QUALITY OF FAMILY PLANNING SERVICE AND ASSOCIATED FACTOR IN JIMMA TOWN PUBLIC HOSPITALS, SOUTHWEST ETHIOPIA

By:

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A Thesis to be submitted to Jimma University, Institute of Health, Faculty of Public Health ,Department of Health Economics, Management and Policy in partial fulfillment of the Requirements for Degree of Masters of Public Health in Health Services Management

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Jimma, Ethiopia

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Abstract

Background: *Family planning plays an important role in reproductive rights and the protection of maternal health yet is underutilized in many parts of Sub-Saharan Africa. Studies had shown that quality of care is greatly compromised specially in resource limited settings that influence the uptake and continuation of use of family planning services. But the quality of the service, level of client satisfaction and associated factors was not studied in Jimma Town public hospitals.*

Objective: *The main objective of this study was to assess the quality of family planning services and associated factors in Jimma Town Public Hospitals, Southwest Ethiopia*.

Methods: *A facility based cross-sectional study design using both qualitative and quantitative methods was employed from March 25 to April 25 2018. A total of 278 female family planning users (15-49 years) in Jimma Town Public Hospitals were included in the study that was calculated using single population proportion formula and Consecutive sampling methods was used. Descriptive statistics, simple and multiple logistic regressions were used. Firstly, candidate variables were identified using bivariate logistic regression at P value of < 0.25.OR with 95% CI at P value of < 0.05 was used to declare statistical significance.*

Results: *The mean age of the respondents was 27±5 years old with a range between 17-42 years. The mean waiting time of the client before getting service and mean consultation duration was 23.5 and 12.5 minutes respectively. Those who are unable to read and write were 64 % less likely to be satisfied than those who were completed primary and secondary or preparatory schooling (AOR=0.363:CI:0.160,0.822),and those clients who were waiting < 30 minutes at waiting area were 2.7 times more likely to be satisfied than those who were waited ≥30 minutes(AOR=2.769:CI:1.300,5.898),Clients who received information on what to do if experience any problem were 2.8 times more likely to be satisfied than those who don't received the information (AOR=2.846:CI:1.371,5.909)*

Conclusions and recommendations: *In this study the satisfaction of clients in family planning service were low. This indicates that there is a need for further research.*

Acknowledgement

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Table of content

Contents

List of Tables

List of Figures

Abbreviation

CPR	Contraceptive Prevalence Rate
EDHS	Ethiopian Demographic and Health Survey
FP	Family Planning
FP2020	Family Planning 2020
ICPD	International Conference on Population and Development
IEC	Information Education and Communication
IOM	Institute of Medicine
IPPF'S	International Planned Parenthood Federation
MDG	Millennium Development Goal
FMOH	Federal Ministry of Health
PRB	Population Reference Bureau
TFR	Total Fertility Rate
WHO	World Health Organization

CHAPTER ONE

1. INTRODUCTION

1.1. Background

The Institute of Medicine (IOM) in the United State defines quality of care as‟ is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge and identifies patient safety, effectiveness, patient Centerdness,Timelines,Efficiency and Equity as the six elements of quality [1].Providing high quality of care, whether preventive or curative, improves the overall health and wellbeing of a population. Improving general health care services, including family planning services, can increase contraceptive use and reduce fertility rates [2].

Family planning plays an important role in reproductive rights and the protection of maternal health, yet is underutilized in many parts of Sub-Saharan Africa. In the region, approximately 20% of married women currently use a modern method of contraception and an average of one in four married women want to space or limit pregnancy, but are not using a modern method [3].

Quality of care in family planning encompasses a wide range of issues including technical competence, choice of methods, information given to clients, interpersonal relationships and appropriate constellation of services [4]. Several studies have shown that quality of care greatly influences the uptake and continuation of use of family planning services [4 -8]. Good quality care in family planning (FP) services helps individuals and couples meet their reproductive health needs safely and effectively [9,10]. Poorly delivered FP services can lead to incorrect, or discontinued contraceptive use and cause unwanted pregnancies, infections, injuries and even death [11].

Evidence has showed that good quality of health care positively correlates with patient satisfaction [12]. As a result, client satisfaction is widely used for measuring quality of care in family planning and other health services and has been used in a number of previous studies in low and middle income country settings aimed at determining the factors associated with quality of care in family planning services [13, 14, 15–17].

1.2. Statement of the problem

Strengthening family planning services is crucial to improving health, human rights, economic development, and slowing population growth [18]. Worldwide, approximately 830 women died every single day due to complications during pregnancy or childbirth in 2015 [19]. Studies have showed that up to 40% of maternal deaths could have been averted through use of family planning services [20, 21].

More than one in ten married or in-union women worldwide have an unmet need for family planning; that is to say, they affirm that they want to stop or delay childbearing but are not using any method of contraception to prevent pregnancy. Worldwide in 2017, 12 per cent of married or in-union women are estimated to have an unmet need for family planning In Africa, as many as one in five women have an unmet need for family planning. The level was higher in Africa (22 per cent) and Oceania (15 per cent) compared to other regions, where the unmet need for family planning is estimated to be at or below 10 per cent for married or in-union women.

Worldwide, the demand for family planning satisfied by modern methods among married or in-union women increased from 75 per cent in 2000 to 78 per cent in 2017. Among all regions, the demand satisfied by modern methods is by far lowest in Africa, with 41 per cent in 2000 and 56 per cent in 2017. In all the other regions, the demand satisfied by modern methods is above 75 per cent in 2017[22].

A Number of global partnerships such as the International conference on Population and development(I CPD) in1994 [23], the Millennium Development Goal (MDG) summit in 2000 [24],and the London Summit on Family Planning in 2012 endorsed a global partnership known as Family Planning 2020 (FP2020). This partnership aims to enable 120 million more women and girls to use contraceptives by 2020 in 69 of the world's poorest countries [25].

According to the results of the 2017 Revision, the world's population numbered nearly 7.6 billion as of mid-2017, implying that the world has added approximately one billion inhabitants over the last twelve years. The world's population is projected to increase by slightly more than one billion people over the next 13 years, reaching 8.6 billion in 2030, and to increase further to 9.8 billion in 2050 and 11.2 billion by 2100. More than half of the anticipated growth in global population between now and 2050 are expected to occur in the world's poorest continent which

is Africa. Of the additional 2.2 billion people who may be added between 2017 and 2050, 1.3 billion will be added in Africa.

Globally, total fertility is expected to fall from 2.5 births per woman in 2010-2015 to 2.2 in 2045-2050 and to 2.0 in 2095-2100, according to the medium-variant projection. In Africa, where fertility levels are the highest of any region, total fertility has fallen from 5.1 births per woman in 2000-2005 to 4.7 in 2010-2015 and from 4.7 births per women to 3.1 in 2045-2050, reaching a level slightly above 2.1 in 2095-2100[26].

High fertility rate is a major issue in many developing countries due to its long term effect on social and economic development. Deeply rooted traditional believes and values coupled with low level of development and low level of FP use are among the factors that lead to high fertility rate [27].

Improving the quality of care in family planning services is key to improve use of family planning services in developing countries, both by attracting new contraceptive users and by maintaining existing users(i.e. Ensuring continued engagement with services)[28–35].

Ethiopia has the second largest population in sub-Saharan Africa after Nigeria, with an estimated 105 million people living there. According to projections by the Population Reference Bureau (PRB) in 2017, in the year 2050 the country's population will reach 191 million people, making it one of the 10 largest countries in the world [26].

As reported by the 2016 Ethiopian Demographic and Health Survey (EDHS 2016) the Total fertility Rate is 4.6 children per women, Contraceptive Prevalence Rate (CPR) is 36% while the unmet need for family planning is 22% and 29% nationwide and Oromia consecutively. The surveys also indicate a substantial decline in the maternal mortality ratio which is 412 deaths per 100,000 live births [36].

In line with Ethiopia's FP2020 commitments, the Ministry of Health (MoH) developed the health sector transformation plan of 2015, which aimed to increase the Contraceptive Prevalence Rate (CPR) to 55%. This would mean reaching an additional 6.2 million women and adolescent girls with family planning services by 2020 [37].

In addition to this the health sector plan also identified transformation agenda from which one of it is transformation in equity and quality of health care for the strategic period, which emphasis towards improving quality of care at each level of the health system.

The health system, over the last two decades, has been focused on improving coverage of essential health services. It is high time to pay attention to the quality and equity of health services at all levels of the system, which are the core goals of the health sector transformation plan, which aspires to build a high performing health system. We should consistently strive to provide health care of good quality to all citizens regardless of any difference in personal characteristics including socio-economic status and geographic location.

During the coming five years, the health sector will sharply focus on transforming the health services by making a concerted effort and development of new models of care which normally aim to address all the dimensions of quality (i.e. effective, efficient, accessible, acceptable/patient-centered, equitable and safe) and seek to improve outcomes by organizing integrated responses[37].

There is general agreement that the quality of family planning and reproductive health services positively affects contraceptive use and behavior of the clients; and that clients deserve to receive safe and high quality services with respect and dignity [30]. Although study on assessment quality of family planning services conducted in Ethiopia [38:39], the quality of family planning services in Jimma Town Public Hospitals is not studied. Hence the aim of this study was to identify the potential problems related to the quality of family planning services in Jimma Town Public Hospitals.

1.3. Significance of the Study

To my knowledge there were no previous studies done to assess the quality of family planning service in Jimma Town Public Hospitals. This study is aspired on the assessment of quality of family planning service and associated factor in the study area. Therefore the information obtained from the study findings will be used:

- ✓ For providing baseline information for FP providers to improve service as well as to enhance counseling and information provision skills in the study area.
- ✓ For researchers who interested in this area it can provide valuable information to them.
- ✓ For program managers it will provide up-to-date information regarding Quality of family planning service. This helps to develop new strategies to improve quality of FP service in the future.
- ✓ For identifying factors affecting client satisfaction and to design appropriate and factor specific intervention.

