



Evaluation of Implementation Status of Cervical Cancer Screening Program at Agaro General Hospital Jimma Zone ,South West Ethiopia, 2022

Evaluation Thesis to be Submitted to Jimma University, Institute of Health, Department of Health Policy and Management, Health Monitoring and Evaluation Unit for Partial Fulfillment of the Requirements for the Degree of Masters of Science in Health Monitoring and Evaluation.

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December, 2022

Jimma, Ethiopia

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Assurance of Principal Investigator

The undersigned agrees to accept responsibility for the scientific ethical and technical conduct of the evaluation thesis and for provision of required progress reports as per terms and condition of the faculty of public health in effect at the time of grant is forwarded as the result of this application

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Abstract

Background: Cervical cancer is sexually transmitted disease caused by the human papillomavirus (HPV), especially HPV-16&18. WHO survey conducted in 2015 shows the global incidence and death due to cervical cancer were 7.9% and 7.5% .In Africa, there were 715 000 new cancer cases and 542000 cancer deaths recorded. In Sub-Saharan Africa, the death rate was 23.2% and in Ethiopia18.2%. Cervical cancer screening involves taking a sample of cells from the cervix to check for markers of cervical cancer.Global strategy to accelerate the elimination of cervical cancer include 70% screening coverage and managing 90% of women with a positive screening test appropriately.Early screening is the most actual measure for early detection, treatment, and prevention of precancerous lesions and cancer.

Objective: To evaluate the implementation status of cervical cancer screening program among women of age 30-49 years at Agaro General Hospital, Jimma Zone, 2022.

Methods and Material: A case study was conducted in Agaro General Hospital from June 10 to July 20, 2022 using sequential explanatory mixed method to evaluate implementation status of cervical cancer screening program at Agaro general hospital. Process evaluation was used to assess the implementation status of cervical cancer screening program at study area.The evaluation was focused on 3 evaluation dimensions (Availability, Compliance and Satisfaction). A total of 33 indicators were used: 10 for availability dimension, 10 for compliance and 13 for satisfaction dimensions. A total of 280 women were interviewed using structured questionnaire.12 months record of cervical cancer screening register and reports were reviewed using resource inventory checklist, compliance to guideline were observed in 18 sessions using observational checklist and key informant interview was conducted with six respondent from hospital and Agaro town health office using interview guide.Epidata was used for data entry and exported using SPSS version 25 software.Qualitative data from note book was translated, transcribed and thematized in to thematic area to supplement the quantitative findings.

Result: The study found that overall implementation status of the service was 67.5% which were **fair** based on judgment criteria agreed with stakeholders.Availability of resource dimension was 61.5%, compliance dimension was 72.3% and client satisfaction were score 68.7%.

Conclusion and Recommendation:The overall implementation status of cervical cancer screening program at Agaro general hospital was **fair** based on preseted judgment criteria agreed with key stakeholders.The hospital was providing cervical cancer screening program with few trained human resources,having minimum medical equipment and supplies.Therefore,human power have to trained,medical equipment and supplies have to availed, and health care provider have to follow national guideline during cervical cancer screening serviceprovision.

Key words: Implementation evaluation, cervical cancer screening, Agaro General Hospital.

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List of Abbreviations and Acronyms

CCP	Cervical Cancer prevention
CDC	Communicable Disease Control
EFY	Ethiopian Physical Year
FMOH	Federal Ministry Of Health
FGAE	Family Guidance Association of Ethiopia
HEWs	Health Extension Workers
HIV	Human Immune Virus
HPV	Human Papillomavirus
IEC/BCC	Information, Education, Communication/ Behavioral Change Communication
HMIS	Health Management Information System
KII	Key informant interview
LMICs	Low- and Middle-Income Countries
MCH	Maternal and Child Health
ORHB	Oromia Regional Health Bureau
VIA	Visual inspection with Acetic Acid
WHO	World Health Organization

Operational definition

Implementation status: Condition in which the service is carried out or practiced, plan, method, standard of doing Cervical cancer screening. So that, $\geq 85\%$ very good, 75%-84%, good, 55-74% fair and $< 55\%$ is poor implementation status of cervical cancer screening.

Availability: Is the way of something/someone can be accessed or used for implementation cervical cancer screening.

Availability of resources: In this context it indicates financial resource, medical equipment and supplies like all needed kits(speculum, examination light source, spongy forceps, forceps, functional autoclave, cryotherapy machine, 3%–5% acetic acid, normal saline, cotton swabs, surgical glove, bleach, dust bin and bucket), guideline, reporting and recording tools that are used for the implementation of cervical cancer screening and no stock out within six months before resource inventory is checked.

Availability of human resources: the existence eight(8) of human power received in-service training on VIA and those professional categories of Nurses, Midwife's, Medical Doctors, and Gyn or obstetrician in the hospital.

Compliance: Is how cervical cancer screening is undertaken or whether activities are accomplished according to national guideline of cervical cancer screening.

Satisfaction: It is a perception and acceptability level of cervical cancer screening to women age group 30-49 years visiting the hospital.

Satisfied: When the respondents answer greater than or equal to 54% out of 13 Satisfaction related questions.

Not satisfied: when the respondents answer less than 54% out of 13 Satisfaction related questions

Cleanliness: It means that there is no dirt, no bad smells in and around screening room and whole room free from both drop of liquid waste and pieces of solid waste that can cause any hazard.

Infrastructures: Existence of separate room, water supply, electricity, waiting area that used for cervical cancer screening service

Chapter One: Introduction

1.1. Background

Cervical cancer is a sexually transmitted disease caused by the human papillomavirus (HPV), especially HPV-16&18(1). Cervical cancer is the fourth most common frequently diagnosed cancer and leading cause of death in women, with an estimated 604 000 new cases and 342 000 deaths worldwide in 2020(2). WHO survey from 2015 shows the global incidence and death due to cervical cancer were 7.9% and 7.5% .In Africa, there were 715 000 new cancer cases and 542000 cancer deaths recorded. In Sub-Saharan Africa, the death rate was 23.2% and 18.2% in Ethiopia(3).Screening is a public health intervention used on a population at risk or target population. It is to detect individuals with high probability of having or developing a disease. Women targeted for screening for cervical cancer possibly will feel perfectly healthy and may see no reason to visit a health facility(4).Cervical cancer screening involves taking a sample of cells from the cervix to check for markers of cervical cancer Early screening is the most actual measure for early detection, treatment, and prevention of precancerous lesions.WHO recommends the use of screening and treatment approaches for women using visual inspection with acetic acid (VIA) for screening and cryotherapy for treatment(5).

Screening can prevent cervical cancer by detecting and treating pre-cancerou lesion of the cervix(6).Global strategy to accelerate the elimination of cervical cancer include 70% screening coverage and 90% of women with a positive screening test or a cervical lesion managed appropriately. Following the launch of the global strategy, a large panel of experts met to describe the key areas of focus to increase access to screening and treatment to reach the 2030 targets(7).

According to study conducted in Rwanda as well as other developing countries, there is lack of recognized cervical cancer screening programs. It is estimated that only 5% of women are appropriately screened for cervical cancer in low and middle income countries. Among the various screening tests, which are feasible in low resource settings, visual inspection with acetic acid (VIA) have been demonstrated to be effective in decreasing cervical cancer mortality (8).

Ethiopia has a population of 33.7 million women ages 15 years and older who are at risk of developing cervical cancer. Cervical cancer ranks as the 2nd most frequent cancer among women in Ethiopia. Current estimates indicate that every year 7445 women are diagnosed with cervical cancer and 5338 die from the disease. Human Papilloma Virus (HPV) burden in the general population of Ethiopia, belongs to about 4.7% of women in the general population are estimated to have cervical HPV-16/18 infection(9). Results from a Population Based WHO Steps Study in Ethiopia showed that among women age 15-69 years participating in the study, only 2.9% having undergone a screening test for cervical cancer (10). In Ethiopian context every woman has the right to be screened for cervical cancer at least once in her lifetime. In this context the biggest regional state of Ethiopia, Oromia, cervical cancer screening service is cascaded to all health facilities but a significant number of the health facilities do not provide the service(4). Currently in Ethiopia, around 800 health facilities are providing cervical cancer screening and treatment by using VIA screening and cryotherapy treatment. Visual Inspection with acetic acid (VIA) is affordable alternative approach for cervical cancer screening in low-resource settings, while requiring fewer resources and feasible to carry out(11).

Project implemented in Wolisso town in 2016/17 showed among 52,000 women screened for cervical cancer country wide, 13,463 (25.9%) were screened in Oromia region(12). According to a study conducted on cervical cancer screening, satisfaction findings indicated that only four in ten women were satisfied with cervical cancer screening services in the public health facilities of Jimma town. (13).

In Jimma zone cervical cancer screening being implemented in 7 health facilities for the first time during 2017 and now expanded to 42 health center and 7 hospitals.

Agaro general hospital have 995,242 catchment population and eligible women were 45174 as estimated by using 8.9 % conversion factor. According to the findings obtained during evaluability assessment, among women 30-49 age group visited the hospital, only 267 were screened for cervical cancer at the end of 2021. Therefore, the aim of this study was to evaluate implementation status of cervical cancer screening at Agaro general hospital.

1.2. Statement of the problem

Worldwide, cervical cancer is the fourth most common cancer among women with about 569,847 new cases diagnosed and over 311,000 deaths every year(11).

In Africa approximately 80 000 women were diagnosed with cervical cancer and over 50 000 women die every year disease(14).

According to the World Health Organization report incidence rate of cervical cancer in Ethiopia is 35.9 per 100,000 patients with 7619 annual number of new cases and 6081 deaths every year. Most of these Ethiopians often at an advanced stage by the time they seek screening services and early screening and treatment could decrease the mortality associated with it(15).

According to study conducted in Ethiopia shows for cervical cancer screening screening program implementation there are lack of space and infrastructure to establish the screening service, lack of materials including cryotherapy machines for the “screen-and-treat “approach, and human resource issues such as high-turnover of staff low patient flow due to lack of health information through mass media and demotivate health providers(16).

Study conducted in Gurage zone zone indicates only 3.8% of women were screened for cervical cancer ,(53.2%) of respondents said that the problem of having cervical cancer screening was lack of health educationprograms to promote screening(17).

Study conducted in the Shabadino district, Southern Ethiopia indicated that cervical cancer screening service utilization result was 4.8% (18).

Study conducted in Dire Dewa on cervical cancer screening among women Aged 30 to 49 Years indicates cervical cancer screening service utilization was only 4.0%(5).

Study conducted in Adis Ababa indicated to increase the uptake of cervical cancer screening among women, creating promotion through the mass media, and health talks about cervical cancer screening uptake is essential (19).

Study conducted on cervical cancer screening service in Jimma town indicates about 114(15.5%) had history of cervical cancer screening(20).

Generally, women are pillar of families and cervical cancer is the problem that only face to them and also lead them for socio economic burden. Screening for cervical cancer program also does not need any cost to afford since it is given freely as all maternal and child health services in government health facilities.

The national guidelines consider three program components of the process evaluation: -input (human resources, medical equipment and supplies, infrastructure), process (complying to the guideline throughout the activities during counseling and screening procedure) and output (satisfaction of women and screening service uptake) throughout the screening program (21). However, there is no evaluation conducted on availability, compliance and satisfaction on cervical cancer screening program in this study area. Therefore the evaluation includes to evaluate availability of resources for cervical cancer screening, to evaluate compliance of activities according to national guideline and to evaluate satisfaction of women towards cervical cancer screening process at Agaro General Hospital in order to understand program strength and weakness and provide the way forward.

1.3. Significance of evaluation

This evaluation study aims to evaluate implementation status of cervical cancer screening by identifying program strength and weakness and provide the way forward. The evaluation identifies availability of resource, determine the level of women satisfaction and reasons why were not satisfied towards screening service provision. Besides, it helps for local health planners working on cervical cancer prevention and control program shows areas to consider during the planning and designing intervention strategy to prevent and control cervical cancer. The study will improve cervical cancer screening service of hospital and it will give new way of enhancing knowledge, skill and attitude. Thus preparing competitive professionals in the future and help the health care provider to evaluate the program implementation. It will help stakeholders to improve the screening program. It also provides information on cervical cancer screening service for women. Further it can also serve as baseline information for other evaluators. So this evaluation tries to show the implementation status of cervical cancer screening program at Agaro general hospital.

Chapter Two: Program Description of Cervical Cancer Screening.

2.1. Program Description

Screening is a public health intervention used on a population at risk, or target population. It is to identify individuals with having or probability of having or developing a disease using visual inspection with acetic acid (VIA). It is the process of detecting abnormality on the cervix before cancer develops(21). Data from World Health Survey indicated that the coverage of cervical cancer screening was 10% in Sub-Saharan Africa. As well, less than 1% of women in four West African countries had ever been screened for cervical cancer(22).

2.2. Program stakeholder

- Identification of key stakeholders

Stakeholders are individuals and organizations that have an interest in or are affected by evaluation and its results. Stakeholders provide a reality check on the appropriateness and feasibility of our evaluation questions, offer insight on and suggest methods to access the target populations, receive feedback and recommendations, and help make evaluation results actionable(23). The identification and discussion were conducted during evaluability assessment by discussion with cervical cancer screening focal person and hospital manager. The analysis of stakeholders was also done by discussing their role in the program, interest or perspective on evaluation, role in the evaluation, and level of importance.

Stakeholders' participation :-The stakeholders were involved throughout evaluation process particularly in developing program objectives, logic model of the program and judgment parameters for evaluation.

Key stakeholders for evaluation of cervical cancer screening.

- Oromia Regional health Bureau MCH unit
- Zonal Health department MCH unit and Non communicable disease control unit
- Agaro town health office MCH department

- Health care providers(Health professionals)
- Beneficiaries(Women age 30-49yrs)

Table 1.Stake holders identification and analysis matrix for evaluation of implementation status of cervical cancer screening program at Agaro General Hospital, 2022.

Stakeholder	Role in the Program	Stakeholder interest or perspective evaluation	Role in the Evaluation	Communication Strategy	Level of Importance
Oromia Regional Health bureau maternal and child health department	<ul style="list-style-type: none"> ✓ Capacity building ✓ Planning ✓ Technical support 	<ul style="list-style-type: none"> ✓ Use the evaluation finding for program improvement ✓ For decision making ✓ For resource allocation 	<ul style="list-style-type: none"> ✓ Give information that uses for evaluation ✓ Problem identification 	<ul style="list-style-type: none"> ✓ Telephone ✓ Telegram 	Medium
Jimma Zonal Health Department MCH and Non communicable disease control unit	<ul style="list-style-type: none"> ✓ Technical support ✓ Capacity building ✓ Plan and report ✓ Supervision ✓ Review meeting 	<ul style="list-style-type: none"> ✓ Use the evaluation finding for program improve ✓ For decision making 	<ul style="list-style-type: none"> ✓ Give information that uses for evaluation 	<ul style="list-style-type: none"> ✓ Face to face 	High

Agaro town health office	<ul style="list-style-type: none"> ✓ Source of information ✓ Use evaluation result for program improvement 	<ul style="list-style-type: none"> ✓ Face to face 	<ul style="list-style-type: none"> ✓ Give information that uses for evaluation 	<ul style="list-style-type: none"> ✓ Face to face 	Medium
Health care providers	<ul style="list-style-type: none"> ✓ Plan program ✓ Implement the program ✓ Monitoring activities 	<ul style="list-style-type: none"> ✓ Use the findings for program implementation & improvement 	<ul style="list-style-type: none"> ✓ Source of information ✓ For selection of indicators ✓ Setting judgement criteria ✓ Conduct cervical cancer screening 	<ul style="list-style-type: none"> ✓ Face to face 	High
Beneficiaries	<ul style="list-style-type: none"> ✓ Provide information on cervical cancer screening for their community ✓ Assist other women to attend screening 	<ul style="list-style-type: none"> ✓ Receive cervical cancer screening service 	<ul style="list-style-type: none"> ✓ Provide information 	<ul style="list-style-type: none"> ✓ Face to face interview 	High

2.3. Program Goal and objectives

Goal

- ✓ To contribute for the reduction of maternal mortality and morbidity due to cervical cancer in Agaro catchment population, Jimma Zone South West Ethiopia, 2022.

