuni samitta wodethekko shakidi erideti ---------- samitta

Waridiya bolluni xaasetibenne ? ( )

P ‘’x’’ maallatayi osetto

104 ha77ihe giddogayissappe sinthe yellanappe koyiro payatetha shakko kawwa giddon asirene giyo dhalliya ekkana malla kitideshin?

E77e ha77i kalli de7iyayssa giddon

E77e ha77i kalli de7iyayssa giddonine hassappe sinthe kalli be7iyayissa wudde.

Kitteti errenna

tta erikke

105. Ha77inne gidin hayissappe sinthe ayirene gi***** dhalle ekko kochcha qonccisidaba de77i?

E77e ha77i kalli be7iyayissara

E77e hachchi kalli be7iyayissa -----?

E77e heyissappe sinthe kalli be7iyayissara ----?

Erike _____ 4 _____ qoffetenna.

106. Ha77ine hayissappe sinthe ayirenni giya dhalliya asi go77iya baga newu qonccissi errena?

107. Ha77ine giddin hayissappe sinthe erranchayi katha wogga buga zorretetha immi eri?

108, shaara wodde medhetiya palla mulatta eranchay nerra zaretidi eri?

109. Yelo wodde yellannappe koyro gidanaba zorre immi eri?

110. yellidda wooda ne go77ettanaw mijidda misheyi de7i?

e77e _____

Bawaa _____

112. Na77a awani yellanawu koshiyakko piridadi?

e77e _____

Bawaa _____

113. e77i giyabba giddikko awani yellanawu qoppadi? _____ yellana aquwa suntha.

114. Payatetha erancha/ya/ payatetha be77ishe bonchi /y/

e77e _____

Bawaa _____

115. eranchayi/ya/ payatetha shaki eriyabay ayibekko qonccissi eri/y/

e77e _____

Bawaa _____

Qosetena ----------

116. eranchay /ya/ qossa ekkada dhalle marppe immadi

1. e77e ----------

2. erike ----------

3. bawa ----------

117. eranchay/ya/ ase shakonnan dhalle maarppe immi/y/

E77e ----------
Bawa----------
Erikke----------

Payatetha shakko osuwa othiya erancha sinthe adhanna gakanaw utiya sooyi injetide?

118. akime ketha shesha ketha geshatethay lo77o injjetide?

119. payattetha shakanaw zi77issiya arissayi lo77o inje?

120. Eranchayi sima yanna quma odideshin?

121. Erancha dhayada go77etona bidda qami de77i

122. Akime ketha ossunchatta osso geliya satteyi injetida.

123. Sakin akimme soo banaw misheyi dhayini herani de7iya akime kethappe go77a demmona qami de7i?

124. Suntha imanaw akimme ketha boda eranchchakko gakana gasso gammiya woddeyi ne qoffan oyi azzi?

125. Ne qoffani sutha ekkiddi harigiya shaki erana gakanaw de7iya woddey.

3. Payidoy oysha

201. Sutha immana gakanaw apuni saatte uttaddi?

202. ha77i ta nenna oyichiya oyshayi akime kethan go77a imishe daro tto medhetiya metto bagare?

Megga qoffa | 1 Ke77ippe gigikke | 1Gigikke |

| 3 ayikka gussi giddenna | 4 gigayis | 5 ke77ippe gigayssi |

Kalli de7iya oyshatta kaaran uttidda quallappe doorada zaara.

Go77a demanape koyro de7iya nagiya wodiyan
Eranchay odiyabayi issinira erettis
Hachi yellanappe sinthan de77iya batta koyshiya go77a gidana gakana demadassa
Go77ettana gakkanaw giddana mulla nagiya soo nne uttiya oyiddey de77es.
Mirimera othishe negiduwa kaare asi be77anada nagis
Eranchay lo77o bonchora marpiya dhalliya immes.
Payatetha nagiya kethay do7eeteyisne osoo suteyn
Phayatetha nagiya keethan gesha sheesha kethay nne giddiya haathi de77es.
Sinthappe miirimara wodde hayissa phatetha nagiya keethan osoo.
Go77esinne misshe ciigissoy issino.
Dabossinne haratta laageettas hayissan phayatetha nagiya ketham miirimara ossettana malla zoore qoffa immayis.
Hachi imettidda go77a ubban ufayatadassu.
Go77ettidda baattas miishe ciigaddi? E77e _____1 Cigabekka _____2
Zaaroy e77e giddikko appunne ciigadi? _____
Akimme kethay ne suwasi matte? E77e _____1 matta gidenna?_____2
Hachchi demidda go77a issi bolla ayida upayisikko be77adi? Ke7ehippe upayittos _____1 adha adha upayits _____2 upayittabikke _____3
Heyissa phayatetha nagiya bessani yellanappe koyro maramarettana malla dabbosine laggess zoore qoffa imaa eray? E77e _____3
Baawa _____2 eriike _____3
Heyissappe guye wodethi gidiyako mirimaras hayissa phatetha nagiya bessa yanne?\
E77e _____1 baawa _____2 erikke _____3
Mirimara woddey ne qoffan apuni saatte ungide? _____

