

MATERNAL AND CHILD HEALTH SERVICE

PROVISION ASSESSMENT IN

TIKUR ANBESSA GENERAL SPECIALIZED

HOSPITAL

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Table of contents	Page
Acknowledgement	I
Table of contents	III
List of tables and figures	IV
Abbreviations and Acronyms	V
Abstract	VII
Introduction	1
Literature review	6
Objectives of the study	18
Method and design of the study	19
Study area	19
Study design	20
Source and Study population	20
Sample size and determination	20
Data collection instruments	21
Training and pretest	23
Data collection	24
Quality assurance	24
Data management and Analysis	25
Ethical consideration	25
Operational Definitions	26
Results	27
Discussion	44

Table of contents	Page
Strength and limitation	56
Conclusion	57
Recommendation	58
Reference	59
Appendices	63
I. Sick child caretakers exit interview questionnaire (English)	63
II. Family Planning client exit interview questionnaire (English).....	70
III. Antenatal care client exit interview questionnaire (English)	77
IV. Sick child caretakers exit interview questionnaire (Amharic)	83
V. Family Planning client exit interview questionnaire (Amhric)	88
VI. Antenatal care client exit interview questionnaire (Amharic).....	95
VII. Sick child Observation checklist	101
VIII. Family Planning Observation checklist	103
IX. Antenatal care Observation checklist	105
X. Performance factor (Providers Interview) questionnaire	107
XI. Inventory questionnaire	113

List of tables	Page
Table 1. Reasons of clients' for choosing this hospital.	27
Table 2. Sociodemographic Characteristics of Exit Interviewed Clients	28
Table 3. Percentage of clients who answered positively among the services provided.	29
Table 4. Percentage of clients who answered positively some of items which measures quality in ANC.	30
Table 5. Clients' suggestions to improve the quality of the service	31
Table 6. Observation of provider performance in sick child health care clinic	33
Table 7. Observation of provider performance in Family planning clinic	34
Table 8. Observation of provider performance in Antenatal care clinic	36
Table 9. Providers' responses for their performance	38

Abbreviations and Acronyms

AAU	.....	Addis Ababa University
AIDS	.....	Acquired Immuno Deficiency Syndrome
ANC	.....	Antenatal care
CCCD	.....	Combating Communicable Childhood Diseases
CDC	.....	Center for Disease Control and prevention
DHS	.....	Demographic Health Survey
DPT	.....	Diphtheria, Pertusis and Tetanus
E.C.	.....	Ethiopian calendar
FDRE	.....	Federal Democratic Republic of Ethiopia
FP	.....	Family Planning
G.C.	.....	Gregorian calendar
GMP	.....	General Medical Practitioner
Gyn/obs	.....	Gynecology and Obstetrics
HIV	.....	Human Immunodeficiency Virus
IPC	.....	Interpersonal Communications
IUD	.....	Intrauterine Device
IMCI	.....	Integrated Management of Childhood Illnesses
LCD	.....	Less Developed Countries
MCH	.....	Maternal and Child Health
MD	.....	Medical Doctor

MOH	Ministry of Health
MPH	Master of Public Health
OPD	Out-patient Department
PHC	Primary Health Care
PRICOR	Primary Health Care Operations Research
QA	Quality Assurance
QAP	Quality Assurance Project
SC	Sick child
SPA	Service Provision Assessment
STIs	Sexually Transmitted Infections
UNICEF	United Nations Children's Fund
USAID	United State Agency for Internation Development
WHO	World Health Organization

ABSTRACT

Service provision assessment (SPA) is a survey of health facilities formulated to provide information on the general functioning of outpatient services related to basic maternal, child, and reproductive health. It measures the presence and functioning of components that are considered essential for the provision and maintenance of good quality health services.

Quality of health care is a useful reference in the formulation of practical approaches to quality assessment and improvement.

The study was conducted in Tikur Anbess General Specialized Hospital on Maternal and Child health care, in child health care, family planning and antenatal care clinics.

Objective of the study was to describe strengths and weaknesses, adherence to standards, and client-provider satisfaction in child health, family planning, and antenatal care health services.

This study was a descriptive cross-sectional study undertaken using quantitative method.

The study used four different data collection instruments, such as: Exit Interview, Provider Interview, and Observation, and Inventory.

A total of 450 clients and 130 service providers were involved in the study.

One of the most important components to assess the quality of MCH Service Provision was Client exit interview conducted among sick child caretakers, family planning, and antenatal care clients.

Through the exit interview it is revealed that elements of quality of care such as important procedures during the hospital visit were made. Majority of the clients, through exit interview believed that the providers perform most of the tasks and procedures during their visit. The client's response was also proved to be similar with the findings of performance observation.

Important procedure such as reviewing record before starting the session and check about previous history measuring pulse rate, blood pressure and temperature.

More than 75% of the clients in all the three clinics rate the service they got in the hospital as very satisfactory and this showed their positive opinion on the usefulness of information given by providers, and degree of satisfaction the way both health workers treated them.

However, the interview indicated gaps in the provision of health education to clients such as providing materials and take home messages. The caretaker's interviews supported the observation findings that provision of education materials to the clients is not common practice.

The four most common suggestions made by clients to improve quality of services accounted for more than 50% of total suggestions. In all the three-study area and the suggestions were directed towards increasing space, regularly available doctors, increasing motivation of providers and increasing number of providers.

The other areas, which were given or strongly addressed by most clients, were improvements to the physical environment of the hospital, which are hygiene/cleanliness increasing number of hours, improve supply of drugs.

In all the three clinics only very few providers were observed thanking caretakers for cooperation or thanks ANC or FP client for coming to the hospital and for her time. The other weakness observed and needs due consideration by the management of the hospital is the extreme shortage of washing facilities. Thus none of the health providers in the sick child and ANC clinics were observed washing hands and dries them. This elementary and basic hygienic practice must be dully addressed. Unlike the contemporary and increasingly accepted practice such as in IMCI service only 4.8%, were observed giving the first dose of

the oral treatment they prescribed and less than 20% discussed the child's growth chart with caretakers.

Despite the strength of carrying out procedures such as telling the caretakers what illnesses the child has and ask about normal feeding when the child is not ill and check for pallor, in more than 90% of the observations the providers were not observed discussing and giving advice on the child's health. Thus there is a need for also for communication skill.

A very important practice which should be taken as a strength and that has to be encouraged is procedures such as checking BP, weight, temperature are well carried out. All observations revealed that in the sick child clinic the weight of all children were taken and above all the measurement was plotted on the growth chart and recorded on the child chart.

The observation showed that the FP and ANC clinics adequately ensured visual and auditory privacy.

Despite the strengths important elements of a family planning clinic need considerations. Important procedures such as discussing partner attitude toward family planning and discussing using condoms as dual method for preventing STI and pregnancy are carried out by few.

The study also identified the lack of clear job description, standards and guidelines and also the presence of a lot of resentment about the lack of Motivation and Incentives such as training opportunity and promotion.

Despite the strengths of the OPD services it is clear from the study results that providers were not performing the range of tasks in a comprehensive health service care. In particular provision of health education, pertinent advises on family planning pregnancy care and growth monitoring.

On the basis of this study recommendations are forwarded to Improve or enhance the technical supervision of the health service delivery system, clarify job expectations of the health service providers through creating and disseminating job descriptions, seeking mechanisms and strategies that enhance community's positive influence on health workers and designing mechanisms for increasing provider motivation through monetary and non-monetary incentives.

Introduction

In recent years many countries are undertaking organizational restructuring of their health system with the aim of establishing health care services that are more sustainable, cost-effective, and responsive to client needs.

In addition many developing countries, influenced heavily by findings in developed countries, have become increasingly interested in assessing the quality of their health care. (1, 2) Improved quality of care is becoming an increasing concern and becoming an important goal of reproductive health interventions such as family planning programs, for a variety of reasons. (3) Providing such quality Services such as family planning will lead to increased service utilization by more clients and resulting in higher contraceptive prevalence and lower fertility. (1) There is growing recognition also that quality has an economic advantage by increasing demand for provider (4) and conversely, failing to address quality may be costly. (2)

Much time, effort, and money allocated to enhancing health facilities and services that focus on improving maternal and child health. Despite this, the desired results are often not seen and explanations are sought as to why this is. Frequently the explanations focus on a need for additional training of health staff and or the need of different interventions. There is little systematically collected information, however, on how well already existing activities and interventions are being provided. Identifying if the existing are, in fact being carried out as planned, and if not, which component of the system is weak, is necessary to develop the appropriate policy and program decisions for improving health outcomes. (5)

Thus as a tool for addressing quality issues the Service Provision Assessment (SPA) is a survey of health facilities formulated to provide information on the general functioning of outpatient services related to basic maternal, child, and reproductive health. It helps in providing information on strength and weaknesses in the service delivery environment, and on the status of health services, from provider level that may assist policymakers and program administrators in developing effective strategies to improve utilization and coverage of services and prioritizing resources to ensure better health outcomes. (5)

The term *health service* refers to a wide array of services that affect health, including those for physical and mental illnesses. Furthermore, the definition applies to many types of health care practitioners (physicians, nurses, various other health professionals) and to all settings of care (from hospitals and nursing home to physicians' offices, community sites, and even private homes).

The definition emphasizes that high-quality care *increases the likelihood* of good outcomes. It is a reminder that quality is not identical to good outcomes. Poor outcomes occur despite the best possible health care because disease often defeats the best efforts of health care professionals. Conversely, patients may do well despite poor quality care because humans are resilient creatures. The term *likelihood* recognizes that there is always an unknown aspect of health care, but the services provided are expected to provide more benefit than harm, based on the best available information both about the effectiveness of particular kind of treatment for patients with similar health problems. (6)

Service delivery basically refers to the systematic arrangement of activities in health service giving institutions with the aim of fulfilling the needs and expectations of service users and other stakeholders with the optimum use of resources.

Major consideration to be addressed in attempting to improve the delivery of health care service is the existence of clearly defined health policy that reflects health institutions and expectations regarding health service delivery and quality of health services as well as the rights and obligations of service providers and service users in the process of health service delivery.

In Ethiopia an estimated 60 to 80 percent of health problems are due to infectious and communicable disease and nutritional problems. The public health care system is underdeveloped and only able to provide basic services to about 64% of the population. Much of the rural population has little access to modern care that leads to the inability of the health care delivery system to respond both quantitatively and qualitatively to the health needs of the people.

Previously, the health delivery system was highly centralized; delivered in a fragmented way and relied on vertical programs; and there was little collaboration between the public and private sectors. Consequently, the current Ethiopian government has initiated political, economic, and social changes resulting in the formation of the 1985 E.C. Health Policy and Strategy by giving special attentions to the family particularly women and children. (7.8)

The Government Health Sector Development plan is to realize its health development objective through a twenty-year health sector development strategy, with a five-year rolling investment program, with first Health Sector Development Program (HSDPI) covering period's 1990-1994 G.C. This has been followed by the second HSDP covering 1995-1997 G.C.

Various studies in the area of health service delivery indicate that several problems contributed to poor health service delivering in the Ethiopian health services, among which the following are the major problems. (8)

- Positive attitude towards health service has not developed to the desired extent.
- lack of accountability in the health service institutions for failure to meet expected performance.
- health service institutions tend to concentrate more on concerns for inputs and routine activities than achieving tangible outputs by way of implementing government policies and programs as well as improving services.
- service users are rarely consulted about their needs.
- shortage of resources constraints improvement of health services to the desired level.
- Human resource management system and conditions of work in the health service do not motivate employees to provide quality of services.

Program of Action of the United Nations International Conference on Population and Development (ICPD) which was held in Cairo, Egypt, in 1994 G.C. identified the following enabling conditions in its set of principles 4 and 11: "Advancing gender equity and equality and empowerment of women, and the elimination of all kinds of violence against women's ability to control their own fertility, are cornerstones of population-related programs." and " All states and families should give highest possible priority to children. The child has the right to standards of living adequate for its well - being and the right to highest attainable standards of health, and the right to education" respectively.

(10)

Methods such as client exit surveys can provide a quick and inexpensive way of determining areas of service where quality could be improved. These kinds of improvements will be necessary if service providers hope to become more sustainable and if they are to help clients meet their reproductive health needs (2)

Client satisfaction surveys are useful for assessing client satisfaction in specific areas of clinical service. They are useful for highlighting situations that may need to be further explored. The exit interview, also offers health providers information and insight into what specifically needs to be improved. Health providers have to be aware that staff communication skills send messages to clients about the quality of their services. All providers, such as in Antenatal and family planning clinics need to ensure that their staff are highly skilled in communication and relating to people.

Thus this study is conducted to address quality issues by assessing functioning of outpatient services related to Ante Natal Care Family Planning, and child health care.

The study intends to assess the degree of quality services in Tikur Anbessa Hospital based on the current widely recognized importance of quality of care in the provision of family planning and sexual and reproductive health services, and it will help in providing information on strength and weaknesses in the service delivery environment, and on the status of health services, from provider and patients' perspective.

Literature Review

The world population growth rate is very high compared with the socio-economic development, particularly so in developing countries where 80% of the world children die. This population is largely unhealthy. Each year 14 million under-five years old children die and 2000 children die every hour. Deaths in low-income countries comprise 98% of the world's, of which 60% are preventable.

Throughout the world, poor women and children are the most vulnerable and the least served groups. In the less developed areas of the world, disease and health take the highest toll among mothers and children who make up over two thirds of the population. Perinatal mortality is as much as ten times that of infants born in industrialized countries; the infant mortality rate is six to twenty times greater than that the industrialized region of Europe and North America; the death rate among pre-school children is also up ten times high. Maternal mortality reaches as high as 1,000 per 100, 000 live birth in developing countries compared to 5 to 30 per 100,000 in industrialized countries (10)

Every year, more than 200 million women become pregnant, and more than 15% are likely to develop complications that will require skilled obstetric care to prevent death or serious ill health. (7)

All pregnant women, whether their pregnancies are complicated or not, need good quality maternal health services during pregnancy, delivery and in the postpartum period to prevent death and illness for both mothers and their infants.

In developing countries each year an estimated 585,000 women die from complication of pregnancy, childbirth, and unsafe abortion. On average, in developing countries a pregnancy is 18 times more likely to end in the women's death than in developed countries (10)

Studies demonstrating the high levels of maternal mortality and morbidity in developing countries and researches identifying causes of maternal deaths have repeatedly emphasized the need for antenatal care and availability of trained personnel to attend women during labor and delivery (11,12,13)

That is one of the reasons why attention to the quality of care has been growing in the reproductive health field, and in addition there are many and different efforts to define criteria and develop methodologies to assess the quality of maternal health services.

Ethiopia is one of the most populated countries in Africa with a total population of 71,066,000. The female population in the reproductive age group (15-49) is about 23.9% (16,984,774) and under-five years old children is about 16.8% (11,929,008). (14)

In Ethiopia the levels of maternal and infant mortality and morbidity are among the highest in the world. The maternal mortality rate estimated to be between 700 and 1000 per 100,000 live births (15) with an infant mortality rate of 105 per 1000 and 172 per 1000 for under- five children (13,16). The 1990 G.C. Family and Fertility Survey revealed that about 25% of mothers received at least one tetanus toxoid immunization and only 8% of the births were assisted by the health personnel at delivery (16).

The majority of maternal deaths occur during or shortly after delivery, yet many women do not receive the health care they need during this time. Good quality health care during the critical period of labor and delivery is the single most important intervention for preventing maternal and newborn mortality and morbidity: for 1993(G.C), attendance of trained personnel during delivery was 98% in industrialized countries, 55% in developing countries and 27% in the least developed countries (17)

Major direct causes of maternal deaths account for about 85%, abortion ranking highest, at 32% (facility based reports). Other contributing factors to the direct and indirect causes include adolescent pregnancy (which has been linked with high prevalence of abortion), HIV/AIDS, malaria, malnutrition, and harmful traditional practices and female circumcision and its obstetric sequelae are the major causes of deaths.

Main causes of children morbidity and mortality are ARI, diarrheal diseases, malaria, and neonatal problems like tetanus. Emerging health problems such as substance abuse, street children, and child labor make the situation worse.

Nearly 14 million children under the age of five years die each year, 90% of them in 42 countries and 50% of them in six countries, including Ethiopia. Approximately six million of these deaths could be averted through efforts directed towards a handful of preventable and treatable disorders, including malnutrition, pneumonia, diarrhea, malaria, measles, neonatal asphyxia, and sepsis, and in certain countries AIDS (18).

In Sub-Saharan Africa region under-five mortality rate is 171 per 1000 live births. In Ethiopia each year an estimated of 472,000 under the age of five die. Placing Ethiopia sixth in the world in terms of absolute number of under-five deaths (19).

Basic health indicators show that in Ethiopia the infant mortality rate is 98.8 per 1000 live births. Low birth weight deliveries are 16%. Neonatal deaths, especially in the first one-week of life contribute a large fraction of infant deaths. Most of these deaths are easily preventable. But in Ethiopia still 49 out of 1000 live births die before the age of one-month. (20)

Over the past 30 years large amount of resources are allocated to increase access to basic health services in developing countries. Through out the world the international

community committed itself to providing basic health services with emphasis on primary health care (PHC) for all and lot of efforts have been made in nearly all developing countries to expand PHC services. (1,3)

The efforts were demonstrated by the commitment and resources allocated by both national and international sources, and numerous actions have been taken for major health system reorganization.

As a result of the various actions, according to WHO, significant improvements have been achieved in increasing health coverage and helping the decline in infant and child mortality and morbidity and general improvement of MCH care.

However, the reported improvements have not always been proportional with the resources expended and there have been relatively few studies that investigate the quality of the services delivered or to ensure that resources are having an optimal impact. (21)

In order to assure high quality, maternal health services should be evaluated at regular intervals, from both service provider and client perspectives, and improved as needed. (22, 23)

Quality of Care is important for mothers and children. Because good quality services are cost-efficient: By meeting women's and children's and are equitable by providing the highest possible quality of care within the scope of existing resources to all who need them. Good quality services improve staff morale: Health workers are likely to have more positive attitudes toward their work and to perform better when they receive the support and resources they need to provide essential services, and when their work is valued by the community. (23, 24)

Today there is a widely recognized importance of quality of care in the provision of family planning and sexual and reproductive health services. (1,6) Measuring Family Planning Service Quality using such tools as Client Satisfaction Exit Interviews is becoming popular and gaining acceptance.

Assessing for quality of health services can help health care providers and managers to have or review and define clinical guidelines and standard operating procedures, to assess performance compared with selected performance standards, and to take tangible steps toward improving program performance and effectiveness.

The assessment of quality is a task of measuring whether or not the prescribed tasks have been performed. Quality assessment studies usually measure one of three types of outcomes: medical outcomes, costs, and client satisfaction. For the last mentioned, clients are asked to assess not their own health status after receiving care but their satisfaction with the service delivered.

In many developed countries such as Ethiopia as few have emphasized the quality of services or the process of service delivery. Further, systematic efforts to improve quality based on findings about the delivery process have been extremely rare.

However, in recent years several studies have started to emphasize on service quality and are showing widespread deficiencies in health care services and management systems in Less Developed Countries (LDCs).