General Objective

- ✓ To increase cervical cancer screening coverage from 12% to 20% among women age 30-49 at Agaro General Hospital by end of 2022.

Specific Objective

- ✓ To lay out a standardized strategy for the implementation of cervical cancer screening and treatment.
- ✓ To provide guidance and coordination for cervical cancer screening.

2.4. Major strategy of the program

Agaro general hospital had been undertaking different strategies to improve cervical cancer screening service like awareness creation to increase health seeking behavior of women for catchment population in collaboration with town health office, ensure availability of medical supplies by enforcing to avail free of fee.

2.5. Program Component of Cervical Cancer screening

Program Inputs

- ✓ Health care providers
- ✓ Financial resource
- ✓ Information, education, communication(IEC) material
- ✓ Registration book
- ✓ Reporting format
- ✓ Guidelines

- ✓ Medical supplies (glove , speculum, acetic acid, cotton swab ,detergents)
- ✓ Examination bed/coach
- ✓ Screen for privacy
- ✓ Referral slips
- ✓ Examination lamp
- ✓ Water and Light

Program Activities

- ✓ Providing morning session health education
- ✓ Client counseling
- ✓ Providing cervical cancer screening
- ✓ Internal referral system
- ✓ Linking cervical cancer positive client for management
- ✓ Record and report filling
- ✓ Conducting review meeting

Output

- ✓ Number of women who got awareness on cervical cancer screening.
- ✓ Number of women who were screened for cervical cancer.
- ✓ Number of women who know their status on cervical Cancer.
- ✓ Number of positive women identified

Outcome

- ✓ Increased knowledge, awareness and positive attitude
- ✓ Increased service uptake of cervical cancer screening
- ✓ Increased number of women treated for cervical cancer

- ✓ Improved referral linkage

Impact

- ✓ Reduced cervical cancer morbidity and related mortality

2.6. Program Logic Model

Goal: To contribute for the reduction of maternal mortality and morbidity due to cervical cancer in Agaro catchment population, Zone South West Ethiopia, 2022

Statement of problem: According to the WHO report incidence rate of cervical cancer in Ethiopia is 35.9 per 100,000 patients with 7619 annual number of new cases and 6081 deaths every year. (11).

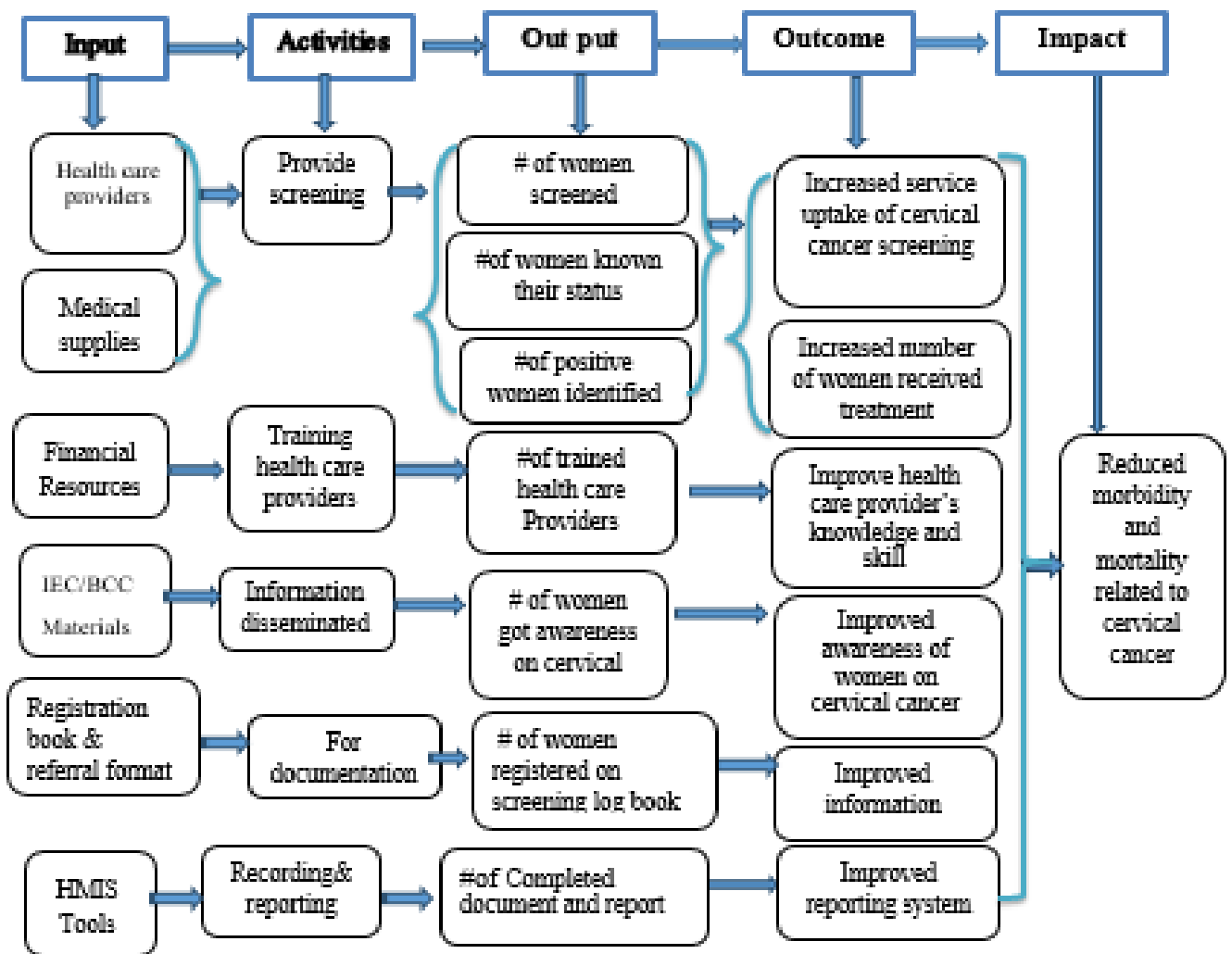


Figure 1: Logic Model of cervical cancer screening program at Agaro General Hospital, 2022.

2.7. Stage of program development

Historically, cervical cancer screening first started in Canada during the 1940s. Cervical screening increased greatly in the 1950s, when the Cancer Societies in Canada and the United States endorsed the Pap test as an effective cancer prevention test, and promoted it in their campaigns. In 1976, a task force on cervical cancer screening was appointed by the Conference of Deputy Ministers of Health of Canada(24). A review of cervical screening and the necessary components of screening concluded with recommendations for the implementation of organized screening program. Recommendations included the establishment of central or regional cytology registries for recruitment of women into the screening program and recall of women already screened and to develop screening frequency guidelines(25).

Cervical Cancer screening was piloted in Ethiopia by the Federal Ministry of Health (FMOH) in collaboration with Pathfinder. The service was introduced in 2009 as a single-visit approach to cervical cancer prevention integrated into a comprehensive care package for people living with HIV at 14 Hospitals. The service was subsequently initiated in eleven additional health facilities (clinics of the Family Guidance Association of Ethiopia (FGAE), military hospitals, and some other facilities) making the service available in a total of 25 health institutions. Based on the lessons learned from the pilot the FMOH has decided to scale up the service further into public healthcare facilities(21). Over the past 20 years, the Government of Ethiopia has honored its national and international commitments by adopting and implementing series of policies and national strategies aimed at creating the necessary conditions for all Ethiopians to have access to screening. National strategies aimed at creating the necessary conditions for all Ethiopians to have access to positive women under the project name of “Addis Tesfa“ Cervical Cancer prevention (CCP) project from basic health and social services, as well as in ensuring women’s economic, political and human rights and their full participation in the development process(21).

Oromia regional health bureau launched cervical cancer screening VIA and cry therapy in 2015 at St. Luke Catholic Hospital in South-West Shoa zone in one (1) hospital and eleven(11) health centers in collaboration with Doctors with Africa (26).

Data obtained from Jimma zonal health department shows the establishment of cervical cancer prevention and control in Jimma zone were started since 2017 by screening women in selected

health facilities in 11 districts since and one hospitals. Now days Jimma zone health department extends cervical cancer screening service to 42 health centers and 7 hospitals by training more than 90 health care providers in collaboration with Oromia Health Bureau and CDC project in order to strength the service.

My study area, Agaro General Hospital is one of institution found in Agaro town which is 45km far from Jimma town and 395km from Addis Ababa.. This hospital is providing health and health related services to its all customers. From these services cervical cancer screening was started implementation since 2019 for women 30-49 age group visited the hospital and 20 years and above for those HIV positive. Since it was established it serves catchment population of Goma district, Agaro town, Gera district and Gumay district those who are referred from these districts or come by themselves. Currently the Hospital is providing cervical cancer screening and cryotherapy treatment for those screened positive. Because of low performance coverage, the hospital arranged campaign for two months in fourth quarter and some how improves districts its achievement in this year.

Chapter 3: Literature Review

3.1. Availability Dimension

Cervical cancer screening program in health care unit can be measured by availability and readiness of different parameters in the facilities supposed to provide the service like trained human power, drugs, and medical supply, infrastructures, financial resources, medical equipments, medical supplies, job aids and IEC materials, supervision, the content of services received, and the kinds of information given to women during their visits and all the necessary input to provide cervical cancer screening program(28).

Study conducted in University of Rwanda College of Medicine and Health Sciences indicated that 69.0% of respondents reported that cervical cancer screening was being done at their respective health facilities. The basic equipment needed for cervical cancer evaluation were reported to be available. 94.3% reported to have a table for pelvic examination, 81.6% a source of light for examination and 96.6% reported to have speculums at their health facilities(8).

According to study conducted on assessment of cervical cancer service health service providers in public health facilities in Addis Ababa, although all the hospitals had trained health care provider and screening and diagnosis infrastructures are available for cervical cancer service, majority of them did not know the recommended age group for cervical cancer screening and they engaged with other health service, because of this the client may be deprived from getting service and wasting extra resources, therefore less screening service provision(29).

Study conducted in 2018 on cervical cancer and its screening practice among health extension workers in Addis Ababa, Ethiopia indicates that Even if HEWs had a positive attitude towards cervical cancer screening if cervical cancer screening services are easily available and free of charge, majority of them (76.7%) of them strongly agree to undergo screening and (73.3%) strongly agree to recommend their client to utilize screening service. However currently only 9.3% had screened for cervical cancer within the past five years(30).

3.2. Compliance Dimension

The dimension of compliance refers the extent to which the cervical cancer screening has been implemented with pre stated standard design or national guideline (31).

Overall, 48% of health care professionals in the public hospital of Addis Ababa were good approach that shows compassionate health care service providers(29).

According to Ethiopia Country Operational Plan of 2021, key programmatic challenges encountered in cervical cancer screening and treatment services include lack of job aids, weak demand creation at community and health care worker levels, lack of capacity to maintain trained human resource at multiple levels of the health system, lack of capacity for preventive maintenance of equipment, frequent shortage of medical supplies and accessories, poor referral networking, and lack of systems for mentorship and coaching(32).

According to study conducted in St. Luke Catholic Hospital in Wolisso dedicated nurses used to engage eligible women in the waiting areas of the hospital during idle time to offer the screening. In October 2017, a spot analysis of outpatient diagnosis(OPD) data showed that 3 out of 10 hospital visitors were women aged 30-49, that is within the eligible age group. Many women of the same age group visit the hospital every day for different medical services, but the clinical staff was unable to refer potential clients to the cervical cancer screening service due to unclear procedures(12).

3.3. Satisfaction Dimension

Study conducted in Morocco on cervical cancer screening indicated that, satisfaction related to the service received at the health centers (98.6 %) answered “highly satisfied” or “satisfied”. The majority of women were highly satisfied with the availability of the screening program using VIA (84.2 %), and the timetable for the screening services at health centers (84 %). Regarding the VIA test procedure, (97 %) were satisfied with the information provided, and (90.7 %) satisfied with the time allocated to the explanations. Facility characteristics were also appreciated by study participants; (99.2 %) reported that their examination rooms offered enough privacy. The examination rooms were considered clean and adequate for (93.4 %) of the women. (67.6 %) of the study participants felt that the material and equipment used was clean(33).

Study conducted on women’s satisfaction with cervical cancer screening services and Associated Factors in Maternal Health Clinics of Jimma Town Public Health Facilities more than six out of ten women were satisfied with the clarity of provider explanation about cervical cancer, their interaction with providers, overall services provided, explanation given by provider on problem

and the services given, VIA screening test experience, and consultation time with provider with satisfaction rate ranging from 60% to 69%. Eighty-two percent of women wanted to continue treatment if VIA tested positive and most (96%) of them recommended that relatives and others attend screening services given at the health facilities. The overall satisfaction of women with cervical cancer screening services was 41%(13).

3.4. Conceptual Frame Work

This conceptual frame work was adapted with modifications from Donabedian conceptual frame work of quality, because currently his model is widely recognized and used globally according to this model. Structure, process and outcome(34).

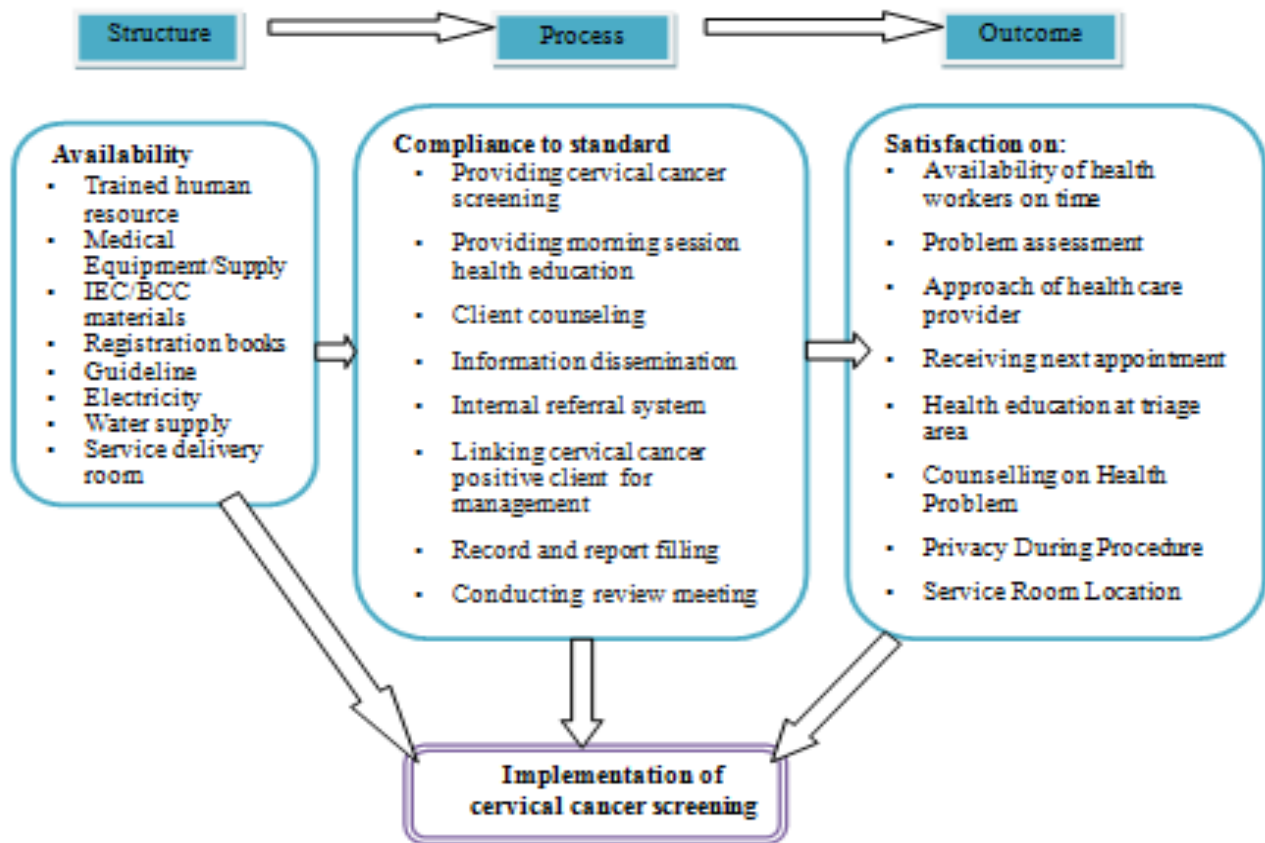


Figure 2: Conceptual frame work for evaluation of implementation status of cervical cancer screening program at Agaro General Hospital, 2022.