Maccasa payatetha ossuwa kallethiya

Yissatas gigetida issuwa oyishshata

Oyisheteyisas hanottati

Mattummatethi

Laayithay

Tamare dethay

Ha heeran shahara maccasati ellannappe koyiro payatetha kalliyay missatti?

Elluwappe koyoro shaharida ayotti /mallassati/ payatetha demmanaw awu bonna?

Aybissi koyiro qonccetidda so huwa dooradetti?

Ha heeran wodexida maccassata yelliya aqquwas pirdda imey onne?

Ne qoffan ayotti awusse eranchchara zorre ekanannawune eranaw kiyi?

Aybis qommon qonccetti daro doronna?

Ne qoffan shaharidda ayotti awussa mattumatethan de7iya eranchara zorre ekanawunne koyona?

Maccassara gidikko aybis?

Attumaraka gidiko aybis?

የቅድመ ወሊድ ምርመራ ምልከታ

የጤና ጣቢያ ስም ---------- **ቀን** ----- **ወር** --------- **ዓ/ም** -------

ምልከታውን የሚያደርገው ባለሙያ ስም ----------

አገልግሎቱን የሚሰጠው የሙያ ደረጃ

ዲፕሎማ ነርስ

ዲግሪ ነርስ /ጤና መኮንን/

ዲፕሎማ አዋላጅ ነርስ

ዲግሪ አዋላጅ ነርስ

አገልግሎቱን የሚሰጠው ባለሙያ ዖታ 1 **ሴት** -------- 2 **ወንድ** --------

አገልግሎቱን ለሚሰጠው ቀጥሎ ያለውን አንብብ

እኔ በደምባ ጎፋ ወረዳ በቅድመ ወሊድ አገልግሎት ጥረት ላይ የሚካሄደውን ጥናት ከመረጃ ሰብሳቢዎች አንዱ ነኝ፡፡ ከዚህ ደንበኛዎ ጋር የሚያደርጉትን ምክክር ከቅድመ ወሊድ አገልግሎት አሰጣጥ አንፃር ማየት ፈልጊያለው፡፡

በምልከታው ወቅት የሚገኘው መረጃ ሚስጥራዊነቱ የተጠናቀቀ ነው፡፡ የእርስዎም ሆነ የደምበኛዎ ስም አይመዘገብም፡፡ ምናልባትም በምልከታው የተገኘው መረጃ በደምባ ጎፋ ወረዳ፣ በጤና ጥበቃ ሚ/ር እና ሌሎች ድርጅቶች የጤና አገልግሎቱን ለማሻሻል ወይም ለጤና ምርምር አገልግሎት ሊውል ይችላል፡፡ ይሁን እንጂ የእርስዎም ሆነ የደንበኛዎ ስም በመረጃ ቋት ውስጥ አይገባም፡፡

የምጠይቁኝ ጥያቄ አለ? በምልከታው ወቅት ጥሩ ስሜት ካልተሰማዎ ወጣ***** ይችላሉ፡፡ ይሁን እንጂ በምልከታዬ ቅር እንደማይሉ ተስፋ አደርጋለሁ፡፡

ምልከታው እንዲያደርግ ፈቅደውልኛል? አዎ አይደለም ☐ምበኛው የሚከተለውን☐ብ

እኔ በደምባ ጎፋ ወረዳ በቅድመ ወሊድ አገልግሎት ጥራት ላይ የሚካሄደውን ጥናት ከመረጃ ሰብሳቢዎች አንዱ ነኝ፡፡ በዚህ ጤና ጣቢያ የሚሰጠውን ደረጃ ለማወቅ ላንቺ አገልግሎቱ ቢሰጥ /መመልከት/ መገኘት ፈልጋለሁ፡፡ በዚህ እይታ ጊዜ አገልግሎት ሰጪውን የምንገመግምበት ሁኔታ የለም፡፡ ምንም እንኳ ለተጨማሪ ቢሰጥም የእርስዎም ሆነ አገልግሎቱን የወሰዱበት ቀን ለየትኛውም መረጃ ክፍል አይሰጥም፡፡ የእርስዎ ማንነትም ሆነ መረጃዎ በፍፁም ሚስጥራዊነቱ የተጠበቀ ነው፡፡