CHAPTER-TWO

2. Literature Review

Improvements in the quality of family planning (FP) services have been found to increase in contraceptive acceptance and behavior of users and ensured continuity of use of the methods. [31] Quality of health service provision has increasingly been recognized as a key determinant of uptake by clients and acceptability in communities. The quality of FP services in the study areas are presented under the three main categories: preparedness of the FP services to provide a quality service, the service provision process, and outcomes [4:40].

2.1. Program Readiness of the FP services

Program Readiness (Preparedness) refers to factors that promote delivery of good-quality services, such as the availability of infrastructure, equipment's, supplies and trained staff or it reflects the material conditions at a facility that can aid or hinder the services that a client receives during an interaction with a service provider [25].

The findings from study done on quality of family planning in Jimma zone health center showed Concerning the availability of basic equipment's (equipment and commodities), each health center had sterilizer /Autoclave, Blood pressure apparatus, Weight Scale, Flash light, Uterine sound, Speculum, Scissors, teneculum, Antiseptic solutions, Disposable gloves ,Examination table, Thermometer, Needle and syringe, Mini lap kits, Sterile gloves, Pregnancy test, Different contraceptive methods and Minor surgery set. Blood pressure apparatus, examination bed and stethoscope were shared commonly with other departments like ANC in Serbo, Sheki and Yebu health centers and each of the health centers had two staffs that provide family planning services [38].

According to study done in Jimma zone health center the availability of IEC material at the health facility, different IEC materials like flipchart, pamphlets, FP posters, anatomical models, contraceptive samples and leaflets were observed in which all the health centers had sample of each materials and the providers used IEC materials in about one-third (33.3%) of the interaction [38].

2. 2. Quality of the FP service

Clients' perception of the quality of services received affects their utilization of services. Process refers to how the family planning services are delivered and whether the provider adheres to the standards of care. The provider's technical competency and the provider-client interpersonal relationship are often examined in assessing process [17].

Providers of reproductive health information and services are critical conduits through which clients obtain family planning information and counseling, upon which basis clients may make informed decisions about contraceptive use [46], noted, in a comprehensive review of the literature, that providers figure prominently in determining the quality of family planning services.

The findings from similar study showed that, majority (89%) of the clients were satisfied about cleanliness of clinic area [38].

A Study in Jimma zone health centers showed that majority of the respondents were satisfied to ease of getting clinic site 89% [38].

A Study in Jimma zone health centers showed that waiting time was acceptable (within 30 minute) to 92.4% [36] of the clients and Significant proportion (49%) of the respondents waited for <30 min before being attended to by service providers in north Nigeria [44].

The mean consultation duration was 10.5+ 8.3 minutes (range=3-50 minutes) from reports of the study done in Jimma Zone Health Center [38].

The study done in Jimma zone health center on quality of family planning showed that 65.3%, of providers greeted their clients, 82% of observed interaction the provider informed the clients about modern family planning and 93.3% of the clients helped to select their preferences to particular methods [38].

2.3. Outcome of service quality

The quality of care, whether measured according to objective standards or from the perspectives of clients or providers, is believed to influence reproductive health outcomes through improved client satisfaction and contraceptive use behavior [27:48].

Client opinion, especially satisfaction with services, is a subjective way of measuring quality of family planning services. Satisfied clients are more likely to re-visit the services, pass on positive messages by word of mouth to others, and continue use of a particular family planning method [47].

A Study in Sokoto North Nigeria on determinants of client satisfaction with family planning in government health facilities showed that large proportion (85%) expressed satisfaction with family planning services provided [44].

Another study on client satisfaction with family planning service and associated factors among family planning users conducted in Hosanna town public health facilities showed that 75.3% of client reported that they were satisfied with the family planning services they received [42].

Another study in Wonji hospital showed that 55% of clients were not satisfied. This is very large number more than half of FP users' which are not satisfied comparatively with other studies [43].

The mean satisfaction score of overall satisfaction was 8.64 and 93.7% of clients were satisfied in family planning services in the study conducted Jimma zone health center [38].

2.4. Conceptual framework

In this study, the J. Bruce (1990) framework is used, which is the central paradigm for the assessment of quality of care in international family planning and has large number of components that enables to assess different aspects of service quality. This framework emphasizes the importance of the client's perspective. It defines quality of care in terms of six fundamental elements [4, 41]. These are;

Choice of contraceptive methods: - Refer to having a range of contraceptive methods offered to the clients considering their divers needs such as clients age, gender, contraceptive intention and lactation status

Information given to clients: - consists of at least three key elements that help users in selecting and practicing contraceptive effectively.

1. Information about contraception, risks, and benefits of various methods.

2. Information how to use methods, its potential side effects, and how to manage those side effects.

3. Information about what users can expect from service providers regarding advice, support, supply, and referral to other service if needed.

Provider competence: -Refers to the skills and experience of providers in performing clinical conditions.

Client-provider interaction: -Are related in the received effective content of contacts between providers and clients. It is the degree of empathy, trust, assurance of confidentiality, and sensitivity of providers to meet the client's needs and expectations

Re-contact & follow-up mechanism: - Considers how service providers encourage clients on the continuity of use through well informed mechanisms such as community mass media, client-based follow-up mechanisms (return appointments).

Appropriate constellation of service: -means situating family planning service so that they are both acceptable and convenience to clients.

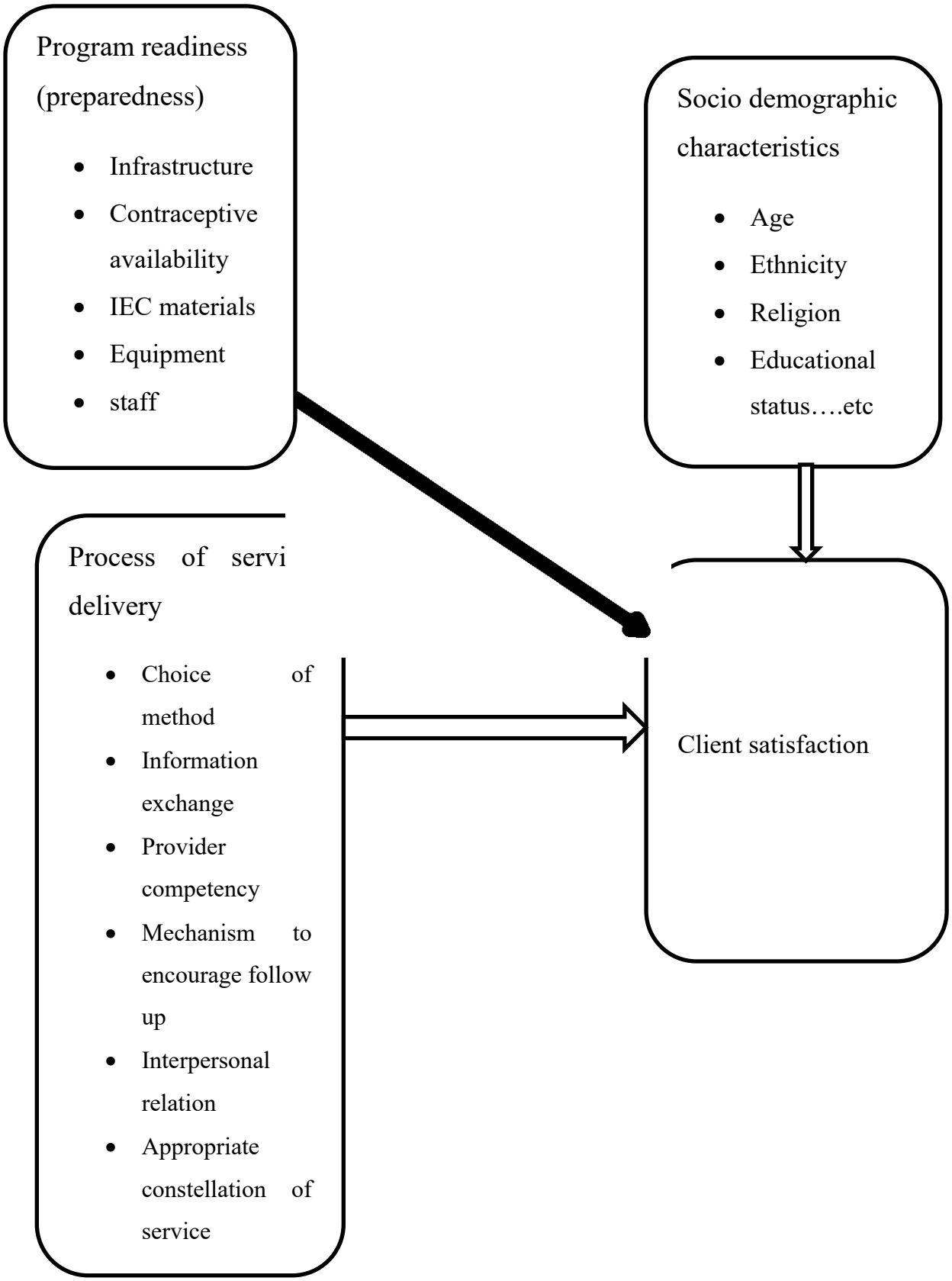

Fig 1: Conceptual frame work of quality of family planning and associated factors in Jimma Town Public Hospitals, Southwest Ethiopia, 2018*[4, 10]*

CHAPTER- THREE

3. OBJECTIVES

3.1. General objectives

- To assess the quality of family planning services and associated factors in Jimma Town Public Hospitals, Southwest Ethiopia, 2018

3.2. Specific Objectives

- To assess Program Readiness towards family planning service
- To assess provider compliance to the standards of care during client provider interaction
- To determine the level of client satisfaction on family planning service
- To identify factors associated with client satisfaction