Chapter Four: Evaluation Questions and Objectives

4.1. Evaluation questions

The evaluation questions were:

1. Are essential program inputs used for implementation of cervical cancer screening available at Agaro General Hospital? If yes how, if not, why?
2. Are the implementation activities of cervical cancer screening performed according to national guideline? If yes how, if not, why?
3. Are women seeking service satisfied with cervical cancer screening service provided at Agaro General Hospital? If yes how? If not, why?

4.2. Evaluation Objectives

General objective

- ✓ To evaluate the implementation status of cervical cancer screening among women of age 30-49 at Agaro General Hospital, Jimma Zone, 2022.

Specific objectives

- ✓ To evaluate availability of resources for the implementation of cervical cancer screening.
- ✓ To evaluate whether the cervical cancer screening is being performed according to the national guideline.
- ✓ To evaluate the level of women satisfaction towards cervical cancer screening.

Chapter Five: Evaluation Methods

5.1. Study Area

Study was conducted at Agaro General Hospital which is located 45 km far from capital city of zone; Jimma city and 395 km far from Addis Ababa which is capital city of Ethiopia. The town is capital of Goma which is bounded by Limmu kossa district at North, Seka district at south, Manna district at East and at West by Gumay and Gera districts. This hospital is providing health and health related services to its catchment area population. Preventive, curative and rehabilitative service were provided at Agaro general hospital. From these services cervical cancer screening was started implementation since 2019 for women 30-49 age group who visited the hospital and 20 and above years for those HIV positive women. Agaro general hospital has a total of 180 health professional and 89 supportive staffs during data collection period. Having those staffs hospital was providing cervical cancer screening and cryotherapy treatment for those screened positive. Because of low coverage of cervical cancer screening the hospital arranged campaign for two months in fourth quarter (from march –june , 2021).

5.2. Evaluation Period

Evaluability assessment was conducted from february 9 to march 20, 2022 and the data collection was conducted from june 10 to july 15, 2022.

5.3. Evaluation approach

Formative evaluation approach was used in this study. Due to its ongoing process that allows for feedback to be implemented during a program cycle, and allows making program adjustment to achieve the program goal. Cervical cancer screening was ongoing and implemented in Agaro General Hospital. To realize formative evaluation key stakeholders(hospital administrative, Agaro General hospital plan focal person, cervical cancer screening focal person and Agaro town MCH coordinator) were involved during EA in order to understand the problem that the program aims to change, reach on consensus regarding all issues about evaluation, clarify relationship between designed strategies and the problem. The evaluation questions and evaluation judgment criteria were also agreed with stakeholders.

5.4. Evaluation Design

A case study was conducted in Agaro general hospital from June 10 to July 20, 2022 using sequential explanatory mixed method to evaluate implementation status of cervical cancer screening program. The case is cervical cancer screening program using VIA at Agaro general hospitals. The reasons for choosing this case study in the field of program evaluation, case study is frequently used to observe program implementation. This includes understanding what implementation looks like, due to its ongoing process that allows for feedback to be implemented during a program cycle, and allows making program adjustment to achieve the program goal. Therefore, in evaluation case studies can be used to explain the contextual conditions of a case (7). Case study integrates quantitative and qualitative information from a variety of sources to give an in-depth picture of the issue being studied (35). Formative evaluation approach was used to provide the program managers for program improvement in order to achieve their goal. Generally applying case study design to evaluate implementation status of cervical cancer screening program at Agaro general hospital, since the program needs to be described, and explained sequential explanatory mixed method was used.

5.5. Focus of evaluation and dimensions

This evaluation focused on the process of how cervical cancer screening is implemented. It provides information about the resources to be used, activities to be accomplished and expected output, and also client satisfaction towards cervical cancer screening program of Agaro General Hospital.

Evaluation dimensions

The Evaluation dimensions were selected with stakeholders based on the focus of the evaluation and those can answer the evaluation questions during evaluability assessment. These dimensions were help to determine the level of the implementation status of cervical cancer screening in Agaro General Hospital.

Availability dimension : The dimension of availability was assessing the availability of human resource, medical equipment and supplies, IEC materials, registration book, and guideline in the hospital those were important for implementation of cervical cancer screening.

Compliance dimension :The dimension of compliance refers the extent to which cervical cancer screening has been implemented with pre stated standard design. This evaluation observed at how the protocol is obeyed during the provision of services. It includes health services provided as preset program standard, review meeting, follow up and supportive supervision conducted by higher level of responsible body.

Satisfaction dimension:In this evaluation satisfaction of the program was measured by centering on measures of women satisfaction. Women Satisfaction includes the cervical cancer screened level of satisfaction towards the screening process and management & health services given by health workers in Hospital.

5.6. Indicators and Variables

Availability dimension indicators (10)

- Availability of trained health care providers at least two in cervical cancer screening unit.
- Availability of Separate cervical cancer screening room
- Availability of dedicated waiting area for women of reproductive age groups
- Availability of furniture's (two chair and one examination table)
- Availability of job aids(guideline , reporting format, registration book and referral slip)
- Availability of medical supplies like (surgical glove, gauze, acetic acid and screen) in cervical cancer screening unit.
- Availability of diagnostic kits (speculum, spongy forceps,, examination lump, stethoscope, blood Pressure apparatus ,drum)
- Availability of infection prevention material (dust bin, bleach, detergent, bucket) in cervical cancer screening room.
- Availability of infrastructure (electric source, water in screening unit during data collection period.

- Availability of IEC material (flipchart, ,posture and leaflet) in cervical cancer screening unit during data collection period.

Compliance dimension indicators (10)

- Proportion of women counseled on screening according to national guideline.
- Proportion of procedure performed with safe guard confidentiality.
- Proportion client greeted respectfully by health care provider.
- Proportion of client provided screening service that considers motivated,respectful and companionate caring asking style.
- Proportion of client received next appointment date.
- Proportion of client asked willingness to undergo cervical cancer screening.
- Proportion of clients explained step of the procedure
- Proportion client received consent form before procedure
- Proportion of women counselled using IEC materials(flip chart, posture and leaflet)
- Proportion of women knows availability of cryotherapy treatment after screening

Satisfaction dimension indicators (13)

- Proportion of women satisfied by the availability of health workers on time
- Proportion of women satisfied on how health worker assessclients problem
- Proportion of women satisfied on approach of health care provider during service provision
- Proportion of women satisfied on receiving next appointment
- Proportion of women satisfied towards health education at triage area during hospital visit
- Proportion of women satisfied towards counselling on health problem

- Proportion of women satisfied on privacy during procedure
- Proportion of women satisfied on service room location
- Proportion of women satisfied on time spent in hospital
- Proportion of women satisfied on day of screening
- Proportion of women satisfied on clarity of information given by health care provider
- Proportion of women satisfied on cleanliness of screening room
- Proportion of women satisfied on availability of treatment after screening

5.7. Population and sampling

5.7.1. Target Population

Target populations were program managers, health care providers and women whose age 30-49 years and also those who were visited Agaro general hospital.

5.7.2. Source population

All women whose age was 30-49 years and visited Agaro general hospital for any other services, selected health care providers, selected program managers and cervical cancer screening registration book.

5.7.3. Study population

- Women whose age group of 30-49 years coming for any other services to Agaro general hospital were source population. When they came to hospital they were sent to cervical cancer screening unit first for screening and after that they were sent to other service unit for their issue they need. There was also campaign activity on cervical cancer screening in Agaro catchment population and many women came for screening during data collection period, for that reason 280 women were interviewed and 5 were left because of time of data collection finished.
- Health worker working on cervical cancer screening as well as those who have experience and cervical cancer screening registration book were studied

5.7.4. Study unit

Study units for quantitative study

Study unit was women whose age group of 30-49 years.

Study units for qualitative study

Selected cervical cancer screening focal person, selected maternity ward head, selected family planning focal ,selected planning focal, selected hospital manager and selected Agaro town MCH case team coordinator were interviewed. And also eighteen(18) women were observed while screening was provided.

Unit of analysis

Primary unit of analysis:Primary unit of analysis was women whose age 30-49 years and those were visited hospital, all selected health care providers for KII

Secondary unit of analysis:Agaro general hospital which was providing cervical cancer screening program.

5.8. Sample size determination and sampling technique

5.8.1 Sample size for quantitative data

Sample size determined using single population proportion formula based on the following assumption.

$n=(z\alpha/2)^2 *p(1-p)/d^2$ where , $z\alpha/2=1.969$ with 95% confidence interval

$p= 0.5$ to get the maximum sample size

$d=5\%$ margin of error: $d=0.05$

$n= (1.96)^2*0.5(1-0.5)/0.05^2=384$

As $N<10,0000$ finite population correction formula $nf= \frac{n}{1+n/N} =$ formula $nf= \frac{384}{1+384/780} =\underline{\underline{259}}$

By considering 10% nonresponse rate the total sample size was $259+26=\underline{\underline{285}}$

5.8.2. Sample size for qualitative data

Key informant interview: key informant interview was conducted with six individuals (program coordinators, hospital manager and staffs) those have experience on cervical cancer screening program, five within the hospital with two 2 female and three male as well as one male was from town health office. They were selected for the reason that, they have more relevant information and experience on cervical cancer screening program. Those were cervical cancer screening focal person, maternity ward head, family planning coordinator and those directly participating in cervical cancer screening service, one male planning coordinator and one male hospital manager, as well as one male from Agaro town MCH coordinator were participated in the study.

Observation: participatory observation of cervical cancer screening to assess the compliance of health workers towards national guideline was conducted. Two health care providers who were assigned and working on cervical cancer screening program were participated in the observation. The time of observation was on morning working days. Eighteen sessions were conducted through the participatory observation method. In this evaluation, the number of sessions observed were determined based on the number of health workers assigned on cervical cancer screening program. Number of observation session calculated based on health worker assigned on cervical cancer screening program. Guideline for qualitative data collection method says, for observation 50% of health care provider who were providing screening can be observed and for one health care provider atleast 1-5 observation can be conducted(36). During evaluability assessment it was identified that there were four health care provider were trained .considering all trained health care provider can perform screening program and on average 4-5 observation was for each health care provider was planned. But actually only two of them were providing screening service due to trained one were assigned to another service unit, so that in order to maximize number of observation all planned observation session was conducted.

During evaluability assessment the hospital was addressed as four health care provider were conducting screening program. So that, information was gathered on how the client was counselled, examined, and VIA services were provided to assess the compliance of health providers to the national standards. During observation confidential issue was considered. The observer use professional wearing which the whole staff used, when the health care provider

assess the client by being with them. When they perform the procedure, the observer documents what they have done, so that the client does not aware of what was being going on. To minimize Hawthorn effect among eighteen observation the first five clients were omitted and 13 Observation taken for analysis.

5.9. Sampling procedure

Client exit interview: All women age group 30-49 years who come for any other service during the study period were interviewed. All clients cards of women age range of 30-49 years first sent to cervical cancer screening unit for screening from triage and after screening immediately exit interview was conducted to assess the client's satisfaction towards the services being provided which addresses the satisfaction dimension, then they were linked to other services they came for. Among planned two hundred eighty five (285), two hundred eighty (280) client exit interview were conducted and five (5) of them left because of time for data collection was finished. The sample was allocated based on client flow per month as shown on the following diagram

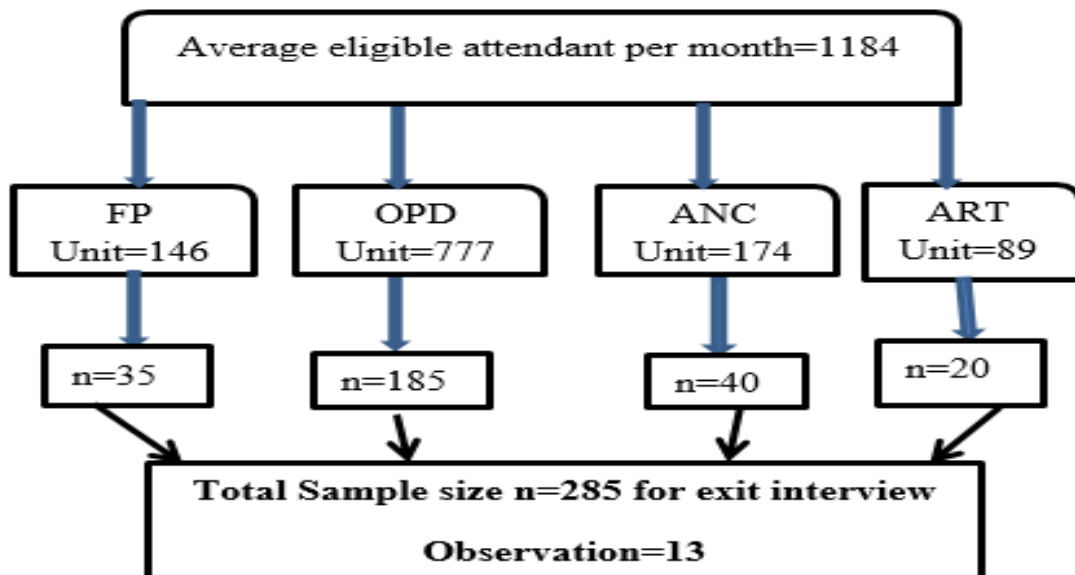


Figure 3: Schematic presentation of sampling procedure for client exit interview of evaluation of implementation status of cervical cancer screening program at Agaro General Hospital, 2022.

Resource inventory: Resource inventory was conducted to collect all data related to the availability of resources for VIA service by observation and interviewing health care providers.

Availability of resources (trained human resource, medical equipments, medical supplies, registration book, report format, IEC materials, infrastructures like water supply and electricity, guidelines, etc.) were assessed.

Document review: All suggested documents were reviewed to ensure that the program was implemented with appropriate technical and material resources. For this reason, the last one year (from July 2021 to June 2022) cervical cancer screening registry, activity performance report, supportive supervision, feedback document was reviewed. Thirteen client cards were selected from eighteen clients who participated in the direct observation and put separately to verify the documentation of all relevant information on the VIA register at the end of procedure.

5.10. Eligibility criteria

5.10.1. Inclusion criteria

- All women of reproductive age groups on Anti Retroviral Therapy (ART) were included.

5.10.2. Exclusion criteria

- Those women being sicked and need immediate intervention during data collection period .
- Document (referral slip) with incomplete information (data) .
- Women who come again within the study period for further consultation.
- ART focal person who were employed less than 6 months were excluded from the study.

5.11. Data collection methods and procedures

5.11.1. Data collection methods

Interview guideline and observation checklist were used to collect qualitative data. Resource inventory checklist was used to check the availability of different resources. Structured questionnaire was used to collect quantitative data to assess the level of women satisfaction towards process of screening service provision.

5.11.2. Data collection procedures

Qualitative and quantitative data collection techniques were used to under take the evaluation study. Documents and records were reviewed, indepth interview was conducted, resource inventory and client interview were employed. KII was conducted using voice recording and field

note taking activities were done carefully. Participatory observation was done to assess compliance to guideline. Interviews were conducted face-to-face using structured questioner. Pre test was conducted on 5% of sample size which were on fourteen (14) clients before data collection in May 15 to 26, 2022 at Shenene Gibe General Hospital.

5.11.3. Development of data collection tools

Template for records and document review checklist and resource inventory checklist were adapted from CDC2000 Program. Evaluation checklist and Service Availability and Readiness Assessment (SARA) annual monitoring system for service delivery reference manual (37). Observation guide was adapted from USAID tool of observation (36).

5.12. Data collection

Structured observation checklist, structured document review and semi structured interview guide were used to collect qualitative data. Resource inventory checklist was used to check the availability of resources (guidelines, registration book, supplies, human resource, furniture and materials etc). Structure questionnaire were used to collect quantitative data from program clients during their exit from the service area to assess the level of client satisfaction.

5.12.1. Exit interview

In this particular evaluation client exit interview was used to assess client satisfaction on the service provision through structured questionnaire. All clients 30-49 Years who were visited the hospital within data collection period was interviewed.