Key determinants of quality include the technical competence of providers, their interpersonal skills, the availability of basic supplies and equipment, the quality of physical facilities and infrastructure, linkages to other health services and the existence of a

functional referral system. (6) High quality maternal health services must be accessible, affordable, effective, appropriate for and acceptable to the women who need them.

Provision of quality maternal health services must be a continuous activity of care that spans from the pre-pregnancy to the postpartum period, non-pregnancy period and in which women and health providers are partners in care. (25)

Good quality maternal health services are those, which meet the following:

- ❖ Are accessible and available as close as possible to where women live, and at the lowest level facility that can provide the services safely and effectively;
- ❖ Are acceptable to potential users and responsive to cultural and social norms, such as preferences for privacy, confidentiality and care by female health workers;
- ❖ Have on hand all essential supplies and equipment;
- ❖ Provide comprehensive care and/or linkages to other reproductive health services;
- ❖ Provide for continuity of care and follow-up;
- ❖ Are staffed by technically competent health care providers who rely on clear guidelines/protocols for treatment;
- ❖ Are staffed by workers who provide respectful and non-judgmental care that is responsive to women's needs;
- ❖ Provide information and counseling for clients on their health and health needs;
- ❖ Involve the client in decision-making, and see clients as partners in health care and active participants in protecting their own health;

- ❖ And offer economic and social support to health care providers that enables them to do the best job they can.

The most common factors that contribute to poor quality care include substandard care, lack of drugs and supplies, delays in referrals, and poor interaction between clients and health care providers.

Substandard care is often the result of staff being poorly supervised, underpaid and overworked; many have not received adequate training or refresher courses to upgrade their skills. (2)

Supply shortages and infrastructure problems: Many facilities lack basic supplies and equipment. A study in Jamaica found that nurses at the main maternity hospital in Kingston were continually frustrated by a lack of basic supplies like gloves, bleach and pens. This frustration affected their interactions with patients seeking care. (28)

The WHO has defined quality health care as services, which comply with appropriate national or local standards and are delivered at the required level of care, when needed. (29).

In recent years the World Bank and other donors have been advising developing countries to ensure that limited resources not only have an optimal impact on the population's health at affordable cost but also that the services are client-oriented. (1)

There is growing recognition that quality makes sense from an economic perspective. If improved quality leads to increased demand for services, then it should have a positive net effect on service providers' income. Although some quality improvements are costly and may not be feasible in a period of declining donor resources, many others (such as more courteous attention) can be implemented at a little or no cost. (2)

Can Quality of care be defined?

Quality of care is the services for individuals and populations increase the likelihood of desired out comes and are consistent with current professional knowledge. This definition has been widely accepted and has proven to be a robust and useful reference in the formulation of practical approaches to quality assessment and improvement (Blumenthal, 1996).

Compelling reasons exist not to include resource constrains within a definition of quality itself. Quality of care should not be defined on the sliding scale in which judgments about quality vary according to what can or cannot be afforded. If quality of care is deficient as measured by established criteria, we should be able to recognize it and then determine why. Reasons might include not only failures of systems of care, lack of knowledge or skills, but also factors related to patients such as lack of access, insurance, or failure to adhere to therapeutic advice.

Assuring quality is'' a systematic managerial transformation designed to address the needs and opportunities of all organizations as they try to cope with increasing change, complexity and tension within their environments''(30). Thus the definition shows a systematic, continuous process Involving set of activities that are carried out to set standards and to monitor and improve performance so that the care provided is as effective and as safe as possible.

There has recently been a revolution in quality assurance approaches and an explosion of interest in developing national Quality Assurance (QA) programs for several reasons:

- ❖ Democratization movements have led politicians to consider more carefully the demands of citizens for better quality care.

- ❖ Economic problems in all countries have limited their ability to improve quality by spending more.
- ❖ Countries have realized that improvements in quality must come by improving the efficiency and effectiveness of current resources.
- ❖ Managers see the need for more cost recovery, but realize that it will be difficult to charge for services unless the quality is improved.

The success of quality management approaches employed by industry in Japan, and recently in the United States and Europe, has inspired health care organizations to apply these same methods to their quality assurance programs. After only five years, there are dramatic examples of the improvements in quality and efficiency that can be achieved.

Globally, importance for quality was seen in the establishment of The Quality Assurance Project (QAP) which was initiated in 1990, funded by the U.S. Agency for International Development, (USAID) Office of Health, to develop and implement sustainable approaches for improving the quality of health care in less developed countries.

The two main objectives of the QAP are to provide technical assistance in designing and implementing effective strategies for monitoring quality and correcting systemic deficiencies and to refine existing methods for ensuring optimal quality health care through an applied research program. (29)

Similarly Primary Health Care Operations Research (PRICOR) project designed and implemented methods for quality assessment and problem solving in LDC systems. After developing comprehensive lists of essential activities and tasks for seven child survival interventions PRICOR conducted more than 6,000 observations of health worker-client

encounters, discovering highly prevalent, serious program deficiencies in areas such as diagnosis, treatment, patient education, and supervision.

To magnify the importance of quality WHO's Diarrheal Disease Control Program has developed a protocol employing the same methods for evaluating oral rehydration therapy. The Center for Disease Control (CDC), Combating Communicable Childhood Diseases (CCCD) used a similar methodology to uncover deficiencies in immunization programs and in diarrhea and malaria treatment. (1)

Where do, quality of care concerns lie?

A comprehensive approach to measuring the quality of care requires attention to three different kinds of problems: too much care (overuse), too little care (under use), misuse (flaws and errors in technical and interpersonal aspects of care).

What are the major approaches to quality measurement?

In a classic formulation of the dimensions of care almost 40 years ago, Avedis Donabedian (1966; 1980) described quality as including: structure (viewed as the capacity to provide high quality care), process (now often termed performance), and outcomes.

In general, either processes or outcomes may be valid measures of quality. For an outcome to be a valid measure of quality, it must be closely related to processes of care that can be manipulated to affect the outcome. Likewise, for a process to be a valid closely related to an out come that people care about. (6)

Our study is restricted to the views of users of health services. Nevertheless, it has identified bottlenecks in the health service delivery system that need to be addressed in order to improve the technical and behavioral quality of government health and family

planning services. This will lead to better management of health problems and to fewer unsatisfied patients.

Such methods client Exit surveys can provide a quick and inexpensive way of determining areas of service where quality could be improved. These kinds of improvements will be necessary if service providers hope to become more sustainable and if they are to help clients meet their reproductive health needs.

As one of the tools the SPA focuses on basic-level health services that have been developed to achieve improvements in health status, particularly, for women and children. It measures the presence and functioning of components that are considered essential for the provision and maintenance of good-quality health services. These components are those commonly promoted programs such as the World Health Organization (WHO), United Nations Children's Fund (UNICEF), and donors. The SPA provides information on the status of health services, from provider level that may assist policymakers and program administrators in developing effective strategies to improve utilization and coverage of services and prioritizing resources to ensure better health outcomes (5).

Research Questions

1. To what extent is the surveyed hospital prepared to provide the priority services?
(Availability of Resources)
2. To what extent does the service delivery process follow generally accepted standards? (Care Process)
3. To what extent do support systems for maintaining or improving the services exist, and how well are they functioning? (Support Services)

4. What are the issues that the clients and service providers consider relevant to their satisfaction with the service delivery environment?

Objective of the study

General objective

To assess Quality of MCH Service Provision in Tikur Anbessa General
Specialized Hospital.

Specific objectives

1. To assess the strengths and weaknesses of the MCH health services
2. To assess the adherence to standards in health service care delivery
3. To identify client- provider satisfaction at OPD level

METHODOLOGY

Study period: The study was conducted between September 2004 and May 2005.

Method and design of the study

Study area

The study was conducted in Addis Ababa at Tikur Anbessa General Specialized Hospital (TAH), which is the central, tertiary, referral, and teaching hospital .

The hospital was established in 1965 E.C. (24/02/1966 E.C), with a compound of 123 000 m² area and built on 45 000 m² area and with eight floors and 1,262 rooms, and run by the Ministry of Health (MOH) before it was handed over to Addis Ababa University in 1991E.C.

As a referral hospital TAH provide various health services, including maternal and child health services. Four main departments provide the major services, namely: Internal medicine, Surgery, Pediatrics, and Gynecology and Obstetrics departments using 558 beds.

A trend of eight years, from 1989 to 1996 E.C., general out patient morbidity statistics indicated that an average of more than 180,000 new out patient clients had been served every year in the hospital. The trend also showed that more than 57% of clients are maternal and child health care services users.

Currently the hospital gives the health service care delivery in four main departments, namely: Internal medicine, Surgery, Pediatrics, and Gynecology and Obstetrics departments with more than 20 clinics/units and 558 beds. The hospital has 604 technical personnel, among them 100 specialists (women only 12), General medical practitioners 16,two matrons, 44 head nurses and 312 clinical nurses.

Study design

Quantitative, Cross-Sectional descriptive study was carried out.

Population

Source population

All family planning clients, under 5 years children, and pregnant women

Study population

Those who seek FP services, caretakers' of under-five years old children and pregnant women with ANC follow up.

Sample size determination

Sample size was calculated by assuming, clients' satisfaction prevalence rate to the service they received. To determine the required data, representative sample was determined using formula for a single population proportion.

$$n = \frac{(Z_{\alpha/2})^2 (pq)}{D^2}$$

Expected prevalence rate = 50%

Desire precision =5% (0.05)

Significant level = 0.05

Non- respondents = 20%, $384 + 76 = 460$

Purposive sampling used for provider observation and interview. Seventy-five providers and sixty-six observations were planned before commencing data collection.

Inclusion Criteria:

- For sick child health care services, eligible families were, who attend sick child heath care consultation.
- For family planning and antenatal care services were eligible who came to attend the consultations.

Exclusion Criteria:

- All clients those came second time for consultation during the data collection period/time were eligible only once.

Data Collection Instruments

The study used four different data collection instruments. These are **Inventory, Provider Interview, Observation, and Exit Interview.**

The first is an ***Inventory*** of resources and support services. The inventory collects information on the availability of specific items (including their location and functional status), components of support systems (e.g., logistics, maintenance, management), and facility infrastructure, including the service delivery environment. The resources assessed are those required to provide service at an internationally accepted standard. The support services are those that are commonly acknowledged as essential management tools for maintaining health services. (Appendix XI)

The second is the ***Provider Interview***. Health service providers are interviewed for information on their qualifications (training, experience, continued education), supervision they have received, and perceptions of the service delivery environment. (Appendix X) Sixty-nine providers responded the questionnaire.

The third is an ***Observation*** protocol tailored to the service being provided. Observations of consultations for sick children, antenatal care, and family planning are conducted to assess the extent to which service providers adhere to service delivery standards based on internationally accepted components for good service delivery. The process used when conducting specific procedures, physical examinations, and the content of information exchanged between the provider and client (history, symptoms, and advice) are components of the observation. (Appendices VII, VIII, IX) Sixty-one observations sessions were conducted.

The fourth is an ***Exit Interview*** with the client who was observed receiving a service. The exit interview assesses the client's understanding of the consultation/examination, as well as recall of instructions received for treatment or preventive behaviors. Recall of key messages increases the

likelihood that clients will be able to successfully follow treatment or perform the preventive behaviors that optimize healthy outcomes. The client's perception of the service delivery environment is also assessed. (Appendices I - VI) Client Exit Interviews were conducted in SC, FP, and ANC clinics. Clients were interviewed after they completed providers' consultation in comfortable and isolated place.

Questionnaire

A pre-tested structured Amharic and English language questionnaires were developed to conduct Inventory, Provider Interview, and Exit Interview and a checklist for Observation.(Appendices I - XI)

All the three questionnaires were originally developed in English and only client's exit interview questionnaire was translated in to Amharic. (Appendices I - VI) Then, A Public Health qualified individual and language graduate from Addis Ababa University back translated the Amharic version to English, to check for consistency.

The Provider questionnaire is the only self-administered and data collectors filled the Observation.

The questionnaires consist of eight categories with different quantities of items and variables. These are, three different types of client exit interview questionnaires (also for Inventory and Provider) and observation checklist questionnaires for each three-priority health services, such as:

Child health assessed availability of preventive (immunization and growth monitoring) and curative health services, with a focus on the process followed in providing services to the sick child. Integrated Management of Childhood Illnesses (IMCI) guidelines provide the standard against which service provision is assessed.

Family planning (FP) assessed all family planning services available, with a focus on the process followed in counseling and providing contraceptive methods to the family planning client.

Maternal health assessed all maternal health services available, including inpatient delivery and caesarean section, with a focus on the process used in counseling and screening when providing antenatal care (ANC).

Training

Four data collectors' nurses from Tikur Anbessa hospital and one supervisor MPH graduate individual were recruited and informed the aim and principle of the study. After their willingness to participate in the study a two days training was given by principal investigator with assistance of the supervisor. A training manual was used to familiar the trainees with the needed information so as to insure data quality. Each data collector was exposed for training before the start of actual work

Pretest

Pretest was undertaken in Zauditu hospital, which is found in Addis Ababa. The selected hospital for pretest has similar infrastructure and system with the study hospital, such as: a teaching and referral hospital, four main departments provide the major services including MCH. In the presence of principal investigator both the interviewers and

supervisor assessed clarity, understandability, flow of questions, the time needed to fill the questions and completeness of the questions. Then, after through discussions some minor modification and omissions were made in some of the ambiguous questions.

Data collection

Data collection took place from 20 December 2004 up to 27 January 2005.

Four trained nurses and one professional MPH graduator supervisor with the assistance of principal investigator participated through out the data collection.

Quality Assurance

To ensure the completeness, accuracy and consistency of data collection, a session was held each day of the data collection period. During these sessions thorough checking was done before receiving the filled questionnaires from each data collector, which helped to crosscheck for their performance and improving proper data collection.

Data management and Analysis

To ensure good quality of information, both principal investigator and supervisor edit the completed questionnaires before entering the data into the computer. And then, data was entered, cleaned and analyzed by principal investigator using Epi info (version-6.0) and SPSS (statistical package for social science) version 11.0, computer software. Mainly descriptive statistical method was used for the description of the findings.

Ethical Considerations.

Ethical clearance was obtained from Faculty of Medicine, Addis Ababa University. An official letter of cooperation was written from the Department of Community Health to the respected departments and medical director of the hospital where the study was done. Verbal consent from respondents was obtained during the time of interview, including telling them the right to reject any of the questions during interview if discomfort occurred. Anonymity and confidentiality were ensured for information obtained from study subjects before the interview.

Dissemination and utilization of results

The result of the study will be submitted to AAU Department of Community Health, Tikur Anbessa General Specialized Hospital, departments of Gyn/obs and pediatrics. Main findings will be published in reputable journals.

Operational Definitions

- **Assessment:** is a process to make a judgment about health service care system based on in understanding of the situation through a study survey.
- **Quality:** is the degree to which actual performance or achievement of the health service system corresponds to set standards.
- **Standards:** are performance specifications, if the service attained, would lead to the highest possible quality in the system.
- **Guideline:** are systematical developed statements that assist practitioners and patients in making decisions about health care.
- **Protocol:** is a precise and detailed plan for a process of health service care activities or clinical conditions.
- **Counseling:** is a confidential dialogue between the client and the health care service provider (counselor) aimed at creating an enabling environment for the person to cope with stress and to make personal decisions related to her/his health.
- **Consultation:** is a means of obtaining useful and objective views of health care service users with the aim of improving service delivery on a continuous basis.
- **Incentives:** are factors that motivate a person or a group to behave in a certain way.
- **Performance:** is the effectiveness of the way health service care provider does his or her job.
- **Motivation:** is the act of employer or community or individuals giving providers a reason for doing something or behaving in some way, or incentive to do something.

Results

Results will be presented on the three priorities maternal and child health services, which are child health, family planning and maternal health that targeted on sick child health, family planning and antenatal care health services at OPD level. Using four different data collection instruments with structured questionnaire. These are client exit interview, provider observation, provider interview (self administered questionnaire) and inventory.

Client exit interviews

As mentioned above the studies were conducted in child health, family planning and antenatal care health services at OPD level. A total of 450 subjects were interviewed, which among them 150 subjects were caretakers of sick child, 149 were family planning clients and 151 were ANC clients

Perception of clients' to the services given by the hospital

Use of services: The major reasons for women's choice of this hospital are "Good reputation", "Better facilities" and " always come here". (See Table 1)

Table 1. Reason clients' for choosing this hospital

No	Reasons	SC (N=150)		FP (N=149)		ANC (N=151)		Total (N=450)	
		n	%	n	%	n	%	n	%
1	Nearest to me	11	7.3	39	26.2	29	19.2	79	17.5
2	Staffs provide good service	95	63.3	48	32.2	74	49.0	177	39.3
3	I like/know staffs	6	4.0	25	16.8	46	30.5	77	17.1
4	Better facilities	97	64.6	88	59.1	109	72.2	293	65.5
5	Good reputation	95	63.3	103	69.1	114	75.5	312	69.3
6	Always come here	35	23.3	86	57.7	80	53.0	201	44.7
7	Friends/relatives	16	10.6	38	25.5	74	49.0	128	28.4

recommended

Satisfaction with the quality of services: Concerning their comfort in asking question during consultation 96.5, 100, and 97.8% of respondents of Sick child, FP and ANC respectively stated that they were comfortable. Regarding provision of materials very few received the service, fifteen (10%) for sick child caretakers, twenty-five (16.8%) for FP clients and none for ANC clients educational materials.

Table 2. Sociodemographic Characteristics of Exit Interviewed Clients

Base line characters tics	Sick child				Family planning				Antenatal care			
	No	%	Median	Range	No	%	Median	Range	No	%	Median	Range
Age	150	100	28	18 - 77	149	100	29	18 - 50	151	100	28	17 - 42
<i>Educational back ground</i>												
Not attended school	23	15.3			11	7.4			17	11.3		
Primary	58	38.7			32	21.5			21	13.9		
Not complete secondary	48	32.0			35	23.5			19	12.6		
Secondary	16	10.7			60	40.3			53	35.1		
Higher/University	5	3.3			11	7.4			41	27.2		
<i>Marital status</i>												
Married	112	74.7			142	95.3			141	93.4		
Single	28	18.7			5	3.4			5	3.3		
Engaged	1	.7			1	.7			-	-		
Divorce/Separated	6	4.0										
<i>Number of children</i>												
No children	6	4.0			7	4.7			75	49.7		
1 - 5	130	86.7			138	92.6			76	50.3		
6 - 10	12	8.0			4	2.7			-	-		
10 plus	2	1.3			-	-			-	-		

Table 3. Percentage of Clients who answered positively among the common services provided.