CHAPTER-FOUR

4. METHODS AND MATERIALS

4.1. Study area and period

The study was conducted in Jimma university medical center and Shanen Gibe primary Hospitals from March 25-April 25 2018, which are found in Jimma Town. Jimma Town is located 356 Kms Southwest of Addis Ababa; Jimma university medical center; public health institution owned by Jimma University and start functioning in newly built hospital with annually allocated budget of 152,252,232 Birr (US5.6 $ million) and with bed capacity of 800, of which 600 beds are functional. Whereas the annual allocated budget for Shanen Gibe Primary Hospital is 24 million (US888, 889$thousands) with bed capacity of 50.The total numbers of health professionals currently (in 2018) in Jimma university medical center and Shanen Gibe Hospitals are 816 and 207 consecutively. The technical and support and temporary workers available in JUMC is 716 and 253 respectively. In the fiscal year of 2009 JUMC provided services for approximately 16,778 inpatients, 14,207 accident and emergency cases, 21,895 outpatients and 5,973 delivery attendances. The population being served by the hospital exceed to 15 million. The hospital delivers health services in many specialty areas. These include gynecology and obstetrics, surgery, pediatrics and child health, internal medicine, ophthalmology, psychiatry, and dentistry. Whereas 2,400 inpatient, 52,000 outpatient, and 13,000 emergency cases were service that are provided by Shanen Gibe Hospital and the specialty area fond in the hospital is internal medicine, surgery, pediatrics and gynecology. The source population from the record for both hospitals for family planning service in the fiscal year of 2009 is 3011.

4.2. Study Design

Facility based cross-sectional study design using both qualitative and quantitative methods were employed.

4.3. Source and Study Population

4.3.1. Source population:

–All female FP users who visited the FP service unit of Jimma Town Public Hospitals for satisfaction.

–All FP service providers at both hospitals for client provider interaction assessment during the study period.

4.3.2. Study population:

–All Sampled female FP users who visited the FP service unit during data collection period in JUMC and Shanen Gibe primary Hospital.

–All Service providers who were available during data collection period in JUMC and Shanen Gibe primary Hospital.

4.4. Eligibility Criteria

4.4.1 Inclusion criteria:

- ✓ All female FP users age group (15-49) visited JUMC and Shanen Gibe primary Hospital during the study period.
- ✓ All FP service providers in JUMC and Shanen Gibe primary Hospital who employed 6 months before the data collection commencement period.

4.4.2 Exclusion criteria:

- ✓ All those who failed to fulfill all the inclusion criteria.
- ✓ Those clients who have impaired hearing or unable to hear during the time of data collection period were excluded from the study.

4.5. Sample Size Estimation and Sampling Procedure

4.5.1. Sample size determination

For Client Exit Interview:

To determine the number of FP clients to be included in the study, the single population proportion formula used with an assumption: The proportion of FP clients satisfied with the service is 93.7% (Fikru et al., 2013), confidence level 95% and degree of precision 3%. A non-response rate of 10% is considered and then the total sample size is found to be 278.

$$n = \frac{Z(\alpha/2)^2 * P(1-P)}{d^2}$$

Where, P= 93.7%; the proportion of FP users satisfied with the service

d=0.03 (degree of absolute precision)

Z α/2 at 95% confidence level = 1.96

$$n = \frac{(1.96)^2 * (0.937)(1-0.937)}{(0.03)^2} = 252$$

Non response rate (NRR) = 10%

Therefore; the final sample size = 252*10%NRR + 252 = 278

Sample Size for FP Providers

All FP providers found during the data collection period were interviewed.

4.5.2. Sampling technique /procedure

Since there are two public Hospitals found in Jimma town, which is JUMC and Shanen Gibe primary Hospital, were selected purposively and consecutive sampling technique was employed to recruit client of FP service users from the two hospitals who were available during data collection period. The number of FP provider for both hospitals were four which was taken all .Then the sampled population were allocated proportionally to both of selected hospitals. According to information obtained from the record the source population for family planning service in the fiscal year of 2009 were 2078 in JUMC and 933 in Shanen Gibe primary Hospital. These were a total of 3011. The overall sample size determined for exit interview was 278. A proportional to size allocation was employed in order to allocate clients for exit interview from both hospitals. Then [278/3011X2078 = 192] clients were recruited from JUMC, while [278/3011X 933 = 86] clients were recruited from Shanen Gibe primary Hospital].

[**Client provider-interaction observation**]: A consecutive sampling technique was employed to select observation sessions with different time motion. Observation was conducted on three consecutive days in the morning and afternoon. On each day in the morning and afternoon two observations was conducted on both Hospitals. Therefore, On Monday morning two sessions, Afternoon two sessions up to Wednesday was continuing similarly on both hospitals. Hence the total number of observation sessions was [**4sessions x3daysx2Hospitals=24 observation sessions].**

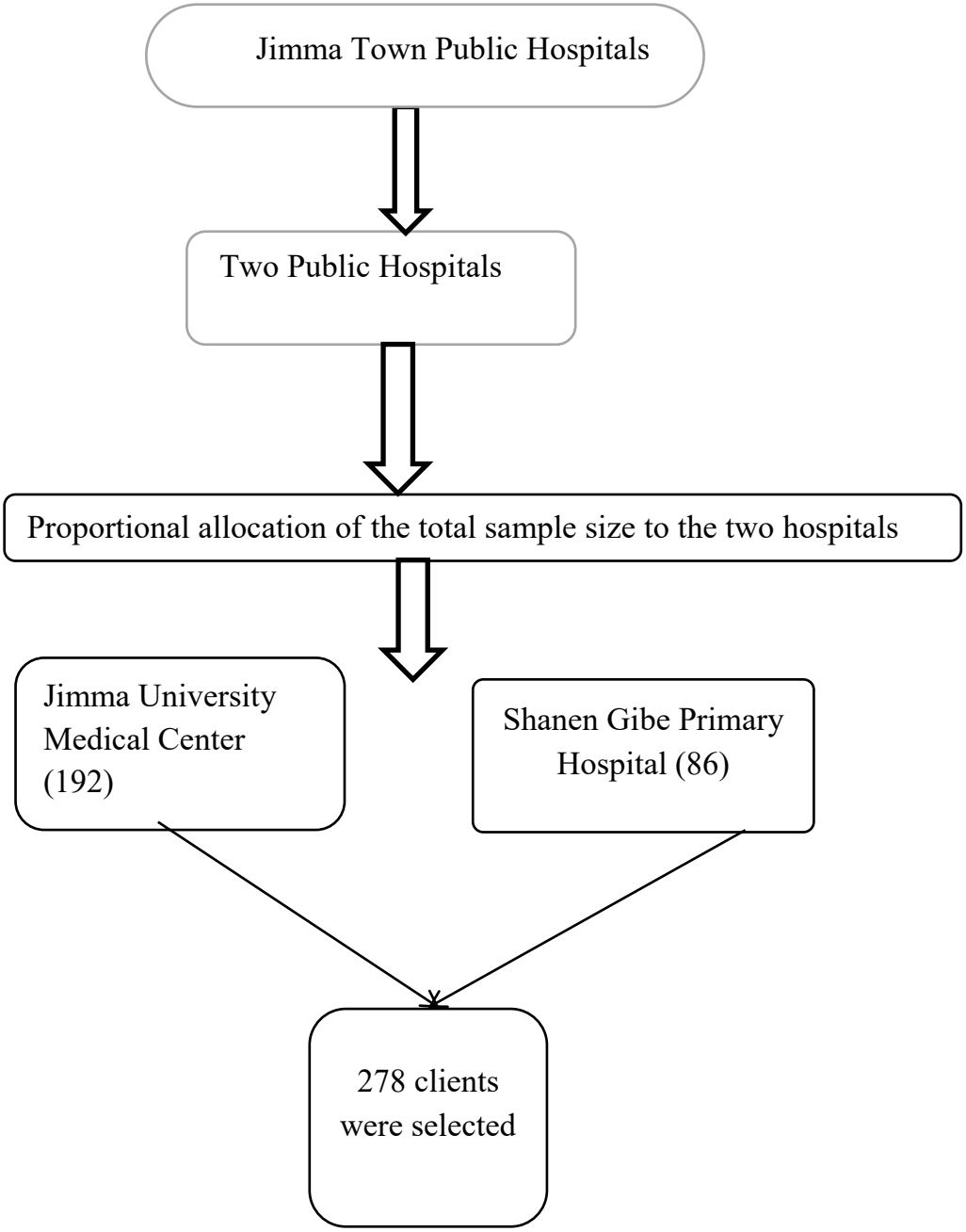

Fig 2: Schematic representation of sampling procedures

4.6. Variables in the Study

4.6.1. Dependent Variable

- Client satisfaction

4.6.2. Independent Variables

- Socio-Demographic characteristics
  - Age
  - Residence
  - Ethnicity
  - Religion
  - Educational level
  - Marital status
  - Occupation
- Waiting time
- Choice of method
- Information exchange
- Mechanism to encourage follows up
- Privacy ensured
- Confidentiality assured
- Availability of contraceptive methods

4.7. Data Collection Methods and Tools

4.7.1. Data Collection Tool

A structured, pre-tested interviewer-administered questionnaire, observational checklist and semi structured in-depth interview for FP provider was used for data collection. The entire questionnaire was adapted from similar study done elsewhere [38].

It has four major components: Client exit interview, Observational checklist, Provider interview, Checklist for facility inventory. The client exit interview questionnaire originally prepared in English was translated in to local language (Afan Oromo) and back to English to check for its consistency.

4.7.2. Data Collection Techniques

The data was collected using the following techniques:

Facility Inventory: A facility inventory questionnaire was used to assess the availability and functionality of all equipment and relevant resources (logistic and supplies) and program readiness or preparedness for FP service provision in the studies area.