5.12.2. Observation/compliance/

Participatory observation of cervical cancer screening to assess the compliance of health workers towards national guideline was conducted. Two health care providers who were assigned and working on cervical cancer screening program were participated in the observation. The time of observation was on morning working days. Eighteen sessions were conducted through the participatory observation method and the first five observations were rejected to minimize Hawthorn effect and 13 observation sessions were taken for analysis. In this evaluation, the number of sessions was determined based on the number of health workers assigned on cervical cancer screening program. The number of observation session calculated based on health worker assigned on cervical cancer screening program. Guideline for qualitative data collection method

says, for observation 50% of health care provider can be observed and for one health care provider atleast 1-5 observation can be conducted. During evaluability assessment the hospital raise as four health care provider was conducting screening program. So that, information was gathered on how the client was counselled, examined, and VIA services were provided to assess the compliance of health providers to the national standards. (38).

During observation confidentiality issue was secured by using professional wearing which the whole staff used, when the health care provider assess the problem by being with them observation conducted without interfering the procedure. So that the client does not aware of what was being going on. To minimize hawthorn effect among eighteen observation the first five clients were omitted and 13 Observation taken for analysis.

5.12.3. In-depth interview:

In-depth interview guide was used to conduct interview with purposively selected experienced service providers on cervical cancer screening and program managers based on information richness.

5.12.4. Resource inventory:

The hospital was checked for availability of (guidelines, registration book, report format, medical supplies, medical equipment human resource and furnitures and infrastructures like; counseling room, electricity and water supply by using resource inventory checklist.

5.12.5. Data collectors

Two BSc Nurses and 2 Midwife nurses who can speak local language and were not worker of the General Hospital were recruited. One BSc Nurse recruited as supervisor. Observation and key informant interview were conducted by the principal evaluator.

5.12.6. Data quality control

Two days training was given for data collector on the study objective, research ethics and method of data collection to keep the accuracy of data that was collected. The data was checked for completeness on daily basis by the supervisor by receiving the questionnaires from data collectors on daily bases.

5.13. Data management and analysis

5.13.1. Data entry

After data was entered in to epidata and then analyzed using SPSS Version 25 statistical software then frequency was analyzed to check the presence of missing values. Coding error and missing values was checked and an error was removed. Additionally, the data was cleaned by visualizing.

5.13.2. Data cleansing

Data cleaning and checking was done at field and repeated during and after data entry. Coding error and missing values was checked and an error was removed. Additionally, the data was cleaned by visualizing.

5.13.3. Data analysis

Quantitative data for exit interview was entered in to epidata and exported using SPSS version 25 for further analysis so that the results were mainly presented by using frequency tables. Out of 285 women, 280 women were interviewed to rate their satisfaction on the cervical cancer screening service provision. Five of them left because of data collection time was finished. Qualitative data from note book was translated, transcribed and thematized in to thematic areas. In order to determine satisfaction of women through cervical cancer screening process of health care service provision. Thirteen indicators related to women satisfaction was measured on a five point of likert scale (from 1: Very dissatisfied 1 to 5: very satisfied). The result of these items was ranged from 1 to 5 and using satisfaction cutoff point formula.

The cutoff point for this categorization was calculated

$$(Cutoff\ point = \frac{total\ highst\ score - total\ lowest\ score}{2} + total\ lowest\ score) \quad (39).$$

The analysis of implementation of the program was done by using judgmental value to determine the level of program implementation. The final results of the evaluation were decided based on a set of criteria prepared and weight given for dimension and indicators with stakeholders. The overall implementation evaluation result of cervical cancer screening program was judged as Very good if the overall point scored ($\geq 85\%$), Good (75-84%), 55-74=Fair and ≤ 54 = poor.

5.14. Ethical consideration

The study was conducted after ethical clearance is obtained from Institutional Review Board (IRB) Jimma University. Then official letter from Jimma University Research coordinating office was written to Agaro general hospital. Verbal consent was obtained from the study participants after providing clear explanation about the objective and purposes of the study. Participants' right to refuse or discontinue participation at any time if they want and the chance to ask any thing about the study was strictly respected. Data confidentiality kept by writing code rather than respondent name for confidentiality purpose. During client exit interview private area was arranged in order to secure women privacy. During observation, the observer weared professional cloths and and the client were not aware of what were going on.

5.15. Evaluation findings and dissemination plan

Dissemination of findings on time is important step in the evaluation process that stakeholders should use the evaluation findings timely to take corrective decision making. The final evaluation report will be presented to Jimma University, Institute of Health, Department of Health Policy, Management and Health Monitoring unit. Then it will be disseminated to stakeholders (Jimma zone health office and Agaro general hospital). The final evaluation report will be presented to Jimma University and get approval. Short communications will be prepared and shared to stakeholders both in soft copy and printed formats. Existing health sector review meetings and workshop will be considered to present the evaluation findings to stakeholders. If possible publication also will be considered.

Chapter Six: Result

A total of two hundred eighty (280) clients were interviewed with response rate of 98.2%. Accordingly thirteen (13) clients' involved in observation of client provider interactions processes. The observation process was participatory, that mean the observer act like health care provider and the client does not aware of they are being under observation and also the health care provider does not told they were being observed, rather they were informed that as documents were reviewed and client cards were being check. Six (6) KII was conducted with hospital manager, cervical cancer screening focal person, planning coordinator, maternity ward head ,family planning focal and Agaro town MCH coordinator those were directly or indirectly participated in screening program. Ten indicators for availability, for compliance also ten indicators and thirteen indicators for satisfaction were included. Overall result was given about 67.7% and which indicates cervical cancer screening provided in Agaro General Hospital was fair according to judgment criteria agreed with stakeholders during the evaluability assessment phase.

Table 2:Planned and actual sample size summery for evaluation of implementation status of cervical cancer ccreening program at Agaro General Hospital, Jimma Zone South West Ethiopia, 2022.

	Planned Sample size	Actual sample size	Remark
Number of key informant	6	6	
Number of Observation	13	13	
Number of Exit interview	285	280	

6.1. Availability Dimension

Availability of resources (human, infrastructure, medical equipment, job aid, IEC materials and supplies) those considered important in delivering cervical cancer screening service to target population and has direct relation with implementation of activities were assessed .Since cervical cancer screening program at the hospital was done using only visual inspection with acetic acid , health professionals like laboratory and others were not considered and the only very important

were Gynecologist, General Practitioners, Midwives and Nurses as discussed with stake holders during evaluability assessment.

Agaro heneral hospital,availability of resource is considered **fair** (61.5%) per the judgment criteria. This was supported by key informant interview.

“Regarding availability of human resource, “We have four trained health workers on cervical cancer screening. But because of work overload all are not involving in implementation. Two health workers were involved in screening of cervical cancer, compare to client flow it is not enough .The second midwife have another job description in MCH department. So that it needs attention starting from federal ministry of health” [male, KII, 2].

“We have four trained health workers on cervical cancer screening, but not all trained are involved in this activities. 1 Nurse Head, 2 midwives, MCH head is trained on this program. Two health workers are involved in screening of cervical cancer, The other assigned to other activities,some times un trained person engaged in this activities. So that I say not adequate for this service, when one person is off because of night duty and similarly one absent unfortunately, in this case it is not enough, so that I assist them even without being trained because I worry for those mother coming from far distance. So only training is not matter, it is about willingness to know something and willingness to do” [female KII, 4].

Table 3: Human resource for evaluation of implementation status of cervical cancer screening program at Agaro General Hospital, Jimma Zone South West Ethiopia, 2022.

Health Workers	Availability/Not available		Expected to trained	%
	Availability	Not available		
Gynecologist(1)		✓		
General Practitioners(2)		✓		
Midwives(2)	✓			
Nurses(2)	✓			
Total	4	0	8	50

Facility audit (inventory) was conducted; the hospital had separate cervical cancer screening room, but no has dedicated waiting area around screening unit because there were shortage of space and furniture like bench around there and the room located around out patient service that have many client flow, for that reason many clients stands until the time of consultation reach.

“ We separated screening room even through fighting with other departments after I had trained, and fulfil supplies, furniture from other rooms. But as you see here this room, gynecologist sometimes (Wednesday and Friday appoint critical case to examine in this room, because ultrasound found in this room, my clients stand on the ground to for long time. This is why waiting area is not available, around is more crowded and there is shortage of room.” [female KII, 1] Waiting area at least bench must be arranged to minimize standing for long time

Table 4: Availability of infrastructures for the study of evaluation of implementation status of cervical cancer screening program at Agaro General Hospital, Jimma Zone South West Ethiopia, 2022.

Screening room	Availability	Expected number	%
	Availability	Not available	
Cervical cancer screening room	✓		100
Dedicated waiting area		✓	0

Regarding availability of furnitures,the room had table and chair.Even though the screening unit was not exist before three years, because the screening focal person and hospital manager have commintment to establish the program there,cervical cancer screening focal person and hospital manager collected the furniture for screening room from other service unit and from adiministretive unit to fulfil the screening unit at the time she had received training.

Table 5: Availability furniture's for evaluation of implementation status of cervical cancer screening program at Agaro General Hospital, Jimma Zone South West Ethiopia, 2022.

Furniture's	Availability		%
	Available	Not Available	
Chair	✓		
Table	✓		
Procedure table	✓		
Examination bed	✓		
Total	4	0	100

Regarding, registration book, it was available and well used for all clients. Guideline line and referral slip was available, but referral slips not in use because the health care provider managing those screened positive and giving chemotherapy treatment, but when they need to send for further investigation they send with out referral slip to other health facilities because of lack of awareness that it was necessary and they were not asked to send clients with referral protocol. Availability of job aids, 75% were available during assessment.

Table 6: Availability of job aids for evaluation of implementation status of cervical cancer screening program at Agaro General Hospital, Jimma Zone South West Ethiopia, 2022.

Job aid	Availability		Expected number	%
	Available	Not Available		
Guideline	✓			
Registration book	✓			
Report format	✓			
Referral slip		✓		
Total	3	1	4	75

Medical equipment and supplies out of ten items needed in examination room 5 items were available which mean 50% fulfilled and 50% still not available during data collection period. The reason for absence was they did not recommend it to be purchased. The screening guideline says essential infrastructure, equipment, supplies and logistics are required to provide cervical cancer screening program.

Table 7: Availability of medical, equipment and supplies, for evaluation of implementation status of cervical cancer screening program at Agaro General Hospital, Jimma Ethiopia,2022.

Medical supplies	Availability		Expected number	%
	Available	Not Available		
Cotton(swab)	✓			
Normal saline		✓		
Surgical glove	✓			
Mask in the procedure room		✓		
Bleach	✓			
Dust bin for dry waste collection	✓			
Bucket		✓		
Drape		✓		
Total	4	4	8	50
Medical Equipment				
Examination light(light)	✓			
Functional autoclave		✓		
Spongy forceps	✓			
Speculum	✓			
Forceps	✓			
Blood pressure apparatus		✓		
Weight scale		✓		
Drum	✓			
Acetic Acid	✓			
Cryotherapy machine	✓			
Total	7	3	10	70

During observation, among IEC materials only flip chart that used for information dissemination, was available in cervical cancer screening unit but the health care provider do not used for all clients during counselling. For instance they used flipchart for only six clients out of thirteen observed client. *“Health promotion Medias regarding cervical cancer screening like flayers and leaflets were not available except some postures and flip chart. The reason I do not use flip chart is because it takes more time for one client. So I Counsel them from my knowledge”* [female KII 1].

Posture and leaflet must be available for health promotion on cervical cancer screening program by hospital manager and cervical cancer screening focal person by communicating with Jimma

zonal health department and Oromia regional health bureau , maternal and child health case team and they also have to communicate with any other non governmental organization those have working on cervical cancer screening program to donate for them.

Table 8: Availability of IEC material for the study of evaluation of implementation status of cervical cancer screening program at Agaro General Hospital, Jimma Ethiopia, 2022.

IEC Materials	Availability		Expected number	%
	Available	Not Available		
Posture		✓		
Flip chart	✓			
Leaflet		✓		
Total	1	2	3	33

Judgement Matrix:The final results of the evaluation were decided based on a set of criteria prepared with stakeholders. The dimension and indicators draft prepared by the principal evaluator by referring cervical cancer screening guideline and different literature and weight given for dimension and indicators with stakeholders.

Table 9:Judgement matrix of availability dimension of evaluation of implementation status of cervical cancer screening at program at Agaro General Hospital,Jimma Ethiopia,2022.

Evaluation Questions	Dimensions	Indicators	Weight given	Value observed	Score	Judgement parameter
Are essential program inputs used for implementation of cervical cancer screening available at the Agaro General Hospital?	Availability (100%)	Availability of trained health care providers at least for cervical cancer screening.	10	6.8	68	V. good (>=85%)
		Availability of separate cervical cancer screening room	15	10.2	68	
		Availability of dedicated Waiting area	5	3.4	68	
		Availability of furniture's(chair and examination table)	10	10	100	
		Availability of job (guideline , format, registration book, referral	5	3.7	74	Good (75-84%)

	slip)				
	Availability of medical supplies like (surgical glove, gauze, acetic acid and screen) in cervical cancer screening unit.	15	10.2	68	
	Availability of diagnostic kits (speculum, spongy forceps,, examination lump, stethoscope, blood Pressure apparatus ,drum)	15	6.8	45.3	55-74=Fair
	Availability of infection prevention material (dust bin, bleach, detergent, bucket) in cervical cancer screening room.	10	6.8	68	
	Availability of infrastructure (electric source, water in screening unit during data collection period.	10	6.8	68	≤54= poor
	Availability of IEC material(leaflet, postrue and flipchart) in cervical cancer screening unit during data collection period.	5	3.4	68	
	Availability	100	61.5	61.5	

6.2. Compliance Dimension

Principal investigator has observed the performance of the care providers on thirteen (13) clients. Among observed thirteen client provider interaction health care provider shows good approach (counsel clients in humanity manner by showing motivated, respect and caring style) for 84% of women attending cervical cancer screening unit. This shows the way the health care provider felt their clients health problem problem that they were told to them as their own health problem by giving attention , listening attentively, giving assistance through out the procedure. Sometimes when many clients came to them they refused handling their client in appropriate manner. For the the other left privacy were not secured because sometime the dor was opened frequently by an other health care providers those were not assigned on cervical cancer screening unit. , eleven were greeted with health care provider as soon as they contact provider, twelve of them were

received service that considers motivated, respectfull and compationate which mean, during conversation the health care provider felt their problem as their own,they respect for each word that the client said, and handle the client carefully through out the procedure, ten of them were received appointment, six were asked for willingness undergo the procedure,and six of them were not asked for willingness and seven of them explained steps of the procedure the reason why the health care provider not complian with standard were there were many client flow and there wer campaign program for cervical cancer screening program and overall compliance to the procedure implies 72.3%.

Table 10: Items under observation for compliance dimension of cervical cancer screening program at Agaro General Hospital, Jimma Zone South West Ethiopia,2022.

Common items observed for the services		Frequency	Percent
Proportion of client greeted respectfully by health care provider.	Yes	11	84.6
	No	2	15.4
Proportion of client received screening service that considers motivated, respectfull and compationate asking style.	Yes	11	84.6
	No	2	15.4
Proportion of women counseled on screening according to national guideline.	Yes	12	92.3
	No	1	7.7
Proportion of client asked willingness to undergo the procedure	Yes	10	76.9
	No	3	23.1
Proportion of clients explained step of the procedure	Yes	6	46.2
	No	7	53.8
Proportion of women counselled using IEC Materials	Yes	6	46.2
	No	7	53.8
Proportion of clients received consent form	Yes	7	53.8
	No	6	46.2
Proportion of procedure performed with privacy	Yes	10	76.9
	No	3	23.1
Proportion of client received next appointment date.	Yes	10	76.9
	No	3	23.1
Proportion of women explained availability of treatment for screened positives	Yes	7	53.8
	No	6	46.2

Table 11: Judgment matrix of health care providers compliance to national guideline at Agaro General Hospital, Jimma Zone South West Ethiopia, 2022.

