THE EFFECT OF AWARENESS RAISING AND ACCESSIBILITY MODIFICATIONS ON THE USE OF FAMILY PLANNING AND HIV SERVICES AMONG YOUTH AND WOMEN WITH DISABILITIES IN OROMIA REGION, ETHIOPIA

THE EFFECT OF AWARENESS RAISING AND ACCESSIBILITY MODIFICATIONS ON THE USE OF FAMILY PLANNING AND HIV

SERVICES AMONG YOUTH AND WOMEN WITH DISABILITIES IN OROMIA REGION, ETHIOPIA

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A Dissertation Submitted in Partial Fulfillment of the Requirements for the Degree of Master of Science in Health Monitoring and Evaluation at Mzumbe University, 2019

CERTIFICATION

We, the undersigned, certify that we have read and hereby recommend for acceptance by the Mzumbe University, a dissertation entitled ***"The effect of awareness raising and accessibility modifications on use of family planning and HIV services among youth and women with disabilities in Oromia region, Ethiopia'',*** in partial/fulfillment of the requirements for award of the degree of Master of Science in Health Monitoring and Evaluation at Mzumbe University.

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DECLARATION

I, Metassebia Negussu, declare that this dissertation is my original work and that it has not been presented and will not be presented to any other University for a similar or any other degree award.

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DEDICATION

This work is dedicated to my beloved husband and children, whom without them; I wouldn’t have reached this milestone in life.

ABBREVIATIONS AND ACRONYMS

ATDP	Attitude towards Disabled People
CRP	Contraceptive Prevalence Rate
CRPD	Convention on the Right of Persons with Disabilities
DPO	Disabled Person Organizations
DSPD	Division for Social Policy Development
ECDD	Ethiopian Center for Disability and Development
EDHS	Ethiopian Demographic Health Survey
ENAD	Ethiopian National Association of the Deaf
FGM	Female Genital Mutilation/Cut
FHI	Family Health International
FMOH	Federal Ministry of Health
FP/RH	Family Planning / Reproductive health
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency syndrome
HSTP	Health Sector Transformation Plan
IEC	Information Education Communication
ILO	International Labour Law
KAP	Knowledge Attitude and Practice
MOLSA	Ministry of Labour and Social Affairs
NGO	Non-Governmental Organization
PCH	Personal Care Home
PSI	Population Service International
PWD	Person with Disability
SRH	Sexual and Reproductive Health
UNFPA	United Nations Fund for Population Activities
USA	United States of America
WHO	World Health Organization
YPWD	Young People with Disability

ABSTRACT

The study aimed to assess the outcome of a project implemented with the purpose of improving Family Planning/Reproductive Health (FP/RH) service access and utilization among youth and women with disabilities targeting Jimma and Agaro towns as a research site. Accordingly, the researcher assessed the effect of awareness raising and accessibility modification efforts of the project on utilization of FP and HIV service among the targeted group via adopting the theory of planned behavior as the conceptual framework.

Post intervention quasi-experimental design was employed to conduct the study. In view of this, a Sample of 295 youth and women with disabilities was drawn, of which 183 of the intervention and 112 of the control group respondents took part in the quantitative study. On top of this 6 intervention group respondents, 4 service providers and 2 Associations of Organizations of Persons with Disabilities (DPO) chair persons participated in the qualitative data collection method. Additionally, the two research towns were purposively selected initially, followed by stratified and simple random sampling methods to select study respondents. Moreover, mixed methods of data collection was used to collect data, particularly a questionnaire, checklists, interview guide and unstructured observation were used.

The organized awareness raising campaigns on average possessed 69% elements of a successful awareness raising campaigns. On top of this, findings of the study revealed that FP and HIV service awareness and use among the project beneficiary was comparatively higher vis-a-vise the control and baseline group respondents, despite the infrastructures' inaccessibility and communication challenges. Furthermore, findings indicated that attitude, subjective norm and behavioral control have statistically and substantively significant relationship. Moreover, findings designated that intention of intervention group respondents predict FP services utilization. Finally, facilitation of a continuous joint follow-up visits involving key stakeholders to assess service accessibility and to take a timely corrective measure at the health facilities level recommended to address the observed gap.

Key word: Awareness raising; accessibility modifications; use of family planning and HIV; youth and women with disabilities; Oromia; Ethiopia

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CHAPTER ONE

BACKGROUND OF THE STUDY

1.1.Introduction

In this chapter, general overview is provided on Family Planning/ Reproductive Health (FP/RH) services access and utilization among youth and women with disabilities residing in different parts of the world. The discussion starts by tracing the background of the research problem, followed by a statement of the problem, research objectives, research questions, and significance of the study. Moreover, description of the project being evaluated is also incorporated in this chapter.

1.2.Background

According to the World Health Organization (WHO) and the World Bank (2011) the number of persons with disabilities in the world is increasing. The report stated that, 15 % of the world's populations, an estimated 1 billion people, are living with some kind of disability, with 80% living in developing countries. According to the Report, 17.6% of the total population in Ethiopia has a physical, sensory and intellectual or mental impairment of one form or another. Despite their significant number, people with disabilities encounter a range of barriers when they attempt to access healthcare services. While little information is available, it is also widely thought that people with disabilities have significant unmet needs in accessing FP/RH services.

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) (2006) has specific provisions that recognize reproductive health rights of persons with disabilities, including: persons with disabilities have the right to receive the same range and quality sexual and reproductive rights as stated on article 23, and the right to access Sexual and Reproductive Health (SRH) information and services as indicated on article 25. In order for these rights to be achieved, youth and women with disabilities need to be provided with age appropriate, accessible information on SRH, and to have recognition of their rights to have a sexual relationship, marry, establish a family, enjoy reproductive health, and physical integrity (Lee et al., 2015).