Provider in depth Interview: All FP service providers, who have been regularly working in the FP service unit in both hospitals, were interviewed to collect information on their qualification (training and experience) and their perceptions of the service delivery environment.

Observation Checklist: Structured check lists; for observation of client provider interaction was used to assess the extent to which service providers adhere to standards of care. It includes both the process to be used in specific clinical procedures and the exchange of information between the provider and the client. The number of observation was twenty four observation session and four providers found at both hospitals were observed on consecutive three days in the morning and afternoon. Since data collectors were health professionals with clinical training, they appeared with white gown at the service delivery point. Then permission was obtained from both providers and clients to be present during individual counseling and clinical examination. In order to minimize bias during observation the observer didn't not record for the first three observation .Thereby information was collected on technical competence in counseling and clinical procedures.

Client Exit Interview: An exit interview of clients who receive family planning services was performed. The exit interview was aimed to collect information on clients' understanding of the consultation and client satisfaction with the services provided.

4.7.3. Data collectors and Supervisor

Three data collectors and one supervisor were used for data collection. The interviewers were midwives/nurses who work in other health facility and able to speak the local language (Afan Oromo). They were not appeared with White gown. This was preferred for facilitation of interaction between the respondents and data collectors which is important to generate accurate information. The responsibilities of data collectors were to fill the questionnaire after obtaining consent from the study participants. The investigators provide all items necessary for data collection on each data collection day, checking filled questionnaire for completeness and consistency, and solving problems during data collection.

4.8. Data Quality Control

Training: One day training/orientation was provided by the investigators for data collectors on the objective of the research, data collection tools and procedures, how to approach potential respondents and how to keep confidentiality.

Pretest: Before conducting the main study, pretesting on 5% of the sample size was done in Jimma higher one health center. Final data collection tool was refined based on the findings from the pretesting.

Supervision: Supervision of data collectors was made by the principal investigators. The collected data was carefully checked for completeness as well as consistencies.

Data Cleaning: All collected data was reviewed and checked for completeness and relevance by the investigators every day. Data cleaning was done thoroughly by the investigator before analysis.

4.9. Operational definition

Quality: Quality is a multidimensional concept, but in this study, quality was measured using J. Bruce (1990) framework of measuring quality of family planning in three dimensions such as Program readiness(Infrastructure, Contraceptive Availability,IEC materials, Equipment and staff),Process of service delivery(Choice of method, Information exchange, Provider competency, Mechanism to encourage follow up, Interpersonal relation and Appropriate constellation of service) and outcome (client satisfaction).

Program Readiness: reflects the material conditions at a facility that can aid or hinder the services that a client receives during an interaction with a service provider.

Provider compliance to the standard of care: Were measured using national guideline/standards for family planning service through observation checklist by following each process of service delivery such as consultation/procedures, taking a contraceptive history, conducting a physical examination.

Waiting time: Number of minutes a client had to wait before receiving their services .Acceptable waiting time is less than 30 minutes and, exceed this standard was taken as unacceptable.

Client Satisfaction: Clients opinion of care received from FP services/ staff and is acknowledged as an outcome indicator of quality of Care/service. It was measured by eight items related to satisfaction using five likert scale value ranging from 1 (very dissatisfied) to 5 (very satisfied) was used to assess the level of satisfaction on family planning service. The mean score of the satisfaction scale was used to dichotomize each respondent's satisfaction score into **Dissatisfied** or **Satisfied**.

4.10. Method of Data Analysis

After the completion of data collection; data was entered into Epi data version 3.1 for cleaning, editing and coding then it was exported to SPSS version 21.0 for analysis. Descriptive statistics, simple and multiple logistic regressions was used. Simple and multiple logistic regressions were used to observe the effects of independent variables on the outcome variable while simultaneously controlling for other potential confounding factors. Firstly, candidate variables were identified using bivariate logistic regression at P value of < 0.25. Those variables that

emerged from the bivariate analysis as appearing to be statistically significant predictors of Client satisfaction at a cut-off point 0.05 was then used as independent variables in multivariate logistic regression. Variables which show association in multivariate analysis were considered as final predictors of Client satisfaction with p value of less than 0.05. The strength of association between different exposure variables and the outcome variable was measured using adjusted odds ratios with 95% of CI at P value of < 0.05 was used to declare statistical significance. The qualitative data was analyzed thematically and presented narratively and triangulated to the quantitative findings.

4.11. Ethical Consideration

The study was conducted after getting a full ethical approval from Institutional Review Board (IRB) of the Institute of Health, Department of Health Economics, Management and policy, Jimma University. Prior to data collection, informed consent was obtained from the study participants and they were also being told to have the right not to be involved in the study. For observation of the client-provider interaction, both the provider and clients were asked for their willingness to be observed and verbal informed consent was secured from each participant before the commencement of the actual observation. Farther more; confidentiality was assured by excluding name of the clients from any questionnaire and by using unique identification number.

4.12. Dissemination of the research findings

The findings of this paper will be submitted to Institute of Health, Department of Health Economics, Management and policy, Jimma University. After its approval by the department, hard copies of the findings will be disseminated to the different concerned body. Furthermore, the paper will be presented on workshops, seminars, and on other professional gatherings. The results will also be published in peer reviewed journal.

CHAPTER FIVE

5. RESULTS

5.1. Socio-demographic characteristics

A total of 278(100%) clients were included in the exit interview. Majority, 256 (92.1%), of the respondents were from Town areas. The mean age of the respondents was 27±5 years old with a range between 17-42 years .One hundred five (37.8 %) of the respondents belonged to the age group of 25-29 years. The dominant ethnic group were Oromo 149 (53.6 %) followed by dawuro 37 (13.3%).Regarding to religion, majority 136 (48.9%) of respondents were Muslim followed by orthodox 78 (28.1%).Concerning educational status, one hundred sixty (57.6 %) of the family planning service users were completed primary and secondary or preparatory schooling. As to marital status 242 (87.1%) were married. Regarding the occupational status of the respondents 132 (47.5%) of them were housewives. (Table1)

Table 1: Socio-demographic characteristics of clients using FP service in Jimma Town public Hospitals, southwest Ethiopia, 2018

Socio-Demographic variables	**Category**	**Frequency(n=278)**	**%**
Age	15-24	91	32.7
	25-29	105	37.8
	30-34	47	16.9
	>35	35	12.6
	Mean±SD=27±5		
Ethnicity	Oromo	149	53.6
	Amhara	27	9.7
	Dawuro	37	13.3
	Yem	34	12.2

	Kefa	17	6.1
	Others*	14	5.0
Religion	Muslim	136	48.9
	Orthodox	78	28.1
	Protestant	64	23.0
Educational status	Unable to read and write	56	20/1
	Able to read and write	62	22.3
	Primary---secondary/preparatory	160	57.6
Marital status	Married	242	87.1
	Single	25	9.0
	Others(divorced or separate and widowed	11	4.0
Occupation	Government employee	24	8.6
	Private employee	26	9.4
	Merchant	44	15.8
	Housewife	132	47.5
	Day laborer	28	10.1
	Student	16	5.8
	Others (unemployed, prostitute)	8	2.9
income	< 250	2	0.7
	251-500	33	11.9
	501-750	29	10.4
	751-1000	55	19.8
	>1000	159	57.2

Gravidity (Number of pregnancy)	Nulli gravida	41	14.7
	Primi gravida	62	22.3
	multigravida	175	62.9
Parity (number of live birth)	Nulliparous	45	16.2
	Primipara	63	22.7
	multipara	170	61.2

Others* = Gurage, Kambata, Sidama, Hadiya and Selte

5.2. Service provision

The mean±SD of waiting time of clients before getting service was 23.5±14.13 minutes with range of 2-60 minutes. Two hundred twenty (79.1%), of clients were waiting < 30 minutes to get service whereas 58(20.9%), of client were waiting ≥ 30minutes to get service. Most of clients, 259(93.2%), were traveled <1/2 an hour to arrive at the facility and 18(6.5%) of clients were traveled 1/2 to 1 hours. Two hundred seventy six (99.3%) of client were said that there was enough privacy during consultation and examination and 272(97.8 %) believed that the provider kept information that they shared about themselves confidential.274 (98.6%),of clients were told how to use the method .majority of the client 272(97.8%) receive the method they requested and in addition to the method they received 260(93.5%),of client told about other methods.250 (89.9%), of them were told about the side effect of the method, and 212 (76.3%) of clients were told what to do if they experience any problem with the method before the next visit. All of the providers said that they will tell the client either other choices of family planning methods or to go to other facility if a client would like a method that is not available at the clinic as witnessed by provider interviewed result. One hundred eighty nine (68.0%), of client said that the provider were not show them any printed materials (IEC) on family planning during discussion. Majority 274(98.6%), of client were told about their schedule follow-up and appointment. (Table 2)

Table 2: client exit interview on service provision using FP service in Jimma Town public Hospitals, southwest Ethiopia, 2018

Service provision variables	Yes (%)	No (%)
Told how to use the method	274(98.6%)	4(1.4%)
Did you receive the method you requested	272(97.8%)	6(2.2%)
Told about any other method	260(93.5%)	18(6.5%)
Told about the method side effect	250(89.9%)	28(10.1%)
Received information on what do if any problem experience	212(76.3%)	66(23.7%)
Provider show IEC materials	89(32.0%)	189(68.0%)
Told your schedule and follow-up	274(98.6%)	4(1.4%)

5.3. Provider compliance with guidelines

A total of 24 client provider interaction sessions were observed in both hospitals. Of 24 observations, 10 were new and the rest 14 were continuing clients. Coming to profile of provider, all of the providers were female in which two of service providers were Diploma midwives; one diploma nurse and one BSC nurse and the average service year of provider was 1.5years with range of 1 to 5 years. The mean consultation duration was 12.5±4.3 minutes (range=5- 20 minutes). In 24 (100%) of the cases the provider greeted the clients during the beginning of the session. In 23(95.8%) of observed interaction the provider informed the clients about modern family planning methods. Twenty one (87.5%) of the clients had shown preferences to particular method. In all the sessions observed the provider told the client at least about one of the FP methods. The most frequently told methods to client were Pills 24(100%) and Norplant 24 (100 %) and the method that were not raised by the provider were spermicidal, vasectomy & female serialization.