Evaluation Questions	Dimension	Indicators	Value given	Value observed	Score	Judgment parameters
Are the implementation activities of cervical cancer screening according to national guideline?	Compliance	Proportion client greeted respectfully by health care provider.	10	8.5	85	V. Good (>=85%)
		Proportion of client received screening service that considers companionate, respectful and caring asking style.	10	8.5	85	
		Proportion of women counseled on screening according to national guideline.	10	9.2	92	
		Proportion of client asked willingness to undergo	10	7.7	77	Good (75-84%)
		Proportion of clients explained step of the procedure	10	4.6	46	
		Proportion of women counselled using IEC Materials	10	4.6	46	Fair (55-74)
		Proportion of procedure performed with safe guard confidentiality.	10	5.4	54	
		Proportion of client received next appointment date.	10	7.7	77	≤54= poor
		Proportion of women knows availability of treatment for screened positives	10	7.7	77	

		Proportion of women explained steps of procedure	10	8.4	84	
Compliance			100	72	72%	

6.3. Satisfaction Dimension

Socio-Demographic Characteristics of Study Participants

A total of 285 of women age 30-49 years planned to included in this evaluation study and 280 women were interviewed with 98.2% response rate. The mean age of the women was 37.3 (SD=5.4) years, the majority of the women were in the age range of 30-34 years (38.6%) followed by 40-44 years (24.3%). Most of study participants were married (66.7%), 19.3% divorced, 7.5 single and the rest 6.8% were widowed. About 206 (73.6%) of study participants have had formal education and the rest 74 (26.4) of them were not able to read and write. Regarding to participants religion, majority 146 (52.1%), 89 (31.8%) and 45 (16.1) of them were muslim, orthodox and protestant respectively. Regarding the reproductive history, 32.1% of them have had three children and 3.9% of them have had four children. Regarding Participants occupation, 103(36.8%) and 23(8.2%) of them were house wife and private employ respectively.

Table 12:- Socio-demographic characteristics of study participants at Agaro General Hospital, Jimma Ethiopia 2022 (N=280).

Variables		Frequency (N=280)	Percent (%)
Age in years	30-34 yrs	108	38.6
	35-39 yrs	61	21.8
	40-44 yrs	68	24.3
	45-49 yrs	43	15.4
Marital status	Single	21	7.5
	Married	186	66.4
	Divorce	54	19.3
	Widowed	19	6.8
Educational	No formal education	74	26.4

status	formal education	206	73.6
Religion	Muslim	146	52.1
	Orthodox	89	31.8
	Protestant	45	16.1
Ethnicity	Oromo	159	56.8
	Amhara	81	28.9
	Silte	24	8.6
	Other	16	5.7
Resident	Urban	167	59.6
	Rural	113	40.4
Parity	None	17	6.1
	One	49	17.5
	Two	43	15.4
	Three	90	32.1
	Four	11	3.9
	Five and Above	70	25.0
Occupation	Government Employee	27	9.6
	Private employee	23	8.2
	Merchant	54	19.3
	House wife	103	36.8
	Daily Laborer	73	26.1

Satisfaction Dimension

Socio-Demographic Characteristics of Study Participants

A total of 280 women were included in the study with 98% response rate. The mean age of the women was 37.3 (SD=5.4) years, the majority of the women were in the age range of 30-34 years (38.6%) followed by 40-44 years (24.3%). Most of study participants were married (66.7%), 19.3% divorced, 7.5% single and the rest 6.8% were widowed. About 206 (73.6%) of study participants have had formal education and the rest 74 (26.4) of them were not able to read

and write. Regarding to participants religion, majority of them were Muslim 146 (52.1%), followed by Orthodox 89 (31.8%) and Protestant 45 (16.1%) respectively.

Concerning ethnicity, majority of women were Oromo 56.8% followed by Amhara 28.9%. Most of participants were lived in urban area 59.6%, whereas the rest rural 40.4%.

Regarding the reproductive history, 32.1% of them have had three children and 3.9% of them have had four children. Regarding participants occupation, 103(36.8%) and 23(8.2%) of them were house wife and Private employ respectively.

This evaluation measured the level of satisfaction with thirteen indicators. Accordingly majority of women 97.1% were satisfied on availability of treatment after screening. 95.7%, of women satisfied on day of screening ,66.3% of women satisfied on health worker assessing client’s problem according to guideline, 56.4% of women satisfied on approach(respect) of health worker during service provision , 80% of women satisfied on receiving next appointment, 27.5%, of women satisfied towards getting mass health education during hospital visit . 91.5% of them were satisfied towards counselling on health problem, 45% of women satisfied on privacy during procedure were, 73.4% of women satisfied on service room location, 71.3% of womens atisfied on time spent in hospital , 54% of women satisfied on clarity of information given by health care provider, 81.4 % of women satisfied on clean lines of screening room and the overall satisfaction was 68.7%.

Table 13: Cervical cancer screening satisfaction level of women age 30-49years at Agaro General Hospital, Jimma Ethi

opia 2022 (N=280).

Indicators		Frequency	Percent
Satisfaction on availability of health workers on time	Dissatisfied	136	48.6
	Satisfied	139	49.6
	Very Satisfied	5	1.8
Satisfaction on how health worker assess clients problem	dissatisfied	133	47.5
	satisfied	145	51.8
	Very satisfied	40	13.8

Satisfaction on approach of the health workers during Service provision	Dissatisfied	122	43.6
	Neutral	1	0.4
	Satisfied	152	54.2
	Very Satisfied	6	2.1
Satisfaction on receiving next appointment	Dissatisfied	50	20
	Satisfied	229	80
Satisfaction getting health education during hospital visit	Dissatisfied	203	72.5
	Satisfied	77	27.5
	dissatisfied	103	36.8
Satisfaction towards counselling on health problem	satisfied	232	82.9
	Very satisfied	23	8.2
Satisfaction on privacy during procedure	Very Dissatisfied	1	0.4
	Dissatisfied	152	54.3
	Neutral	1	0.4
	Satisfied	115	41.1
	Very Satisfied	11	3.9
Satisfaction on service room location	Very Dissatisfied	6	2.1
	Dissatisfied	74	26.4
	Satisfied	206	73.4
Satisfaction on time spent in hospital	Dissatisfied	146	52.1
	Satisfied	201	71.7
	Very Satisfied	4	1.4
Satisfaction on day of screening	Dissatisfied	14	5
	Satisfied	196	70
	Very Satisfied	68	24
Satisfaction on clarity of information given by health care provider	Dissatisfied	129	46.1
	Satisfied	148	52.9
	Very Satisfied	3	1.1
Satisfaction on clean lines (being free of dirty) of screening room	Dissatisfied	80	28.6
	Satisfied	204	72.8
	Very Satisfied	24	8.6

Satisfaction on availability of treatment after screening	Dissatisfied	6	2.1
	Satisfied	202	72.2
	Very Satisfied	70	25
Ove all satisfaction	Satisfied	193	68.9
	Dissatisfied	87	31.1

Table 14: Judgement matrix of satisfaction dimension of implementation status of cervical cancer screening program at Agaro General Hospital, Jimma Ethiopia, December 2022(N=280).

Evaluation Questions	Dimen sion	Indicators	Value given	Value observed	Score	Judgment parameters		
Are women seeking service satisfied by Cervical cancer screening provided at Agaro General Hospital	Satisfa ction dimen sion	Proportion of women Satisfied on Availability of health workers on time	8	5.1	63.8	V.Good (>=85%)		
		Proportion of women Satisfied on Health worker assessing client's problem according to guideline.	8	5.3	66.3			
		Proportion of women Satisfied on approach(respect) of health worker during service provision	8	4.5	56.4			
				Proportion of women Satisfied on Receiving next Appointment	7	5.6	80.0	Goo(75-84%)
			Proportion of women Satisfied towards getting mass Health Education during Hospital Visit	8	2.2	27.5		
			Proportion of women Satisfied towards counselling on Health Problem	8	7.3	91.3		
				Proportion of women Satisfied on privacy during Procedure	8	3.6	45.0	Fair (55-74)
			Proportion of women Satisfied on Service room location	8	5.9	73.8		
			Proportion of women	8	5.7	71.4		

	Satisfied on time spent in hospital				
	Proportion of women Satisfied on day of Screening	7	6.7	95.7	
	Proportion of women Satisfied on clarity of information given by health care provider	8	4.3	53.8	
	Proportion of women Satisfied on clean lines of screening room	7	5.7	81.4	≤54= poor
	Proportion of women Satisfied on Availability of treatment after screening	7	6.8	97.1	
Satisfaction		100	68.7	68.7	

Table 15: Overall judgement matrix of Evaluation of implementation status of cervical cancer screening program at Agaro General Hospital, Jimma Zone south west Ethiopia 2022.

Dimension	Value Given	Present achieved	Value achieved	Judgment criteria
Availability	35%	61.5	21.5	V. good (>=85%) Good (75-84%) 55-74=Fair ≤54= poor
Compliance	35%	72.3	25.2	
Satisfaction	30%	68.7	20.6	
Overall	100%		67.3%	

Chapter Seven: Discussion

Availability of trained resource

There were a total of 8 health professionals of a different category needed those directly or indirectly involved in the cervical cancer screening service based on agreement reached during evaluability assessment. Four were took training which was 50% and 25% were actively providing screening and half of trained health care providers were not actively participating in this activity because they were assigned at an other service delivery unit. Unfortunately untrained health worker sometimes assist those assigned on cervical cancer screening unit. So that the hospital in collaboration with Jimma zonal health department and Oromia regional health bureau have to traine those doing with out training.

“We have four trained health workers on cervical cancer screening. But because of work overload all are not involving in screening, only two of them were involved in screening, compare to client flow it is not enough .The second midwife have another job description in MCH department and we assigned untrained health workers sometimes. So that it needs attention starting from federal ministry of health” [male KII 2].

“The shortage of trained human resources is our main problem because among the trained health care provider they assigned on an other activities and they have no time to engaged in this activities. When one person is off because of night duty and similarly one absent unfortunately, in this case I assist them even without being trained because I worry for those mother coming from far distance [female KII 4].

According to guideline for cervical cancer prevention and control in Ethiopia 2021, trained nurses, midwives, nurse assistants, physicians and other health workers with adequate and ongoing support and supervision can perform VIA and it is important that an experienced provider conducts regular screening and assessment. Also at general hospital level trained medical personnel support, supervise provider in lower level health facilities and involve in training and mentorship(11). This is different from national guideline.

Availability of infrastructure and medical equipment and supplies

The results of facility audit (inventory) was indicated that among infrastructure needed for cervical cancer screening like separate cervical cancer screening room with dedicated waiting area, electricity, water supply 75% was full filled and 25% was the left unfulfilled because there was no waiting area because there of shortage of space and furniture like bench around there and the room located around out patient service that have many client flow, so that many clients stands until the time of consultation reached.

Regarding medical supplies, out of ten items needed in examination room 5 items were available which mean 50% fulfilled and 50% left unfulfilled. This evaluation indicated cervical cancer screening supplies that are required for the service providers were partially available. The reason might be the health care provider did not informed the hospital management team to purchased. Lack of medical supplies those used for infection prevention might expose both client and health care provider for infection transmission.

National screening guideline recommends the procurement and maintenance of essential equipment and supplies should in place and health system that providing service ensuring that these materials are procured and maintained is critical to the success of the program(40).

An other study conducted in Jimma zone on availability and utilization of medical equipment 15.4 % were available Shenen Gibe Hospital respectively(41). The result was good when compared to tis study.

Availability of IEC materials

Among IEC Material only Flip chart was available in cervical cancer screening room which accounts 33%.

“Health promotion Medias regarding cervical cancer screening like flayers and leaflets are not available except some postures and flip chart, the reason I donot use flip chart is because it takes more time for one client. So I give information for them from my knowledge” [female KII 1].

According to Federal ministry of cervical cancer prevention and control guideline, information on cervical cancer prevention through health education can be provided using materials like flip charts brochures, slide shows drama and role plays videos radio and television program based on the local context (40).The evaluation study was inconsistent with the guideline, the reason might be preparation of those IEC materials at local level was difficult and also the health care provider prefer counselling without using it because they think using this material takes time. So that this evaluation identified that there are a minimum required health promotion materials as compared to national guideline recommendations.

All recording and reporting formats related to cervical cancer screening services were available in the hospital including; monthly summary reporting format, screening registration book, assessment format and VIA appointment card. However, referral paper were available and but not used .report was sent on monthly base to regional health bureau,supportive supervision was not conducted ,performance based feedback was not received. KII said review meeting was conducted by zonal health department once in a year by zonal health department.

“Regarding screening service I can say confidently no one helps us, only ORHB gave us training, registration book and different format, JZHD called once review meeting that integrated with maternal health service” [male KII 5].

“Actually we were mobilizing community even using van caron cervical cancer screening to use service in our health center and hospital, but the hospital donot have communication with us and send their report directly to region . so that we did not supervise and gave feedback for them” [male KII 6].

Compliance to guideline

Principal investigator has observed the performance of the care providers on thirteen (13) clients. Among observed thirteen client provider interaction health care provider shows good approach (counsel clients in humanity manner by showing motivated, respect and caring style) for 84% of women attending cervical cancer screening unit. This shows the way the health care provider felt their clients health problem that they were told to them as their own health problem by giving attention , listening attentively, giving assistance through out the procedure. Sometimes when many clients came to them they refused handling their client in appropriate manner.

Study conducted in Jimma zone on Assessment of quality of health care indicates 25.9% showed respect/politeness for their patients(42). This evaluation study was not similar with the above study, the difference might be as proved by observation due to health care provider and social interaction was high. 84% of screened women were greeted respectfully by health care provider. Greeting women with a respectful approach in the first contact at service delivery points was to enhance the interaction as it has emotional contents of exchange between providers and women. Similarly the health care provider sometimes refused greeting their client when they faced work overload.

During cervical cancer screening service privacy and confidentiality were extremely important to make decisions, 45% were received procedure with privacy. According to Assessment of quality of health care in Jimma zone, the result of observation of health professionals' performance indicates the provider keep patient's privacy was 13.3% in Jimma zone district hospital(42). The evaluation study was not similar with this study. The reason might be commitment of health care providers and resources and availability of materials used to secure privacy. In case of Agaro General hospital, the reason why privacy was not kept was the room located between emergency room and adult examination unit where the client flow were high, the health care providers other than screening unit sometimes opened the door while the client were receiving the procedure and also the health care providers while giving screening service refused to resist other providers not disturb the client by talking each other. 76.9% of women were asked willingness to undergo the procedure. This shows that providers were not consistently complying with guideline recommendations in giving information to women about to undergo screening procedure. 53.8% of clients received consent form to undergo procedure and similarly only 46% of them explained steps of procedure. According to guideline providers should explain what is being done at each step during screening process(11).

Client satisfaction

In this evaluation satisfaction on clarity of information given by health care provider was 54%. Study conducted in Morocco on cervical cancer screening indicated that (94.4 %) stated that the information provided by health staff was clear (43). This evaluation was different from the above study. The reason might be in our context since patient and client ratio mismatch and they hurry for procedure rather than giving appropriate information.

81% of client satisfied with clean lines of screening room where as study conducted in Jimma town on the examination rooms were considered clean and adequate for 93.4 % of the women (13). Study conducted in Adis Ababa showed (62%) of the participants were satisfied, on the contentment of the organizational arrangement and cleanness of the environment(44).The result was difference because of Agaro general hospital located in rural environment with high client flow and challenging for frequent cleaning.

Clients satisfied with approach of health care provider were 44% whereas study conducted in Jimma town showed, respect shown by health care providers during interactions or discussing problems 69% (13). Provider approach is very crucial for clients unless they may not accept any service. The difference might be health workers working town area were more experienced on how to handle clients the client were also educated and know their right so that health care provider show good approach for them.

Satisfaction on day of screening showed 95% whereas study conducted in Morocco indicated that majority of women were satisfied with the schedules of screening program 84.2%(13). The finding was inconsistent and in this evaluation the hospital was providing full working days with full working hour including conducting campaign sessions.

Regarding respect shown by health care provider 56.4% were satisfied with approach of health care provider .According to Assessment of Quality of Health Care in Jimma Zone indicated that 25.9% showed respect/politeness for their patients (42).The evaluation study conducted in Agaro general hospital was inconsistent with the study.