In developing countries, efforts to uphold these articles of the CRPD are hindered by lack of data on the number of people living with disabilities and on their SRH needs and experiences. Different studies suggest that youth and women with disabilities have limited access to health information, and experience barriers in accessing: screening, prevention and care services which contributed to greater unmet health needs. Ahumuza SA et al., in 2014 explained that the reproductive health

rights of youth and women with disabilities have largely been ignored in health research and programming. The main reason for this overlook according to Ahumuza SA et al., goes to the perception of the society at large that this group of society is not to be sexually active, and less likely to marry or to have children than women without disabilities. This perception in return, often resulted in a limited access to sexual and reproductive health services to the targeted group under discussion (Ganel, Otupiri, & Adanu, 2016).

Although, Ethiopia ratified the convention in 2010, the issue of inclusion did not get adequate attention, particularly persistent stigmas attached towards the issue of disability make life challenging for persons with disabilities in Ethiopia (Abera, 2016).

A cross-sectional study conducted in Addis Ababa in 2012, indicated that Young People with Disabilities (YPWD) are more likely than the general population to be illiterate, unemployed and deprived. They often lack equal access to information and education for the reasons ranging from barriers to physical access of services including health care. Furthermore, very little is known about the knowledge, Attitude and Practice (KAP) of YPWD pertaining to the sexual and reproductive health related issues (Kassa et al., 2016).

A cross-sectional study conducted in Addis Ababa in 2012 on 426 YPWD showed that only 64.6 % of YPWD were aware of SRH services. Radio and Television were mentioned as the main sources of information by 62.2 % of the participants. Despite the fact that 96.7 % of the respondents had heard about Human Immunodeficiency Virus (HIV), 88 % had poor knowledge about ways of preventing HIV. Moreover, perception of the risk of getting infected with HIV was found to be generally low among YPWD; only 21.6 % of the respondents believed that they were at risk of acquiring HIV. Overall, the study concluded that, there is a lack of comprehensive knowledge, appropriate practice and favorable attitude of YPWD regarding different SRH-related issues (Kassa et al., 2016).

Furthermore, according to the Ethiopian Demographic and Health Survey (EDHS) 2011, only about 26.2% of the married women aged 15-49 were using contraceptives (CSA, Ethiopian Demographic and Health Survey, 2011) in the Oromia region, a region where the project was implemented. While in the 2016, the Ethiopian Demographic and Health Survey reports depicted that the figure rose a little higher to 28.6 % among the same target group (CSA, Ethiopian Demographic and Health Survey, 2016). In spite of the fact that the aforementioned figure is not

disaggregated by persons with and without disabilities; taking into account the WHO and World Bank estimate of persons with disabilities in Ethiopia, which accounts 17.6% of the total population (Disability Report, 2011) implied that contraceptive use is still very minimal among youth and women with disabilities at reproductive age.

Furthermore, apart from the various literatures that reflected the limited FP/RH service utilization among youth and women with disabilities, a baseline survey report that reflected the actual situation in the project implementation towns as stated in the statement of the problem section, motivated Ethiopian Center for Disability and Development (ECDD), the project implementing organization, to realize the execution of the project under evaluation titled "Promoting disability inclusive family planning /reproductive health services".

In view of this, ECDD partnered with the Packard Foundation - USA, the donor of the project, the Ministry of Health and other FP/RH service-providing organizations, aiming to increase partner organizations' commitment to extend provision of inclusive services to youth and women with disabilities. Additionally, ECDD worked collaboratively with the Ministry of Labour and Social Affairs (MoLSA), the main government organization, responsible for facilitating disability issues and other Non-Governmental Organizations (NGOs) and Associations engaged in promoting and facilitating inclusive development in the targeted towns of the region.

1.3.Statement of the problem

Ethiopian Center for Disability and Development implemented the FP/RH project with the aim of increasing access and utilization of services among youth and women with disabilities for a consecutive of two phases: phase one (January 2012 – December 2014) and phase two (January 2015-March 2017) in oromia and Amhara regions; particularly in Jimma town during both phases and Agaro and Nekemete towns of the Oromia region during the second phase of implementation. In the meantime, the project was implemented in Dessie and Gonder towns of Amhara region during the first phase of implementation.

Immediately after the initiation of the second phase of the project implementation, ECDD carried out a baseline survey to get a picture of the situation on the ground with the particular focus on FP/RH services utilization and accessibility of services for youth and women with disabilities. Accordingly, the findings of the survey report depicted that 20.6 % of female respondents with disabilities were using one of the modern contraceptive methods. Moreover, 60.5% of the male

respondents with disabilities never used condom during sexual activities due to habits as well as religious reasons. In the meantime, while having a look at the HIV service utilization, 66.2% of respondents from Agaro, and 41.7% of the respondents from Jimma and Nekemete reported that they had undergone HIV test.

Additionally, the survey report indicated two major barriers for service utilization; physical inaccessibility of health facilities and attitude of service providers towards youth and women with disabilities. Accordingly, health facilities, physical inaccessibility were reported by 58% and by 22%, of survey respondents, respectively from Agaro and Nekemete as a challenge to access services. Meanwhile, 4.5% of the respondents reported physical inaccessibility as a challenge in Jimma town, due to ECDD's prior intervention in the first phase. At the same time, attitude of service providers towards youth and women with disabilities seeking FP/RH services was rated as being poor. 22.7% of the respondents from Jimma, 41.7% from Agaro and 27.3% from Nekemete stated the poor attitude of service providers as being the major barrier to access services.

In view of this, in 2015 ECDD initiated the second phase of disability inclusive FP/RH focused project implementation and undertook the physical accessibility modification in two health centers, one in each town, Agaro and Nekemete. Moreover, 140 (93%) and 54 (108%) service providers were provided with disability inclusive FP/RH and sign language trainings to equip them with the required knowledge and skill to provide accessible services for youth and women with disabilities.