#	Item	SC (N=150)		FP (N=149)		ANC (N=151)		Sig.
		n	%	n	%	n	%	
1	Clients asked the provider any question during consultation	109	72.2	95	63.8	90	59.6	NS
2	Clients felt comfortable asking questions during consultation	145	96.5	149	100	148	97.8	NS
3	Usefulness of information given to clients by providers as "Very well"	116	77.3	126	84.6	91	60.3	**
4	Clients felt information shared with providers would be kept confidential	143	95.4	146	97.8	144	95.4	NS
5	Provider treats you as "Very well"	132	88.0	132	88.6	111	73.5	**
6	Other staffs treats you as "Very well"	126	84.0	118	79.2	72	47.7	**
7	Provider gave material to take home for reading	15	10.0	25	16.8	0	0	**
8	Clients rate the services received as "Very satisfactory"	119	79.3	113	75.8	67	44.4	**

** P< 0.001

NS: not significant

As presented in table 2. Most of the clients were comfortable asking questions during consultation 96.5%(145), 100%(149), 97.8%(148) and majority of the respondents said that they have asked the provider one or more questions.

All 450 clients were received information from the provider. Among the clients who received information from the provider three hundred thirty-three (74.0%) rated

usefulness of information given them as " Very well". More than 95% of the client felt information shared with providers would be kept confidential.

Concerning the service provided by the hospital, the respondents for Sick child, FP, and ANC interviewer, 132 (88.0%), 132 (88.6%), and 111 (73.5%) respectively describe the degree of provider treatment as " Very well". While the rating for other staff members' treatment is rated as "Very well" by lesser number of respondents and only 47.7% of ANC clients are happy with the other staff's treatment. More than 75% of FP and Sick child caretakers rated the services received as 'Very satisfactory'.

Table 4. Percentage of clients who answered positively to items which measures quality in ANC. (N= 151)

#	Item	n	%
1	Informs about any complications	100	66.2
2	Prescribe Iron/Folic acid	16	10.6
3	Discus about Nutrition	61	40.4
4	Measure weight, height, and blood pressure	149	98.7
5	Appointment to the next visit	143	94.4

Regarding the service they got during ANC visit all clients admitted of their blood pressure being measured and more than 90% were informed of their next visit and one hundred (60.0%) of clients stated they were informed about complication during pregnancy. On the other hand only 40.4% of the ANC clients were given advice on nutrition during pregnancy and prescription of Iron/Folic acid was given only for 16 clients.

Concerning ways of improving the quality of the services, more than 50% of all respondents indicated the need for increasing space in the respective clinics. Eighty-five are ANC clients suggested improving hygiene/cleanliness. More than 30% of respondents suggested of improving supply of drugs and buying he necessary equipments, such as: baby scale, examining table, thermometer, sphygmomanometer, etc. Majority of ANC clients (73%) recommended the need for regularly available doctors, 73% the need for increasing the number of providers.

Increasing the motivation of providers was taken as a means of improving quality of service by 44% of all respondents and by 117 (77%) of ANC clients. In addition the need for increasing the professional level of providers and supervision of providers was suggested by 44% of the respondents and by more than 75% of ANC clients. Community involvement was another option strongly forwarded by the majority of ANC clients in during supervision.

Table 5. Clients' suggestion to improve the quality of the service

#	Suggestions	SC (N= 150)		FP (N=149)		ANC (N=151)		Total (N=450)	
		n	%	n	%	n	%	n	%
1	Increase spaces	83	53.3	82	55.0	87	57.6	252	56.0
2	Increase hygiene/cleanliness	48	32.0	41	27.5	85	56.3	174	38.4
3	Improve supply of drugs	43	28.6	39	26.2	58	38.4	140	31.1
4	Buy necessary equipments	41	27.3	42	28.2	56	37.0	139	30.8
5	Regularly available doctors	66	44.0	45	30.2	110	72.4	221	49.1
6	Increase number of providers	44	29.3	52	34.9	99	65.5	195	43.3
7	Increase motivation of provider	33	22.0	50	33.5	117	77.4	200	44.4
8	Increase professional level of providers	29	19.3	39	26.2	117	77.4	185	41.1
9	Supervised providers	28	18.6	38	25.5	116	76.8	182	40.4
10	Increase number of hours	54	36.0	23	15.4	68	45.0	145	26.8
11	Community be involve in supervision/organization	14	9.3	34	22.8	118	78.1	166	36.9

Observation of provider performance

Provider observation was conducted in Sick child, FP and ANC health service clinic at OPD level. It was observed in all level of health workers (nurses, midwives and physicians). With informed consent, the observation done by principal investigator.

The main method used to assess performance was observation of providers' delivering three health service care areas to sick child, FP and ANC real clients. Using the prepared checklist, observations were conducted to assess the general environment of the clinics, how the providers while handling the SC carry out the routine activities and the different procedures, FP and ANC clients.

Sick child health care

The observation checklist for SC included 22 items that relate to interpersonal communication, basic triage, clinical tasks and client education. A total of twenty-one observations were done.

Half of the analysis reveals that important procedures are carried out very well. In all the observations all children are checked for their weight and the measurement was plotted on the growth chart. While all observant reveal that the temperature of all children was checked and 90.5% cases the respiratory rate was counted. The provider in more than 95% of the observations inquired the history of child's immunization. In majority of the observations more than 85% providers were observed informing the caretakers what

illnesses their child have. Asking about normal feeding when the child is not ill and checking for pallor was made in 76.2% and 71% respectively.

In analysis almost 27% reveals providers never thanking caretakers for cooperation and only 4.8% of providers were observed washing hands. Only in 4.8% of the observation that providers were seen giving the first dose of the oral treatment for the sick children and it is only in 19% of the cases where caretakers get the chance to discuss about the growth chart of their children and had counseling about their child's health.

Table 6. Observation of provider performance in sick child health care clinic (N=21)

#	Item	*P		* NP	
		n	%	n	%
1.	Washes hands with water and soap and dries them	1	4.8	20	95.2
2.	Greets caretaker and introduces her/himself if first visit	8	38.1	13	61.9
3.	Take temperature measurement	20	95.2	1	4.8
4.	Count respiration rate (breaths per minute)	18	85.7	3	14.3
5.	Check skin turgor for dehydration (pinch abdominal skin)	11	52.4	10	47.6
6.	Check for pallor by looking at palms, conjunctivae or mouth	15	71.4	6	28.6
7.	Weigh the child/check weight of the child. IF YES	21	100	-	-
8.	Plot weight on the growth chart	21	100	-	-
9.	Ask about feeding or breast feeding practices for the child during this illness	13	61.9	8	38.1
10.	Ask about normal feeding or breast feeding practices, that is, when the child is not ill	16	76.2	5	23.8
11.	Mention the child's weight or growth to the caretaker, or discuss the growth chart with the caretaker	4	19.0	17	81.0
12.	Look at the immunization card or ask the caretaker about the child's vaccination history	19	90.5	2	9.5
13.	Give the child extra fluid during this sickness	3	14.3	18	85.7
14.	Tell the caretaker what illness (es) the child has	18	85.7	3	14.3
15.	Describe signs or symptoms in the child for which the caretaker should bring the child back to the hospital	12	57.1	9	42.9
16.	Prescribed medications or provided during the consultation	13	61.9	8	38.1

17.	Explain how to administer oral treatment (s)	11	52.4	10	47.6
18.	Give the first dose of the oral treatment	1	4.8	20	95.2
19.	Use any visual aids when providing health education or counseling the caretaker about the child	4	19.0	17	81.0
20.	Write on the child card	21	100	-	-
21.	Use any guideline for the child illness	18	85.7	3	14.3
22.	Thanks caretaker for her/his corporation	-	-	21	100

* **P** = performed

NP = not performed

Family planning

The observation checklist for FP included 20 items that relate to interpersonal communication, basic triage, clinical tasks and client education. A total of twenty observations were done.

Table 7. Observation of provider performance in Family planning clinic (N=20)

#	Item	*P		*NP	
		n	%	n	%
1	Washes hands with soap and water and dries them	3	15.0	17	85.0
2	Greets and calls client by her name and introduce her/himself	14	70.0	6	30.0
3	Ensure VISUAL and AUDTORY PRIVACY	20	100	-	-
4	Take blood pressure and weight	20	100	-	-
5	Discuss Client attitude toward family planning	6	30.0	14	70.0
6	Discuss PARTNER attitude toward family planning	2	10.0	18	90.0
7	Discuss about methods of Family Planning	8	40.0	12	60.0
8	Gave the client priority to choose the method	18	90.0	2	10.0
9	Ask about any chronic illness (Heart disease, Diabetes, Hypertension, Liver/Jaundice problem, Breast cancer)	11	55.0	9	45.0
10	Discuss Risk of STIs and use of Condoms to prevent STIs	8	40.0	12	60.0
11	Discuss using Condoms as dual method for preventing STIs				

	and Pregnancy	7	35.0	13	65.0
12	Discuss about HIV/AIDS	8	40.0	12	60.0
13	Solicits question to ensure client has understood	17	85.0	3	15.0
14	Did the provider discuss a return visit	20	100	-	-
15	Did the provider refer to/look at the individual client record	18	90.0	2	10.0
16	Assure Client of Confidentiality	9	45.0	11	55.0
17	Asks questions and allows client to express herself	16	80.0	4	20.0
18	Pays attention and interested in personal problems of the client	14	70.0	6	30.0
19	Thanks client for her time	-	-	20	100

* **P** = performed

* **NP** = not performed

In all the observations, all FP clients were ensured visual and auditory privacy, taken blood pressure, and providers discussed a return visit, while 90% of care providers referred to/look at individual client record. In majority of the observations 85% of the providers solicited questions to ensure the client has understood.

None of the providers thanking clients for cooperation and in only 10% of observations providers were discussed about partner attitude to ward family planning. Only 15% of observations revealed providers washing hands and 35% of providers were discussed about using condoms as dual method for preventing STI and pregnancy, while only 40% of observations revealed that the providers discussed about HIV/AIDS, risk of STI and use of condoms to prevent STI.

Antenatal Care

The observation checklist for ANC included 21 items that relate to interpersonal communication, basic triage, clinical tasks and client education. A total of twenty observations were done.

In all the observations, all providers were seen reviewing clinic records before starting the session and scheduling the next appointment. In 90% of cases pulse rate counted, taken blood pressure and solicited questions to ensure the client has understood.

None of the providers were observed washing hands, orient women about breast-feeding and discuss about baby vaccination. Only in 5% of observations the providers were observed while orienting women for the place of delivery and thanking clients for cooperation and it was only in 10% of clients' oriented about personal hygiene, rest and general care. Only 15% of providers were observed informing women side effect medicine during pregnancy, while prescription of Iron/Folic acid observed only in 20% of the observation.

Table 8. Observation of provider performance in Antenatal care clinic (N=20)

#	Item/Tasks	* P		* NP	
		n	%	n	%
2	Wash hands with soap and dries them	-	-	20	100
3	Greets and calls client by her name and introduce her /himself	12	60.0	8	40.0
4	Reviews clinic record before starting the session and check about previous pregnancy, number, and outcomes	20	100	-	-
5	Take pulse rate, blood pressure and temperature	18	90.0	2	10.0
6	Examine skin, conjunctivae, legs for edema, redness, and varicose veins, thyroid, mouth, breasts, heart and lungs	11	55.0	9	45.0
7	Palpates uterus and perform maneuvers to detect fetal position and situation and measure uterine height, abdomen circumference and listens to the fetal heart rate (18 weeks and above pregnancy)	13	65.0	7	35.0
8	Determines weeks of pregnancy and probable delivery rate and informs about the progress of pregnancy	14	70.0	6	30.0
9	Informs woman about her and fetus' health condition	12	60.0	8	40.0
10	Informs woman about any complication and management of common pregnancy-related afflictions	13	65.0	7	35.0
11	Orients woman for the place of delivery (hospital, contacts)	1	5.0	19	95.0
12	Orients woman about personal hygiene, rest, and general care	2	10.0	18	90.0

13	Orients woman about gender, and STD prevention	2	10.0	18	90.0
14	Orients woman about alarm signs: pain, fever, bleeding, and loss of vaginal fluid	16	80.0	4	20.0
15	Counsels about nutritional need	10	50.0	10	50.0
16	Prescribes iron and folic acid	4	20.0	16	80.0
17	Informs woman side effects of medicines during pregnancy	3	15.0	17	85.0
18	Orients woman breast feeding, baby vaccination and use of contraception	-	-	20	100
19	Solicits questions to ensure client has understood	18	90.0	2	10.0
20	Schedules the next appointment according to health needs and woman's convenience	20	100	-	-
21	Records all findings, assessments, diagnosis, and care with client	20	100	-	-
22	Thanks client for her time	1	5.0	19	95.0

* **P** = performed

* **NP** = not performed

Performance factors self-administered structured questionnaire

Through the self-administered questionnaire it is possible to assess whether providers have a job description that outlines their duties or standards and guidelines that help them determine if they are doing the job well. In addition it was possible to have their experience about timely feedback about performance, receiving on-going information whether they are meeting expectations (or standards) for their job, and about degree of motivation or incentive for performance and views on organizational support.

There were a total of 69 respondents who responded to the structured interview, which had 71 variables.

Among the sixty-nine respondents 50 (72.5%) were females and the rest 19 (27.5%) were males. The median age of the respondents was 38 years and the range of their service years was from 3 to 30 years.

Nearly half of interviewees 34 (49.3%) did not have a job description for their present position. Less than half of the respondents 29 (42%) stated of having standards for their performance or it had been set (i.e., how they should do their job). 40 (58.0) of providers clearly stated of having no standards for performance has been set. Concerning the use of guideline, job aids and/ or protocols to assist them with their tasks only 26 (37.7%) claimed to use guidelines and 14 (20.3%) are using models and written material. The use of protocols was stated by 11 (15.9%) of the providers.

Concerning obstacles, that hinder to carry out their tasks and roles well, 13 (18.8%) responded yes, while 56 (81.2%) said no.

Table 9. Providers' responses for their performance (N=69)

Items/Tasks	Median	Yes		No	
		n	%	n	%
Background					
1. Age	38				
2. Years working in the hospital	11				
<i>Job Expectations</i>					
3. Has job descriptions		34	49.3	35	50.7
4. Standards for performance has been set		29	42.0	40	58.0
5. Guidelines used		26	37.7	43	62.3
6. Models, written materials used		14	20.3	55	79.7
7. Protocols used		11	15.9	58	84.1

8. Manager created any obstacles		13	18.8	56	81.2
<i>Motivation and Incentives</i>					
9. Receive bonuses or raises for good work		5	7.2	64	92.8
10. Non-monetary incentives		23	15.7	46	84.3
11. Opportunities for promotion		14	20.3	55	79.7
12. Disincentives for job badly done		25	36.2	44	63.8
<i>Feedback</i>					
13. Received feedback about job performance		24	34.8	45	65.2
14. Having performance review		14	20.3	55	79.7
<i>Organizational support</i>					
15. Received supervision in the last six months		19	27.5	50	72.5
<i>Work Organization and Environment</i>					
16. Adequate work place		36	52.2	33	47.8
17. Has necessary equipment, instrument & supply		29	42.0	40	58.0
18. Satisfied with organization work		17	24.6	52	75.4
<i>Knowledge and Skills</i>					
19. Has knowledge and skills		67	97.1	2	2.9
20. Recent training		25	36.2	44	63.8
21. Trained in the use of tools		42	60.8	27	39.

Motivation and Incentives: Asked whether they had ever received bonuses or raises when they did their job well. Majority of the respondents 64 (92.8) stated that there have never witnessed such a practice.

Similarly, 46 (84.3%) of the providers have never received non-monetary incentives from the employer or boss, such as: verbal recognition and 62 (89.9%) stated never receiving written recognition.

Majority of the respondents claimed that they receive non-monetary incentives, such as: verbal recognition 57 (82.6%), written recognition 22 (31.9%), in kind products or small gifts 14 (20.3%), and service in return 11 (15.9%), and 38 (55.1%) claimed to have respect in the community.

Regarding opportunities for promotion, since starting working in the hospital only 14 (20.3%) claimed to have the opportunity for promotion.

A considerable amount of respondents 25 (36.2%), reported of experiencing negative consequences or disincentives for a poorly done job.

Opinion or Feedback: The majority of providers 45 (65.4%) responded they ever received feedback or information about their job performance. Low percentage 21 (30.4%) work related, and related to standards and not to behavior only 9 (13%) responded positively. Feedback that is immediate so as the provider remember what he did 16 (22.7%) said yes, while 75% said no, and feedback that is educational, positive and constructive to learn from it were only 17 (24.6%) responded positive answer, while 52 (75.4%) gave a negative answer.

Organizational support: The study explored two aspects of organizational support. Only 14 (20.3%) had held performance reviews between themselves and their supervisors or other specialists.

Regarding to supervision by immediate supervisors in the last six months 50 (72.5%) of the providers stated their supervisors did not come to their workplace.

Environment (tools and equipment) and work organization: In looking at the environment, providers were asked if the condition of the work place was adequate (i.e., location, size, level of comfort and light). 43.5% of providers stated that the physical condition of their workplace was appropriate. 47.8% said the size was adequate, 79.7% reported that amenities such as electricity were sufficient. Only 17 (24.6%) of providers were satisfied with organization work.

Most of the respondents 40 (58%) claimed not to have the required equipments to do their job well and 61% were trained in the use of the available tools. A clear majority 67 (97.1%) stated that they thought they had the necessary Knowledge and Skills to do their current job.

Inventory

This section has two parts. The first part describes general information about the hospital. The second part consists of Inventory Questionnaires on Immunization services; Child health services, Family planning services and Antenatal care services.

General Information: Inventory conducted at OPD level with Head of OPD and Heads of SC, FP and ANC clinics by using checklist and questionnaires, which describes staff and working condition, methods for quality assurance and amenities of the hospital.

In the hospital the OPD's for different services start working at 8:00 am and the morning hours run from 8:00 am to 12 noon and the afternoon hours from 1:00 pm to 5: 00 pm also with available staff during night hours.

During the study period the average daily census was 250 patients visits for MCH services.

The hospital services are staffed by more than one hundred doctors, 358 nurses, 56-health assistance, 48-Lab. technicians, two pharmacist, five-druggist and twenty X-Ray technicians.

According to the head of the OPD the hospital is open for seven days in the week providing services for adults' and children by trained health providers who are present at the hospital at all times (24 hours) in addition to specialists who are available on call at all times after working hours. The hospital has a routine monitoring program for quality assurance .

One of the methods used for quality assurance in the hospital is supervisory checklist for health system components such as: service specific equipment, medications, and records. The other type is facility wide review of mortality and periodic audit of medical records or service register, which were reported.

A system or method for identifying and addressing quality of care that is implemented by the staff or specific service level, which is not carried out at facility wide, was observed.

During asking about amenities such as: electricity, waiting area for clients, toilet, working phone and program for routine preventive maintenance for major equipment responded positively, where as when asked whether water always available, answered not always available.

The next inventory was about the immunization service situation in the hospital. There were positive answers for whether the hospital routinely stores any vaccines, vaccines organized according the expiry date "first in first out" in the fridge/cold box, and stock records indicate that first expired. The vaccines available in the hospital were Tetanus Toxoid, BCG and diluted, DPT and Measles and diluted.

Concerning child health services, the services were given five days in a week. DPT₁ was given for 412 children and DPT₃ completed were 374 children in 1996 E.C. The current estimate for DPT dropout rate was 9.22%. While we were discussed about references/protocols/teaching materials the answer was given positive, but they were not in organized way.