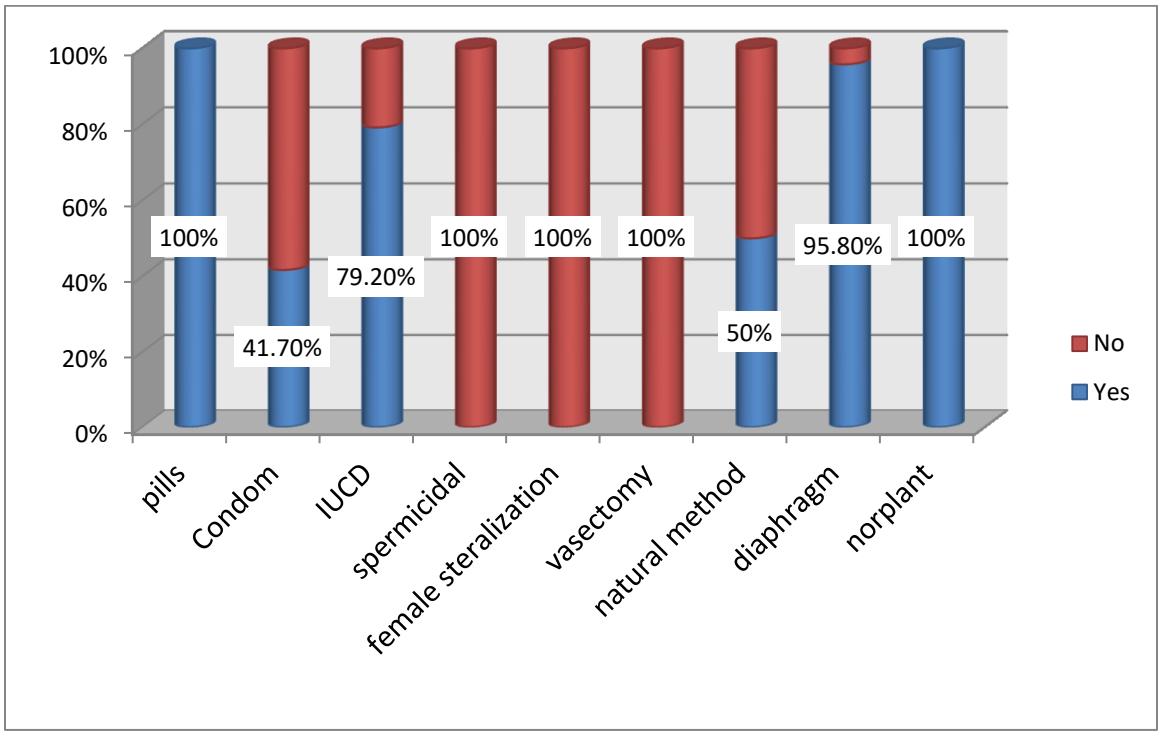

Fig 3: Types of FP methods informed to clients during consultation of FP clients in Jimma Town Public Hospitals Southwest Ethiopia, 2018.

Concerning types of particular methods promoted by the providers, particular methods were emphasized in 24 (100%) of the sessions. IUCD were over emphasized in 11 (45.8%) of the sessions followed by Depo/injectable in 7 (29.2 %) of the sessions. On the other hand, Norplant & pills were infrequently promoted by the providers. (Table3)

Table 3: Types of particular contraceptive methods over emphasized by the providers in Jimma Town public Hospitals southwest Ethiopia, 2018

Particular methods	Frequency(n=24)	%
IUCD	11	45.8
Depo/injectable	7	29.2
Norplant	4	16.7
Pills	2	8.3

Regarding IEC materials family planning providers used during consultation, in about15 (62.5%) of the observation the providers used at least one IEC material while in 9 (37.5%) of observation the providers did not used any IEC materials during the consultation. The most frequently used IEC materials during consultation were sample of contraceptives (41.7 %) and Anatomical model (20.8%).

During consultation session current age was discussed in 19 (79.2 %) of cases, , number of living children was not discussed in 14 (58.3 %) of cases, desire for more children was not discussed in 19 (79.2 %) of cases, timing of next birth was not discussed in 17 (70.8 %) of cases, current pregnancy status was discussed in 24 (100%) of cases, history of pregnancy complications was discussed in 20 (83.3 %) and breast feeding was discussed in 16(66.7%) of the case. During medical history and physical examination, from the total 24 observations, the providers asked the history of contraceptive method used 23(95.8 %), LMP 24 (100%), unusual vaginal discharge/bleeding 23 (95.8%) and pelvic pain 7 (29.2%) .on the other hand the providers took blood pressure & weight, did physical examinations and ask investigated for STIDs in about 1(4.2%) of observation sessions.(Table4)

Table 4: Medical history and physical examination during client provider interaction in Jimma Town public Hospitals southwest Ethiopia, May 2018.

Medical history and physical exam.(N=24)	Yes (%)	No (%)
Contraceptive method history	23(95.8%)	1(4.2)
Date of LMP	24 (100%)	---------
Un usual vaginal discharge	23 (95.8%)	1 (4.2%)
Pelvic pain	7 (29.2%)	17 (70.8%)
STDs/STI	1 (4.2%)	23 (95.8%)

One pelvic examination was observed out of 24 and clients were consented, provider washed hands and sterile procedure was followed and the outcomes of the examinations were told. In the same way one IUCD insertion procedure was observed and the provider were used uterine sound& speculum, followed sterile procedure and emotional support given. Likewise out of 24 observations in about 15(62.5 %) of the cases providers administered Depo provera and in 100% of the cases the providers used new sterile needle &syringe, Depo vial shacked before drawing into syringe but in 8(33.3%) of the cases the provider massaged injection sites and in 10(20.8%) of the case the client were not sent to injection room.

Regarding to the information given to clients on the chosen contraceptive methods, the providers told to the clients how to use method 20 (83.3 %), advantages 21(87.5%) &disadvantages 21(87.5%) (Table 5). Other health issues discussed during observation were, abortion 5 (20.8%), STID and HIV/AIDS 5(20.8%) and immunization 3 (12.5%).

Table 5: Information given to clients on the selected method of family planning service in Jimma Town public Hospitals southwest Ethiopia, May 2018.

Information told about the preferred method (N=24)	Yes (%)	No (%)
How to use method	20 (83.3%)	4 (16.7%)
Advantage	21 (87.5%)	3 (12.5%)
Disadvantage	21 (87.5%)	3 (12.5%)
Side effects	19 (79.2%)	5 (20.8%)
Possibility of switching	12 (50%)	12 (50%)
What to do if problem arise	20 (83.3%)	4 (16.7%)
Where to go for re supply	23 (95.8%)	1 (4.2%)
Communicated about the method	24 (100%)	--------
Is the client told when to return re supply	24 (100%)	--------

5.4. Functionality and availability of Equipment's

The official opening hours for both selected Hospitals from Monday to Friday were 8:30 am to 12:00 pm and the services were provided immediately after the official opening time. There were a sign announcing that family planning services were available in JUMC but not in Shanen primary Gibe Hospital. Each Hospital had two staffs a total of four providers that provide family planning services. Two of the providers had received in-service training concerning the family planning service and they also think the training is adequate to perform their duties whereas the other two did not received in-service training. All providers feel that they do have up-to-date knowledge and skill to provide the service. Regarding the availability of IEC material sample of contraceptive and Brochure/pamphlet were observed in Shanen gibe primary hospital and anatomical model in JUMC. Whereas different IEC materials like flipchart, FP posters, information sheet, job aids and counseling card were not observed in both Hospitals. There was Standard Family planning guideline in Shanen Gibe primary Hospital but not in JUMC.There were no separate room /area for physical examination in both hospitals and the examination

room in Shanen Gibe primary Hospital is narrow since it's being used with ANC and EPI unit. Adequate Water and light were available in the examination room in both Hospitals. Concerning the availability of basic equipment and commodities and functionality, both Hospitals had Speculum, Scissors, Teneculum, Antiseptic solutions, Disposable gloves ,Examination table, Needle and syringe, Sterile gloves, Different contraceptive methods and Minor surgery set while sterilizer, blood pressure apparatus, weight scale, flash light, uterine sound, thermometer, pregnancy test and autoclave were not available at both hospitals specifically to the family planning unit and also mini lap kits was not found in shanen Gibe primary Hospital. Needle and syringe, Disposable gloves, examination table and antiseptic solution were shared commonly with other departments like ANC in Shanen Gibe primary Hospital.

Both Hospitals had recording system for received & dispensed FP commodities and adequate storage facilities for contraceptives. The commodities stored according to expiration date in both Hospitals. Both Hospitals had multiple revisits & new client records, daily family planning activity register/logbook, and monthly statistical reports about family planning activity to a higher unit or supervisor. The last report was sent before a month and feedback was received on report. The last time a supervisor come to the unit in relation to family planning is before a month.

5.5. Client satisfaction with family planning service

The clients overall satisfaction level was classified into satisfied score above a specified cut of point and dissatisfied score below a specified cut of point. Cut of point was calculated using mean score. The mean score of overall satisfaction is 40.21 and Based on overall satisfaction score 46% of clients were satisfied in family planning services. Specific to each satisfaction item, majority of the respondents were satisfied to ease of getting clinic site 79.2%, waiting time 61.9%, opening hour convenient 71.5 %, cleanliness of clinic area 91.7 %, provider greeting friendly approach 81.3%, information given to client 86.7%, methods availability 86.7%,maintaining privacy 90%, provider discussion on client health condition 87.1%,provider knowledge 93.9. (Table6)

Table 6: Clients response to satisfaction likert scale on family planning service in Jimma Town public Hospital Southwest Ethiopia May 2018.