Additionally, the project reached a total of 1,779 (33%) youth and women with disabilities via FP/RH awareness raising campaigns, despite the fact that it had planned to reach a total of 5,400 persons with disabilities over its lifetime. Despite of the low target reached by the campaign, it is hardly to find any study or report that evaluates the campaign and accessibility related modifications to determine this difference in service utilization among youth and women with disabilities after the intervention.

Thus, the researcher developed an interest to initiate this evaluation to assess the effect of FP/RH awareness raising campaigns and accessibility modifications carried out by the project on FP and HIV service utilization among youth and women with disabilities who took part in the intervention.

1.4.Goal of the Study

The broad goal of the study is to evaluate the effect of the FP/RH awareness rising and accessibility modifications towards predicting use of FP and HIV services among youth and women with disabilities.

1.4.1. Specific objectives

1. To assess the FP/RH awareness raising campaign facilitated by the project pertaining to the elements of a successful campaign
2. To examine the targeted health facilities FP and HIV services accessibility to the project beneficiary youth and women with disabilities
3. To assess the association between attendance on the FP/RH campaigns and awareness of FP and HIV services among the targeted youth and women with disabilities
4. To assess the relationship between awareness of FP and HIV services and attitude towards using FP and HIV services among youth and women with disabilities
5. To examine the association between subjective norm, behavioral control and attitude towards an intention of the targeted youth and women with disabilities in using FP and HIV services

1.5.Evaluation questions

1.5.1. Main evaluation question

Did the FP/RH awareness rising and accessibility modifications have an effect on predicting FP and HIV services use among the targeted youth and women with disabilities?

1.5.2. Specific evaluation questions

1. To what extent did the organized FP/RH awareness raising campaigns incorporate elements of a successful campaign?
2. To what extent was the FP and HIV services of the targeted health facilities were accessible to the project beneficiary youth and women with disabilities?
3. Is there an association between attendance on FP/RH awareness raising campaigns and awareness of FP and HIV services among youth and women with disabilities?
4. What is the relationship between awareness of FP and HIV services and attitude towards using the same service among the targeted youth and women with disabilities?

5. What is the association between subjective norms, behavioral control and attitude of the targeted youth and women with disabilities towards the intention of using FP and HIV services?

1.6. Significance of the evaluation

However, despite the fact that the project was implemented for the consecutive of two phases in the aforementioned project implementation sites, adequate attention was not given by the project implementer to evaluate the intervention via allocating budget for this purpose. In view of this, the researcher paid due interest to evaluate the effect of the accessibility modifications and awareness raising campaigns on FP and HIV service use among the targeted youth and women with disabilities in the project implementation towns.

In light of this, the evaluation was anticipated to provide relevant information to the project stakeholders particularly: ECDD, Packard foundation (donor) and other partner organizations; Organizations of Persons with Disabilities (DPOs) and the line government institutions, via assessing the effectiveness of the intervention as well as coming up with sound recommendations that will give lessons to replicate similar interventions.

Moreover academically, the study is conducted to fulfill the requirements of the evaluation report for the completion of the master's degree of science in health monitoring and evaluation at Mzumbe University.

1.7. Description of Promoting Disability Inclusive FP/RH Services

This section of the report presents the description of the project under evaluation. It gives a brief introduction to the project with a particular focus on its background; objectives; major project activities; strategies; the logic model, and it concludes with a brief description and analysis of the project stakeholders'.

1.7.1. Introduction to the project

Ethiopian Center for Disability and Development had implemented, "promoting disability inclusive family planning and reproductive health services project" for the consecutive two phases starting since January 2012. During the first phase (January 2012 – December 2014) it was implemented in oromia region particularly in Jimma, and in selected two towns of Amhara region (Gonder and Dessie). During the second phase (January 2015 to March 2017) the project was

implemented in three towns of Oromia region namely; Jimma, Nekemete and Agaro with the purpose of scaling up the previous phase of disability inclusive initiatives.

The targeted project beneficiaries were persons with disabilities particularly: persons with visual, physical, hearing and intellectual disabilities. Furthermore, parents of persons with intellectual disabilities were also involved as they are often the active decision makers in their children's lives and key to educate their children about the available family planning options and the range of reproductive health services in a way that is easy to understand for the child.

The target areas for the project are identified mainly because of Donor's interest and the presence of existing partnership with the responsible government bureaus and organizations of persons with disabilities in the specified project sites.

1.7.2. Goal of the project

The goal of the project was to increase access and utilization of FP/RH services by youth and women with disabilities in western Oromia Region.

1.7.3. Objectives of the project

1. To strengthen the national and regional policies, frameworks and implementation guidelines on FP/RH to better reflect disability inclusive implementation and practices
2. To improve access and delivery of inclusive FP/RH services for persons with disabilities through building the capacities of FP/RH service providers and key decision makers
3. To increase utilization of FP/RH services by youth and women with disabilities through working with and strengthening the capacities of organizations of persons with disabilities

1.7.4. Major Strategies

Here below the four core strategies of the project are listed out:

1.7.4.1. Capacity building:

- ECDD builds the capacity of key decision makers of partner organizations; represented from governmental organizations, private and non-government organizations in selected towns with the purpose of improving FP/RH service access.
- ECDD builds the technical capacity and communication skill of FP/RH service providers working at health centers, hospitals and private clinics and health extension workers through arranging sign language skills and disability inclusive skills training.

- Modify the physical infrastructure of the targeted health facilities to ensure physical accessibility of the centers
- Working closely with DPOs;

1.7.4.2. Provision of technical support

- ECDD provides technical support to FP/RH service providing institutions by carrying out disability auditing for target organizations, providing desk level technical assistance for trained service providers,
- ECDD Provides support to the targeted DPOs on capacity building of their members, networking, establishing referral linkages, administering finances and monitoring and evaluation. The provision of technical support will help DPOs better execute activities according to contractual agreements and improve their administration of finances.