በዚህ ምርምር ስራ ላይ የእርስዎ መሳተፍም ሆነ ያለመሳተፍ በእርስዎ ፍቃደኝነት የተመሰረተና መረጃ መስጠት አለመስጠት በእርስዎ አገልግሎተ ላይ ሚያሳድረው ተጽእኖ የሉም፡፡ ምልከታዬ ጊዜ ምቾት ካልተሰማዎት ወጣ ሊሉኝ ይችላሉ፡፡ ከዚህ እይታ በኋላ ጓደኛዬ ከእርስዎ ጋር ለመወያየትና ልምድዎን ለመካፈል ውጭ ይጠብቅዎታል፡፡

የሚጠይቁኝ ጥያቄ አለ?

ምልከታውን እንዲያካሂድ ይፈቀድልኛል? 1 አዎ 2 አይደለም ☐ ☐

ምልከታው የተጀመረበት ሰዓት ---------- ደቂቃ ምልከታው ያበቃበት ሰዓት --------- ደቂቃ ከሚከተሉት ዐ.ነገር ድርጊት በአገልግሎት ሰጭው ወይም በተገልጋይ ከተሰወሰደ “1” ካልተወሰደ “0”

የደምበኛው የሕይወት ታሪክ

ተ.ቁ	የሚከተለውን እውነታ አገልግሎት ሰጪው /ተገልጋዩ/ገልፆ እንደሆነ መዝግብ	**አዎ** 1 አይደለም 0
1	የደንበኛ እድሜ ተጠይቋል	
2	የሚወስደው ህክምና	
3	የወር አበባ የጀመረበት የመጨረሻው ቀን	
4	የእርግዝና ብዛት	
5	ከላይ ለቀረቡ መጠይቆች ምንም አይነት ገለፃ አልተሰጠም	

የእርግዝና አደገኛ ምልክቶች

106	ባለው ክፍት ቦታ ባለሙያው ከጠየቀና ደንበኛው ከገለፀ አንድን ፃፍ 1 ስለአደገኛው ምልክት ባለሙያው ካማከረ ሁለትን ፃፍ 2	ባለሙያው ጠይቋል? ደንበኛው ገልጿል /1/	ባለሙያው አማክሯል /2/
1	የብልት መድማት		
2	ትኩሳት		
3	እራስ ምታት /የእይታ ብዥታ/		
4	የፊት ወይም የእጅ እብጠት		
5	ድካም /እስትፋንስ ማጣት/		
6	ፈታል እንቅስቃሴ /ዘገምተኛ፣ ከልክ በላይ፣ ትክክለኛ/		
7	ሳል /የአተነፋፈስ ችግር ከ3 ሳምንትና ከዚያ በላይ		
8	ምን አልባት ሌሎች ምልክቶች /ችግሮች ካሉ/ ከእርግዝና ጋር ይገናኛሉ፡፡		

አካላዊ ምርመራ

107	የሚከተሉትን ተግባራት ባለሙያው ተግብሮ ከሆነ “1” ካልተገበረ “0” በተሰጠው ቦታ ሙላ	**አዎ** 1 አይደለም 0
1	የደም ግፊት ልኬታ	
2	የክብደት ልኬታ	
3	የአይን /የመዳፍ ምርመራ የደም ማነስ	
4	የእግርና የእጅ ምርመራ እብጠት ለመለየት	
5	የአበጠ እጢ ምርመራ	
6	የሆድ ዳሰሳ ምርመራ የሕፃኑን አቀማመጥ ለማረጋገጥ	

7	የሆድ ዳሰሳ ምርመራ ለዩትሪያን ቁመት ልኬታ	
8	የደምበኛዋን ሆድ ማዳመጥ /የሕፃኑን የልብ ትርታ ለማዳመጥ	
9	አልትራሳውንድ ማንሳት /ሪፈር ማድረግ	
10	የጡት ምርመራ	
11	የብልት ምርመራ ማድረግ	
12	በቴፕ /ሜትር ፈንደል ቁመት ልኬታ	
13	ከላይ ከተገለፁት የትኛውንም አይነት ድርጊት አላደረገም	