Component on satisfaction	Very dissatisfied No. (%)	Dissatisfied No. (%)	Neutral No. (%)	Satisfied No. (%)	Very satisfied No. (%)
clinic site easy to get	11(4.0%)	15(5.4%)	32(11.5%)	167 (60.1%)	53 (19.1%)
waiting time at waiting area	18(6.5%)	49(17.6%)	39(14.0%)	132 (47.5%)	40 (14.4%)
Opening time convenient for you	2(0.7%)	34(12.2%)	43(15.5%)	143 (51.4%)	56 (20.1%)
Cleanness of the facility	0	0	23(8.3%)	146 (52.5%)	109(39.2%)
Provider greeting and friendly approach	2(0.7%)	7 (2.5%)	43(15.5%)	138(49.6%)	88(31.7%)
Information given to client	1(0.4%)	3(1.1%)	33(11.9%)	160(57.6%)	81(29.1%)
Methods availability	0	4(1.4%)	28(10.1%)	162(58.3%)	84(30.2%)
Privacy maintained	1(0.4%)	9(3.2%)	17(6.1%)	165(59.4%)	86(30.9%)
Provider discussion on client health condition	0	5(1.8%)	3(11.2%)	182(65.5%)	60(21.6%)
Provider knowledge	0	0	17(6.1%)	198(71.2)	63(22.7%)

5.6. Predictors of client satisfaction

From the simple logistic regression, waiting time, educational level of clients ,received information on what to do if problem experience,recive the method you requested, travel time, occupation, provider kept confedentality,told about any other method and told about the method side effect were candidate variables to enter multiple logistic regression model (at significance level of 0.25) with client satisfaction. However, Religion of the clients, Residence of the clients, ages of the clients, marital status, gravidity, parity, income, privacy, told about the method and told schedule and appointment were not show statistically significant association with client satisfaction in simple logistic regression. Therefore, on multiple logistic regression analysis educational level of the clients, waiting time and received information on what to do if experience any problem were found to be statistically significant predictors of client satisfaction in family planning services at p-value < 0.05.

Those who are unable to read and write were 36% less likely to be satisfied than those who were completed primary and secondary or preparatory schooling (AOR=0.363:CI:0.160,0.822**)**,and those clients who were waiting < 30 minutes at waiting area were 2.7 times more likely to be satisfied than those who were waited ≥30 minutes(AOR=2.769:CI:1.300,5.898) .Clients who received information on what to do if experience any problem were 2.8 times more likely to be satisfied than those who don't received the information (AOR=2.846:CI:1.371,5.909).(Table6) According to the providers' opinion, factors that affect quality of family planning services provisions are shortage of supply of family planning methods, lack of in-service training, unavailability of all type of family planning methods, privacy issue and lack of enough place or room to provide the service.

Table 7: Factors predicting the satisfaction of clients on family planning services, Jimma Town Public Hospitals Southwest Ethiopia, May 2018

Variables	**Satisfaction status of FP users**		**Crude OR (95% CI)**	**Adjusted OR (95% CI)**
	Satisfied	***Dissatisfied***		
Did you receive the method you requested				
Yes	127	145	4.39(0.50,37.98)	0.618(0.054,7.082)
No	1	5	1	
Provider kept confidentiality of information				
Yes	127	145	4.39(0.50,37.98)	0.841(0.075,9.416)
No	1	5	1	
Told about any other methods				
Yes	124	136	3.19(1.02,9.95)	2.694(0.755,9.612)
No	4	14	1.00	
Told about the methods side effect				

Yes	119	131	1.91(0.83,4.40)	1.011(0.374,2.732)
No	9	19	1.00	
Received information on what to do if any problem experience				
Yes	112	100	3.50(1.87,6.53)	**2.846(1.371,5.909)***
No	16	50	1.00	
Waiting time				
<30 minutes	114	106	3.38(1.75,6.50)	**2.769(1.300,5.898)***
>=30 minutes	14	44	1.00	1.00
Travel time				
<30 minutes	123	136	2.53(0.88,7.23)	2.259(0.705,7.238)
>30 minutes	5	14	1.00	
Educational status				
Unable to read and write	13	43	0.247(0.124,0495)	**0.363(0.160,0822)***
Able to read and write	27	35	0.631(0350,1.140)	0.576(0.291,1.138)
Primary ---secondary/preparatory completed	88	72	1.00	1.00
Occupation				
Government employee	13	11	1.00	
Private employee	7	19	0.394(0.066,2.361)	0.361(0.053,2.477)
Merchant	28	16	0.123(0.020,0758)	0.126(0.017,0.912)
Housewife	50	82	0.583(0.105,3.239)	0.665(0.104,4.244)
Day laborer	15	13	0.203(0.039,1.046)	0.250(0.042, 1.487)
Student	9	7	0.385(0.066,2.245)	0.355(0.52,2.399)
Unemployed, prostitute and others	6	2	0.429(0.065,2.810)	0.322(0.444,2.501)

***significant predictors** **1.00=Reference Category**

CHAPTER SIX

6. DISCUSSION

6.1. Program Readiness of the FP services

Even though both hospitals had all basic necessary and functional equipment& supplies but in one of the hospital some of the equipment's were used in shared with other working units. This is similar with the study done in Jimma Zone Health Centers (38).

In this study in one of the hospital there was no standard FP guideline which affects the compliance of providers to the standard of care which in turn affect direct efforts in improving quality of family planning.

All the providers who participated in this study had basic training on family planning but only two had in-service training this might create difficulty in the providers to get up to date information on current concepts and practices. The guideline of FP services in Ethiopia recommends that a variable type and number of health professional in general and specialized hospital (45). Despite this both hospitals in this study had four trained FP service providers currently working in the unit.

In the current study fifteen (62.5%) of the observation the providers used at least one IEC material during consultations but study in Jimma Zone Health Center showed that the providers used IEC materials in about one-third (33.3%) of the interaction .The variation can be due to difference in number of observation session(38).

6. 2. Service delivery process

In all of the observation session the provider greeted the clients during the beginning of the session. In 23(95.8%) of observed interaction the provider informed the clients about modern family planning methods. Twenty one (87.5%) of the clients had shown preferences to particular method. In all the sessions observed the provider told the client at least about one of the FP methods. This is comparable with study done in Jimma Zone Health Center in which only 65.3%, of providers greeted their clients, 82% of observed interaction the provider informed the

clients about modern family planning and 93.3% of the clients helped to select their preferences to particular methods (38).

Study conducted in Jimma zone Health centers in 2011, showed that majority of the respondents were satisfied to ease of getting clinic site 89% but in this study 79.2% of the respondents were satisfied to ease of getting clinic site this could be due to absence of sign announcing availability of family planning service in the Hospital (38).

In this study 79.1% of clients waited less than 30 minutes which is lower than study report from Jimma zone Health Center which is about 92.4%(38)of the client got the service within acceptable waiting time and higher than from the study done in Sokoto North Nigeria in which 40%(44) of respondent waited less than 30 minutes. The Variation can be difference in health facilities, clients flow, and health provider availability in the facility.

The mean consultation time was 12.5 minutes this is almost comparable with the study conducted in Jimma zone health center which is 10.5 minutes (38).

In this study client provider interaction during medical history and physical examination on the providers took blood pressure & weight, did physical examinations and ask investigated for STIDs in about 1(4.2%) this might be due to lack of separate room for physical examination, unavailability of equipment and absence of FP service delivery guideline.

In this study, the information given to clients on the chosen contraceptive methods, the providers told to the clients about side effects 79.2%, possibility of switching 50%, where to go for re supply 95.8% and client told when to return for re supply 100% of the cases this show that the providers are somewhat complying with standard guideline in giving information to clients during the observed session. .

6.3. Outcome of service quality

This study showed that 54 % of clients were dissatisfied. This is very large number more than half when compared with dissatisfaction report from the study in Jimma Zone Health Center 6.3% (38), Hosanna Town Public Health facilities 24.7% (42) and Northern Nigeria 15% (44) The reason behind this variation may be difference in socio demographic characteristics of the respondents like residence, educational status, difference among study facilities because the first

study only include health centers and the rest two include public health facilities and high client expectation. But the result is consistent with the study which is done in wonji hospital which show 50% of clients were not satisfied (43).

CHAPTER SEVEN

7. CONCLUSIONS AND RECOMMENDATIONS

7.1. Conclusions

In conclusion, there is lack of basic necessary and functional equipment's and supplies in one of the hospital and was used in shared with other working units and also lack of some IEC materials. The absence of standard FP guideline affects providers not complying with the standard guidelines of family planning service to some extent. In this study the satisfaction of clients in family planning service were low .Waiting time and received information on what to do if any problem & educational level of clients were significant predictors of client satisfaction. According to the providers' opinion, factors that affect quality of family planning services provisions are shortage of supply of family planning methods, lack of in-service training, unavailability of all type of family planning methods, privacy issue and lack of enough place or room to provide the service.

7.2. Recommendations

The following recommendations have been forwarded to concerned bodies:

1. The hospital should avail necessary and functional equipment and supplies in the FP unit.
2. National Standard FP guideline should be distributed by MOH to the hospital where standard guideline not presents.
3. The hospitals in collaboration with MOH and Regional Health office should arrange need based in service training for the providers.
4. The hospitals administration should provide the FP unit with enough room or place to provide the service.
5. There is a need for further research since more than half of the clients were dissatisfied in family planning service

Limitation of the study

- There might be Social desirability bias [Providers might show the best performance due to observation & perhaps users might also show courtesy bias during the exit interview] so, in order to minimize this bias different data collection methods and triangulation were used.