1.7.4.3. Use of accessible information, education and communication formats

- ECDD plans to convert existing audio-visual materials, leaflets and other IEC materials (prepared by FP/RH expert organizations) on different themes to accessible formats.

1.7.4.4. Generating evidence for inclusive FP/RH programs and services

- ECDD will try to generate evidence for inclusive FP/RH programs and services through continuous dialogues with key stakeholders, producing and disseminating researches, and sharing good practices

1.7.5. Main activities and resources

Objective 1: Strengthening national and regional policies, frameworks and implementation guidelines

1.1. Organizing dialogues and consultative events with key stakeholders

1.2. Participate as task force member established under Federal Ministry of Health Ethiopia (FMoH)

1.3. Financially supporting the Regional Health Bureau where the project is being implemented to carry out supportive supervisory visit

Objective 2: Improve access and delivery of inclusive FP/RH services for persons with disabilities through building the capacities of FP/RH service providers and key decision makers

2.1. Provide capacity building training on disability inclusive FP/RH services for FP/RH service providers

2.2. Provide capacity building training to key decision makers

2.3. Provide basic sign language skills transfer training for service providers

2.4. Improve the physical accessibility of two health centers

Objective 3: Increase utilization of FP/RH services by youth and women with disabilities through working with and strengthening the capacities of 4 organizations of persons with disabilities

1.1. Provide capacity building trainings on FP/RH for youth and women with disabilities

1.2. Organizing FP/RH issue discussion events (tea/coffee discussion events) through DPOs

1.3. Organizing FP/RH service campaign with the theme of 'RH FOR ALL' at the three intervention areas

1.4. Support the establishment of FP/RH clubs at the selected DPOs

1.5. Financially support organizations of persons with disabilities

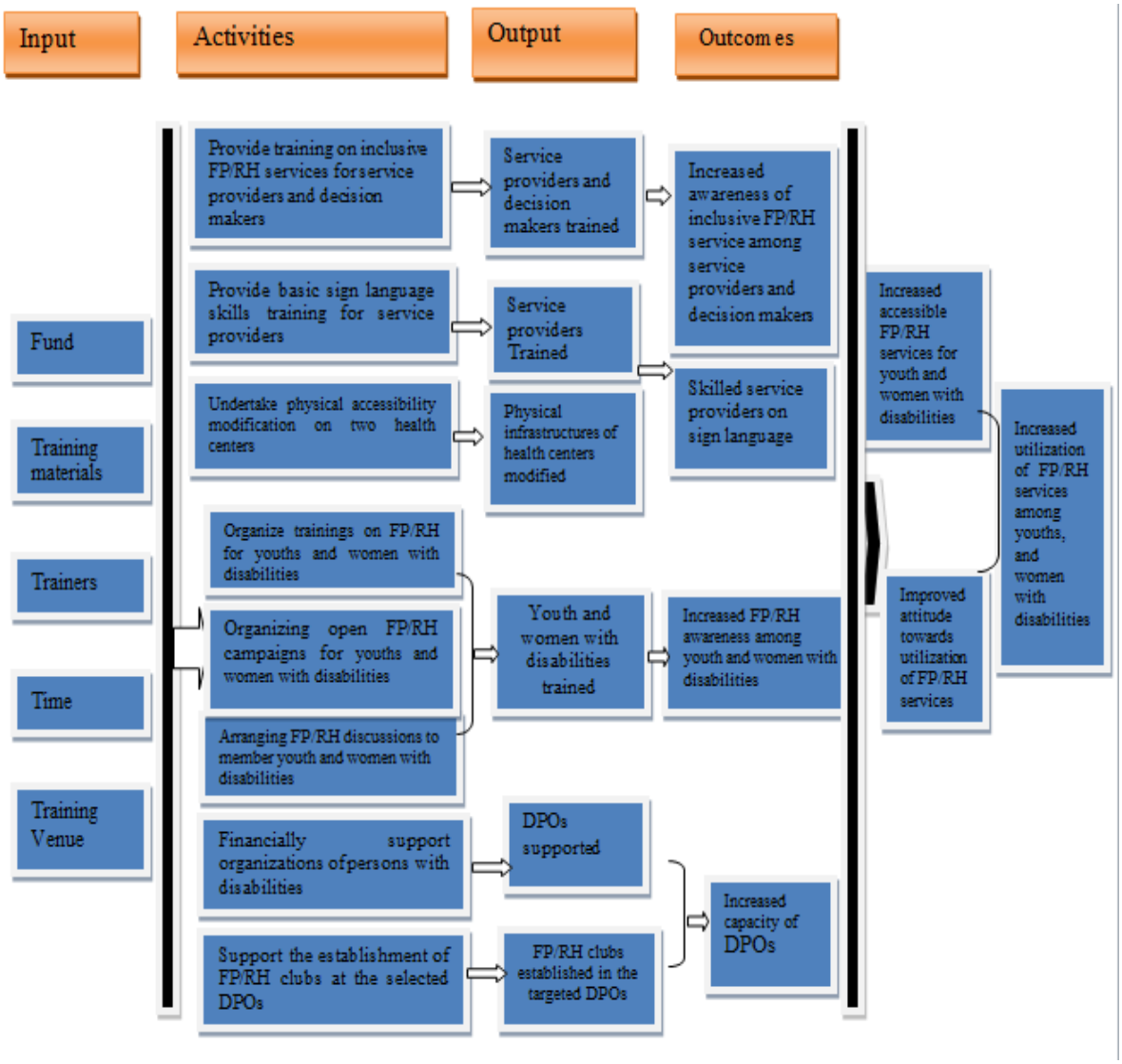
1.6. Organize institutional capacity building trainings for personnel of selected organizations of persons with disabilities

Despite the fact that the project was designed with three specific objectives and numerous activities within the objectives, the evaluation is focused on the second and the third objectives and some particular activities listed out within the two objectives.