መደበኛ የላቮራቶሪ ምርመራ /ቴስትስ/

108	አገልጋዩ ጠይቆ ከሆነ “1” ፈጽሞ ከሆነ “2” ሪፈር ካደረገ 3 ምንም ድርጊት ካልተወሰደ “0” ፃፍ	1 አገልጋዩ ጠይቋል	2 አገልጋዩ ተግብሯል	3 አገልጋዩ ሪፈር አድርጓል	0 ምንም ተግባር አልተሰወደም
	የደም ማነስ ምርመራ				
	የደም ግሮፕ ምርመራ				
	ማንኛውም ሽንት ምርመራ				
	የቅጥኝ ምርመራ				

ኤች አይ ቪ ኤድስ ምክርና ምርመራ አገልግሎት

109	የሚከተሉትን ተግባራት ባለሙያው ተግብሮ ከሆነ “1” ካልተገበረ “0”ን በተሰጠው ቦታ ፃፍ	**አዎ** 1 አይደለም 0
1	ደንበኛዋ የኤች አይ ቪ ኤዲስ ውጤቷን ስለማወቋና ስላለማወቋ ጠይቋል	
2	የኤች አይ ቪ የምክር አገልግሎት ሰጥቷል	
3	ለኤች ምክር አገልግሎት ሪፈር አድርጓል	
4	ኤች አይ ቪ ምርመራ አድርጓል	
5	ለኤች አይ ቪ ምርመራ ሪፈር አድርጓል	
6	የትኛውንም ድርጊት አልተገበረም	

ጤናማ እርግዝና ማስጠበቅ

110	ከዚህ በታች ያሉትን ተግባራት ባለሙያ ከተገበረ “1” ካልተገበረ “0”ን ፃፍ	**አዎ** 1 አይደለም 0
1	በእርግዝና ጊዜ ብዛትና ጥራት ያለው ምግብ መመገብ እንዳለባት አወያይቷል	
2	ስለእርግዝናው ሁኔታ ተናግሯል	
3	ቢያንስ 4 ጊዜ ስለሚደረገው የቅድመ ወሊድ ምርመራ ጥቅም አወያይቷል	
	ከላይ ያሉትን የትኛውንም አልገበረም	

የአይረን ፕሮፍላክስ

111	ከዚህ በታች ያለውን የምክር ወይም የህክምና ተግባር ከተገበረ “1” ካልተገበረ “0”ን ፃፍ	**አዎ** 1 አይደለም 0
1	አይረን ፒልስ /ፎሊክ አሲድ/ ወይም ሁለቱን ሰጥቷል /አዝዟል/	
2	የአይረኑን ወይም ፎሊክ አሲድ ጥቅምን ገለፃ አድርጓል	
3	ስለ አይረን /ፎሊክ አሲድ/ ፒልስ አወሳሰድ ገልጿል	
4	ስለ አይረን ፒልስ ጎንዮሽ ጉዳት ገልጿል	
5	ከላይ ከተገለፁት የትኛውንም አልተገበረም	

የዘጊ አናዳ መከላከያ ክትባት

112	ከዚህ በታች ያለውን የምክር ወይም የህክምና ተግባር ከተገበረ “1” ካልተገበረ “0”ን ፃፍ	**አዎ** 1 አይደለም 0
1	የዘጊ አናዳ መከላከያ ክትባት አዟል /ሰጥቷል	
2	ስለ ዘጊ አናዳ መከላከያ ክትባት አላማ ገልጿል	
3	ከላይ ከተገለፁት የትኛውንም አልተገበረም	

ድወርሚንግ /ፀረ ትላትል ሕክምና/

113	ከዚህ በታች ያለውን የምክር ወይም የህክምና አገልግሎት ባለሙያው ከሰጠ “1” ፃፍ ካልሰጠ “0”ን ፃፍ	**አዎ** 1 አይደለም 0
1	የመቧንዳዞል /የአቨንዳዞል መድኃኒት አዝዟል /ሰጥቷል	
2	የመቨንዳዞል /አልቨንዳዞል መድኃኒት ጠቀሜታ ገልጿል	
3	የትኛውንም ድርጊት አልተገበረም	