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Annexes

Annex I

JIMMA UNIVERSITY INISTITUTE OF HEALTH, DEPATEMENT OF

HEALTH ECONOMICS, MANAGEMENTAND POLICY

Questionnaire on quality of family planning services and associated factors

To be filled by data collectors

Name of health Facility_____ Date _____/_____/_____

Good morning dear client! My name is _____. I came from Jimma University. I am member of research team on assessment of quality of family planning service and associated factors, which is going to be carried out by Jimma University Institute of Health, Department of Health Economics, Management and Policy. The purpose of this study is to assess the quality of family planning service and associated factors in Jimma Town Public Hospitals and finally to give important comment that will help to strengthen and improve quality of family planning service. We would like to improve the quality of family planning service provided by this clinic. To do this, your information is very important. I would like to ask you a few questions about your visit to the clinic to find out your experience today. We would be very grateful if you could spend a few minutes to answer questions related to the service. We will not put your name or registration number in the format. All the information you give will be kept strictly confidential. Your participation is voluntary and you are not obliged to answer any questions you do not want. However, your honest participation will contribute to generate information that can be used to improve quality of care in family planning service.

Do I have your permission to continue? Yes _____ No _____

Code number of the client _____

Client Exit interview questionnaire

A.Socio-Demographic Data:

QN	Question	Coding	Skip to
101	Age	_____(in years)	
102	Residence	1. Town 2. Rural	
103	What is your Ethnicity	1.Oromo 2.Amhara 3.Dawuro 4.Yem 5.Kefa 6.other specify	
104	What is your Religion?	1.Muslim 2.Orthodox 3.Protestant 4.Catholic 5.Other,specify_____	
105	Educational level	1.Unable to read and write 2. Able to read and write 3.Primary school competed(1-8) 4.Secondary school completed(9-10) 5.Preparatory school completed(11-12) 5.12+ and above	
106	What is your current Marital status?	1.Married 2.single 3.divorced/separated 4.widowed	
107	What is your Occupation?	1.government employee	

		2.private employee 3.merchant 4.unemployeed 5.Housewife 6.day laborer 7.student 8.prostitute 9.other,specify_____	
108	What is your monthly income?	_____birr	
109	Gravidity (number of pregnancy)	_____	
110	Parity (Number of live birth)	_____	

B: Client exit interview on service delivery (for both new and repeat)

	Question	Coding	Skip to
111	How long did it take you to come here today?	Time in minutes_____	
112	About how long did you wait between the time you first arrived at this facility and the time you saw staff for a consultation?	----------minutes	
113	Was there enough privacy during Consultation and examination?	1.Yes 2.No	
114	Does the provider kept the information that you shared about yourself confidential	1.Yes 2.No	

115	Were you told how to use the method?	1.Yes 2.No	
116	Did you receive the method you Requested?	1.Yes 2.No	
117	In addition to the method you received, Were you told about any other methods	1.Yes 2.No	
118	Were you told about the method's side Effects?	1.Yes 2.No	
119	Explain what to do if you experience Any problems before the next visit?	1.Yes 2.No	
120	Did the providers show you any printed informational (IEC) materials on family planning during their discussion with you?	1.Yes 2.No	
121	Told your Schedule follow-up & appointment?	1.Yes 2.No	

C. ***Client satisfaction measuring items***

Q/N	Question	1.very dissatisfied	2 dissatisfied	3 Neutral	4. satisfied	5.very satisfied
122	Rate your satisfaction with the clinic site is easy to get					
123	Rate your satisfaction with waiting time at waiting area?					

124	Rate your satisfaction with Opening time is convenient for you					
125	Rate your satisfaction with cleanness of the facility?					
126	Rate your satisfaction with providers' greeting and a friendly approach?					
127	Rate your satisfaction with Information given to you about the methods?					
128	Rate your satisfaction with sufficient methods that are available?					
129	Rate your satisfaction with privacy maintained during physical					

	examination?					
130	Rate your satisfaction with providers discussion on problem concerns about your health condition					
131	Rate your satisfaction with providers' knowledge to perform procedure?					

Interviewer: -Name_____

Cheeked by supervisor/investigator. Signature_____

Annex II

JIMMA UNIVERSITY INISTITUTE OF HEALTH, DEPATEMENT OF

HEALTH ECONOMICS, MANAGEMENTAND POLICY

Observation Guide for provider client interaction

Good morning dear provider and client! My name is ----------. I came from Jimma University. I am a member of research team on quality of family planning service and associated factor, which is going to be conducted by Jimma University Institute of Health, Department of Health Economics, Management and Policy. The purpose of this study is to assess quality family planning service and associated factors in Jimma Town Public Hospitals. For this study, you are chosen to participate. The observation includes various techniques to evaluate your interaction. In order to attain effectively the goal of this study, I am asking you for your generous participation. I don't put your name or registration number on this questionnaire. It is your full right to refuse or participate in the study. But your honest response will contribute to generate information, which can be used to improve the quality service of family planning.

Do you agree to participate in this study? Yes_____ No_____

Thank You!

1. Code number of the client_____

2. Date of Visit _____

3. Observation begun_____ end _____.

4. Total time required_____

Q/N	Question	Coding	
1	Does Provider greet client?	1.Yes 2.No	
2	Does client informed about modern family planning?	1.Yes 2.No	
3	Does client has preference for a particular Method	1.Yes 2.No	
4	During consultations, did the provider talk about any of the following?	Yes	No
4.1	Pills		
4.2	Condom		
4.3	IUCD		
4.4	Spermicidal		
4.5	Female sterilization		
4.6	Vasectomy		
4.7	Natural method		
4.8	Diaphragm		
4.9	Nor plant		
4.10	Other/specify		
5	Did the provider promote or overemphasize one method in particular?	1.Yes	2.No
5.1	If yes, which method	1.Pills 2.Injectable 3.Condom 4.IUCD 5.Spermicidal 6.Sterilization 7.Naturalmethod	

		8.Diaphragm 9.Norplant 10.Other/specify-
6	IEC materials used during consultation	
6.1	Flip chart	1.Yes 2.No
6.2	Brochure/pamphlets	1.Yes 2.No
6.3	Sample of contraceptive	1.Yes 2.No
6.4	Posters	1.Yes 2.No
6.5	Anatomical model	1.Yes 2.No
6.6	Other (Specify)	1.Yes 2.No
7	Is the following Information Discussed during counseling session	
7.1	Current age	1.Yes 2.No
7.2	Number of living children	1.Yes 2.No
7.3	Desire for more children	1.Yes 2.No
7.4	Timing of next child	1.Yes 2.No
7.5	Current pregnancy status	1.Yes 2.No
7.6	History of pregnancy complications	1.Yes 2.No
7.7	Breast feeding status	1.Yes 2.No
	Medical history and physical examinations	
8	Did the provider ask the client on the following?	
8.1	About contraceptive method history	1.Yes 2.No
8.2	About date of LMP	1.Yes 2.No
8.3	Unusual vaginal discharge/bleeding	1.Yes 2.No
8.4	Pelvic pain	1.Yes 2.No
8.5	Take weight	1.Yes 2.No
8.6	Take blood pressure	1.Yes 2.No
8.7	Investigated for STDs	1.Yes 2.No
8.8	Perform Physical examination	1.Yes 2.No
8.9	Did laboratory test	1.Yes 2.No

9	During pelvic Examination:		
9.1	Client informed?	1.yes	2.No
9.2	Provider washes hands	1.yes	2.No
9.3	Sterile procedure used?	1.yes	2.No
9.4	Client informed about out come?	1.yes	2.No
10	If Intra uterine Contraceptive Device (IUCD) was inserted:		
10.1	Uterus sound used	1.yes	2.No
10.2	Speculum used?	1.yes	2.No
10.3	Sterile procedure performed used?	1.yes	2.No
10.4	Emotional support given for Client?	1.yes	2.No
11	If inject able was given to the client, did the provider do the following		
11.1	New/Sterile needle and syringe used?	1.yes	2.No
11.2	DEPO vial shaken before drawing in to syringe?	1.yes	2.No
11.3	Injection site massage?	1.yes	2.No
11.4	Clint sent to injection room?	1.yes	2.No
12	For the method selected did the provider told about any of the following?		
12.1	How to use method	1.yes	2.No
12.2	Advantage	1.yes	2.No
12.3	Disadvantage	1.yes	2.No
12.4	Side effects	1.yes	2.No
12.5	Possibility of switching	1.yes	2.No
12.6	What to do if problem arises about method	1.yes	2.No
12.7	Where to go for re supply	1.yes	2.No
12.8	Communicated about the method	1.yes	2.No
12.9	Is the client told when to return re supply?	1.yes	2.No
12.10	If yes, did the provider give to the client some form of written reminder?	1.yes	2.No
12.11	Were any other health issues discussed at any time during the consultation?	1.Abortion 2. STD&HIV/AIDS	

		3.Immunization,Hypertension, Smocking ,Diabetes , Goiter 4.Other /Specify

5. Name of observer _____ Signature_____

6. Checked by supervisor/investigator; Name and Signature_____

Annex III

JIMMA UNIVERSITY INISTITUTE OF HEALTH, DEPATEMENT OF

HEALTH ECONOMICS, MANAGEMENTAND POLICY

Sample checklist for In-depth interview guide

I am carrying out a survey of quality of care in family planning service and associated factors on Jimma Town Public Hospitals to find ways of improving quality of care in family planning service. I would like to ask you some questions to get information from your experience. Please be sure that this discussion is strictly secreted, confidential and that your name is not being recorded.

May I continue? YES____ NO____ Thank You!