1.7.6. Project logic model

Figure 1.1 demonstrated the logic model of the project under evaluation. Thus, as indicated below the inputs required to facilitate the smooth implementation of the project, the respective project activities and expected results of the project were illustrated on the same.

Figure 1.1 Project logical model



Source: The project proposal of promoting inclusive FP/RH project was used as a source document for the logic model

1.7.7. The Stakeholder analysis

Project stakeholders are individuals as well as organizations that had close in-touch with the project during its lifetime. Packard foundation was the donor of the project. Whereas, Federal Ministry of health, and the respective Oromia regional Bureaus and offices such that: Health, Labour and Social Affairs and Economic Development Bureaus and their respective town level Offices, at Jimma, Nekemete and Agaro were the implementing partners of the project. Moreover, the respective Health Centers in the targeted towns were the primary stakeholders of the project into which the project undertook the physical accessibility modification. Furthermore, the respective town level DPOs, situated in the three project sites were among the major stakeholders that played a significant role during its implementation. Thus, despite the fact that the project was implemented in the targeted three towns stated above, the evaluation was undertaken in Jimma and Agaro towns. Thus, the respective stakeholders in the two research towns were identified as major stakeholders for this evaluation.

Overall, the researcher illustrated stakeholders of this evaluation with their roles in the project implementation and evaluation; the means of communication with the identified stakeholders as well as their level of importance during project evaluation and implementation on table 1.1.

Table 1.1 Stakeholders analysis

SN	Stakeholders	Role in the project implementation	Role in the project evaluation	Interest or perspective of the stakeholders in using the evaluation	Means of communicating the evaluation finding	Level of importance
1	Packard foundation USA	Provide technical and financial support	Receive evaluation report	To assess the effectiveness of the project	E-mail	High
2	Ethiopian Center for Disability and Development (ECDD)	Implementer	Provide feedback on the data collection tools, necessary assistances when required and receive evaluation feedbacks	To assess the effectiveness of the project and use the finding as a basis for replicating similar strategies to alike projects	Presentations and e-mail	High
3	Oromia Regional Health Bureau and its respective Offices at Jimma and Agaro towns	Governing body, set standards for implementation and overseas the project implementation	Receive evaluation report	To assess the effectiveness of the project	Submitting hard copy	Moderate
4	Heads and service providers in the modified health centers	Facilitate provision of accessible services	Source of information and recipient of evaluation report	To assess the accessibility of FP/RH services for youth and women with disabilities	E-mail	High
5	Organizations of Persons with disabilities (DPOs)	Facilitate and take part in the FP/RH awareness raising campaigns	Source of information for evaluation, provide assistance through arranging a means to communicate with their members and receive evaluation feedback	To see effectiveness of awareness raising campaign	Hard copies	High
6	Youth and women with disabilities	Project beneficiaries	Participate in both types of data collection methods (face to face interview and semi structured interview)	Effectiveness of the project implementation	Disseminating information through social media	High

Source: Author's Conceptual Stakeholder Analysis, 2019

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

This chapter deals with reviewing literatures surrounding the study context. The literature review was done to help conceptualizing the broader perspectives and identifying gaps within the framework of existing literatures on the issue under discussion. Initially, a theory that supported the context of the study was reviewed, and then other important concepts that were related to the objective of the study were discussed. Subsequently, in the empirical review section studies related to the evaluation were presented.

2.2. Theoretical literature review

The first section discussed the definition of key terms in the study, and proceeded by a theory in which the study was underpinned. Furthermore, concepts of significant issues such as: components of reproductive health services, elements of a successful awareness raising campaigns, measures to be taken to ensure the rights of persons with disabilities FP and RH services use were discussed reviewing various literatures. At the end, the importance of using FP/RH services was discussed. Overall, the theoretical literature review was done with the purpose of providing a theoretical background to the study as well as to widen the knowledge of the readers of this study pertaining to the issue under discussion.

2.2.1. Definitions of key terms and concepts

2.2.1.1. Family planning and reproductive health services

The concept of FP has been presented in some literatures with a particular focus on; enabling individuals and couples to attain the desired number, spacing and timing of their children, through the use of modern or traditional contraceptive methods. Meanwhile, it was noted that the term birth control was interchangeably used as a synonym in some literatures, but other researchers argued that the context of birth control was focused more on preventing pregnancies and limiting the family size than on planning families (Shah, 2007).

Furthermore, WHO defined reproductive health services in relation to the definition of health, as, “state of physical, mental and social well-being in all matters relating to the reproductive system at all stages of life” (Shah, 2007). While, according to Barzelatto (1988), “Reproductive health included four components which were: FP, maternal care, infant and childcare, and the control of

sexually transmitted diseases" (Shah, 2007). While, Fathalla (1992) further elaborated the concept and defined reproductive health services "as not merely the absence of disease, rather it is a condition in which the reproductive process is accomplished in a state of complete physical, mental, and social well-being" (Shah, 2007).

2.2.1.2. Access and Acceptability to health care

While delivering health care services in general and sexual and reproductive health services in particular for youth and women with disabilities due attention has to be given to the AAAQ framework. As the AAAQ framework stands for: Availability, Acceptability, Accessibility and Quality of the service, which provides a useful framework to identify challenges encountered by youth with disabilities while receiving services (Toolkit on Disability for Africa, n.d). In this regard, this particular evaluation was focused on investigating service accessibility with the particular focus on the two components of the framework: accessibility and acceptability. Basically, the concept of accessibility is investigated with the particular focus on, the physical infrastructures in the targeted health facilities, information accessibility (smooth communication with service providers through sign language). Meanwhile, the concept of acceptability was discussed with the particular focus on service providers' attitude towards youth and women with disabilities at the time of service provision.