Regarding securing privacy during procedure, the evaluation study showed 45% of client satisfied with whereas study conducted in Morocco on cervical cancer screening indicated 99.2% reported that their examination rooms offered enough privacy(13). The evaluation was inconsistent with both of the above study. The difference might it is different in study setting

According to Assessment of Quality of Health Care in Jimma Zone the provider try to keep patient's privacy in district hospital level of were (20%) which is almost better than this study(42).

The evaluation was inconsistent The difference might be in study area the screening room was located in between emergency room and adult OPD and another coworkers open the door frequently, talk to provider while on procedure.

This evaluation showed 27.5% were responded they got health education at triage area. According to federal ministry of health guideline on cervical cancer prevention and control communities should receive health education to ensure informed decision-making on screening and treatment(4). The evaluation study was inconsistent with the guideline.

The over all satisfaction level was 67.8% , was higher than study conducted in Jimma town public health facilities that indicates the overall satisfaction of women with cervical cancer screeningservices was 41%(45).

Limitation of the evaluation

- During direct observation , health care providers become aware that they are involved in a study or being observed the performance is different from what it would do other times (hawthorn effect).
- Getting data collector other than Agaro General hospital was difficult.

Solution

- To minimize this omitting the first five observation observation from each session from analysis but still, the effect may happen.
- Requiring health workers those are on annual live other than study area.

Chapter Eight: Conclusion And Recommendation

8.1. Concussion

Availability of resources for cervical cancer screening at Agaro general hospital was fair based on preseted judgment crieteria agreed with key stakeholders and requiring improvement. There were inadequate resources such as trained human power, medical equipments and supplies. Cervical cancer screening room was separated for service provision, but lacks of waiting area that was challenging for client. There were shortage of medical equipments such as autoclave for equipment sterilization, vital sign measurement apparatus and infection prevention material like bucket for instrument processing. Referral slips was not used and there were shortage of IEC materials.

Compliance of health care provider towards national guideline was 72.3% which were fair implemented. Majority of women counseled on cervical cancer screening according to national guideline, greeted respectfully by health care provider, received screening service that considers motivated, respectful and caring asking style and, received next appointment date. Areas needs improvement includes securing privacy during procedure, explaining step of procedure, and telling them availability of treatment after screened positive.

The level of satisfaction with cervical cancer screening process was 68.7% which were fair implemented. Majority of clients were satisfied by day of screening, the way they counseled and cleanliness of screening room. Areas need improvement includes provision of health education regularly and arranging waiting area for client around procedure room.

This evaluation result conclude that the overall implementation status of cervical cancer screening at Agaro general hospital was 67.5% which was fair based on preset judgment criteria. The hospital tried to implement screening program by availing materials, human resources ,medical equipments and supplies.

8.2. Recommendation

For the hospital

- Additional health care provider should be trained.
- Health education that include cervical cancer screening should be included in the program
- Medical equipment like autoclave and vital sign equipment should be availed.

For health care providers

- Women should told about when to return back for rescreening or treatment.
- Health worker must explain about procedure to be undergone.
- Health care providers should follow national guideline during pre- and post-screening counseling sessions.

For zonal health department

- Supportive supervision should be conducted based on schedule.
- Feedback should be given to hospital based on their screening performance.
- Mentoring, and coaching to identify resources should be undertaken.
- Training should be given on cervical cancer screening program.

For Oromia Reginal Health bearua

- ORHB maternal and child health unit aswell as non communicable disease control unit should allocate resources because this will increase screening service performance.
- Training should be given on cervical cancer screening program. This will help to solve the problem of inadequate trained human resources and poor compliance of health care providers to national guidelines.

Chapter Nine: Meta Evaluation

According to CDC (2005) any program evaluation should fulfill four standards to meet its objectives. These are: utility, feasibility, propriety, and accuracy. Improving and ensuring the quality of an evaluation enhances the usefulness and credibility of the intended users who will implement meta-evaluation to start at the beginning of the evaluation. The aspect of self-meta evaluation which has to do with the evaluator assessing his own evaluation is very significant to enhance the credibility of his findings. A summative meta-evaluation was conducted by using the four standards of evaluation. The tool was adapted from Daniel L. Stufflebeam(46). Ensuring the quality of the evaluation is important to increase its acceptance and utility and this was done by self-assessment through Meta evaluation standards.

9.1. Utility

All potential stakeholders which were identified during Evaluability assessment were engaged and were actively participate throughout the evaluation process. Hence, they will use the findings of the evaluation for informed decision making .To enhance the use of the finding this evaluation was fully participatory from the starting to the end the stakeholders are identified at the beginning, So that the rest of the stakeholders was identified by them. The judgment criteria for the evaluation of implementation status of cervical cancer screening program for this evaluation were set by stakeholders and the indicators were also commented by them. The evaluation process was conducted with a standard way by consulting stakeholders. The evaluation questions are the needs of stakeholders and the finding at the end was disseminated timely according to the interest of the stakeholders. This all assured the evaluation finding by the target beneficiary. This standard was measured using a specific criteria checklist and the result was 50%.

9.2. Prosperity

The evaluation was protects the right of all participants those were included in the study. Ethical clearance was obtained from Jimma University. In addition, consent was taken orally from each participants. Issues related to confidentiality , potential risk and benefits from participation in the study was discussed.No procedure affected the privacy,dignity, confidentiality, and rights of participants. Stakeholders agreed and consensus reached to do this

process evaluation before starting the evaluation and conflict of interest was not occurred. Based on the specific criteria, the propriety of this evaluation was measured 50%.

9.3. Feasibility

The evaluation proposal was prepared by balancing the benefits of the evaluation and resources required for such evaluation. To ensure the practicality of the evaluation and to keep the stakeholders that involve, all the points upon which planning agreements were made was put into action and as much as possible measures to reduce wastage of resource that was seen through a clear communication with those involved in the evaluation..Accordingly, the planned activities were implemented with the given time, financial and human resources. Therefore, the evaluation reports will be disseminated to potential stakeholders. The evaluation was feasible as per to cost it has incurred. Its feasibility was ensured through identifying the feasible data collection methods and sources of data during EA. This standard was measured using a specific criteria checklist and the result was 68%.

9.4. Accuracy

All the evaluation procedures designed in the protocol was applied to obtain unbiased and desired information. The data collection, processing, and reporting activities were systematically done. Quality control strategies were carried out properly in each evaluation process. Different types of data collection methods, including key informant interview, document review, and client exit interviews and observation and inventory methods was used. Data was collected by trained and concerned health professionals under close supervision. The evaluation process was the focus on design to the end of evaluation to assure the quality of data. The program was described clearly and the context in which the program was being implemented was addressed. Finally based on the specific criteria measured the accuracy of this evaluation was 68%.

Table 16 :Meta evaluation checklist based on the program evaluation standards for evaluation of implementation status of cervical cancer screening program at Agaro General Hospital,Jimma Zone South West Ethiopia 2022.

Category of standards	Score	Judgment parameter
Utility (7 standards)	26 (93%) to 28: Excellent 19 (68%) to 25: Very Good 14 (50%) to 18: Good 7 (25%) to 13: Fair 0 (0%) to 6: Poor	Good
Feasibility (3 standards)	11 (93%) to 12: Excellent 8 (68%) to 10: Very Good 6 (50%) to 7: Good 3(25%) to 5: Fair 0 (0%) to 2: Poor	Very Good
Propriety (8 standards)	30 (93%) to 32: Excellent 22 (68%) to 29: Very Good 16(50%) to 21: Good 8(25%) to 15: Fair 0 (0%) to 7: Poor	Good
Accuracy (12 standards)	45(93%) to 48: Excellent 33(68%) to 44: Very Good 24(50%) to 32: Good 12 (25%) to 23: Fair 0 (0%) to 11: Poor	Very Good

Reference

1. Ghim S, Basu PS, Jenson AB. Cervical Cancer : Etiology , Pathogenesis , Treatment , and Future Vaccines. 2002;(February).
2. Mekuria M, Edosa K, Endashaw M, Bala ET, Chaka EE, Deriba BS, et al. Prevalence of Cervical Cancer and Associated Factors Among Women Attended Cervical Cancer Screening Center at Gahandi Memorial Hospital, Ethiopia. *Cancer Inform.* 2021;20.
3. Van Dyne EA, Hallowell BD, Saraiya M, Senkomago V, Patel SA, Agrawal S, et al. Morbidity and Mortality Weekly Report Establishing Baseline Cervical Cancer Screening Coverage-India, 2015-2016. 2019;68(1):2015–6. Available from: <https://dhsprogram.com/>.
4. Republic FD. Guideline for Cervical Cancer Prevention and Control in Ethiopia. Fed Minist Heal Ethiop. 2015;35.
5. Belay Y, Dheresa M, Sema A. Cervical Cancer Screening Utilization and Associated Factors Among Women Aged 30 to 49 Years in Dire Dawa , Eastern Ethiopia. 2020;27:1–9.
6. Professionals FH. Cancer Expert Working Group on Cancer Prevention and Screening (CEWG). 2019;
7. Hollweck T. Robert K . Yin . (2014). Case Study Research Design and Methods (5th ed). Thousand Oaks , CA : Sage . 282 pages . case study Res Const an all-embracing method that Cover Log Des data Collect Tech Specif approaches to data Anal Eval case Stud can be used to capture Complex a case, Incl temporal . 2018;(March 2016):5.
8. Nkurunziza C, Bazzett-matabele L. Challenges to early detection of cervical cancer at primary healthcare level in Resource limited settings ; a descriptive study . Charles Nkurunziza. 2019;1:1–13.
9. Papillomavirus H, Cancers R, Sheet F. Ethiopia Ethiopia. 2021;2021.
10. Treat JOR, Gelibo T, Roets L, Getachew T, Bekele A. Coverage and Factors Associated with Cervical Cancer Screening : Results from a Population-Based WHO Steps Study in Ethiopia . 2017;2(1):1–5.
11. GUIDELINE FOR CERVICAL CANCER PREVENTION AND. Fed Minist Heal Ethiop. 2021;(April):10.
12. Zone WS. GOOD PRACTICE IN CERVICAL CANCER SCREENING AND

TREATMENT , THE CASE OF SOUTH. COUMMEDICI CON L'AFRICA.

2017;(November 2013):4.

13. Atnafu T, Daka DW, Debela TF, Ergiba MS. Women's satisfaction with cervical cancer screening services and associated factors in maternal health clinics of jimma town public health facilities, Southwest Ethiopia. *Cancer Manag Res.* 2021;13:7685–96.
14. Cervical Cancer Prevention and Control Policy. NDH. :1–14.
15. Migbaru Abate S. Trends of Cervical Cancer in Ethiopia. *Gynecol Obstet.* 2017;s3(1):1000101–4.
16. Lott BE, Halkiyo A, Kassa DW, Kebede T, Dedefo A, Ehiri J, et al. Health workers' perspectives on barriers and facilitators to implementing a new national cervical cancer screening program in Ethiopia. *BMC Womens Health [Internet].* 2021;21(1):1–14. Available from: <https://doi.org/10.1186/s12905-021-01331-3>
17. Adane D, Id E, Moti D, Mohammed N, Redi S. Knowledge and practice of cervical cancer screening and associated factors among reproductive age group women in districts of Gurage zone , Southern Ethiopia . A cross-. 2020;05:1–13. Available from: <http://dx.doi.org/10.1371/journal.pone.0238869>
18. Nigussie T, Asefa A, Nigusse A, Admassu B. Knowledge Toward Cervical Cancer and Its Determinants Among Women Aged 30-49 in Jimma Town, Southwest Ethiopia. *Cancer Control.* 2020;27(1):6.
19. Ayenew AA, Zewdu BF, Nigussie AA. Uptake of cervical cancer screening service and associated factors among age-eligible women in Ethiopia : systematic review and. 2020;3:1–17.
20. Nigussie T, Admassu B, Nigussie A. Cervical cancer screening service utilization and associated factors among age-eligible women in Jimma town using health belief. 2019;1–10.
21. Guideline for Cervical Cancer Prevention and Control in Ethiopia Federal Democratic Republic of Ethiopia Ministry of Health. Ethiopia; 2015.
22. Yimer NB, Mohammed MA, Solomon K, Tadese M. Cervical cancer screening uptake in Sub-Saharan Africa : a systematic review and meta-analysis. *Nigus Bililign.* 2021;25.
23. Stakeholders D. Identify and Describe Stakeholders 49.
24. Rahman R, Clark MD, Collins Z, Traore F, Dioukhane EM, Thiam H, et al. Cervical

- cancer screening decentralized policy adaptation : an African rural-context-specific systematic literature review Cervical cancer screening decentralized policy adaptation : an African rural-context-specific systematic literature review. *Glob Health Action* [Internet]. 2019;12(1). Available from: <https://doi.org/10.1080/16549716.2019.1587894>
25. Shaw PA. The History of Cervical Screening I: The Pap. Test. *J SOGC*. 2000;22(2):110–4.
 26. Petros H, Ayele AA, State OR. CERVICAL CANCER SCREENING AND TREATMENT SERVICES IN. 2018;10(1):15–21.
 27. 11.screening service data of Jimma zonal health Department
 28. Institute EPH. Services Availability and Readiness Assessment (SARA) Ethiopian Public Health Institute Ethiopia Service Availability and Readiness Assessment (SARA) 2018 Final Report. <Http://WwwEphiGovEt>. 2018;3–10.
 29. Abate M, Tadesse N, Mitiku K. Level of compassionate health care service provision and its associated factors among health professionals working in public hospitals of Addis Ababa: health professionals’ perspective. *Heliyon* [Internet]. 2022;8(3):e09160. Available from: <https://doi.org/10.1016/j.heliyon.2022.e09160>
 30. Berhanu T. Knowledge of Cervical Cancer and Its Screening Practice among Health Extension Workers in Addis Ababa, Ethiopia. 2019;5.
 31. Getahun F, Addissie A, Negash S, Gebremichael G. Assessment of cervical cancer services and cervical cancer related knowledge of health service providers in public health facilities in Addis Ababa, Ethiopia. *BMC Res Notes*. 2019 Oct 21;12(1):5.
 32. PEPFAR. Cameroon: Country operational plan (COP) 2021. Strategic direction summary. 2021;80. Available from: <http://www.pepfar.gov/documents/organization/250290.pdf>
 33. Selmouni F, Zidouh A, Alvarez-Plaza C, El Rhazi K. Perception and satisfaction of cervical cancer screening by Visual Inspection with Acetic acid (VIA) at Meknes-Tafilalet Region, Morocco: A population-based cross-sectional study. *BMC Womens Health*. 2015;15(1):1–7.
 34. Improvement S. A model for measuring quality care. 2005;2.
 35. Heale R, Twycross A. What is a case study? *Evid Based Nurs*. 2018;21(1):7–8.
 36. Kim YM, Ed D, Lettenmaier C. Tools to Assess Family Planning Counseling : Observation and Interview. 1995;(April).

37. World Health Organization. Service Availability and Readiness Assessment (SARA): An annual monitoring system for service delivery. *World Heal Organ.* 2015;5:208.
38. *Methods.* Vol. 36, *Anti-Corrosion Methods and Materials.* 1989. 24–31 p.
39. Argago TG, Hajito KW, Kitila SB. Client ' s satisfaction with family planning services and associated factors among family planning users in Hossana Town Public Health Facilities , South Ethiopia : Facility-based cross-sectional study. 2015;7(May):74–83.
40. *i d e l i n e f o r C e r v i c a l C a n c e r r e v e n t i o n a n d C o n t r o l i n .*
41. Ademe BW, Tebeje B, Molla A. Availability and utilization of medical devices in Jimma zone hospitals , Southwest Ethiopia : a case study. *BMC Health Serv Res* [Internet]. 2016;1–10. Available from: <http://dx.doi.org/10.1186/s12913-016-1523-2>
42. Beyene W, Jira C, Sudhakar M. Assessment of quality of health care in jimma zone, southwest ethiopia. *Ethiop J Health Sci* [Internet]. 2011;21(Suppl 1):49–58. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/22435008>
<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=PMC3275883>
43. Selmouni F, Zidouh A, Alvarez-plaza C, Rhazi K El. Perception and satisfaction of cervical cancer screening by Visual Inspection with Acetic acid (VIA) at Meknes-Tafilalet Region , Morocco : a population-based cross-sectional study. *Complut Univ Madrid, Madrid, Spain* 2Higher Inst Nurs Prof Tech Heal Rabat, Rabat, Morocco 3Lalla Salma Found Cancer Prev Treat Rabat, Morocco 4Laboratory Epidemiol Clin Re. 2015;1–6.
44. King ES, Moore CJ, Wilson HK, Harden SM, Davis M, Berg AC. Mixed methods evaluation of implementation and outcomes in a community-based cancer prevention intervention. 2019;1–18.
45. Atnafu T. Women ' s Satisfaction with Cervical Cancer Screening Services and Associated Factors in Maternal Health Clinics of Jimma Town Public Health Facilities , Southwest Ethiopia. 2021;7685–96.
46. *guid line of meta evlution.*

Annex 1: Meta Evaluation checklist

Meta evaluation checklist for Evaluation of implementation status of Cervical cancer screening at program Agaro GERAL hospital, Jimma Zone South West Ethiopia 2022.