The next inventory was family planning services. As others services family planning services were given five days in a week. The most given contraception's are Inject able

(unspecified) 63 (42.3%), Norplant 24 (16.1%), Progestin only 21 (14.1%), Combined pill 20 (13.4%), IUD 12 (8.1%), and Male condom 6 (4.0%). When asked which contraception's methods are not giving in the hospital currently. Female condom, Spermicides, and Diaphragm were not given in the hospital.

Concerning visual aids for teaching materials "Essential of Contraceptive Technology" book (HATCHER); Guide for syndromic approach for diagnosis and treatment of STIs, and Reference materials for clinical or Etiologic diagnosis of STI were observed. But others, such as: Information booklet or pamphlet for clients to take home, such as: on family planning, STIs, and HIV/AIDS were not available at all. When we came to service delivery protocols only "National Reproductive Health Service Protocols" was not available.

The last inventory was antenatal care services. The service was given only four days in a week. We observed while the following tests and services were provided routinely: anemia test (Hb), syphilis test, and urine sugar test.

The following routine treatment and services for ANC was observed, Tetanus Toxoid vaccine, and routinely discuss about FP. Voluntary counseling and testing for HIV/AIDS was given in a separate way.

Concerning protocols and teaching materials only "National Reproductive Health Policy and Standards" and " National Reproductive Health Services protocol " were available. But others like, teaching aids: anatomical model, Fliers for client to take, Flip charts, video and posters were not observed.

It was amazing to hear that the hospital did not have a procedure for transporting women to another facility if necessary in an obstetric emergency.

Discussion

One of the most important components to assess the quality of MCH Service Provision was Client exit interview conducted among sick child caretakers, family planning, and antenatal care clients.

Through the exit interview it is revealed that elements of quality of care such as important procedures during the hospital visit were made. Majority of the clients, through exit interview believed that the providers perform most of the tasks and procedures during their visit. The clients' response was also proved to be similar with the findings of performance observation.

Important procedure such as reviewing record before starting the session and check about previous history measuring pulse rate, blood pressure and temperature are carried out.

According to many studies taking care of such procedures are important indicators of quality. (22)

The other important and positive finding is more than 75% of the clients in all the three clinics rate the service they got in the hospital as very satisfactory and this showed their positive opinion on the usefulness of information given by providers, and degree of satisfaction the way they were treated by both health workers. However less than 50% of ANC clients stated not to be satisfied by way other staff members treated them.

Such methods like client exit interview can provide a quick and inexpensive way of determining areas of service where quality could be improved and help clients meet their reproductive health needs (4)

Despite the argument of client satisfaction data to be too subjective due to patients feelings of relief, worry, not be in the right frame of mind or expectation of patient on the level and type of best care to be satisfied, Based on its importance it is said that there is no substitute for client satisfaction. (4,26, 31)

However, the interview indicated gaps in the provision of health education to clients such as providing materials and take home messages. The caretaker's interviews supported the observation findings that provision of education materials to the clients is not common practice. This is a very important issue, which has to be recognized as was observed in many other studies.

Patient satisfaction is a useful measure, and to the extent that it is based on patients' accurate assessments, it may provide a direct indicator of quality care. (26).

A study to assess user expectations and degree of client satisfaction and quality of health care provided in Bangladesh showed that the most powerful predictor for client satisfaction with the government services was provider behavior especially respect and

politeness. For patients the behavior was found to be much more important than the technical competence of the provider. (11, 23)

The four most common suggestions made by clients to improve quality of services accounted for more than 50% of total suggestions. In all the three-study area and the average score accounted for the four most common suggestions and more than 50% of the total suggestions were directed towards increasing space, regularly available doctors, increasing motivation of providers and increasing number of providers.

The other areas, which were given or strongly addressed by most clients, were improvements to the physical environment of the hospital, which are hygiene/cleanliness increasing number of hours, improve supply of drugs. And many clients suggest the need for increasing level of providers.

The five most common suggestions made by clients to improve services were slightly differ from the above-mentioned interviewed MCH areas, which the score accounted more than 50% of the total suggestions given. Unlike the FP and SC clients most of the ANC clients recommended the community be involved in supervision/organization and the need for supervision of health care providers.

In ANC clinic the interviews indicated gaps in prescribing iron/folate pills and counsels about nutritional needs to pregnant women. This was a crucial point, which had been done properly. This interview outcome is supported providers observation findings.

Majority of respondents were satisfied by the privacy granted during examination.

Studies showed that privacy and the respect for privacy to be one of the most powerful predictor for being satisfied with health care. (31)

Provider observation was conducted in Sick child, FP and ANC health service clinics at OPD level. It was observed in all level of health workers (nurses, midwives and physicians).

In all the three clinics only very few providers were observed thanking caretakers for cooperation or thanks ANC or FP clients for coming to the hospital and for their time. This needs due consideration where all concerned including the world health organization is giving serious attention for interpersonal communication between provider and clients. Effective interpersonal communication (IPC) between health care provider and client is one of the most important elements for improving client satisfaction, compliance and health out-comes.

Patients who understand the nature of their illness and its treatment, and who believe the provider is concerned about their well being, show greater satisfaction with the care received and are more likely to comply with treatment regimes. Despite widespread acknowledgement of the importance of interpersonal communication, the subject is not al-ways emphasized in medical training. The hospital administration should give consideration on this issue.

A 1997 report in Bangladesh showed that, providers were not aware of and responsive to client needs and rights and the condition made them assess the quality of service delivery and helps them to have increased attention to counseling, infection prevention etc.

Other studies also suggest the quality of interpersonal communication and health counseling and provider-client communication are consistently weak across countries,

regions and health services. Even when providers know what messages to communicate, they do not have the interpersonal skills to communicate them most effectively. They often do not know how to communicate with their patients. (2)

The other weakness observed and needs due consideration by the management of the hospital is the extreme shortage of washing facilities. Thus none of the health providers in the sick child and ANC clinics were observed washing hands and dries them and only 15% were observed in the FP clinics. This elementary and basic hygienic practice must be dully addressed. Unlike the contemporary and increasingly accepted practice specially in IMCI service only 4.8%, of child health care providers were observed giving the first dose of the oral treatment they prescribed and less than 20% discussed the child's growth chart with care takers.

Despite the strength of caring out procedures such as telling the caretakers what illnesses the child has and ask about normal feeding when the child is not ill (76.2%) and check for pallor (71%) in more than 90% of the observations the providers were not observed discussing and giving advice on the child's health. thus there is a need for also for communication skill.

Using of any guideline for the child illness by health care providers was good.

A very important practice which should be taken as a strength and that has to be encouraged is procedures such as checking blood pressure, weight, and temperature are well carried out. All observations revealed that in the sick child clinic the weight of all children were taken and above all the measurement was plotted on the growth chart and recorded on the child chart. Similarly in more than 90% of the sc observations providers

took temperature measurement, counted respiration rate and 95.2%, ask the caretaker about the child's vaccination history.

Important procedures were observed in the FP & ANC clinics. The observation showed that the FP and ANC clinics adequately ensured visual and auditory privacy. Procedures such as: blood pressure, pulse and temperature measurements, reviewing clients record discussing a return visit and importantly the soliciting of questions whether client has understood what was told or not in 85% of the cases.

Despite the strengths important elements of a family planning clinic need considerations. Important procedures such as: discussing partner attitude toward family planning (10%,) and discussing using condoms as dual method for preventing STI and pregnancy were carried out by few.

Another issue which deserves due consideration is less than 40% of the providers explained and discussed about methods of family planning. Different studies shows lack of information about methods of family planning is one of the factors for low prevalence of FP utilization. Similarly risk of STI and use of condoms to prevent STI and HIV/AIDS are not well addressed by the providers.

In Antenatal Care clinics also important procedures were observed that not to be carried out well. None of the providers were seen orienting clients on breast-feeding, baby vaccination and use of contraception. This is a serious omitting of a basic procedure, which should be addressed. Similarly it is in less than 15% of the cases that clients were oriented on place of delivery and about personal hygiene, rest, general care and side effects of medicine during pregnancy.

Through the self-administered questionnaire it is possible to assess whether providers have a job description that outlines their duties or standards and guidelines that help them determine if they are doing the job well. In addition it was possible to have their experience about timely feedback about performance, receiving on-going information whether they are meeting expectations (or standards) for their job, and about degree of motivation or incentive for performance and views on organizational support.

In the study the service years of the respondents ranges from 3 to 30 years. The wide range helped them to have different views from providers with varying experience. The study revealed that less than half of the providers know their job description for their present position or have standards for their performance and much less providers (37%) have claimed to use guidelines. As seen in many health care institutions the lacks of clear job description, standards and guidelines have a negative impact on quality of the services render.

Many studies showed that factors related to organizational conditions influence provider behavior and performance. There is evidence that higher performance is associated with sufficient resources to perform the job, clear role expectations and standards of performance.

The presence of guidelines, standards and check lists help for assessment of ones action and helpful for ongoing quality improvement program and to assess the services they provide. Such actions address wide ranges including quality of medical and nursing services, staffing, the physical facility, supplies, record keeping, organization of services, client counseling, and information and education.

The guidelines help health care providers to their own services, identify problems, and try to develop workable solutions. This is helpful to all levels and personnel at all levels, from managerial and medical through cleaning and maintenance staff.

The issue of standards needs strong consideration. Because Standard, which is statement of expected quality in relation to minimal requirements and achievable performance, depends on how standard is used. Standards help to define quality by setting levels of expected quality, determine required inputs, processes, desired outcomes, determine indicators to measure and monitor quality. (21,26,32)

The managers have to know performance comes from standard, which is statement of expected quality in relation to minimal requirements, and achievable performance depends on how standard is used.

In Kenya, staff members produced an action plan identifying problems and their solutions. In Nepal, many problems were resolved soon after the development of an action plan based on the self-assessment.

In Ghana, Kenya, Nigeria, and Uganda, facilities reported resolving 59 percent of identified problems and 73 percent of those that could be solved without outside help.

In this study it was found out there is a lot of resentment about the lack of Motivation and Incentives. Majority of the respondents (76.8%) stated that there have never witnessed such a practice of motivation and incentives importantly majority of the respondents have never received even non-monetary incentives such as verbal and non verbal written recognition.

There is a need for the hospital management to consider this important issue that will surely help to increase quality of services.

The other issue assessed in this study was the inadequacy of opportunities for promotion.

The study showed that since starting working in the hospital only 20.3% claimed to have the opportunity for a promotion.

The question of training of health workers in quality assurance skills is very important in countries like Niger has trained quality improvement teams and are achieving significant improvements in service quality and program management in areas such as: growth monitoring, nutritional rehabilitation, tuberculosis treatment, family planning, malaria case management, prenatal care, family planning, supervision, and cold chain maintenance. A study in Egypt found out similar results and the provision of training succeeded in raising provider awareness about the importance of communication and encouraged providers to develop and maintain their IPC skills parallel with their clinical skills. (21)

Many studies showed that competence are acquired in different ways. A provider obtains knowledge in several ways, including pre-service education and in-service training. Knowledge is further enhanced through on-the-job experience including feedback from supervisors and peers and continuing education.

The providers also stated the infrequent and lack of feedback and only 34.8% of providers responded about ever receiving feedback or information about their job performance. Studies showed the importance of feedback on performance and rewards that are comparable with good performance and the nature of the reward.

Similarly the degree of organizational support in terms of frequent supervision by supervisors is insufficient. The study showed that only 14(20.3%) respondents had held performance reviews between themselves and their supervisors or other specialists and only 27% had been supervised by immediate supervisors in the last six months and fifty of the providers stated their supervisors did not come to their work place. This has an adverse effect on quality because the expectations of the organization may influence the behavior and performance of providers such as lack of supervision may result in some health workers' acting inappropriately. Similar findings were observed in Zimbabwe, after a study of the supervision system plans to use supervisor self-assessment to improve supervisory skills.

In Guatemala, protocols were developed for regional and departmental hospitals to maintain optimal levels of care for patients in out-patient clinics, labor and delivery wards, and those receiving hospital-based postpartum care (31)

In Ghana, the Ministry of Health has developed clinical management protocols for identifying and treating pregnancy-related complications at all levels of the health system. The protocols also set standards for the provision of antenatal care, supervised delivery, postpartum care, family planning and management of abortion complications.
(5)

Improve training and upgrade provider skills: Training - both pre-service and in-service - and supervision of health workers needs to address clinical, supervisory and management skills, as well as interpersonal communication skills.

Training should be competency-based (focused on ensuring that health providers are able to carry out the procedures covered in the training) and designed according to the needs of both clients and the health providers themselves.

In South Africa, health providers developed a set of recommendations for improving services, including more training for staff, provide a wider range of services, ensuring adequate supplies in all facilities and treating all patients equitably. (25)

Improve infrastructure and upgrade facilities: With relatively small-scale investments, many health facilities can upgrade their physical infrastructure meet minimum standards.

Analysis of the supervision system revealed significant gaps and this inadequacy or lack of supervision has an impact on quality and needs designing correction mechanisms.

Such type of supervision problem was also identified in Niger where in Tahoua project where the authorities identified supervision as the main vehicle for introducing quality assurance and in addition for preventing and correcting errors in quality of care and forced to redesign the entire system. (33)

Improve infrastructure and upgrade facilities: With relatively small-scale investments, many health facilities can upgrade their physical infrastructure to meet minimum standards.

Managers or supervisors are expected to set goals within the employee's current competencies and increase those goals as the employee experiences success and feels more capable of achieving more difficult goals.

Concerning Environment (tools and equipment) and work organization majority of the respondents (75%) claimed that their overall work environment is adequate. However

many respondents stated the need for improvement of the physical condition of their workplace such as size.

Even though most of the respondents (58%) claimed not to have the required equipments to do their job well majority (61%) was trained in the use of the available tools. As seen in many countries unavailability of basic resources (such as equipment, supplies, and medicines) can result in poor performance in spite of high competence and motivation.

A clear majority (97.1%) stated that they thought they had the necessary Knowledge & Skills to do their current job. Despite the need for training this is important issue for quality.

The most common factors that contribute to poor quality care include substandard care, lack of drugs and supplies, delays in referrals, and poor interaction between clients and health care providers.

Substandard care is often the result of staff being poorly supervised, underpaid and overworked; many have not received adequate training or refresher courses to upgrade their skills. (12)

Supply shortages and infrastructure problems: Many facilities lack basic supplies and equipment. A study in Jamaica found that nurses at the main maternity hospital in Kingston were continually frustrated by a lack of basic supplies like gloves, bleach and pens. This frustration affected their interactions with patients seeking care. (14)

The inventory of equipments and supplies completed the picture of needs at most primary level of service delivery.

The presence of specialized nurses for FP and ANC and child health services and services such as family planning counseling, and an immunization unit were some of the strengths observed that help for quality health service. The presence of other services such as a laboratory department and x-ray department were observed to be very supportive for delivery of quality services.

The hospital's potential for provision of quality services is shown also through the presence of other important and essential functions such as: labor and delivery services, Medical Records Department and social services.

Important structural and furniture deficiencies, such as: water, toilets, and examination tables were observed in some areas. However, there were also gaps in critical hygiene and clinical items, such as: soap, and disinfection solutions, thermometers, sphygmomanometer, fetostethoscope and otoscope, without which even the best-trained providers cannot perform effectively.

Strength of the study

- Has public health relevance.
- No similar study so far in our country, therefore this study may show SPA in our context.

Limitation of the study

- Supplemented data small sample size might decrease its internal and external validity.

- Lack of literature done in our country for comparison.
- Bias due to interviewers can not ruled out.

Conclusions

- At the OPD level the departments who provide the service are efficient and well organized.
- Staffing pattern is appropriate, and staffs are well trained. However there is the need for training because the emphasis on OPD service and quality improvement

is easily observed by clients and has to be professional, and is the main focus of the services provided.

- While health providers are legally allowed by MOH order to serve clients, they do not have clearly defined standards, adequate supplies and equipments to ensure that providers can offer the range of services needed to provide routine health service care, they are poorly paid, and are not recognize by the health system as contributing to improve health status of the population.
- Providers were not able to determine their position and duties and responsibility, as well as knowledge level and skills within their assigned job description.
- There is lack of frequent training, which is important to describe quality in terms of increasing level of provider.
- The health workers were observed and complained for not always using guidelines.and for lack of written guidelines provided by the management.
- In particular, most of providers were weak in a certain clinical aspects of care, such as: provision of iron folate tablets (anemia in pregnancy is considered as a priority public health concern in poor countries) and counseling nutritional status of pregnant women.

Recommendations

On the basis of the present study, the following recommendations are forwarded:

- Improve or enhance the technical supervision of the health service delivery system.
- Clarify job expectations of the health service providers through creating and disseminating job descriptions.
- Encourage community participation through seeking mechanisms and strategies that enhance community's positive influence on health workers, hence increasing provider motivation through monetary and non-monetary incentives.
- Review and revise current MOH instructions to more clearly and explicitly define standards of health service care at each level of the service delivery system and by provider type

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APPENDICES

Appendix I.

Questionnaire for Exit interview for Caretaker of Sick Child

General Information

Date of interview (dd/mm/yy) ____ ____ ____

Name of the Interviewer _____

Client Code _____

Sex of Caretaker 1. Male 2. Female

INTERVIEWER: INTRODUCE YOURSELF TO CARETAKER AND EXPLAIN THE FOLLOWING:

Hello, my name is _____. I am from AAU Department of Community Health, which this survey conducts for MPH thesis that helps to improve the quality of sick child health care services in the hospital. The inquiry is confidential and the information provided by you will not identified with any third person. Can you spare me 20-25 minutes to answer our question? Can we begin?