2.2.1.3. Disability

Disability was an evolving concept and did not have a commonly agreed standard definition so far. For the sake of this evaluation, disability can be understood as the impairment of a person plus his/her interaction with the environment (Definition from the project document).

2.2.1.4. Persons with Disabilities

According to the United Nations Convention for the Rights of Persons with Disabilities, Persons with Disabilities (PWDs), have been defined as, "those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (CRPD, 2006)

2.2.1.5. Disability inclusion

According to Center for Disease Control and Prevention (CDC) (2017), disability inclusion was defined as, "including people with disabilities in everyday activities and encouraging them to have roles similar to their peers who do not have disability. It involves more than simply encouraging

people; it ensures adequate policies and practices are in effect in a community or organization" (CDC, 2017).

2.2.1.6. Use of health care services

Manitoba University, Center for Health Policy (2008) defined use of health care service, "as a measure to the population's use of the health care services available to them that included use of hospital resources, Personal Care Home (PCH) resources, and physician resources" (ManitobaUniversity, 2008).

2.2.1.7. Reasonable accommodation

According to the UN CRPD reasonable accommodation is defined as, "vital and appropriate modification and adjustment designed to address disproportionate or undue burden, where needed in a particular case, to ensure persons with disabilities exercise and enjoy an equal basis with others (CRPD, 2006).

2.2.1.8. Awareness raising campaign

Awareness raising campaign, has been defined as organized communication activities, that allow convey of message through many different channels such as mass media (television, radio), social media, public relations, events, talks, demonstrations, tours and leaflets. It is undertaken with the purpose of creating awareness on a particular topic, behavioral change, among the general population with the purpose of improving the focus on a better outcome (Masiuliene et al., n.d).

2.2.1.9. Youth

This particular study shares the definition of the United Nations for the concept "youth" that basically encompass young people aged between 15 – 24 years old (UN--HABITAT, 2012).

2.2.1.10. Reproductive age

According to Institute of Health System (HIS), it was noted that "reproductive age group" referred to the active reproductive years in women starting with menarche around 12-14 years and ending with menopause around 45-49 years. Hence, the cited document has reflected that the reproductive age group includes individuals aged between 15-49 years of age ((IHS, 2009).

2.2.2. Theory relating to the study

The study was underpinned by the theory of planned behavior, which was an extension of the theory of reasoned action to give a framework for the analysis and finding presentation.

2.2.2.1. **Theory of planned behavior**

Various literatures discussed that the theory of planned behavior (Ajzen 1985; Ajzen and Madden 1986; Ajzen 1988) was an extension of the theory of reasoned action. A central factor of the theory of planned behavior was the individual intention, which is an outcome of a combination of several beliefs. Intentions were considered as motivational factors that influence a behavior; intentions were mainly considered as indications of how people are willing to try, of how much of an effort they are planning to exert, in order to perform the behavior. The theory proposes three determinants of intention: the attitude toward the behavior, subjective norm and perceived behavioral control (Ogden, Health Psychology, 2004).

These components were detailed below;

a) Attitude towards the behavior: this refers to an individual's positive or negative beliefs or evaluation in relation to a specific behavior.
b) Subjective norm**:** it refers to the influence of social pressure that has been perceived by an individual to do or not to perform a particular behavior. The social pressures expected to come from parents, teachers, guardians who were considered as significant others or groups from the individual's environment. Subjective norms are a function of a person's beliefs regarding what each referent thinks he or she should do and the motivation to comply with these referents (Ogden, Health Psychology, 2004).
c) Perceived behavior control**:** It focuses on a belief that the individual can perform a particular behavior on the basis of internal control factors which consists of skills, abilities, information and on the basis of external control factors which incorporates different obstacles as well as opportunities towards performing a particular behavior. Both the internal and the external factors were assumed to relate to the individuals past behavior (Ogden, Health Psychology, 2004).

The theory of planned behavior was regarded as a useful conceptual framework for dealing with the complexities of human social behavior like adolescents' behaviors that were considered difficult to understand. Concepts were defined in a way that allowed for forecast and consideration of behaviors in stated circumstances. Attitudes and subjective norms towards the behavior, and perceived control with respect to the behavior help to foresee behavior intentions with a great mark of correctness. In this regard, these intentions together with perceived behavioral control, best explained behavior of individuals (Ajezen, 1991).

2.2.3. Components of family planning and reproductive health services

The United Nations Population Fund (UNFPA) defined right of sexual and reproductive health as "the rights of all couples and individuals to decide freely and responsibly on the number, spacing and timing of their children, and to have the information and means to do so. Furthermore, it emphasized the clients' decisions; concerning reproduction that should be made free from discrimination, cohesion and violence" (UNFPA, 2008).

Furthermore, UNFPA stated the components of sexual and reproductive health care in the context of primary health care as stated below:

1. Family planning
2. Antenatal, safe delivery and post-natal care;
3. Prevention and appropriate treatment of infertility;
4. Prevention of abortion and management of the consequences of abortion;
5. Treatment of reproductive tract infections;
6. Prevention, care and treatment of Sexually Transmitted Infections (STIs) and HIV/AIDS;
7. Information education and counseling, as appropriate, on human sexuality and reproductive health;
8. Prevention and surveillance of violence against women, care for survivors of violence and other actions to eliminate traditional harmful practices such as Female Genital Mutilation/Cut (FGM/C);
9. Appropriate referrals for further diagnosis and management of the above (UNFPA, 2008).