ወባ

114	ከዚህ በታች ያለውን የምክር ወይም የህክምና አገልግሎት ባለሙያው ከሰጠ “1” ፃፍ ካልሰጠ “0”ን ፃፍ	**አዎ** 1 አይደለም 0
1	የወባን መከላከያ መድኃኒት በኪሊ ሳልቴሽን ጊዜ ሰጥቷል	
2	የወባ መከላከያ መድኃኒት ሌላ ቦታ እንድታገኝ አዟል	
3	ስለ ወባ መከላከያ መድኃኒት ህክምና አላማ ገልጿል	
4	ስለፀረ-ወባ መድኃኒት አወሳሰድ ገልጿል	
5	ሊከሰቱ የሚችሉ የጎንዮሽ ጉዳቶችን ገልጿል	
6	የወባ መከላከያ አጎበር ሰጥቷል /ከሌላ ጤና ድርጅት እንድታገኝ ተናግሯል	
7	ስለ አጎበር ጠቁማታ ፍንትው አድርጎ ገለፃ ሰጥቷል	
8	የትኛውንም ተግባር አልተገበረም	

ለወሊድ የሚደረግ ቅድመ ዝግጅት

115	ከዚህ በታች ያለውን የምክር ወይም የህክምና አገልግሎት ባለሙያው ከተገበረ “1” ፃፍ ካልተገበረ “0”ን ፃፍ	**አዎ** 1 አይደለም 0
1	የት መውለድ እንዳለባት ጠይቋል	
2	የወሊድ ዝግጅት እንድታደርግ መክረዋታል፣ ለምሳሌ የገንዘብ ቁጠባ ዝግጅት ለድንገተኛ ጊዜ	
3	በወሊድ የሰለጠነ ባለሙያ እንድትጠቀም መክሯታል	
4	በድንተኛ ጊዜ ምን አይነት ቁሳቁሶች በእጅና በቤት መገኘት እንዳለባቸው አወያይተዋል	
5	የትኛውንም ተግባር አልተገበረም	

የተመልካቹ አስተያየት

የጤና ባሙያዎች የግል ቃለ-መጠይቅ ጋይድ

የጤና አጠባበቅ ጣቢያ ስም

የተጠያቂው እድሜ

የሙያ አይነት?

ጥራት ያለው የጤና አገልግሎት ስንል ምን ማለታችን ነው?

ጥራት ያለው የቅድመ ወሊድ አገልግሎት ስንል ምን ማለታች ነው?

አዎንታዊም ሆነ አሉታዊ ለውጥ ካለ ለምን?

ምን አይነት መረጃ በጤና ትምህርትና ምክር ጊዜ ትሰጣላችሁ?

የቅድመ ወሊድ አገልግሎት ስትሰጡ ምን አይነት ችግር አጋጥሟችሁ ያውቃል?

የአገልግሎት ሰዓታችሁ ስንት ነው /የሥራ ሰዓት/?

ስለእናንተ አገልግሎት ህብረተሰቡ ምን ይላል?

በቅድመ ወሊድ አገልግሎት ጥራት ላይ ያለሽ/ህ አስተያየት ምን ይመስላል?

አመሰግናለሁ

በደምባ ጎፋ ወረዳ ጤና ጥ/ጽ/ቤት የህክምናና ተሀድሶ ዋና ስራ ሂደት አስተባባሪን ለመጠየቅ የተዘጋጀ መጠይቅ

ጥራት ያለው የቅድመ ወሊድ አገልግሎት የሚያስፈልጉ ግብዓቶችና አቅርቦቶች ምንድናቸው?

ጥራት ያለው የቅድመ ወልድ አገልግሎት ለመስጠት አስፈላጊ የሆነው በላብራቶሪ መኖር ያለባቸው ግብዓቶች ምንድናቸው ?

መሠረታዊ የቅድመ ወልድ አገልግሎት ዕቃዎች ምንድናቸው?

ምን ያህል ጤና ባለሙያ በዓይነትና በብዛት በእናቶችና ህፃናት ጤና ኬዝ ቲም ያስፈልጋል?

በወረዳችሁ በቅድመ ወሊድ አገልግሎት ጥራት ላይ ያለህ/ሽ አስተያየት ምን ይመስላል?

ጥራት ላለው የቅድመ ወሊድ አገልግሎት ምን ምክረ ሃሳብ አለህ?

አመሰግናለሁ!