1. Information about the visit

#	Question	Response	Go To
1.1	What is the name of the child?	Name _____	
1.2	In what month and year (NAME) born?	Month _____ Don't know Month.....98 Year _____ Don't know year...9998	to Q 1.2a
1.2a	How old is (NAME) in <i>completed</i> month?	Age in Month _____	
1.3	Can you tell me if you brought (NAME) to the hospital today because he had any of the following problems either to day or at home?	YES NO	

	A) Cough or difficult in breathing?	1	2	
	B) Diarrhea?	1	2	
	C) Fever or body hotness	1	2	
	D) Ear problem	1	2	

#	Question	Response	Go To
1.4	For what other reason(s) or other problem did you bring (NAME) to this hospital today Eye problem Sore skin Injury	YES NO 1 2 1 2 1 2	
1.5	Has (NAME) been to this hospital before for this same episode of sickness?	YES .....1 NO .....2 DON'T KNOW .....9	to Q 1.7 to Q 1.7
1.6	If Yes, How long ago was this?	With in the past week...1 With in the past month..2 > One month ago .....3 Don't know .....9	
1.7	Did the Provider tell you what illness (NAME) has?	YES .....1 NO .....2 DON'T KNOW .....9	
1.8	Did the Provider tell you anything about bringing (NAME) back to the hospital?	YES .....1 NO .....2 ADMITTED .....3 DON'T KNOW .....9	
1.9	Did the Provider give or prescribe any medicines for (NAME)?	Yes, gave meds .....1 Yes, gave prescr .....2 Gave meds & prescr ..3 NO .....4	If NO to 1.12
1.10	Did a provider at the hospital explain to you how to give those medicines to (NAME) at home?	YES .....1 NO .....2 DON'T KNOW .....9	
1.11	Was (NAME) given a dose of any of these medications here in the hospital already?	YES .....1 NO .....2 DON'T KNOW 9	
1,12	Did the provider ask you about the type of foods and amounts that you normally feed (NAME) when not sick?	YES .....1 NO .....2 DON'T KNOW ... ..9	
1.13	Did any one at this hospital weigh (NAME) today?	YES .....1 NO .....2 DON'T KNOW .....9	
1.14	Was (NAME) given a vaccination today? (CHILD LESS THAN 24 MONTHS OLD)	YES .....1 NO .....2 DON'T KNOW .....9	

#	Item	Response	Go To
1.15	Do you have (NAME)'S vaccination card with you?	YES .....1 NO .....2	If NO to 2.1
1.16	INTERVIEWER: POLITELY ASK TO SEE CHILD'S VACCINATION CARD. INDICATE WHETHER THE REOCORD SHOWS THAT THE CHILD HAS BEEN VACCINATED TODAY.	YES .....1 NO .....2	

Section 2. Client Satisfaction

#	Question	Response	Go To
2.1	Did you ask a provider any questions to day?	Yes.....1 No.....2 Don't know/remember.....9	
2.2	Did you feel comfortable asking questions during your consultation today?	Yes.....1 No.....2	
2.3	How useful do find the information given to you today during this visit?	Very useful.....1 Useful.....2 Slightly useful.....3 Not useful.....4 Don't know/remember.....9	
2.4	Did your child has clinical exam during your visit today?	Yes.....1 No.....2	If NO go to Q 25
2.5	Did the provider explain the examination before it was performed?	Yes.....1 No.....2	
2.6	Did the provider explain the results of this examination?	Yes.....1 No.....2	
2.7	(IF 21 AND/OR 22 = YES) Could you easily understand the language the provider used to explain about the examination?	Yes.....1 No.....2	
2.8	Did you have enough privacy during your child exam? (Could any person, other than those caring for your child?)	Yes..... 1 No.....2	
2.9	When meeting with the provider during your child visit, do you think that other clients could hear what you said?	Yes.....1 No.....2 Don't know.....9	
2.10	Do you THINK the information you shared about your child with the provider will be kept confidential?	Yes.....1 No.....2 Don't know.....9	
2.11	During this visit at the hospital, how the provider treat you?	Very well.....1 Well.....2 Poorly.....3 Very poorly.....4	

#	Question	Response	Go To																											
2.12	During this visit to the hospital, how did the other staff treat you?	Very well.....1 Well.....2 Poorly.....3 Very poorly.....4 There was no other staff.....5																												
2.13	How long did you wait between the time you arrived at this hospital today?	Minutes _____ Don't know.....9																												
2.14	During this visit, did the provider give you any material to take home?	Yes.....1 No.....2	If NO, go to Q 2.16																											
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8. Other (specify)	1	2																												
2.18	Overall, how do you rate the services you received at the hospital today?	Very satisfactory.....1 Satisfactory.....2 Dissatisfactory.....3 Very dissatisfactory.....4 Don't know.....5																												

#	Question	Response		Go To
2.19	Give one or more major suggestions that you think will improve the services at this hospital?	YES	NO	
	Increase space.....1	1	2	
	Improve hygiene/cleanliness....2	1	2	
	Improve supply of drugs.....3	1	2	
	Buy necessary equipment.....4	1	2	
	Regularly available doctor.....5	1	2	
	Increase number of providers....6	1	2	
	Increase motivation of providers.....7	1	2	
	Increase professional level of providers.....8	1	2	
	Supervise providers.....9	1	2	
	Increase number of hours open.....10	1	2	
	Community be involve in supervision/organization.....11	1	2	
	Other (specify).....12	1	2	

Section 3. Personal Characteristics of Client

3.1	How old are you?	Age in years	
3.2	What is your level of school that you finished?	Not attended school .....1 Primary.....2 Unfinished secondary.....3 Secondary or Vocational.....4 Higher/University.....5	
3.3	What is your current marital status?	Married.....1 Co-habiting.....2 Single, never married.....3 Engaged.....4 Divorced/separated/widowed..5	40
3.4	Which language do you normally speak at home?	Amharic.....1 Tigrigna.....2 Oromic.....3 Guragigna.....4 Other.....5	41
3.5	What is your religion?	Orthodox.....1 Catholic.....2 Muslim.....3 Protestant.....4 Other.....5 No religion.....6	42
3.6	How many children do you have?	Number of children_____	43
		No children .....0	

Thank the Respondent for cooperation

Ending Time_____

Appendix II

Family Planning Clients Exit Interview

General Information

Date of interview (dd/mm/yy) ____ ____ ____

Name of the Interviewer _____

Client Code _____

INTERVIEWER: INTRODUCE YOURSELF TO CLIENT AND EXPLAIN THE FOLLOWING:

Hello, my name is _____. I am from AAU Department of Community Health, which this survey conducts for MPH thesis that helps to improve the quality of Family Planning health services in the hospital. The inquiry is confidential and the information provided by you will not identified with any third person. Can you spare me 20-25 minutes to answer our question? Can we begin?

1. Information about the visit

#	QUESTIONS	CODING CLASSIFICATION	Go To
1.1	Were you doing anything to prevent pregnancy when you came today?	YES .....1 NO .....2	If YES go to Q 1.3
1.2	Have you used a family planning method or taken any steps to prevent pregnancy at any time in the past six months?	YES .....1 NO .....2	If NO go to Q 1.9
1.3	What method(s) were you using until today's visit? IF CONDOM AND ANOTHER METHOD CIRCLE BOTH	YES NO Combined pill 1 2 Progestin only pill..... 1 2 Pill (unspecified) .....1 2 Male condom 1 2 Female condom.....1 2	

		IUD 1 2 Spermicid 1 2 Diaphragm 1 2 Injectable 1 2 Norplant..... 1 2 Breast feeding .....1 2 Vasectomy .....1 2 Female sterilization .....1 2 Emergency contraception 1 2 Other .....1 2	
1.4	Did the provider ask if you were having (had had) a problem with the method?	YES .....1 NO .....2 DON'T KNOW .....9	
1.5	Have you been having (did you have) a problem with the method?	YES .....1 NO .....2 DON'T KNOW .....9	1.7 1.7
1.6	Did the provider suggest what action(s) you should take to resolve the problem?	YES .....1 NO .....2 DON'T KNOW .....9	
1.7	What was the out come of this visit, i.e., did you decide to continue (restart) the same method or to switch method?	Continue/restart .....1 Switch method .....2 Stop/not restart method .....3	
1.8	Had thought about switching methods, and which method to switch to before you came today?	YES.....1 NO .....2	1.10 1.12
1.9	Had thought about what method you wanted to use to before you came today?	YES .....1 NO .....2	1.12
1.10	What method was that?	YES NO Combined pill 1 2 Progestin only pill..... 1 2 Pill (unspecified) .....1 2 Male condom 1 2 Female condom.....1 2 IUD 1 2 Spermicid 1 2 Diaphragm 1 2 Injectable 1 2 Norplant..... 1 2 Breast feeding .....1 2 Vasectomy .....1 2 Female sterilization .....1 2 Emergency contraception 1 2 Other .....1 2	
1.11	Did the provider talk about the	YES .....1	

	method(s) IN 1.10	NO2 DON'T KNOW9																																																	
1.12	What (other) methods did the provider talk with you about?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>Combined pill</td><td>1</td><td>2</td></tr> <tr><td>Progestin only pill.....</td><td>1</td><td>2</td></tr> <tr><td>Pill (unspecified)</td><td>1</td><td>2</td></tr> <tr><td>Male condom</td><td>1</td><td>2</td></tr> <tr><td>Female condom.....</td><td>1</td><td>2</td></tr> <tr><td>IUD</td><td>1</td><td>2</td></tr> <tr><td>Spermicid</td><td>1</td><td>2</td></tr> <tr><td>Diaphragm</td><td>1</td><td>2</td></tr> <tr><td>Injectable</td><td>1</td><td>2</td></tr> <tr><td>Norplant.....</td><td>1</td><td>2</td></tr> <tr><td>Breast feeding</td><td>1</td><td>2</td></tr> <tr><td>Vasectomy</td><td>1</td><td>2</td></tr> <tr><td>Female sterilization</td><td>1</td><td>2</td></tr> <tr><td>Emergency contraception</td><td>1</td><td>2</td></tr> <tr><td>Other</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	Combined pill	1	2	Progestin only pill.....	1	2	Pill (unspecified)	1	2	Male condom	1	2	Female condom.....	1	2	IUD	1	2	Spermicid	1	2	Diaphragm	1	2	Injectable	1	2	Norplant.....	1	2	Breast feeding	1	2	Vasectomy	1	2	Female sterilization	1	2	Emergency contraception	1	2	Other	1	2	
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1.14	Does your method provide any protection against STIs and AIDS?	YES1 NO2 DON'T KNOW9																																																	
1.15	During your consultation, did the provider:	<table border="0"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DN</th> </tr> </thead> <tbody> <tr> <td>A) Explain how to use the method?</td> <td>.....1</td> <td>2</td> <td>9</td> </tr> <tr> <td>B) Talk about possible side effects?</td> <td>.....1</td> <td>2</td> <td>9</td> </tr> <tr> <td>C) Tell you what to do</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Y	N	DN	A) Explain how to use the method?1	2	9	B) Talk about possible side effects?1	2	9	C) Tell you what to do																																				
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C) Tell you what to do																																																			

	if you have any problem?1 2 9	
	D) Tell you when to retune for follow-up?1 2 9	

Section 2. Client Satisfaction

#	Question	Response	Go To
2.1	Did you ask a provider any questions to day?	Yes.....1 No.....2 Don't know/remember.....9	
2.2	Did you feel comfortable asking questions during your consultation today?	Yes.....1 No.....2	
2.3	How useful do you find the information given to you today during this visit?	Very useful.....1 Useful.....2 Slightly useful.....3 Not useful.....4 Don't know/remember.....9	
2.4	Did you have clinical exam during your visit today?	Yes.....1 No.....2	If NO go to Q 2.9
2.5	Did the provider explain the examination before it was performed?	Yes.....1 No.....2	
2.6	Did the provider explain the results of this examination?	Yes.....1 No.....2	
2.7	(IF 21 AND/OR 22 = YES) Could you easily understand the language the provider used to explain about the examination?	Yes.....1 No.....2	
2.8	Did you have enough privacy during your exam? (Could any person, other than those caring for you?)	Yes..... 1 No.....2	
2.9	When meeting with the provider during your visit, do you think that other clients could hear what you said?	Yes.....1 No.....2 Don't know.....9	
2.10	Do you THINK the information you	Yes..... 1	

	shared about yourself with the provider will be kept confidential?	No.....2 Don't know.....9	
2.11	During this visit at the hospital, how the provider treat you?	Very well.....1 Well.....2 Poorly.....3 Very poorly.....4	

#	Question	Response	Go To
2.12	During this visit to the hospital, how did the other staff treat you?	Very well.....1 Well.....2 Poorly..... 3 Very poorly.....4 There was no other staff.....5	
2.13	How long did you wait between the time you arrived at this hospital today?	Minutes_____ Don't know.....9	
2.14	During this visit, did the provider give you any material to take home?	Yes.....1 No.....2	If NO, go to Q 32
2.15	If yes, what was the subject of the reading material? May I see it? 1. Family planning 2. Antenatal care 3. Postnatal care 4. STDs 5. HIV/AIDS 6. Child nutrition 7. Others	YES NO 1 2 1 2 1 2 1 2 1 2 1 2 1 2	
2.16	What other services other than antenatal care did you receive today? 7. FP Counseling 8. STD Counseling 9. HIV Counseling 10. STD screening/diagnosis 11. Others 12. Nothing (for reading)	YES NO <u>1 2</u> 1 2 1 2 1 2 1 2 1 2	
2.17	What the major reason that you chose to come to this hospital? 9. Nearest to me 10. Staff provide good services 11. I like/know the staff 12. Better facilities 13. Good reputation 14. Always come here 15. Friends/relatives recommended 16. Other	YES NO 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	

2.18	Overall, how do you rate the services you received at the hospital today?	Very satisfactory.....1 Satisfactory..... 2 Dissatisfactory..... 3 Very dissatisfactory.....4 Don't know.....5	
2.1.9	Give one or more major suggestions that you think will improve the services at this hospital.		
		YES	NO
	Increase space.....1	1	2
	Improve hygiene/cleanliness....2	1	2
	Improve supply of drugs.....3	1	2
	Buy necessary equipment.....4	1	2
	Regularly available doctor.....5	1	2
	Increase number of providers....6	1	2
	Increase motivation of providers.....7	1	2
	Increase professional level of providers.....8	1	2
	Supervise providers.....9	1	2
	Increase number of hours open.....10	1	2
	Community be involve in supervision/organization.....11	1	2
	Other (specify).....12	1	2

Section 3. Personal Characteristics of Client

3.1	How old are you?	Age in years	
3.2	What is your level of school that you finished?	Not attended school .....1 Primary.....2 Unfinished secondary.....3 Secondary or Vocational.....4 Higher/University.....5	
3.3	What is your current marital status?	Married.....1 Co-habiting.....2 Single, never married.....3 Engaged.....4 Divorced/separated/widowed..5	
3.4	Which language do you normally speak at home?	Amharic.....1 Tigrigna.....2 Oromic.....3 Guragigna.....4 Other.....5	
3.5	What is your religion?	Orthodox.....1 Catholic.....2 Muslim.....3 Protestant.....4 Other.....5 No religion.....6	
3.6	How many children do you have?	Number of children_____	
		No children .....0	

Thank the Respondent for her Time

Ending Time_____

Appendix III

Antenatal Care Client Exit Interview Questionnaire

Client Exit Interview

Date of the observation (dd/mm) ___/___/___ Starting time _____

Name of Interviewer, team number _____

ID# of the provider ___ ___ ___

INSTRUCTIOS TO INTERVIEWER:

Good morning. My name is _____. I represent AAU Department of Community Health, which conducts this survey for MPH thesis. This inquiry assists the quality increase of maternity health care services. The inquiry is confidential and the information provided by you will not identified with any third person. Can you spare me 20-25 minutes to answer our questions?

TO THE INTERVIEWER: IN CASE OF AGREEMENT, GO TO QUESTION 1.

Section 1. Information about the Visit

#	Question	Response	Go To
1.1	How many months are you pregnant?	Months ____ Don't know.....9	
1.2	Including this visit, how many antenatal visits you made during your pregnancy?	Number of visits ____ Don't know.....9	If 1, go to Q 1.4
1.3	How many months pregnant were you when you had your first antenatal visit	Number of months____ Don't know.....9	
The questions that follow concern this visit or previous visits during this pregnancy.			
1.4	During this pregnancy, did a provider explain the pregnancy complication that would require you to immediately seek medical	Yes.....1 No.....2 Don't know/remember..... .9	If NO, go to Q 1.7

	attention?		
1.5	Were you satisfied with the advise that you received for the complication	Yes.....1 No.....2 Don't know.....9	

#	Question	Response	Go To
1.6	What were the complications that a provider told you necessitate immediate medical attention? (CIRCLE ALL MENTIONED)	<p style="text-align: center;">No</p> <p>1. Bleeding 1 2</p> <p>2. Acute/constant abdominal pain 1 2</p> <p>3. Severe headache 1 2</p> <p>4. Blurred vision 1 2</p> <p>5. Swollen face or limbs 1 2</p> <p>6. Fever 1 2</p> <p>7. Accelerated or reduced fetal movements 1 2</p>	
1.7	During this pregnancy, did a provider give or prescribe any iron or folic acid pills?	<p>Yes.....1</p> <p>No.....2</p> <p>Don't know/remember.....9</p>	If NO go to Q1.12
1.8	During this pregnancy, did a provider tell you about the side effects of these pills?	<p>Yes.....1</p> <p>No.....2</p> <p>Don't know/remember.....9</p>	If NO go to Q 1.11
1.9	What are these side effects? (DO NOT READ THE OPTIONS)	<p style="text-align: center;">Yes No</p> <p>Nausea 1 2</p> <p>Black stools 1 2</p> <p>Constipation 1 2</p>	
1.10	How often were you told to take these pills?	<p>Every day.....1</p> <p>Every week.....2</p> <p>Another time frame.....3</p> <p>Don't know.....9</p>	
1.11	How long were told to take these pills?	<p>One week.....1</p> <p>One month.....2</p> <p>Three months.....3</p> <p>During the whole pregnancy.....4</p>	
1.12	During this pregnancy, did a provider tell you what to eat to ensure proper nutrition during your pregnancy?	<p>Yes.....1</p> <p>No.....2</p> <p>Don't know/remember.....9</p>	
1.13	Did a provider weigh you today?	<p>Yes.....1</p> <p>No.....2</p>	
1.14	During this pregnancy, did a provider measure your height?	<p>Yes.....1</p> <p>No.....2</p>	
1.15	Did a provider take your blood pressure today?	<p>Yes.....1</p> <p>No.....2</p>	
1.16	Did a provider tell you today, when	<p>Yes.....1</p>	

	to come back for your next visit?	No.....2	
--	-----------------------------------	----------	--

Section 2. Client Satisfaction

#	Question	Response	Go To
2.1	Did you ask a provider any questions to day?	Yes.....1 No.....2 Don't know/remember.....9	
2.2	Did you feel comfortable asking questions during your consultation today?	Yes.....1 No.....2	
2.3	How useful do you find the information given to you today during this visit?	Very useful.....1 Useful.....2 Slightly useful.....3 Not useful.....4 Don't know/remember.....9	
2.4	Did you have clinical exam during your visit today?	Yes.....1 No.....2	If NO go to Q 2.9
2.5	Did the provider explain the examination before it was performed?	Yes.....1 No.....2	
2.6	Did the provider explain the results of this examination?	Yes.....1 No.....2	
2.7	(IF 21 AND/OR 22 = YES) Could you easily understand the language the provider used to explain about the examination?	Yes.....1 No.....2	
2.8	Did you have enough privacy during your exam? (Could any person, other than those caring for you?)	Yes..... 1 No.....2	
2.9	When meeting with the provider during your visit, do you think that other clients could hear what you said?	Yes.....1 No.....2 Don't know.....9	
2.10	Do you THINK the information you shared about yourself with the provider will be kept confidential?	Yes.....1 No.....2 Don't know.....9	
2.11	During this visit at the hospital, how the provide treat you?	Very well.....1 Well.....2 Poorly.....3 Very poorly.....4	