As it was stated in the project document section, the project mainly targeted to increase sexual and reproductive health services utilization among youth and women with disabilities. In the meantime, as stated above the concept of sexual and reproductive health program incorporated nine components. Thus, despite all this the researcher narrowed down its focus to the two components of sexual and reproductive health services; FP and HIV services, while discussing the use of sexual and reproductive health services among women and youth with disabilities in this particular evaluation, considering the fact that two services stated above were the major focus of the project during implementation.

2.2.4. Elements of a successful awareness raising campaign in the health sector

As stated clearly in the definition section, literatures considered awareness raising campaigns as communication mechanisms used to convey messages. Accordingly, it was noted that such campaigns have been largely used by different actors engaged in behavioral changing interventions. In view of this, literatures written on the area under discussion identified elements or components of a successful awareness raising campaigns as discussed beneath:

2.2.4.1. Target audience

Weiss & Tschirhart (1994) clearly stated the importance of defining the target audiences as one of the critical components of a successful awareness raising campaign. Primarily, it was believed that having a better understanding of the target audience enabled the campaign organizers to address the needs and opinions of the target group. Moreover, understanding the audience also believed to provide an additional benefit to the campaign organizers to determine the mechanism of conveying the message at the campaign (Bloomfield et al., 2015).

2.2.4.2. Message

Likewise, literatures reflected that after identifying the target audience an assessment has to be made to identify the information needs/concerns of the identified target audiences (Bloomfield et al., 2015). After detecting the target audience information needs, messages of the campaign have to be framed in a way that is tailored to the target audience. Framing massages according to the nature of the audiences helps to capture the campaign participants' attention as well as motivate learners for social change (Masiuliene et al., n.d).

2.2.4.3. Planning

Planning for the campaign was also considered as one element of a successful awareness raising campaign that involved: defining the campaign goal, which was formulated succeeding to the identification of gap that needs to be addressed; devising the best channels and ways to communicate and spread of the campaign message as well as setting a timeframe for the various types of campaigns were the major once (Masiuliene et al., n.d).

2.2.4.4. Stakeholder engagement

Campaign developers' willingness and commitment to allow the involvement of relevant stakeholders who have the expertise in the areas of the campaign in which they are going to hold, has been considered as the other key component of a successful awareness raising campaign. This

requires having strong network and acquaintance with people having the required expertise (Masiuliene et al., n.d).

2.2.4.5. Complementary materials

Bouder (2013) stated availing complementary materials such as; brochures, training materials, videos and posters etc as one of the key components of a successful awareness creation campaign (Bloomfield et al., 2015). Primarily, the importance of the particular component under discussion was related to enabling the target audience to retain the information by using reference materials at hand when needed.

2.2.4.6. Monitoring and evaluation

Moreover, various literatures indicated that monitoring and evaluating awareness raising campaigns as the other significant component of a successful campaign. Mainly, monitoring of the campaign was done with the particular focus on whether the campaign was facilitated as per the plan, while the evaluation aspect was focused on assessing the effectiveness of the organized campaign. Furthermore, corrective measures were taken based on the findings from monitoring and evaluation exercises (Bloomfield et al., 2015).

2.2.4.7. Accessibility

Meanwhile, it was also noted that accessibility of campaign is the other significant element of a successful awareness raising campaign. Accordingly, the particular study investigated accessibility issue providing particular focus to the physical infrastructures' accessibility of venues and information accessibility to the targeted persons with hearing impairments during facilitation of the FP/RH campaign. Apart from this, availability of reasonable accommodation to cover costs for hiring assistance for guides and assistants were also considered as part of the accessibility aspect (Masiuliene et al., n.d).

2.2.4.8. Sustainability

Lastly, efforts undertake to ensure the sustainability of messages conveyed in the campaign was assessed to evaluate issues of continuity, which was taken as one variable of a successful awareness raising campaign. Hence, the technical and financial capacity of the organization that facilitates the campaign was assessed. Apart from this, the initiation of the campaign facilitators to work in partnership with other organizations having the expertise to deliver similar campaign was assessed as the other pertinent element of a successful awareness raising campaign (Masiuliene et al., n.d).

2.2.5. Measures to be taken to improve the persons with disabilities use of health services

The United Nations Division for Social Policy Development (DSDP) identified focus areas that have to be addressed to ensure the rights of persons with disabilities health service needs. Despite the fact that the literatures described those issues in relation to the general health services, taking into consideration that FP and RH service as part and parcel of the general health service issues were discussed here below in detail.

2.2.5.1. The role of doctors, nurses and administrators

Literatures reflected that awareness level of healthcare providers plays crucial role in understanding the needs of persons with disabilities in health care settings, and entertaining them accordingly. Attitudinal barriers in health care, particularly by ignorant front-line staff must be addressed and rectified through different measures including training programs. Negative attitudes and harmful beliefs create significant barriers to the provision of health services for persons with disabilities. Attitudinal barriers, particularly from the side of the service providers can have an adverse impact on the quality of healthcare, particularly for people with learning and mental health disabilities who have a long history of misunderstanding, fear and stigma (Toolkit on Disability for Africa, n.d). As the reviewed literature discussed it very well above, adverse attitude of service providers towards persons with disabilities was distinguished as one of the significant barriers that have been practically experienced in the project implementation sites that hindered service utilization among the targeted group. The researcher also shared the reflection of literatures on the importance of organizing trainings to service providers to address the attitudinal barriers.

2.2.5.2. Physical accessibility

The fact that hospitals and/or health clinics have not been physically accessible to persons with disabilities hindered them not to pay visits for service. The problem has to be addressed to ensure enjoyment of the right of persons with disabilities to health services, for example, in relation to entrances to buildings and healthcare facilities, appropriate equipment, restroom facilities, entrance to the examination room and from transportation to the health care facility (Toolkit on Disability for Africa, n.d).