S.no	META-EVALUATION STANDARDS	Yes	No
U1	Requirements For Utility		
	Stakeholder Identification		
	Identify the evaluation client	√	
	Engage leadership figures to identify other stakeholders		√
	Consult potential stakeholders to identify their information needs	√	
	Use stakeholders to identify other stakeholders	√	
	With the client, rank stakeholders for the relative importance		√
	Arrange to involve stakeholders throughout the evaluation	√	
	Keep the evaluation open to serve newly identified stakeholders		√
	Address stakeholders' evaluation needs	√	
	Serve an appropriate range of stakeholder organizations		√
	Serve an appropriate range of individual stakeholders	√	
	0-2 Poor, 3-4 Fair, 5-6 Good , 7-8 Very Good, 9-10 Excellent	6	4
U2	Evaluator Credibility		
	Engage competent evaluators	√	
	Engage evaluators whom the stakeholders trust	√	
	Engage evaluators who can address stakeholders' concerns	√	
	Engage evaluators who are appropriately responsive to issues of gender, socioeconomic status, race, and language and cultural differences	√	
	Assure that the evaluation plan responds to key stakeholders' concerns	√	
	Help stakeholders understand the evaluation plan	√	
	Attend appropriately to stakeholders' criticisms and suggestions	√	
	Give stakeholders information on the evaluation plan's technical quality and practicality		√
	keep of social and political forces		√
	Keep interested parties informed about the evaluation's progress		√

	0-2 Poor, 3-4 Fair, 5-6 Good, 7-8 Very Good , 9-10 Excellent	7	3
U3	Information Scope and Selection		
	Understand the client's most important evaluation requirements	√	
	Interview stakeholders to determine their different perspectives	√	
	Assure that evaluator and client negotiate pertinent audiences, questions, and required information		√
	Assign priority to the most important stakeholders	√	
	Assign priority to the most important questions	√	
	Allow flexibility for adding questions during the evaluation	√	
	Obtain sufficient information to address the stakeholders' most important evaluation questions	√	
	Obtain sufficient information to assess the program's merit		√
	Obtain sufficient information to assess the program's worth		√
	Allocate the evaluation effort following the priorities assigned to the needed information		√
	0-2 Poor, 3-4 Fair, 5-6 Good , 7-8 Very Good, 9-10 Excellent	6	4
U4	Values Identification		
	Consider alternative sources of values for interpreting evaluation findings		√
	Provide a clear, defensible basis for value judgments	√	
	Determine the appropriate party(s) to make the evaluation interpretations	√	
	Identify pertinent societal needs		√
	Identify pertinent customer needs		√
	Reference pertinent laws		√
	Reference, as appropriate, the relevant institutional mission		√
	Reference the program's goals	√	
	Take into account the stakeholders' values	√	
	As appropriate, present alternative interpretations based on conflicting but credible value bases		√

	0-2 Poor, 3-4 Fair , 5-6 Good, 7-8 Very Good, 9-10 Excellent	4	6
U5	Report Clarity		
	Report the essential information	√	
	The issue brief, simple, and direct reports	√	
	Focus reports on contracted questions		√
	Describe the program and its context		√
	Describe the evaluation's purposes, procedures, and findings	√	
	Support conclusions and recommendations	√	
	Avoid reporting technical jargon		√
	A report in the language(s) of stakeholders		√
	Provide an executive summary	√	
	Provide a technical report		√
	0-2 poor, 3-4 fair, 5-6 good , 7-8 very good, 9-10 excellent	5	5
U6	Report Timeliness and Dissemination		
	Make timely interim reports to intended users	√	
	Deliver the final report when it is needed	√	
	Have timely exchanges with the program's policy board		√
	Have timely exchanges with the program's staff	√	
	Have timely exchanges with the program's customers	√	
	Have timely exchanges with the public media		√
	Have timely exchanges with the full range of right-to-know audiences		√
	Employ effective media for reaching and informing the different audiences		√
	Keep the presentations appropriately brief	√	
	Use examples to help audiences relate the findings to practical situations		√
	9-10 = Excellent 7-8 = Very Good 5-6 = Good 3-4 = Fair 0-2 = Poor	5	5
U7	Evaluation Impact		
	Maintain contact with audience	√	

	Involve stakeholders throughout the evaluation	√	
	Encourage and support stakeholders' use of the findings	√	
	Show stakeholders how they might use the findings in their work	√	
	Forecast and address potential uses of findings	√	
	Provide interim reports		√
	Make sure that reports are open, frank, and concrete	√	
	Supplement written reports with ongoing oral communication	√	
	Conduct feedback workshops to go over and apply findings		√
	Make arrangements to provide follow-up assistance in interpreting and applying the findings	√	
	9-10 = Excellent 7-8 = Very Good 5-6 = Good 3-4 = Fair 0-2 = Poor	8	2
	<p>Scoring The Evaluation For Utility</p> <p>Number of Excellent ratings (0-7) 0 x 4 = 0</p> <p>Number of Very Good ratings (0-7) 2 x 3 = 6</p> <p>Number of Good ratings (0-7) 4 x 2 = 8</p> <p>Number of Fair ratings (0-7) 1 x 1 = 1</p> <p>Total Score = 15 (Interpret below)</p> <p>Strength of the Evaluation's provisions for Utility:</p> <p>26 (93%) - 28 19 (68%) - 25 14 (50%) - 18 7 (25%) - 13 0 (0%) - 6</p> <p>Excellent Very Good Good Fair Poor</p>		
F1	Requirements For Feasibility		
	Practical Procedures		
	Tailor information requirements	√	
	Minimize disruption	√	
	Minimize the data burden	√	
	Appoint competent staff	√	

	Train staff	√	
	Choose procedures that the staff are qualified to carry out	√	
	Choose procedures in light of known constraints		√
	Make a realistic schedule	√	
	Engage locals to help conduct the evaluation	√	
	As appropriate, make evaluation procedures a part of routine events	√	
	0-2 Poor, 3-4 Fair, 5-6 Good, 7-8 Very Good ,9-10 Excellent	8	2
F2	Political Viability		
	Anticipate different positions of different interest groups		√
	Avert or counteract attempts to bias or misapply the findings	√	
	Foster cooperation	√	
	Involve stakeholders throughout the evaluation	√	
	Agree on editorial and dissemination authority	√	
	Issue interim reports	√	
	Report divergent views		√
	Report to right-to-know audiences	√	
	Employ a firm public contract		√
	Terminate any corrupted evaluation		√
	0-2 Poor, 3-4 Fair, 5-6 Good , 7-8 Very Good, 9-10 Excellent	6	4
F3	Cost-Effectiveness		
	Be efficient		√
	Make use of in-kind services		√
	Produce information worth the investment		√
	Inform decisions	√	
	Foster program improvement	√	
	Provide accountability information	√	
	Generate new insights	√	
	Help spread effective practices	√	

	Minimize disruptions	√	
	Minimize time demands on program personnel	√	
	0-2 Poor, 3-4 Fair, 5-6 Good, 7-8 Very Good , 9-10 Excellent	7	3
	<p>Add the following:</p> <p>Number of Excellent ratings (0-3) 0 x 4 = 0</p> <p>Number of Very Good ratings (0-3) 2 x 3 = 6</p> <p>Number of Good ratings (0-3) 1 x 2 = 2</p> <p>Number of Fair ratings (0-3) 0 x 1 = 0</p> <p>Total Score = 8 (Interpret below)</p>		
	<p>Strength of the Evaluation's provisions for Feasibility:</p> <p>11 (93%) - 12 Excellent 8 (68%) - 10 Very Good 6 (50%) - 7 Good 3 (25%) - 5 Fair 0 (0%) - 2 Poor</p>		
P	Requirements For Propriety		
P1	Service Orientation		
	Assess the needs of the program's customers	√	
	Assess program outcomes against targeted customers' assessed needs	√	
	Help assure that the full range of rightful program beneficiaries are served		√
	Promote excellent service		√
	Make the evaluation's service orientation clear to stakeholders	√	
	Identify program strengths to build on	√	
	Identify program weaknesses to correct	√	
	Give interim feedback for program improvement		√
	Expose harmful practices		√
	Inform all right-to-know audiences of the program's positive and negative Outcomes		√

	0-2 Poor, 3-4 Fair, 5-6 Good , 7-8 Very Good, 9-10 Excellent	5	5
P2	Formal Agreements		
	Reach advance written agreements on:		
	Evaluation purpose and questions	√	
	Audiences	√	
	Evaluation reports		√
	Editing		√
	Release of reports		√
	Evaluation procedures and schedule		√
	Confidentiality/anonymity of data		√
	Evaluation staff		√
	Meta-Evaluation	√	
	Evaluation resources		√
	0-2 Poor, 3-4 Fair , 5-6 Good, 7-8 Very Good, 9-10 Excellent	3	7
P3	Rights of Human Subjects		
	Make clear to stakeholders that the evaluation will respect and protect the rights of human subjects	√	
	Clarify the intended uses of the evaluation	√	
	Keep stakeholders informed	√	
	Follow due process	√	
	Uphold civil rights	√	
	Understand participant values	√	
	Respect diversity	√	
	Follow protocol	√	
	Honor confidentiality/anonymity agreements	√	
	Do no harm	√	
	0-2 Poor, 3-4 Fair, 5-6 Good, 7-8 Very Good, 9-10 Excellent	10	0
P4	Human Interactions		
	Consistently relate to all stakeholders in a professional manner	√	

	Maintain effective communication with stakeholders	√	
	Follow the institution's protocol	√	
	Minimize disruption	√	
	Honor participants' privacy rights	√	
	Honor time commitments	√	
	Be alert to and address participants' concerns about the evaluation	√	
	Be sensitive to participants' diversity of values and cultural differences	√	
	Be even-handed in addressing different stakeholders		
	Do not ignore or help cover up any participants incompetence, unethical behaviour, fraud, waste, or abuse	√	√
	0-2 Poor, 3-4 Fair, 5-6 Good, 7-8 Very Good, 9-10 Excellent	9	1
P5	Complete and Fair Assessment		
	Assess and report the program's strengths	√	
	Assess and report the program's weaknesses	√	
	Report on intended outcomes		
	Report on unintended outcomes		√
	Give a thorough account of the evaluation's process		√
	As appropriate, show how the program's strengths could be used to overcome its weaknesses	√	
	Have the draft report reviewed	√	
	Appropriately address criticisms of the draft report		
	Acknowledge the final report's limitations		√
	Estimate and report the effects of the evaluation's limitations on the overall the judgment of the program		√
	0-2 Poor, 3-4 Fair , 5-6 Good, 7-8 Very Good, 9-10 Excellent	4	6
P6	Disclosure of Findings		
	Define the right-to-know audiences	√	
	Establish a contractual basis for complying with right-to-know Requirements	√	

	Inform the audiences of the evaluation's purposes and projected reports		√
	Report all findings in writing	√	
	Report relevant points of view of both supporters and critics of the program		√
	Report balanced, informed conclusions and recommendations		√
	Show the basis for the conclusions and recommendations	√	√
	Disclose the evaluation's limitations	√	
	In reporting, adhere strictly to a code of directness, openness, and Completeness	√	
	Assure that reports reach their audiences		√
	0-2 Poor, 3-4 Fair, 5-6 Good , 7-8 Very Good, 9-10 Excellent	6	4
P7	Conflict of Interest		
	Identify potential conflicts of interest early in the evaluation	√	
	Provide written, contractual safeguards against identified conflicts of Interest		
	Engage multiple evaluators	√	√
	Maintain evaluation records for an independent review	√	
	As appropriate, engage independent parties to assess the evaluation for its susceptibility or corruption by conflicts of interest		
	When appropriate, release evaluation procedures, data, and reports for public review		√
	Contract with the funding authority rather than the funded program		√
	Have internal evaluators report directly to the chief executive officer		√
	Report equitably to all right-to-know audiences		√
	Engage uniquely qualified persons to participate in the evaluation, even if they have a potential conflict of interest, but take steps to counteract the conflict	√	√
	0-2 Poor, 3-4 Fair , 5-6 Good, 7-8 Very Good, 9-10 Excellent	4	6
P8	Fiscal Responsibility		
	Specify and budget for expense items in advance	√	
	Keep the budget sufficiently flexible to permit appropriate reallocations to strengthen the evaluation	√	

	Obtain appropriate approval for needed budgetary modifications		√
	Assign responsibility for managing the evaluation finances		√
	Maintain accurate records of sources of funding and expenditures		√
	Maintain adequate personnel records concerning job allocations and time spent on the job	√	
	Employ comparison shopping for evaluation materials	√	
	Employ comparison contract bidding	√	
	Be frugal in expending evaluation resources		√
	As appropriate, include an expenditure summary as part of the public evaluation report		√
	0-2 Poor, 3-4 Fair, 5-6 Good , 7-8 Very Good, 9-10 Excellent	5	5
	Scoring The Evaluation For Propriety		
	Add the following:		
	Number of Excellent ratings (0-8)	2	x 4 = 8
	Number of Very Good ratings (0-8)	0	x 3 = 0
	Number of Good ratings (0-8)	3	x 2 = 6
	Number of Fair ratings (0-8)	3	x 1 = 3
	Total Score		= <u>17</u> (Interpret below)
	Strength of the Evaluation's provisions for Propriety (total score=17):		
	30 (93%) - 32 Excellent	22 (68%) - 29 Very Good	16 (50%) - 21 Good
			8 (25%) - 15 Fair
			0 (0%) - 7 Poor
A	Requirements For Accuracy		
A1	Program Documentation		
	Collect descriptions of the intended program from various written sources	√	

	Collect descriptions of the intended program from the client and various Stakeholders	√	
	Describe how the program was intended to function		√
	Maintain records from various sources of how the program operated	√	
	As feasible, engage independent observers to describe the program's actual Operations		√
	Describe how the program functioned	√	
	Analyse discrepancies between the various descriptions of how the the program was intended to function	√	
	analyse discrepancies between how the program was intended to operate and how it operated	√	
	Ask the client and various stakeholders to assess the accuracy of recorded descriptions of both the intended and the actual program	√	
	Produce a technical report that documents the program's operations	√	
	0-2 Poor, 3-4 Fair, 5-6 Good, 7-8 Very Good , 9-10 Excellent	8	2
A2	Context Analysis		
	Use multiple sources of information to describe the program's context	√	
	Describe the context's technical, social, political, organizational, and economic features		√
	Maintain a log of unusual circumstances		√
	Record instances in which individuals or groups intentionally or otherwise interfered with the program	√	
	Record instances in which individuals or groups intentionally or otherwise gave special assistance to the program	√	
	analyse how the program's context is similar to or different from contexts where the program might be adopted	√	
	Report those contextual influences that appeared to significantly influence the program and that might be of interest to potential adopters		√
	Estimate the effects of context on program outcomes	√	