2.12	During this visit to the hospital, how did the other staff treat you?	Very well.....1 Well.....2 Poorly..... 3 Very poorly.....4 There was no other staff.....5	
2.13	How long did you wait between the time you arrived at this hospital today?	Minutes_____ Don't know.....9	
2.14	During this visit, did the provider give you any material to take home?	Yes.....1 No.....2	If NO, go to Q 2.16
2.15	If yes, what was the subject of the reading material? May I see it? 8. Family planning 9. Antenatal care 10. Postnatal care 11. STDs 12. HIV/AIDS 13. Child nutrition 14. Other (specify)-----	YES NO 1 2 1 2 1 2 1 2 1 2 1 2 1 2	
2.16	What other services other than antenatal care did you receive today 13. FP Counseling 14. STD Counseling 15. HIV Counseling 16. STD screening/diagnosis 17. Other (specify) 18. Nothing (for reading)	YES 1 2 1 2 1 2 1 2 1 2 1 2	NO
2.17	What the major reason that you chose to come to this hospital? 17. Nearest to me 18. Staff provide good services 19. I like/know the staff 20. Better facilities 21. Good reputation 22. Always come here	YES 1 2 1 2 1 2 1 2 1 2	NO

	23. Friends/relatives recommended	1	2	
	24. Other (specify)	1	2	
		1	2	
2.18	Overall, how do you rate the services you received at the hospital today?	Very satisfactory.....	1	
		Satisfactory.....	2	
		Dissatisfactory.....	3	
		Very dissatisfactory.....	4	
		Don't know.....	5	

#	Question	Response		Go To
		YES	NO	
2.19	Give one or more major suggestions that you think will improve the services at this hospital?			
	Increase space.....1	1	2	
	Improve hygiene/cleanliness....2	1	2	
	Improve supply of drugs.....3	1	2	
	Buy necessary equipment.....4	1	2	
	Regularly available doctor.....5	1	2	
	Increase number of providers....6			
	Increase motivation of providers.....7	1	2	
	Increase professional level of providers.....8	1	2	
	Supervise providers.....9	1	2	
	Increase number of hours open.....10	1	2	
	Community be involve in supervision/organization.....11	1	2	
	Other (specify).....12	1	2	
2.20	Where do you plan to deliver?			
		At this hospital.....1		
		At other facilities.....2		
		At home.....3		
		Others (specify).....4		
2.21	What is the major reason for your place of delivery choice?	YES	NO	
	1. Nearest to me	1	2	
	2. Good service	1	2	
	3. Good reputation	1	2	
	4. I like the staff	1	2	
	5. Always deliver here	1	2	
	6. Friends/relatives recommend	1	2	
	7. Less expensive	1	2	
	8. Other (specify)_____	1	2	
	9. Don't know (Don't read)	1	2	

Section 3. Personal Characteristics of Client

3.1	How old are you?	Age in years	
3.2	What is your level of school that you finished?	Not attended school .....1 Primary.....2 Unfinished secondary.....3 Secondary or Vocational.....4 Higher/University.....5	
3.3	What is your current marital status?	Married.....1 Co-habiting.....2 Single, never married.....3 Engaged.....4 Divorced/separated/widowed..5	
3.4	Which language do you normally speak at home?	Amharic.....1 Tigrigna.....2 Oromic.....3 Guragigna.....4 Other.....5	
3.5	What is your religion?	Orthodox.....1 Catholic.....2 Muslim.....3 Protestant.....4 Other.....5 No religion.....6	
3.6	How many children do you have?	Number of children_____	
		No children .....0	

Thank the Respondent for her Time

Ending Time_____

1. ባለፈው ሳምንት ውስጥ
 2. ባለፈው ወር ውስጥ
 3. ከአንድ ወር በፊት
9. ትዝካይላኝም

1.6 የጤና ባለሙያው ልጁ ምን ዓይነት ሕመም እንዳለው ነግሮዎታል?

- 1. አዎን
- 2. የለም
- 9. ትዝኢይለኝም

1.7 የጤና ባለሙያው ልጁን መልሰው እዲያመጡት ነግሮት ነበር?

- 1. አዎን
- 2. የለም
- 3. ተኝቷል (ሆ/ል ውስጥ)
- 9. ትዝኢይለኝም

1.8 የጤና ባለሙያው ለልጁ መድሐኒት ሰጥቶት/አዘለታል?

- 1. አዎን መድሐኒት ሰጥቶታል
- 2. አዎን መድሐኒት አዘለታል
- 3. አዎን መድሐኒት ሰጥቶታልም አዘለታልም
- 4. የለም

1.9 የጤና ባለሙያው ሆሰፒታል ውስጥ ለልጁ መድሐኒቱን እቤት እንዴት እንደሚሰጡት ገልጾታል ?

- 1. አዎን
- 2. የለም
- 9. ትዝኢይለኝም

1.10 የጤና ባለሙያው ልጁ ባልታመመ ጊዜ ምን ያህልና ምን ዓይነት ምግብ እንደሚመግቡት ጠይቆት ነበር?

- 1. አዎን
- 2. የለም
- 9. ትዝኢይለኝም

1.11 ዛሬ ልጁ ክብደቱን ተመዝኖ ነበር?

- 1. አዎን
- 2. የለም
- 9. ትዝኢይለኝም

1.12 ልጁ ዛሬ ክትባት ተከትቧል? (24 ወር በታች ለሆኑ ሕፃናት ብቻ)

- 1. አዎን
- 2. የለም
- 9. ትዝኢይለኝም

1.13 የልጁ የክትባት ዛርድ ከእርሶ ጋር አለ? ላየው እችላለሁ?

- 1. አዎን
- 2. የለም

ክፍል 2. የደንበኛው ሕክምና ግልጋሎት እርካታ

2.1 ለጤና ባለሙያው ዛሬ ጥያቄ ጠይቀውታል?

- 1. አዎን
- 2. የለም
- 9. ትዝኢይለኝም

2.2 ጥያቄውን በሚጠይቁበት ወቅት ምቹነት/ነጻነት ተሰምቶት ነበር?

- 1. አዎን
- 2. የለም
- 9. ትዝኢይለኝም

መልሱ የለም ከሆነ ወደ ቁጥር 2.3 ይሂዱ

2.3 በሕክምና ወቅት ያገኙት መረጃ ምን ያህል ጠቀሜታ አለው ይላሉ?

1. በጣም ይጠቅማል
2. ይጠቅማል
3. አነስተኛ ጠቀሜታ አለው
4. ጠቀሜታ የለውም
5. አላውቅም/ትዝአይለኝም

2.4 በሕክምናው ወቅት ምርመራ ተደርጎሎታል?

- | | |
|--------|--------|
| 1. አዎን | 2. የለም |
|--------|--------|
- መልሱ የለም ከሆነ ወደ ጥያቄ 2.9 ይሂዱ

2.5 የጤና ባለሙጣው ምርመራውን ከመጀመሩ በፊት ምርመራው ምን እንደሆነ ገልጸሎት ነበር?

- | | |
|--------|--------|
| 1. አዎን | 2. የለም |
|--------|--------|

2.6 የጤና ባለሙያው ስለ ምርመራው ውጤት ገልጸውሎታል?

- | | |
|--------|--------|
| 1. አዎን | 2. የለም |
|--------|--------|

2.7 (ጥያቄዎች 2.5 እና 2.6 አዎን ከሆኑ) የጤና ባለሙያው ሊያብራራልዎት የተጠቀሰት ቋንቋ በቀላሉ ይገባዎት ነበር?

- | | |
|--------|--------|
| 1. አዎን | 2. የለም |
|--------|--------|

2.8 በምርመራዎ ወቅት ከማንኛውም አካል ምስጢር ተጠብቆሎታል?

- | | |
|--------|--------|
| 1. አዎን | 2. የለም |
|--------|--------|

2.9 በምርመራዎ ወቅት የጤና ባለሙያው ምን ያህል አስተናግዶዎታል?

1. በጣም ጥሩ
2. ጥሩ
3. ደካማ
4. በጣም ደካማ

2.10 ሌሎች የሆስፒታሉ ሠራተኞች ምን ያህል አስተናግዶዎታል?

1. በጣም ጥሩ
2. ጥሩ
3. ደካማ
4. በጣም ደካማ

2.11 ሆስፒታል ከደረሱ በኋላ የጤና ባለሙያው ጋ ለመግባት ምን ያህል ጊዜ ፈጀ?

----- ሰዓት ----- ደቂቃ

10. የስራ ሰዓትን መጨመር	1	2
11. የሕብረተሰቡ ቁጥጥር/ክትትል ቢታከልበት	1	2
12. ሌሎች	1	2

ክፍል 3. የደንበኛው የግል ሕይወት አጭር ታሪክ

3.1 ዕድሜዎ ስንት ነው? ዓመት

- 3.2 የትምህርቶች ደረጃ:
1. አልተማርኩም
 2. አንደኛደረጃ
 3. ሁለተኛ ደረጃ አልጨረስኩም
 4. ሁለተኛ ደረጃ
 5. ከፍተኛ/ዩኒቨርሲቲ

- 3.2 የጋብቻ ሁኔታ
1. ባለትዳር
 2. ብቸኛ/አላገባውም
 3. አጮኛ አለኝ
 4. ፍች/መለያየት/
 5. ባለቤቷ የሞተባት

- 3.3 የቤተሰብ ቋንቋ
1. አማርኛ
 2. ኦሮምኛ
 3. ትግሪኛ
 4. ጉራጊኛ
 5. ሌሎች

- 3.4 ኅይማኖት
1. ኦርቶዶክስ
 2. ካቶሊክ
 3. እስልምና
 4. ፕሮቴስታንት
 5. ሌሎች
 6. ኅይማኖት አልባ

3.5 የልጆች ብዛት -----

ወደ ጊዜዎን መስዋህት ስላደረጉልኝ እጅግ በጣም አመሰግናለሁኝ።

ጥያቄው ያለቀበት ሰዓት -----

Appendix V

በቤተሰብና ስነተዋልዶ ጤና አገልግሎት ክፍል የደንበኞች መውጫ መጠይቅ

አጠቃላይ መረጃ

የመጠይቁ ቀን -----

የጠያቂው ስም -----

የደንበኛው መለያ ቁጥር -----

ዕድሜ -----

ጥያቄው የተጀመረበት ሰዓት -----

ጤና ይስጥልኝ፡ ስሜ----- ይባላል። እኔ በአዲስ አበባ ዩኒቨርሲቲ በሕክምና ፋኩልቲ ሕብረተሰብ ጤና እንክብካቤ ክፍል የሚደገፍ የድህረ ምረቃ ትምህርት ምርምር ቡድን አባል ነኝ። ዓላማው በጥቁር አንበሳ ሆስፒታል ውስጥ የሚሰጠውን የቤተሰብና የስነተዋልዶ ጤና እንክብካቤ አገልግሎት ጥራት ለማሳደግ ነው። ከእርሶ የሚገኘው ማንኛውም መረጃ በጣም አስተዋፅዖ ያለውና ምስጢሩ የተጠበቀ መሆኑን ላረጋግጥሎት እወዳለሁ። ጥያቄዬን ለመመለስ 20-25 ደቂቃ ከእኔ ጋር ሊያጠፉ ይችላሉ? እንጀምር? አመሰግናለሁኝ።

ክፍል 1. ስለተሰጠው ሕክምና መረጃ

1.1 በአሁኑ ሰዓት ወደ ሆስፒታሉ ከመምጣቱ በፊት የወሊድ መከላከያ አድርገው ያውቃሉ?

- 1. አዎን
- 2. የለም

1.2 ላለፉት ስድስት ወራት ወሊድን ለመከላከል ማንኛውንም ዓይነት ዘዴ ተጠቅመው ያውቃሉ?

- 1. አዎን
- 2. የለም

የለም ካሉ ወደ ቁጥር 1.9 ይሂዱ

1.3 ከተጠቀሙ እስከዛሬ ድረስ እታች ከተዘረዘሩት ውስጥ የትኞቹን ተጠቅመዋል?

	አዎን	የለም
የተቀላቀለ/የተዋሃደ ክኒን	1	2
ፕሮጂስቲን ብቻ ክኒን	1	2
ግልጽ ያልሆነ ክኒን	1	2
የወንድ ጭንብል (ኮንዶም)	1	2
የሴት ጭንብል (ኮንዶም)	1	2
በማጎጸን ውስጥ የሚቆይ መከላከያ .	1	2
ፀረ-ወንድ ዘር	1	2

1.14 የተጠቀሙት ዘዴ ከአባላዘር/ከኤድስ መከላከል ይችላል?

- 1. አዎን
- 2. የለም
- 9. አላውቅም

1.15 በሕክምናዎ ወቅት የጤና ባለሙያው:

ሀ/ የመከላከያ ዘዴ እንዴት እንደሚጠቀሙ ገልጾታል?

- 1. አዎን
- 2. የለም
- 9. ትዝክይለኝም

ለ) መከላከያ ሲጠቀሙ ሊመጡ ስለሚችሉት ችግሮች ነግረዎታል?

- 1. አዎን
- 2. የለም
- 9. ትዝክይለኝም

ሐ) ማንኛውም ዓይነት ችግር ቢኖር ማድረግ የሚገባዎትን ነግረዎታል?

- 1. አዎን
- 2. የለም
- 9. ትዝክይለኝም

ክፍል 2. የደንበኛው ሕክምና ግልጋሎት እርካታ

2.1 የጤና ባለሙያውን ስለሚሰማዎት ሁኔታ ዛሬ ጥያቄ ጠይቀውታል?

- 1. አዎን
- 2. የለም
- 9. ትዝክይለኝም

2.2 ጥያቄውን በሚጠይቁበት ወቅት ምቹነት/ነጻነት ተሰምቶት ነበር?

- 1. አዎን
- 2. የለም
- 9. ትዝክይለኝም

2.3 በሕክምና ወቅት ያገኙት መረጃ ምን ያህል ጠቀሜታ አለው ይላሉ?

- 1. በጣም ይጠቅማል
- 2. ይጠቅማል
- 3. አነስተኛ ጠቀሜታ አለው
- 4. ጠቀሜታ የለውም
- 5. አላውቅም/ትዝክይለኝም

2.4 በሕክምናዎ ወቅት ምርመራ ተደርጎሎታል?

- 1. አዎን
 - 2. የለም
- መልሱ የለም ከሆነ ወደ ጥያቄ 2.9 ይሂዱ

2.5 የጤና ባለሙያው ምርመራውን ከመጀመሩ በፊት ምርመራው ምን እንደሆነ ገልጸሎት ነበር?

- 1. አዎን
- 2. የለም

2.6 የጤና ባለሙያው ስለ ምርመራው ውጤት ገልጸውሎታል?

- 1. አዎን
- 2. የለም

2.7 (ጥያቄዎች 2.5 እና 2.6 አዎን ከሆኑ) የጤና ባለሙያው ሊያብራራልዎት የተጠቀበት ቋንቋ በቀላሉ ይገባዎት ነበር?

- 1. አዎን
- 2. የለም

2.8 በምርመራዎ ወቅት ከማንኛውም አካል ምስጢር ተጠብቆሎታል?

- 1. አዎን
- 2. የለም

2.9 በምርመራዎ ወቅት የጤና ባለሙያው ምን ያህል አስተናግዶዎታል?

- 1. በጣም ጥሩ
- 2. ጥሩ
- 3. ደካማ
- 4. በጣም ደካማ

2.10 ሌሎች የሆስፒታሉ ሠራተኞች ምን ያህል አስተናግዶዎታል?

- 1. በጣም ጥሩ
- 2. ጥሩ
- 3. ደካማ
- 4. በጣም ደካማ

2.11 ሆስፒታል ከደረሱ በኋላ የጤና ባለሙያው ጋ ለመግባት ምን ያህል ጊዜ ፈጀ?

----- ሰዓት ----- ደቂቃ

2.12 በምርመራዎ ወቅት የጤና ባለሙያው ማንኛውም ዓይነት የሚነበቡ/የሚታዩ ነገሮች ቤቱ እዲወሰዱ ሰጥተዎታል?

- 1. አዎን
 - 2. የለም
- መልሱ የለም ከሆነ ወደ ጥያቄ ቁጥር 2.14 ይሂዱ

2.13 መልሱ አዎ ከሆነ ምን ዓይነት ናቸው? ማየት እችላለሁ?

	አዎን	የለም
1. ስለ ቤተሰብ እንክብካቤ	1	2
2. ስለ ቅድመወሊድ እንክብካቤ ...	1	2
3. ስለ ድሕረወሊድ እንክብካቤ	1	2
4. ስለ አባላዘር በሽቻዎች	1	2
5. ስለ ኤድስ በሽታ	1	2
6. ስለ ልጅ አመጋገብ	1	2
7. ሌሎች	1	2

2.14 ይህን ሆስፒታል የመረጡበት ዋንኛ ምክንያት ምንድን ነው?

	አዎን	የለም
1. ቅርብ ስለሆነ	1	2
2. ሠራተኞች ጥሩ ግልጋሎት ስለሚሰጡ	1	2
3. ሠራተኞቹን ስለምወዳቸው/ስለማውቃቸው	1	2
4. የተሻለ የሕክምና መሣሪያዎች ስላሉ	1	2
5. ጥሩ የሕክምና ልምድ ስላለ	1	2
6. ሁል ጊዜ እዚህ ነው የምገለገለው	1	2
7. ንደኞቹ/ዘመድ መክሮኝ	1	2
8. ሌሎች	1	2

2.15 በአጠቃላይ በሆስፒታሉ ያገኙት ግልጋሎት ምን ያህል ግምት ይሰጡታል?