1. Code of the service provider_____

2. Sex_____

3. Age_____

4. Educational status_____

5. For how many years have you been providing family planning service? _____

6. Have you received in service training concerning the family planning service and you think the training is adequate to perform your duties how? Why? _____

7. Do you feel you have up to date knowledge and skill to provide the service? If not why?

8. What kind of training do you think is important to improve service delivery in F/P /practical, theoretical/. Please, explain_____

9. If a client would like a method that is not available at your clinic, what would you say to her?

10. In your opinion what factors affects the quality of family planning services?

Annex IV

JIMMA UNIVERSITY INISTITUTE OF HEALTH, DEPATEMENT OF

HEALTH ECONOMICS, MANAGEMENT AND POLICY

Checklist for Facility inventory

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

Thank You

Q/n	Question	Coding	Remark
1	What is the official opening time for this Service delivery point?	_____	
2	How soon after the official opening time, were services provided?	_____	
3	Is family planning service being provided on the day of the visit?	1.yes 2.no	
4	Is there a sign announcing that family planning services are available	1.yes 2.no	
5	Indicate the number of staff who provides family planning service at this service delivery point on the	_____	

	day of the visit		
6	Which family planning IEC materials are available?	1.Posters 2.Flip Chart 3.Brochure/Pamphlet 4.Information Sheet 5. Job Aids 6. Counseling cards 7.Other(specify)____	
7	Is there standard guideline for FP	1.Yes 2.No	
8	Is there a separate room or area for physical examination?	1.Yes 2.No	
9	How was the condition of the examination room?	_____	
10	Is adequate light and water available in the examination room?	1.Yes 2.No	
	Equipment and commodities inventory		
	Equipment	Availability	Functionality
11	Sterilizer		
12	Blood pressure apparatus		
13	Weight Scale		
14	Flash light		
15	Uterine sound		
16	Speculum		
17	Scissors		
18	Teneculum		
19	Antiseptic solutions		
20	Disposable gloves		

21	Examination table		
22	Thermometer		
23	Needle and syringe		
24	Mini lap kits		
25	Sterile gloves		
26	Pregnancy test		
27	Autoclave		
28	Different contraceptive methods		
29	Minor surgery equipment		
30	Other (specify		
31	Is there a record system for keeping track of family planning commodities received and dispensed?	1.yes 2.no	
32	Are family planning commodities stored according to their expiration date?	1.yes 2.no	
33	Are storage facilities for contraceptives adequate?	1.yes 2.no	
	Record keeping and reporting		
34	Is there a client record card for recording multiple visits or new card issued for each visit?	1.Yes 2.No	
35	Is there a daily family planning activity register /logbook?	1.Yes 2.No	

37	Are monthly statistical reports about family planning activity sent to a supervisor or higher unit?	1.Yes 2.No	
38	IF YES, when was the last report sent? Is feedback received on reports?	_____	
39	When was the last time a supervisor come here in relation to family planning?	_____	

Annex V: Bargaaffii

Yuunivarsiitii Jimmaatti

Inistitutii fayyaa

Qajeelfama Waliigalaa

Bar-gaaffii Qulqul'ina Tajaajila Qusannoo Maatii Ilaalchisee Qopha'e Namicha odeeffannoo sassaabuun kan guutamu

Aanaa: _____ Lakkoofsa koodii dhaabbata fayyichaa: _____ Akkam bultan/ooltan? Maqaan koo _____ jedhama. Yuunivarsitii Jimmaarraan dhufe. Ani miseensa gurmuu qo‟attootaa isa qulqullina tajaajila qusannoo maatii qo‟atuufi Yuuniversitii Jimmaatiin geggeeffamuuti. Tajaajilli qussannoo maattii qulqul‟inna qabu itti fayyadamtoota akka gammachiisu; kun ammo babal‟inni itti fayyadama qussannoo maatii akka dabaluuf gumaacha akka taasisu ni amanama. Kaayyoon qo‟annoo kanaa, qulqullina tajaajila qusannoo maatii dhaabbattoota fayyaa tokko tokko keessatti kennaman qo‟achuufi tajaajilli qussannoo maatii akka cimuuf ykn akka fooyya‟uf yaada furmaataa barbaachisu kennuudha. Jajaajila qusannoo maatii dhaabbata fayyaa kana keessatti kennamu fooyyessuu barbaanna. Kana raawwachuuf ammoo odeeffannoon baayyee barbaachisaadha. Waan kana ta‟eef, muuxannoo isin gama dhimma kanaan qabdan adda baafachuuf deddeebii isin gara kilinika kanaatti gootan irratti gaaffii tokko tokko isin gaafanna. Tajaajila kana ilaalchisee gaaffii nu‟i isin gaafannuuf deebii nuuf laachuuf jettanii yeroo muraasa isin balleessitaniif guddaa isin galateeffachuu barbaanna. Maqaa keessanis ta‟e lakkoofsa galmee keessanii waraqaa bar-gaaffii kanaa irratti hinbaafnu. Odeeffannoon isin nuuf laattan hundi isaa hicitii jabaadhaan niqabama. Hirmaannaan keessan fedha keessan irratti kan hunda‟eedha; gaafii deebisuu hinbarbaanne yoo jiraate akka deebii itti laattaniif kan isin dirqisiisu hinjiru. Haata‟u malee, odeeffannoo tajaajila qusannoo maatii qulqul‟ina qabu maddisiisuuf, hirmaannaa amanamaa isin taasiftan gumaacha ol‟aanaa qaba.

Hirmachuuf eyyamamoodhaa? Eeyyee _____ Lakki _____

Lakk koodii maamilaa _____

Client Exit interview questionnaire

A. Socio-Demographic Data:

LAKK	Gaaffii	Koodii	
101	Umurii	_____(waggaan)	
102	Bakka jireenyaa	1. magaalaa 2. Baadiyyaa	
103	Sabummaa	1.Oromoo 2.Amhara 3.Dawuro 4.Yem 5.Kefa 6.other specify	
104	Amantaan keessan maali?	1.Muslima 2.Orthodoksii 3.Protestanti 4.Kaatolikii 5.Other,specify_____	
105	Sadarkaa barnootaa	1.Dubbisuuf barreessuu hin danda'u 2. Dubbisuuf barreessuu nan danda'a 3.Sadarkaa tokkoffaa(1-8) 4.Sadarkaa lammaffaa(9-10) 5.Qophaaina(11-12) 5.Kutaa 12fi isaa oli	
106	Haala gaa'ela	1.Heerumeera 2.Hin heerumne 3.Addaan baaneerra 4.Abban manaakoo boqoteera	
107	Hojiin keessan maali?	1.Hojii mootummaa 2.Hojii dhuunfaa 3.Daldaltuu 4.Hojii hin qabu 5.Hojii mana keessaa 6.Hojjeettu guyyaa	

		7.Barattuu 8.Hoteela keessan hojjedha 9.Kanbiroo_____	
108	Galiin ji'aan argattu hagami?	_____birr	
109	Yeroo meeqaaf garaatti baatte(ulfa)	_____	
110	Ijoollee meeqa nagan deessee?	_____	

B: Baargaaffii qulqullina tajaajilaa ilaalchisee (haaraa fi irra deebiin kan dhufan)

	Gaaffii	Coding	
111	Bakka kana ga'uuf har'a daqiiqaa hammamii sitti fudhate?	Daqiiqaa ____	
112	Erga hospitaala geessee booda Ogeessa fayyaa argachuuf yeroo hagamii sitti fudhate?	Daqiiqaa___	
113	Yeroo si sakkata'aniifi gorsa sii kennan iccitiikee eegameeraa?	1.Eyye 2.Lakkii	
114	Ogeessi fayyaa odeeffanoo ati kenniteef iccitiin eegeera?	1.Eyye 2.Lakkii	
115	Were you told how to use the method?	1.Eyye 2.Lakkii	
116	Gosa qusannoo maatii isa barbaadde argatteeta?	1.Eyye 2.Lakkii	
117	Mala qusaannoo maatii isa fudhatteen ala kan biraa sitti himameera?	1.Eyye 2.Lakkii	
118	Miidhaa gartokkee mala ati fillatte sitti himameeera?	1.Eyye 2.Lakkii	
119	Osoo beellamni kee hin ga'in yoo rakkoon si mdate maal akka gootu sitti himameeraa?	1.Eyye 2.Lakkii	

120	Waraqaalee footoon deggeraman irraa odeeffannoo waa'ee qusannoo maatii si waliin irratti dubbataniiru?	1.Eyye 2.Lakkii	

121	Yeroon beellama keetii sitti himameera?	1.Eyye 2.Lakkii	

C. ***Qabxiilee itti quufinsa maamilaa madaalan***

T/L	Qabiiwwan madaalaman Qabxiiwwan armaan gaditti tarreeffaman haala itti quufinsa keessanii kan ibsu filadha.	1.Baayyee itti hin hinquufne	2 itti hin hinquufne	3 Giidd galeessaa	4. itti quufeerea	5Baayyee itti quufeera
122	Bakki kilinika salphaatti argamuu					
123	Yeroo dabaree eegachuuf jiru ilaalchisee					
124	Yeroon itti kliniki hojii jalqabu ilaalchisee					
125	Qulqullina Nanoon hospitaalaa					
126	Akkaataa ogeessi fayyaa itti si dubbise fi sitti dhiyaate					
127	Odeeffannoo waa'ee gosa qusannoo maatii irratti sii kenname					
128	Gosoota qusannoo maatii hospitalichatti argaman irratti					
129	Yeroo sakattiin qaamaa sii godhame iccitii kee eeguu irratti					
130	Rakkoo fayyaa si mudate irratti maree ogeessa fayyaa waliin goote irratti.					
131	Beekumsa ogeessa fayyaa yaalii sii kenne ilaalchisee					

Nama bargaaffii geggeesse _____

Maqaa fi mallattoo to'ataa _____