	Identify and describe any critical competitors to this program that functioned at the same time and in the program's environment		√
	Describe how people in the program's general area perceived the program's existence, importance, and quality	√	
	0-2 Poor, 3-4 Fair, 5-6 Good, 7-8 Very Good , 9-10 Excellent	7	3
A3	Described Purposes and Procedures		
	At the evaluation's outset, record the client's purposes for the evaluation		√
	Monitor and describe stakeholders' intended uses of evaluation findings		√
	Monitor and describe how the evaluation's purposes stay the same or change over time		
	Identify and assess points of agreement and disagreement among stakeholders regarding the evaluation's purposes		
	As appropriate, update evaluation procedures to accommodate changes in the evaluation's purposes	√	
	Record the actual evaluation procedures, as implemented	√	
	When interpreting findings, take into account the different stakeholders' intended uses of the evaluation	√	
	When interpreting findings, take into account the extent to which the intended procedures were effectively executed	√	
	Describe the evaluation's purposes and procedures in the summary and full-length evaluation reports	√	√
	As feasible, engage independent evaluators to monitor and evaluate the	√	
	evaluation's purposes and procedures	√	
	0-2 Poor, 3-4 Fair, 5-6 Good, 7-8 Very Good , 9-10 Excellent	7	3
A4	Defensible Information Sources		
	Obtain information from a variety of sources	√	
	Use pertinent, previously collected information once validated		√
	As appropriate, employ a variety of data collection methods	√	

	Document and report information sources	√	
	The document, justify, and report the criteria and methods used to select information sources	√	
	For each source, define the population	√	
	For each population, as appropriate, define any employed sample	√	
	The document, justify, and report the means used to obtain information from each source	√	
	Include data collection instruments in a technical appendix to the evaluation report	√	
	Document and report any biasing features in the obtained information	√	
	0-2 Poor, 3-4 Fair, 5-6 Good, 7-8 Very Good, 9-10 Excellent	9	1
A5	Valid Information		
	Focus the evaluation on key questions	√	
	As appropriate, employ multiple measures to address each question	√	
	Provide a detailed description of the constructs and behaviours about which information will be acquired		√
	Assess and report what type of information each employed procedure Acquires		√
	Train and calibrate the data collectors	√	
	Document and report the data collection conditions and process	√	
	Document how information from each procedure was scored, analysed, and interpreted	√	
	Report and justify inferences singly and in combination	√	√
	Assess and report the comprehensiveness of the information provided by the procedures as a set concerning the information needed to answer the set of evaluation questions	√	
	Establish meaningful categories of information by identifying regular and recurrent themes in the information collected using qualitative assessment	√	

	procedures		
	0-2 Poor, 3-4 Fair, 5-6 Good, 7-8 Very Good , 9-10 Excellent	8	2
A6	Reliable Information		
	Identify and justify the type(s) and extent of reliability claimed		√
	For each employed data collection device, specify the unit of analysis	√	
	As feasible, choose measuring devices that in the past have shown acceptable levels of reliability for their intended uses		√
	In reporting the reliability of an instrument, assess and report the factors that influenced the reliability, including the characteristics of the examinees, the data collection conditions, and the evaluator's biases		√
	Check and report the consistency of scoring, categorization, and coding	√	
	Train and calibrate scorers and analysts to produce consistent results		√
	Pilot test new instruments to identify and control sources of error		√
	As appropriate, engage and check the consistency between multiple Observers	√	
	Acknowledge reliability problems in the final report		√
	Estimate and report the effects of unreliability in the data on the overall the judgment of the program	√	
	0-2 Poor, 3-4 Fair, 5-6 Good , 7-8 Very Good, 9-10 Excellent	5	5
A7	Systematic Information		
	Establish protocols for quality control of the evaluation information	√	
	Train the evaluation staff to adhere to the data protocols	√	
	Systematically check the accuracy of scoring and coding		√
	When feasible, use multiple evaluators and check the consistency of their Work	√	
	Verify data entry	√	
	Proofread and verify data tables generated from computer output or other Means		√

	Systematize and control storage of the evaluation information	√	
	Define who will have access to the evaluation information	√	
	Strictly control access to the evaluation information according to established protocols		√
	Have data providers verify the data they submitted	√	√
	0-2 Poor, 3-4 Fair, 5-6 Good , 7-8 Very Good, 9-10 Excellent	6	4
A8	Analysis of Quantitative Information		
	Begin by conducting preliminary exploratory analyses to assure the data's correctness and to gain a greater understanding of the data		√
	Choose procedures appropriate for the evaluation questions and nature of the data	√	
	For each procedure specify how its key assumptions are being met		√
	Report limitations of each analytic procedure, including failure to meet Assumptions		√
	Employ multiple analytic procedures to check on consistency and replicability of findings	√	
	Examine variability as well as central tendencies		√
	Identify and examine outliers and verify their correctness		√
	Identify and analyze statistical interactions	√	
	Assess statistical significance and practical significance		√
	Use visual displays to clarify the presentation and interpretation of statistical results	√	
	0-2 Poor, 3-4 Fair, 5-6 Good , 7-8 Very Good, 9-10 Excellent	4	6
A9	Analysis of Qualitative Information		
	Focus on key questions	√	
	Define the boundaries of information to be used	√	
	Obtain information key to the important evaluation questions	√	

	Verify the accuracy of findings by obtaining confirmatory evidence from multiple sources, including stakeholders	√	
	Choose analytic procedures and methods of summarization that are appropriate to the evaluation questions and employed qualitative Information	√	
	Derive a set of categories that is sufficient to document, illuminate, and respond to the evaluation questions	√	
	Test the derived categories for reliability and validity		√
	Classify the obtained information into the validated analysis categories	√	
	Derive conclusions and recommendations and demonstrate their Meaningfulness	√	
	Report limitations of the referenced information, analyses, and inferences	√	
	0-2 Poor, 3-4 Fair, 5-6 Good, 7-8 Very Good, 9-10 Excellent	9	1
A10	Justified Conclusions		
	Focus conclusions directly on the evaluation questions	√	
	Accurately reflect the evaluation procedures and findings	√	
	Limit conclusions to the applicable periods, contexts, purposes, and Activities	√	
	Cite the information that supports each conclusion	√	
	Identify and report the program's side effects		√
	Report plausible alternative explanations of the findings	√	
	Explain why rival explanations were rejected		√
	Warn against making common misinterpretations	√	
	Obtain and address the results of a pre-release review of the draft evaluation report	√	
	Report the evaluation's limitations		√
	0-2 Poor, 3-4 Fair, 5-6 Good, 7-8 Very Good , 9-10 Excellent	7	3

A11	Impartial Reporting		
	Engage the client to determine steps to ensure fair, impartial reports		√
	Establish appropriate editorial authority	√	
	Determine right-to-know audiences	√	
	Establish and follow appropriate plans for releasing findings to all right-to-know audiences	√	
	Safeguard reports from deliberate or inadvertent distortions	√	
	Report perspectives of all stakeholder groups	√	
	Report alternative plausible conclusions		√
	Obtain outside audits of reports		√
	Describe steps taken to control bias	√	
	Participate in public presentations of the findings to help guard against and correct distortions by other interested parties		√
	0-2 Poor, 3-4 Fair, 5-6 Good , 7-8 Very Good, 9-10 Excellent	6	4
A12	Meta evaluation		
	Designate or define the standards to be used in judging the evaluation	√	
	Assign someone responsibility for documenting and assessing the evaluation process and products	√	
	Employ both formative and summative meta-Evaluation	√	
	Budget appropriately and sufficiently for conducting the meta-Evaluation		√
	Record the full range of information needed to judge the evaluation against the stipulated standards	√	
	As feasible, contract for an independent meta-Evaluation		√
	Determine and record which audiences will receive the meta-Evaluation Report	√	
	Evaluate the instrumentation, data collection, data handling, coding, and analysis against the relevant standards		√
	Evaluate the evaluation's involvement of and communication of findings to	√	

	stakeholders against the relevant standards					
	Maintain a record of all meta-Evaluation steps, information, and analyses				√	
	0-2 Poor, 3-4 Fair, 5-6 Good, 7-8 Very Good , 9-10 Excellent				7	3
	Scoring The Evaluation For Accuracy:				√	
	Add the following:					
	Number of <i>Excellent</i> ratings (0-12)	3	x 4 =	12		
	Number of <i>Very Good</i> ratings (0-12)	5	x 3 =	15		
	Number of <i>Good</i> ratings (0-12)	4	x 2 =	8		
	Number of <i>Fair</i> ratings (0-12)	0	x 1 =	0		
	Total Score		=	35		
	Strength of the Evaluation's provisions for Accuracy (total score=35):					
	45(93%) to 48 Excellent	33(93%) to 44 Very Good	24(50%) to 32 Good	12 (25%) to 23 Fair	0 (0%) to 11 Poor	

Annex 2: Evaluation Tools

Consent form for key informant Interview of Cervical Cancer screening

Name of Hospital _____ Dear Sir/Madam Good morning! My name is _____ and I am a member of evaluation team that evaluate implementation of cervical cancer screening program in Agaro general Hospital and the evaluation is conducting with the collaboration of Jimma University. We are tending to conduct evaluation on the way cervical cancer implemented in order to find the best practice and the weakness that need improvement, good things that will be kept up and at the end, we will provide feedback that important for input to improve the cervical cancer screening program. I am interested to ask you some questions to know the weakness and strength in the way program was implemented. To assure your confidentiality, I didn't record your name and individualize information what you give. Please give me your willingness to continue.

Do you: 1. Agree 2. Not, agree

Data collector name: _____ Signature _____ date __/__/__

Supervisorname; _____ Signature _____ date __/__/__

Resource Inventory

- a. Human Resource
- b. Infrastructure
- c. Medical supplies
- d. Job Aid
- e. IEC Masterials

A. Trained Human Resource

Health Workers	Availability		Remark
	Yes	No	
Gynecologist(2)			
General Practitioners(2)			
Midwives(2)			
Nurses(2)			
Total			

B. Screening Room ,furniture's and Infrastructures

Service room	Availability		Functionality		Remark
	Yes	No	Yes	No	
Separate cervical cancer screening room					
Dedicated waiting area					
Infrastructure					

Latrine(common)					
Water supply(in the room)					
Electricity(in the room)					
Total					
Furniture's					
Chair,					
examination table,					
procedure table					
Examination coach					
Total					

C. Job Aid

Job aid	Availability		Functionality		Remark
	Yes	No	Yes	No	
IEC Material					
Guideline					
Registration book					
Report format					
Referral slip					
Medical Supplies					
Medical Supplies	Availability		Functionality		Remark
	Yes	No	Yes	No	
Cotton(swab)					

Normal saline					
Surgical glove					
Mask in the procedure room					
Bleach					
Dust bin for dry waste collection					
Bucket					
Antiseptic solution					
Total					
Medical Equipment					
Examination light(light)					
Functional autoclave					
Spongy forceps					
Speculum					
Stethoscope					
Blood pressure apparatus					
Screen for privacy					
Weight scale					
Drum					
Acetic Acid					
Cryotherapy machine					
Total					
Availability of infection prevention materials					
Antiseptic solution					
Bleach					
Dust bin for dry waste collection					
Mask in the procedure room					
Total					

Checklist for Document review

Name of Hospital _____

Document review checklist on cervical cancer screening Service

No	Activities	Plan	Achieved	%
1	Proportion register filled as per guideline(count column)			
2	Proportion of women counseled on screening according to national guideline from July 2021 to June 2022			
3	Number of review meeting conducted from July 2021 to June 2022			
4	Proportion of complete reports sent to high level(ZHD/ORHB) from July 2021 to June 2022			
5	Proportion of health education session conducted July 2021 to June 2022			
6	Proportion of supportive supervision received from higher level during data collection period. July 2021 to June 2022			
7	Number of feedback received on cervical cancer July 2021 to June 2022			
8	Proportion of women received next appointment on cervical cancer screening July 2021 to June 2022			

Exit interview questioner

A. Socio demographic variable	Response
Age	_____
Marital status	1.Single 2.Married 3.Divorces

	4.widowed
Educational level	1. unable to read write 2. Able to read & write 3 .grad 1-8 4. grad 9-12 5. preparatory & above
Religion	1 .orthodox 2. protestant 3. Muslim 4. other specify
Ethnicity	1.Oromo 2. Amara 3 . Garage 4. other
Place of residence	1 urban 2 rural
No of parity	_____
Occupation	1. student 2 .government employ 3. private employ 4. merchant 5. house wife 6. daily labor 7. un employed
Parity	a. Non Para b. Multi Para

Client satisfaction Question

	Question	Likert level of the five satisfaction				
		Very Satisfied	Satisfied (4)	Neutral (3)	Dissatisfied (2)	very Dissatisfied(1)

		(5)				
301	How much did you satisfied with Availability of health workers on time?					
302	How Much did you Satisfied with Health worker assessing your problem?					
303	How much did you satisfied with approach of health care provider?					
304	How much did you satisfied with receiving next appointment date?					
305	How Much Did you Satisfied towards Getting Health Education During Hospital Visit at trige area?					
306	How do you rate satisfaction with counseling provided on your problem?					
307	How much did you satisfied with privacy during cervical cancer screening?					
308	How much did you satisfied with the service room location?					

309	How much did you Satisfied with time spent at facility during day of cervical cancer screening procedure?					
310	How Much Did you Satisfied with Day of Screening?					
311	How much did you Satisfy with information given by service provider on Cervical Cancer screening?					
312	How much did you satisfied with clean lines (being free of dirty) of screening room?					
313	How much did you satisfied with Availability of treatment after screening?					

Annex 4: Key informant guide

Key informant interview questioner for hospital manager of Agaro general Hospital, 2022

Background information: Sex (1=Male, 2=Female)_____Age(in years) Service experience in years in the Hospital_____

1. Do you have recommended number of health work force (HWS& supportive staff) as per the allowed structure? If yes how & how many? If yes , how many? If no, why_____
2. Is there trained health worker on cervical cancer screening in this hospital? If not, why? If yes, how many?

3. Are there adequate medical supplies and equipment to implement the cervical cancer screening? If yes, how? If not, why? _____

4. Are there infrastructures in this hospital? If yes, how? If not, why?

5. Have you conduct/attend on monthly/quarterly meeting on cervical cancer screening? If not, why? If yes, how? _____
6. Are women age 30-49 years get cervical cancer screening when come to hospital? If yes, how? If not why? _____
7. Have you sent complete cervical cancer screening reports timely for the past one year period? If yes, how many times? If no, Why? _____
8. Is there any power source/ electricity in the hospital? If yes, which type? If not why?

9. Is there functional water supply/ source in your Hospital? If yes, type of source, if no why? _____
10. Is there Awareness creation conducted on cervical cancer screening? If yes, how? If no, why? _____
11. Is there supportive supervision program on cervical cancer screening given by others? If yes, how? If no, why? _____
12. What are the general problems or factors related to cervical cancer screening? _____

Likelihood Solutions? _____

13. Do you have any other comments that you would like to share? _____

Data collector name: _____ Signature _____ Date __/__/__

Supervisor name: _____ Signature _____ Date __/__/__

Observation checklist

Name of observer -----Code of service provider -----

Sex of care provider -----Time of observation begun -----Time of observation end _____

Part III	Activities under observation	Yes -1	No -2	Remark
	a. Health professional –Client interaction			
1	Does health care provider screening client according to guideline?			
2	Does care provider greet client respectfully?			
3	Does health care provider seating condition is appropriate manner while giving service?			
4	Does asking style of health care provider is consider companionate, respectful and caring?			
5	Does the health professional assess obstetric history of the clients?			
6	Does the health professional assess any past health related conditions?			
8	b. Part II. Patient counseling			
9	Does health care provider received consent form from client?			
10	Does health professional ask the patient willingness to undergo cervical cancer screening?			
11	Does health care provider explain step of the procedure?			
12	Did care provider use information, education and communication materials material during counselling?			
	c. Confidentiality			
13	Does screening area free of crowd to assure confidentiality?			
14	Does health care provider use screen during procedure?			
	d. Correct classification			
15	Does the health professional Classify the disease as per the national Guideline?			
16	Does the health care provider use guideline?			
	e. Correct treatment((management)			
19	Does health care provider give appropriate management for those screened positive?			

	f. Recording and reporting			
20	Does health care provider write General information?			
21	Does health care provider write Patient history?			
22	Does health care provider write Diagnosis (as per national guideline)?			
23	Did health care provider document what have been done?			
24	Did health care provider give internal and external referral further management?			
	g. Appointment and follow-up			
25	Does health care provider give next appointment?			
	h. Referral linkage			
26	Does health care provider give referral for those managed at that facility?			

Data collector name: _____ Signature _____ Date __/__/__

Supervisor name: _____ Signature _____ Date __/__/__