1. በጣም አጥጋቢ
2. አጥጋቢ
3. አጥጋቢ አይደለም
4. በጣም አጥጋቢ አይደለም
5. አላውቅም

2.16 የሆስፒታሉን ግልጋሎት ያሻሽላል ብለው የሚያስቡት ካለ ዋንኛ ሀሳቦችን ቢገልጹልኝ::

	አዎን	የለም
1. ቦታ መጨመር	1	2
2. ጽዳት/ንፅህናን ማሻሻል	1	2
3. የመድሐኒት አቅርቦትን ማሻሻል	1	2
4. አስፈላጊ የሕክምና መሣሪያዎችን መግዛት	1	2
5. በወቅቱ/በሰዓቱ የጤና ባለሙያ መገኘት	1	2
6. የጤና ባለሙያዎችን ቁጥር መጨመር	1	2
7. ለጤና ባለሙያው ማበረታቻ መስጠት	1	2
8. የጤና ባለሙያውን ችሎታ/አቅም ማሳደግ	1	2
9. የጤና ባለሙያውን ግልጋሎት መከታተል	1	2
10. የስራ ሰዓትን መጨመር	1	2
11. የሕብረተሰቡ ቁጥጥር/ክትትል ቢታከልበት	1	2
12. ሌሎች	1	2

ክፍል 3. የደንበኛው የግል ሕይወት አጭር ታሪክ

3.1 ዕድሜዎ ስንት ነው? ዓመት

- 3.2 የትምህርቱ ደረጃ:
1. አልተማርኩም
 2. አንደኛደረጃ
 3. ሁለተኛ ደረጃ አልጨረስኩም
 4. ሁለተኛ ደረጃ
 5. ከፍተኛ/ዩኒቨርሲቲ

- 3.2 የጋብቻ ሁኔታ
- 1 ባለትዳር
 - 2 ብቸኛ/አላገባውም
 - 3 እጮኛ አለኝ
 - 4 ፍቺ/መለያየት
 - 5 ባለቤትዎ የሞተባት

3.3 የቤተሰብ ቋንቋ

1. አማርኛ
2. ኦሮምኛ
3. ትግሪኛ
4. ጉራጊኛ
5. ሌሎች

3.4 ኅይማኖት

1. ክርቶዶክስ
2. ካቶሊክ
3. እስልምና
4. ፕሮቴስታንት
5. ሌሎች
6. ኅይማኖት አልባ

3.5 የልጆች ብዛት -----

ወደ ጊዜዎን መስዋህት ስላደረጉልኝ እጅግ በጣም አመሰግናለሁኝ።

ጥያቄው ያለቀበት ሰዓት -----

Appendix VI

በቅድመወሊድ ጤና አገልግሎት ክፍል የደንበኞች መውጫ መጠይቅ

አጠቃላይ መረጃ

የመጠይቁ ቀን -----

የጠያቂው ስም -----

የደንበኛው መለያ ቁጥር -----

ዕድሜ ----- ጥያቄው የተጀመረበት ሰዓት -----

ጤና ይስጥልኝ፡ ስሜ----- ይባላል፡፡ እኔ በአዲስ አበባ ዩኒቨርሲቲ በሕክምና ፋኩልቲ ሕብረተሰብ ጤና እንክብካቤ ክፍል የሚደገፍ የድህረ ምረቃ ትምህርት ምርምር ቡድን አባል ነኝ፡፡ ዓላማው በጥቁር አንበሳ ሆስፒታል ውስጥ የሚሰጠውን የቅድመወሊድ እንክብካቤ አገልግሎት ጥራት ለማሳደግ ነው፡፡ ከአርሶ የሚገኘው መረጃ በጣም አስተዋፅኦ ያለውና ምስጢሩ የተጠበቀ መሆኑን ላረጋግጥሎት እወዳለሁ፡፡ ጥያቄዬን ለመመለስ 20-25 ደቂቃ ከእኔ ጋር ሊያጠፉ ይችላሉ? እንጀምር? አመሰግናለሁኝ፡፡

ክፍል 1. ስለተሰጠው ሕክምና መረጃ

1.1 እርግዝናዎ ስንት ወር ሆነው?

----- ወር

1.2 ዛሬን ጨምሮ በዚህ እርግዝናዎ ወቅት እዚህ ሲታዩ ስንተኛ ጊዜዎ ነው?

----- ጊዜ
የመጀመሪያ ጊዜ ከሆነ ወደ ጥያቄ ቁጥር 1.4 ይሂዱ

1.3 በመጀመሪያ ጊዜ ሲታዩ/ሲመጡ የስንት ወር እርግዝና ላይ ነበሩ?

----- ወር

1.4 በዚህ እርግዝናዎ ወቅት ችግሮች ቢያጋጥሞት ማግኘት ስለሚገባዎት አስቸኳይ

የሕክምና ትኩረቶች በጤና ባለሙያው ተገልጾታል?

1. አዎን
መልሱ የለም ከሆነ ወደ ጥያቄ ቁጥር 1.6 ይሂዱ

9. ትዝካይለኝም

1.5 የጤና ባለሙያው የሰጠት ምክር አርክቶታል?

1. አዎን

2. የለም

9. አላውቅም

1.6 የጤና ባለሙያው ምን ዓይነት ችግሮች ቢያጋጥሙት አስቸኳይ የሕክምና ትኩረት ያስፈልግዎታል ያለው?

	አዎን	የለም
1. ደም መፍሰስ	1	2
2. ድንገተኛ/ቋሚ የሆድ ሕመም	1	2
3. ኃይለኛ ራስ ምታት	1	2
4. ብሻርታ	1	2
5. ትኩሳት	1	2
6. የልጁ እንቅስቃሴ መፍጠን/መዘግየት ...	1	2

1.7 የጤና ባለሙያው ለደም ማነስ መድሐኒት አዞሎታል?

1. አዎን 2. የለም
 መልሱ የለም ከሆነ ወደ ቁጥር 1.10 ይሂዱ

1.8 አዎን ካሉ መድሐኒቱ ስለሚያመጣው ችግር ተገልጿል?

1. አዎን 2. የለም

1.9 በእርግዝናዎ ወቅት የአመጋገብዎ ሁኔታ ምን ምን እንደሆነ ተገልጿል?

1. አዎን 2. የለም 9. ትዝአይለኝም

1.10 ዛሬ በምርመራዎ ወቅት ክብደትዎ፣ ቁመትዎ እና የደምግፊትዎ ተለክቷል/ታይቷል?

1. አዎን 2. የለም

1.11 የጤና ባለሙያው ለሚቀጥለው ቀጠሮ መቼ እደሚመጡ ነግሮዎታል?

1. አዎን 2. የለም

ክፍል 2. የደንበኛው ሕክምና ግልጋሎት እርካታ

2.1 ለጤና ባለሙያው ዛሬ ጥያቄ ጠይቀውታል?

1. አዎን 2. የለም 9. ትዝኢይለኝም

2.2 ጥያቄውን በሚጠይቁበት ወቅት ምቹነት/ነጻነት ተሰምቶት ነበር?

1. አዎን 2. የለም 9. ትዝኢይለኝም

2.3 በሕክምና ወቅት ያገኙት መረጃ ምን ያህል ጠቀሜታ አለው ይላሉ?

- 1. በጣም ይጠቅማል
- 2. ይጠቅማል
- 3. አነስተኛ ጠቀሜታ አለው
- 4. ጠቀሜታ የለውም
- 5. አላውቅም/ትዝኢይለኝም

2.4 በሕክምናው ወቅት ምርመራ ተደርጎሎታል?

1. አዎን 2. የለም
መልሱ የለም ከሆነ ወደ ጥያቄ 2.9 ይሂዱ

2.5 የጤና ባለሙጣው ምርመራውን ከመጀመሩ በፊት ምርመራው ምን እንደሆነ ገልጸሎት ነበር?

1. አዎን 2. የለም

2.6 የጤና ባለሙያው ስለ ምርመራው ውጤት ገልጸውሎታል?

1. አዎን 2. የለም

2.7 (ጥያቄዎች 2.5 እና 2.6 አዎን ከሆኑ) የጤና ባለሙያው ሊያብራራልዎት የተጠቀበት ቋንቋ በቀላሉ ይገባዎት ነበር?

1. አዎን 2. የለም

2.8 በምርመራዎ ወቅት ከማንኛውም አካል ምስጢር ተጠብቆሎታል?

1. አዎን 2. የለም

2.9 በምርመራዎ ወቅት የጤና ባለሙያው ምን ያህል አስተናግዶዎታል?

- 5. በጣም ጥሩ
- 6. ጥሩ
- 7. ደካማ

8. በጣም ደካማ

2.10 ሌሎች የሆስፒታሉ ሠራተኞች ምን ያህል አስተናግዶቻል?

1. በጣም ጥሩ
2. ጥሩ
3. ደካማ
4. በጣም ደካማ

2.11 ሆስፒታል ከደረሱ በኋላ የጤና ባለሙያው ጋ ለመግባት ምን ያህል ጊዜ ፈጀ?

----- ሰዓት ----- ደቂቃ

2.12 በምርመራ ወቅት የጤና ባለሙያው ማንኛውም ዓይነት የሚነበቡ/የሚታዩ ነገሮች ቤቱ እዲወሰዱ ሰጥተዎታል?

1. አዎን
 2. የለም
- መልሱ የለም ከሆነ ወደ ጥያቄ ቁጥር 2.14 ይሂዱ

2.13 መልሱ አዎ ከሆነ ምን ዓይነት ናቸው? ማየት እችላለሁ?

	አዎን	የለም
1. ስለ ቤተሰብ እንክብካቤ	1	2
2. ስለ ቅድመወሊድ እንክብካቤ ...	1	2
3. ስለ ድሕረወሊድ እንክብካቤ	1	2
4. ስለ አባለዘር በሽታዎች	1	2
5. ስለ ኤድስ በሽታ	1	2
6. ስለ ልጅ አመጋገብ	1	2
7. ሌሎች	1	2

2.14 ይህን ሆስፒታል የመረጡበት ዋና ምክንያት ምንድን ነው?

	አዎን	የለም
1. ቅርብ ስለሆነ	1	2
2. ሠራተኞች ጥሩ ግልጋሎት ስለሚሰጡ	1	2
3. ሠራተኞቹን ስለምወዳቸው/ስለማውቃቸው	1	2
4. የተሻለ የሕክምና መሣሪያዎች ስላሉ	1	2
5. ጥሩ የሕክምና ልምድ ስላለ	1	2
6. ሁል ጊዜ እዚህ ነው የምገለገለው	1	2
7. ጓደኞቼ/ዘመድ መክሮኝ	1	2
8. ሌሎች	1	2

2.15 በአጠቃላይ በሆስፒታሉ ያገኙት ግልጋሎት ምን ያህል ግምት ይሰጡታል

1. በጣም አጥጋቢ
2. አጥጋቢ
3. አጥጋቢ አይደለም
4. በጣም አጥጋቢ አይደለም
5. አላውቅም

2.16 የሆስፒታሉን ግልጋሎት ያሻሻላል ብለው የሚያስቡት ካለ ዋናኛ ሀሳቦችን ቢገልፁልኝ።

	አዎን	የለም
1. ቦታ መጨመር	1	2
2. ጽዳትን/ንፅህናን ማሻሻል	1	2
3. የመድሐኒት አቅርቦትን ማሻሻል	1	2
4. አስፈላጊ የሕክምና መሣሪያዎችን መግዛት	1	2
5. በወቅቱ/በሰዓቱ የጤና ባለሙያ መገኘት	1	2
6. የጤና ባለሙያዎችን ቁጥር መጨመር	1	2
7. ለጤና ባለሙያው ማበረታቻ መስጠት	1	2
8. የጤና ባለሙያውን ችሎታ/አቅም ማሳደግ	1	2
9. የጤና ባለሙያውን ግልጋሎት መከታተል	1	2
10. የስራ ሰዓትን መጨመር	1	2
11. የሕብረተሰቡ ቁጥጥር/ክትትል ቢታከልበት	1	2
12. ሌሎች	1	2

ክፍል 3. የደንበኛው የግል ሕይወት አጭር ታሪክ

3.1 ዕድሜዎ ስንት ነው? ዓመት

- 3.2 የትምህርቶች ደረጃ:
1. አልተማርኩም
 2. አንደኛ ደረጃ
 3. ሁለተኛ ደረጃ አልጨረስኩም
 4. ሁለተኛ ደረጃ
 5. ከፍተኛ/ዩኒቨርሲቲ

- 3.2 የጋብቻ ሁኔታ
1. ባለትዳር
 2. ብቸኛ/አላገባውም
 3. እጮኛ አለኝ
 4. ፍች/መለያየት
 5. ባለቤቷ የሞተባት

3.3 የቤተሰብ ቋንቋ

1. አማርኛ
2. ኦሮምኛ
3. ትግሪኛ
4. ጉራጊኛ
5. ሌሎች

3.4 ኅይማኖት

1. ኦርቶዶክስ
2. ካቶሊክ
3. እስልምና
4. ፕሮቴስታንት
5. ሌሎች
6. ኅይማኖት አልባ

3.5 የልጆች ብዛት -----

ወደ ጊዜዎን መስዋህት ስላደረጉልኝ እጅግ በጣም አመሰግናለሁኝ።

ጥያቄው ያለቀበት ሰዓት -----

9	Plot weight on the growth chart				
10	Ask about feeding or breast feeding practices for the child during this illness				

#	Item	1	2	3	4
11	Ask about normal feeding or breast feeding practices, that is, when the child is not ill				
12	Mention the child's weight or growth to the caretaker, or discuss the growth chart with the caretaker				
13	Look at the immunization card or ask the caretaker about the child's vaccination history				
14	Give the child extra fluid during this sickness				
15	Tell the caretaker what illness (es) the child has				
16	Describe signs or symptoms in the child for which the caretaker should bring the child back to the hospital				
17	Prescribed medications or provided during the consultation				
18	Explain how to administer oral treatment (s)				
19	Give the first dose of the oral treatment				
20	Use any visual aids when providing health education or counseling the caretaker about the child				
21	Write on the child card				
22	Use any guideline for the child illness				
23	Thanks caretaker for her/his corporation				

Finishing time _____

Appendix VIII

Family Planning Client Observation Checklist

General Information

Date of observation (dd/mm) ___/___/___ Starting time _____

Name of Interviewer, team number _____

ID# of the Service provider _____

Hello, my name is _____, and I am a member of the team, which conducts this survey for MPH thesis sponsored by AAU Department Community Health. I would like to sit in the room and observe while you are examining your client. Its goal is to improve the quality of Family Planning health services in the hospital. All information from this survey is confidential and is not identified with any facility name. Is it ok with you if I watch when you see your client? If you agree, let me know any time that you would want me leave the room. Thank you.

Family planning Client Code _____

Age (In years)_____

Visit frequency _____

Use the following guide to mark the results of your observations

1 = Done 2 = Note done 3 = Unsatisfactory 4 = Not applicable

#	Item	1	2	3	4
1	Check for availability of washing facilities (water, soap, towel)				
2	Washes hands with soap and water and dries them				
3	Greets and calls client by her name and introduce her/himself				
4	Ensure VISUAL and AUDTORY PRIVACY				
5	Take blood pressure and weight				
6	Discuss Client attitude toward family planning				
7	Discuss PARTNER attitude toward family planning				
8	Discuss about methods of Family Planning				
9	Gave the client priority to choose the method				

10	Ask about any chronic illness (Heart disease, Diabetes, Hypertension, Liver/Jaundice problem, Breast cancer)				
----	--	--	--	--	--

#	Item	1	2	3	4
11	Discuss Risk of STIs and use of Condoms to prevent STIs				
12	Discuss using Condoms as dual method for preventing STIs and Pregnancy				
13	Discuss about HIV/AIDS side effect				
14	Solicits question to ensure client has understood				
15	Did the provider discuss a return visit				
16	Did the provider refer to/look at the individual client record				
17	Assure Client of Confidentiality				
18	Asks questions and allows client to express herself				
19	Pays attention and interested in personal problems of the client				
20	Thanks client for her time				

Finishing time _____

Appendix IX

Antenatal Care Observation Checklist

Date of the observation (dd/mm) ___/___/___ Starting time _____

Name of Interviewer, team number _____

ID# of Service provider ___ ___ ___ ___

Hello, my name is _____, and I am a member of the team, which conducts this survey for MPH thesis sponsored by AAU Department Community Health. I would like to sit in the room and observe while you are examining your client. Its goal is to improve the quality of Antenatal care health services in the hospital. All information from this survey is confidential and is not identified with any facility name. Is it ok with you if I watch when you see your client? If you agree, let me know any time that you would want me leave the room. Thank you.

Use the following guide to mark the results of your observations:

Visit frequency _____

1 = Done 2 = Not done 3 = Unsatisfactory 4 = Not applicable

#	Item	1	2	3	4
1	Check for the availability of washing facilities (water, soap, towel)				
2	Wash hands with soap and dries them				
3	Greets and calls client by her name and introduce her /himself				
4	Reviews clinic record before starting the session and check about previous pregnancy, number, and outcomes				
5	Take pulse rate, blood pressure and temperature				
6	Examine skin, conjunctivae, legs for edema, redness, and varicose veins, thyroid, mouth, breasts, heart and lungs				
7	Palpates uterus and perform maneuvers to detect fetal position and situation and measure uterine height, abdomen circumference and listens to the fetal heart rate (18 weeks and above pregnancy)				
8	Determines weeks of pregnancy and probable delivery rate and informs about the progress of pregnancy				
9	Informs woman about her and fetus' health condition				
10	Informs woman about any complication and management of common pregnancy-related afflictions				
11	Orients woman for the place of delivery (hospital, contacts)				
12	Orients woman about personal hygiene, rest, and general care				
13	Orients woman about gender, and STD prevention				
14	Orients woman about alarm signs: pain, fever, bleeding, and loss of vaginal fluid				

15	Counsels about nutritional need				
16	Prescribes iron and folic acid				

#	Item	1	2	3	4
17	Informs woman side effects of medicines during pregnancy				
18	Orients woman breast feeding, baby vaccination and use of contraception				
19	Solicits questions to ensure client has understood				
20	Schedules the next appointment according to health needs and woman's convenience				
21	Records all findings, assessments, diagnosis, and care with client				
22	Thanks client for her time				

Finishing time _____

Appendix X

Performance Factor Questionnaire

(Interview with the Provider)

General Information

Date of the visit (dd/mm/yy) ____/____/____ Starting time _____

Interviewer's (your) full name, Team # _____

Health worker ID# _____

Good morning. My name is _____. I am a member of the team, which conducts this survey for MPH thesis sponsored by AAU Department of Community Health. Its goal is to improve the health service quality of the hospital. Your opinion is very important for us. The research is confidential and the received data will be presented only in a summarized form. Your name and the name of department will not be mentioned anywhere. Are you willing to respond our questionnaires? Thank you.

1. Health Workers Details

	M. Dr	Midwife	Nurse	Other (specify)
1.1 What are your responsibilities?	1	2	3	4
1.2 How long have you worked in the health services?				____ Year ____ Months
1.3 How long have you worked in this facility?				____ Year ____ Months

2. Job Expectations

In this section of the questionnaire we'd like to learn more about your job.

		Yes	No	Don't know	Filter
2.1	Do you have a written job description of this job?	1	2	9	
2.2	Are you involved in discussing these tasks and roles with your manager in any way?	Yes	No	Don't know	
		1	2	9	
2.3	Have standards for your performance been set? That is, how should your work be implemented?	Yes	No	Don't know	
		1	2	9	
2.4	Do you have any guidelines, models, written material or protocols assisting you to implement your tasks? (INTERVIEWER: MORE THAN ONE ANSWER)	Guidelines Models, written mat Protocols Other (specify) None			YES NO 1 2 1 2 1 2 1 2 1 2
2.5	Have your manager created any obstacles that hinder you to carry out your tasks and roles well?	Yes	No	Don't know	
		1	2	9	

1. Motivation/ Incentive

In this set of questions we will ask you how you are awarded for your work.

3.1	Are there bonuses or raises in your salary if you do your work well?	Yes	No	Don't know	
		1	2	9	
3.2	Are there any non-monetary incentives coming from the employer if you do your work well? (INTERVIEWER: more than one question) 1. Verbal recognition 2. Written recognition 3. Uniform 4. Free/reduced medicine 5. Equipment/medicines 6. Training courses 7. Other, please specify 8. No (DO NOT READ)				<p style="text-align: center;">YES</p> <p style="text-align: center;">NO</p> <p style="text-align: right;">1 2</p>
3.3	Are there any non-monetary incentives coming from the client or community if you do your work well? 1. Verbal recognition 2. Written recognition 3. In kind products or small gifts 4. Services in return 5. Respect in community 6. Other, please specify 7. No (DON'T KNOW)				<p style="text-align: center;">YES NO</p> <p style="text-align: right;">1 2</p>
3.4	Are there opportunities for promotion or career development	Yes	No	Don't know	

	in your job?	1	2	9	
3.6	Are there job consequences if you do your work badly, in a way it should not be done	Yes	No	Don't know	
		1	2	9	

4. Opinion/Feedback

In this section we will ask you about your work assessment.

		Yes	NO	Don't know		
4.1	Do you receive feedback or information about your job performance from your employer?	1	2	9		
4.2	If yes, please tell me whether it has the following characteristics or not. (Please read all options) 1. Feedback that relate to the work, not to the person 2. Feedback that describes results related to standards and not your behavior 3. Feedback that is immediate so as you remember what you did 4. Feedback that is concrete and specific, not vague or generic 5. Feedback that is educational, positive and constructive, to learn from it			Yes	No	Don't know
		1	2	9		
		1	2	9		
		1	2	9		
		1	2	9		
		1	2	9		

2. Organizational Support

In this part of questionnaire we would like to ask your organization help you to perform your job.

		Yes	NO	Don't know	
5.1	Are you able to influence on the decision-making process in this hospital regarding the organization of the health service (through meeting, by voting, etc.)	1	2	9	
5.2	Is there any performance <i>reviews</i> carried out with your supervisor or other specialists?	Yes	No	Don't know	
		1	2	9	
5.3	How many times has supervisor come to the work place for the purpose of supervising you in the past 6 months?	_____ times			0 times, skip to Q 6.1
5.4	When the supervisor comes to supervise, what does he/she do and how long does it take? (MARK AND TYPICAL DURATION OF VISIT ___ hr(s) ___ min				

3. Equipment and Organization

Now you'll be asked some questions about your working conditions.

		Yes	NO	Don't know	
6.1	Do you feel you have an adequate place/place to do your job well?	1	2	9	
	a. the situation _____	1	2	9	
	b. the size _____	1	2	9	
	c. the level of comfort _____	1	2	9	
	d. light _____	1	2	9	
	e. other please specify _____	1	2	9	
6.2	Do you have the equipment, tools and materials necessary to perform your job well?	1	2	9	
		Yes	No	Don't know	
6.3	Have you been trained in the use of these tools?	1	2	9	
6.4	Are satisfied with the way your work is organized?	1	2	9	

4. Knowledge and Skills

7.1	When did you receive your last training in reproductive, child health and STD and HIV/AIDS?	Date (Month and Year)		If NO, go to Q 7.4	
7.2	In what aspect did you receive training? _____				
7.3	Have you been able to apply in the work what you learned in the training course?	Yes	No	Don't know	If YES, go to Q 7.5
		1	2	9	
7.4	If NO, Why? _____				
7.5	Do think you have he knowledge or skills necessary for doing your present job?	Yes	No	Don't know	
		1	2	9	

Part II. Performance

5. Some questions about your facility.

8.1	What services do you offer in this hospital?	YES	NO		
	1. Prenatal care	1	2		
	2. Postpartum care	1	2		
	3. New born care	1	2		
	4. Counseling in sexually transmitted diseases	1	2		
	5. Services of sexually transmitted diseases	1	2		
	6. Counseling in HIV/AIDS	1	2		
	7. Child health care	1	2		
	8. Family planning	1	2		
9. Other _____					
8.2	Does your hospital provide services out of the hospital?	Yes	No	Don't know	
		1	2	9	
8.3	Have you had any patient/clients asking for/requesting any services to prevent or limit their pregnancies?	Yes	No	Don't know	If YES, go to Q 8.6
		1	2	9	

8.5	Do you yourself feel there is any demand in your area to provide services for women to space or limit pregnancies?	Yes	No	Don't know
		1	2	9
8.6	If you were to judge your performance, how would you rate yourself on the scale from 1 to 10, 1 being the poorest performance and 10 being the best performance? 1 2 3 4 5 6 7 8 9 10			
8.7	And how do you think your supervisor would rate your performance from the scale 1 to 10, 1 being the poorest performance and the 10 the best performance? 1 2 3 4 5 6 7 8 9 10			

9. Personal Data

And in the end several short questions about you.

9.1	Your age	_____ years old
9.2	Sex (Dot Not Read)	1. Male 2. Female
9.3	Marital status	1. Not married 2. Married 3. Divorced 4. Living alone 5. Widowed

Thank you for your time!!

Time the interview ends _____

Appendix XI

Inventory Questionnaire

Name of the facility _____

Facility Location _____

Region _____

Date: ____DAY____MONTH____YEAR_____

Name of the Interviewer _____CODE_____

FOR OUTPATIENT SERVICES: Find the manager or most senior health worker responsible for OUTPATINT SERVICES who is present at the facility. Introduce yourself and explain the survey objective as described in the training manual. Read the following:

I am representing AAU Department of Community Health for this survey. We are collecting information that will help us to understand the health service situation for maternal, child, and reproductive health services. All information from survey is confidential and is not identified with any facility name. We are asking your help to ensure the information collected is accurate. If there are sections where some one else is the most appropriate person to provide information, we would appreciate your introducing us to that person. Can we begin now?

PART I: General Information

#	QUESTONS	CODE CLASSIFICATION	Go To
1.1	Routinely, how many days each week is the hospital open for adult and/or child curative services?	Number of days _____ Don't know .....9	
1.2	Is there a trained health provider present at the hospital at all times (24 hours/day)?	YES .....1 NO .....2	If YES go to Q 1.4
1.3	Is there a trained health professional available on call at all times after hours? IF YES SEE	YES, Duty schedule seen....1 YES, No duty schedule .....2 NO .....3	

	DUTY SCHEDULE		
1.4	Does this facility monitor quality of care? This refers to a ROUTINE program for quality assurance.	YES .....1 NO .....2 DON' KNOW .....9	→ →

1.5	Are any of the following methods for quality assurance used? IF YES, ASK TO SEE SOME DOCUMENTATION (REPORT/MINUTES/etc.) FOR THE METHOD IMPLEMENTATION.				
	METHOD	METHOD USED: was form or Report Seen		Not Applicable	Not Determined
		Observed	Reported Available		
	a) Supervisory checklist for health system components (e.g. service specific equipment, meds, and records)	1	2	3	8
	b) Supervisory checklist for health service provision (e.g. Observation checklist)	1	2	3	8
	c) facility wide review of mortality	1	2	3	8
	d) System for identifying and addressing quality of care that is implemented by the staff or specific service level (e.g. not carried out facility wide)	1	2	3	8
	e) Periodic audit of medical records or service register	1	2	3	8
	f) Quality assurance or COPE Committee/team?	1	2	3	8
	g) Others (SPECIFY)	1	2	3	8
1.6	Who is responsible for reviewing findings and taking action from quality activities?	Internal Facility	Outside Facility	Not Applicable	Don't Know
	A) Individual Supervisor	1	2	3	8
	B) Individual service provision staff	1	2	3	8
	C) Management Committee	1	2	3	8
	D) Special Quality Assurance committee or team	1	2	3	8
	E) Special Quality Assurance Staff	1	2	3	8
	F) Other (SPECIFY)	1	2	3	8

#	QUESTIOS	CODE CLASSIFICATION	Go To
1.7	Is the electricity always available during times when the facility is providing services or is it some times interrupted?	Always available .....0 # of days not available past week	
1.8	Is water always available?	YES .....1 NO 2	
1.9	Is there a waiting area for clients, where they protected from sun and rain?	YES .....1 NO .....2	
1.10	Is there a toilet (larine) in functioning condition, which available for client use?	YES, VERIFIED .....1 YES, NOT VERIFIED .....2 NO .....3	
1.11	Does this facility have a working phone?	YES, VERIFIED .....1 YES, NOT VERIFIED .....2 NO .....3	→1.13
1.12	Is a phone within five minutes of time from the facility that staff can use in an emergency? IF YES: Is it available 24 hrs a day	YES: avail. 24hrs .....1 YES: not avail 24hrs .....2 NO: None within 5 Minutes .....3	
1.13	Does this facility have a program for routine preventive maintenance for major equipment i.e. such as generator or sterilizing equipment ? IF YES: Who is responsible for the maintenance?	YES, on-site staff .....1 YES: outside support .....2 YES, BOTH .....3 NO, routine maintenance ...4 DON'T KNOW .....8	

Part 2. Inventory Questionnaire

2a. Immunization Services

#	QUESTIONS	CODE CLASSIFICATION	Go To
2.1	Does this facility routinely store any vaccines?	YES .....1 NO .....2	→
2.2	What type of equipment do you use to store your vaccines?	REFRIGATOR .....1 COLD BOX .....2	

	GO AND SEE		
2.3	Were the vaccines organized according the expiry date "first in first out" in the fridge/cold box? (PLEASE VERIFY)	YES, VERIFY .....1 NO .....2 DON'T KNOW 8	
2.4	Did the stock records indicate that First-expired, First- out is practiced when distributing vaccines? (PLEASE VERIFY)	YES, VERIFY .....1 NO .....2 DON'T KNOW .....8	
2.5	Ask to see the following vaccines: a) Tetanus Toxoid b) BCG and Dilutant c) DPT d) Measles & Dilutant e) Yellow Fever f) HbB	YES, SEEN NOT SEEN 1 2 1 2 1 2 1 2 1 2 1 2	
2b. Child Health Services			
2.6	How many days Child Health provided?	# of days _____ Don't know .....8	
2.7	How many days Consultation/curative services for the Sick Child provided?	# of days _____ Don't know .....8	
2.8	How many days Growth Monitoring or growth promotion (where the Healthy Child routinely weighed and charted on growth chart?)	# of days _____ Don't know .....8	
2.9	How many days Immunization services for children provided?	# of days _____ Don't know .....8	
2.10	What is the current estimate for your DPT dropout rate? (YOU MAY TAKE THE DROPOUT RATE FOR 1996 E.C.)	DPT dropout _____ RATE (%) _____ Don't know .....8	
2.11	Do you have References/Protocols/Teaching materials for Sick Child health services? (Check & See)	YES .....1 NO .....2 DON'T KNOW .....8	

#	QUESTIONS	CODE CLASSIFICATION	Go To																																																								
2.12	How many children below 5 years received curative services during the calendar year 1996E.C.?	# of Children _____ DON'T KNOW8																																																									
2.13	Are individual child health cards/records maintained? IF YES, ASK TO SEE A BLANK CARD/RECORDS	YES, Observed1 YES, Card Not seen2 NO Individual Cards3																																																									
3. Family Planning Services																																																											
3.1	How many days in a week are family planning services provided at the facility?	# of days _____ DON'T KNOW8																																																									
3.2	Are family planning services being provided today?	YES1 NO2																																																									
3.3	Which of the following methods of contraception is provided at this facility?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>A) Combined Oral Pill</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>B) Progesterone only pill</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>C) IUD</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>D) 2-3 monthly Inject.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>E) 1 monthly Injectable</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>F) NORPLANT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>G) Male Condom</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>H) Female Condom</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>I) Spermicides</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>J) Diaphragm</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>K) Emergency Cont. Pill</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>L) Counseling about Natural Family Planning</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>M) Others (Specify)</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	A) Combined Oral Pill	1	2	8	B) Progesterone only pill	1	2	8	C) IUD	1	2	8	D) 2-3 monthly Inject.	1	2	8	E) 1 monthly Injectable	1	2	8	F) NORPLANT	1	2	8	G) Male Condom	1	2	8	H) Female Condom	1	2	8	I) Spermicides	1	2	8	J) Diaphragm	1	2	8	K) Emergency Cont. Pill	1	2	8	L) Counseling about Natural Family Planning	1	2	8	M) Others (Specify)	1	2	8	
	YES	NO	DK																																																								
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3.4	Does this facility conduct the following procedures?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>A) TUBECTOMY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>B) VASECTOMY</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	A) TUBECTOMY	1	2	8	B) VASECTOMY	1	2	8																																													
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3.5	For family planning consultations is there a routine system for taking measurements prior to the consultation?	YES1 NO2 DON'T KNOW8																																																									
3.6	ASK TO SEE WHERE COUNSELING FOR FAMILT PLANNING IS PROVIDED AND INDICATE THE SETTING.	Private Room1 Room with other people with/separating barrier2 Room with other people and no visual barrier3																																																									

#	QUESTIONS	CODE CLASSIFICATION				Go To
3.7	Are any of the following available, in the counseling or the examination room?	Observed	Reported Available	Not Aail.	Not Detrmine	
	VISUAL AIDS FOR TEACHING					
	a) Different family planning methods	1	2	3	8	
	b) About STIs	1	2	3	8	
	c) About HIV/AIDS	1	2	3	8	
	d) Model for demonstrating use of condom.	1	2	3	8	
	e) Posters on family planning	1	2	3	8	
	f) "Essentials of Contraceptive Technology" posters? (i.e. side effect)	1	2	3	8	
	INFORMATION BOOKLET OR PAMPHLET FOR CLIENT TO TAKE HOME					
	g) On family planning	1	2	3	8	
	h) On STIs	1	2	3	8	
	i) On HIV/AIDS	1	2	3	8	
	SERVICE DELIVERY PROTOCOLS					
	j) "National Reproductive Health Service Protocols"	1	2	3	8	
	k) "Essentials of Contraceptive Technology" book. (HATCHER)	1	2	3	8	
	l) Guideline for syndromic Approach for diagnosis and treatment of STIs	1	2	3	8	
	m) Reference materials for clinical or Etiologic diagnosis of STIs	1	2	3	8	
	n) Other protocols for family planning	1	2	3	8	
3.8	How many NEW clients received family planning services during the calendar year 1996 E.C.	# of FP Clients _____				
		DON'T KNOW .....8				
3.9	Are individual client cards/records maintained? IF YES ASK TO SEE A BLANK CARD/RECORD.	YES, Observed Card .....1 YES, Card Not Seen .....2 NO Individual Cards .....8				

4. ANTENATAL CARE

#	QUESTIONS	CODE CLASSIFICATION	Go To
4.1	How many days in a week are Antenatal Care services provided at the facility?	# of days _____ DON'T KNOW .....8	
4.2	Are Antenatal care services being provided today?	YES .....1 NO .....2	
4.3	For Antenatal consultations is there a routine system for taking measurements prior to the consultation?	YES .....1 NO .....2 DON'T KNOW .....8	
Are the following tests and services provided routinely for all ANC clients			
YES NO DK			
4.4	a) Anemia test (Hb) b) Syphilis testing c) Urine sugar testing	1 2 8 1 2 8 1 2 8	
<i>Routine Treatment and Services for ANC</i>			
4.5	a) Tetanus Toxoid vaccine b) Routinely discuss FP c) Routinely offer to provide voluntary counseling and testing for HIV/AIDS	1 2 8 1 2 8 1 2 8	
4.6	How many antenatal visits (both new and follow-up) place during the calendar year 1996 E.C.	# of ANC visits _____ DON'T KNOW .....8	
4.7	What do you estimate the annual coverage rate for this facility for the previous year?	ANC % coverage _____ DON'T KNOW .....8	
4.8	Are individual ANC cards/records maintained? IF YES, ASK TO SEE A BLANK CARD/RECORD	YES, Observed Card .....1 YES, Card Not Seen .....2 NO Individual Cards .....8	

4.9	PROTOCOLS/TEACHING MATERIALS	Observed	Reported Available	Not Available	Not Determined	
	a) "National Reproductive Health Policy and Standards	1	2	3	8	
	b) "National Reproductive Health Service Protocol	1	2	3	8	
	c) Other ANC guidelines/protocol	1	2	3	8	
	d) Teaching aids/ANC					
	- Anatomical model	1	2	3	8	
	- Fliers for client to take	1	2	3	8	
	- Flip charts	1	2	3	8	
	- Video					
	- Posters	1	2	3	8	
	e) "CHEST" Teaching materials					
4.10	Does this facility have a procedure for transporting women to another facility if necessary in an obstetric emergency?	YES .....1 NO .....2 DON'T KNOW .....8				→4.11 →4.12
4.11	Is the vehicle available and operational today? If yes, may I see the vehicle?	Yes, seen & functioning .....1 Yes seen & not functioning .....2 Vehicle away for emergency ...3 Not Seen .....4				
4.12	What is the most common means by which women are transported from this facility to the nearest referral facility to receive help during an obstetric emergency?	People carry .....A Motor vehicle.....B Other .....C Don't know .....Z				

5. STI and HIV/AIDS Services

#	QUESTIONS	CODE CLASSIFICATION				Go To
5.1	First I want to ask specifically about services for STIs. Does this facility offer STI services?	YES .....1 NO .....2				
5.2	Are STI services offered in a special clinic or through general outpatient services?	SPECIAL CLINIC .....1 GENERAL OUTPATIENT...2				
5.3	How many days per week are STI services available in either the special or general clinic?	# of days _____				
5.4	How are diagnoses of STI made in this facility? (CIRCLE ALL METHODS USED)	SYNDROMIC .....A ETIOLOGIC B CLINIAL .....C				
5.5	Does facility have protocols on the following: IF YES, ASK TO SEE	Observed	Reported Available	Not Available	Not Determined	
	a) Confidentiality Protocol or Policy for STI clients	1	2	3	8	
	b) Informed consent protocol for STI testing	1	2	3	8	
5.6	Is there a register where STI consultation information is recorded? If yes, may I see it? (RECOMENDED INFORMATION = NAME, AGE, SEX, DIAGNOSIS)	YES, REGISTER SEEN .....1 YES, REGISTER NOT SEEN ....2 NO REGISTER KEPT .....3				
5.7	Does the register indicate specific type of diagnosed?	YES .....1 NO .....2				
5.8	How many clients received STI services during the calendar year 1996 E.C.	# of STI Clients _____ DON'T KNOW .....8				
5.9	ASK TO SEE WHERE COUNSELING FOR CLIENTS WITH SUSPECTED STI'S IS PROVIDED AND INDICATE THE SETTING.	PRIVATE ROOM 1 ROOM WITH OTHER PEOPLE W/SEPARATING BARRIR ....2 ROOM WITH OTHER PEOPLE AND NO VISUAL BARRIER ..3				

5.10	Are any of the following available, in the counseling or the examination room?	Observed	Reported Available	Not Available	Not Determined
	Visual Aids for Teaching				
	a) About STIs	1	2	3	8
	b) About HIV/AIDS	1	2	3	8
	c) Flip Chart for STI/HIV	1	2	3	8
	d) Audio-visual for teaching about STI and HIV/AIDS	1	2	3	8
	e) Model for demonstrating use of condom	1	2	3	8
	f) Posters	1	2	3	8
	Information Booklet/Pamphlet for Client to take Home				
	g) On STI	1	2	3	8
	h) HIV Questions & Answers booklet	1	2	3	8
	i) Other pamphlet on HIV/AIDS	1	2	3	8
	j) Condoms present in the room	1	2	3	8
	Service Delivery Protocols				
	k) "National Reproductive Health Service Protocols"	1	2	3	8
	l) Clinical guidelines for diagnosing and treating STI's	1	2	3	8
	m) Guidelines for using syndromic approach and treating STI's	1	2	3	8
	n) Guideline for diagnosing HIV/AIDS	1	2	3	8
	o) Clinical guidelines for treating HIV/AIDS (Anti-retroviral use and/or Opportunistic infections)	1	2	3	8
	p) Self Directed Learning (SDL) models for SIT/HIV/AIDS				