Physical inaccessibility of health facilities contributes a huge share in hindering service utilization, particularly among persons with physical disabilities. This has been practically experienced as

barriers among persons with disabilities in the project implementation sites, which initiates the implementer to propose accessibility modification activities on the targeted health facilities.

2.2.5.3. Informational barriers

The other problem, largely have been faced by persons with disabilities is information barrier. Most of the time, information has been rarely available in formats that is accessible to persons with disabilities. This limits the target group from understanding the types and available services and how to access them. Apart from this, youth and women with disabilities have also faced challenges of information inaccessibility orienting them to the healthcare setting, including completion of registration forms. In addition, health outreach and health promotion efforts also often fail to reach persons with disabilities (Toolkit on Disability for Africa, n.d).

2.2.5.4. Economic barriers

According to the United Nations disability toolkit for Africa, economic and financial factors have been considered as real barriers in relation to health service for persons with disabilities. Financial barriers, within the health care system mainly affected members of the general population in accessing health care; persons with disabilities may experience additional disadvantages in their health and well-being. In many countries, persons with disabilities who can only afford to pay for supportive devices such as crutches, hearing aids and reading glasses have got the chance of receiving such services (Toolkit on Disability for Africa, n.d). In view of this, though the sexual and reproductive health services in general and the FP and HIV services in particular has been provided largely in Ethiopia almost with a least cost or for free in private and public health facilities, respectively financial resource for service payment might not be raised as a challenge. Nonetheless, youth and women with disabilities might expect to face financial constraints to cover transportation fee to the health facilities.

2.2.5.5. Ensuring organizations of persons with disabilities participation

Health and social services support should be provided, organized and designed around what is important to service users from their own perspectives. The health sector has limitation in allowing the involvement and participation of users, even if there is nowadays greater awareness of the importance of developing effective forms of participation (Toolkit on Disability for Africa, n.d). The idea that has been mentioned above is supported by the Convention on the Right of Persons

with Disabilities, which allows the involvement and participation of persons with disabilities and their representative organizations during law, policy and programming decisions (CRPD, 2006).

In order to ensure a fully inclusive health sector, it is essential for government officials to consult with and ensure the participation - at all stages of health-related policy development, implementation, monitoring and evaluation - of persons with disabilities across the full range of disability, along with their representative organizations. It is recognized in relation to health services that there is no 'one size fits all', and that the services and situations in each community and country are unique and different (Toolkit on Disability for Africa, n.d).

Disabled Person Organizations may have valuable contributions to make in areas including the following:

- ✓ Providing training to doctors, nurses and health professionals;
- ✓ Provide technical support in the design of accessible health services;
- ✓ Identifying strategies for inclusion;
- ✓ Providing of support to families of persons and patients with disabilities

It is advisable that health care service providers and those of others that have been engaged in community outreach activities to work in close collaboration with DPOs (Toolkit on Disability for Africa, n.d).

2.2.6. The importance of sexual and reproductive health services

FP/RH services are among the health care programs that have to be delivered to persons with disabilities with the same range, quality and standard. Utilization of these services empowers persons with disabilities to decide freely and responsibly the number and spacing of their children among other benefits (CRPD, 2006).

Reproductive health is a vital part of the general health and a decisive feature of human development. Its effect is reflected during the entire lifetime of human beings in both women and men, and continued to affect the health of the next generation. The health of the newborn is largely a function of the mother's health and nutrition status and of her access to health care.

The issue of reproductive health has been a general concern, but it was detected as of special significance for women, particularly during the reproductive years. Although, most reproductive health problems arose during the women productive years, in old age, general health continues to reflect earlier reproductive life events. The issue of reproductive health has been found an issue

that a concern for men as well though their general health was affected by reproductive health to a lesser extent than is the case for women. However, men have particular roles and responsibilities in terms of women's reproductive health because of their decision-making powers in reproductive health matters (UNFPA, n.d).

2.3 Empirical literature review

This section of the literature review presented findings of other studies that were related to the focus area of the evaluation. Thus, the review begins with discussing factors that determine the use of FP and HIV services among women and youth with disabilities, followed by elaborating the existing trend of FP and HIV service use in Ethiopia in general and in the project implementation region, Oromia, in particular. Lastly, studies that demonstrated the relationship between socio-demographic and socioeconomic factors with the FP and HIV service utilization were reviewed.

2.3.1. Factors that determine utilization of FP and HIV services

2.3.1.1. FP and HIV services awareness of youth and women with disabilities

According to Kassa et al., (2016) in Ethiopia Young People with Disabilities (YPWD) have been found to be illiterate, unemployed and deprived more likely than the general population. They often lack equal access to information and education for the reasons ranging from barriers to the physical infrastructures at the health care. Furthermore, very little has been known about knowledge, attitude and practice (KAP) of YPWD regarding sexual and reproductive health (SRH) related issues. A cross-sectional study conducted in Addis Ababa in 2012 on 426 YPWD showed that only 64.6 % of YPWD were aware of SRH services. Radio and TV has been mentioned as the main sources of information by 62.2 % of the participants. Despite the fact that 96.7 % of the respondents had heard about HIV, 88 % had poor knowledge about ways of preventing HIV. Perception of the risk of getting infected with HIV was found to be generally low in YPWD; only 21.6 % believed that they were at risk of acquiring HIV (Kassa et al., 2016).

2.3.1.2. Accessibility of services

According to Magadi, et.al (2000), accessibility of healthcare facilities were detected as one of the key element that determine utilization of sexual and reproductive health services among persons with disabilities (Atwebembeire, 2011). Moreover, it was observed that this has been concurred by various literatures reviewed in the previous sections and as well as judgment of the researcher.

2.3.1.3. The Effect of socio-demographic and Socio- economic factors on utilization of FR/RH services among persons with disabilities

A cross sectional study undertaken in Uganda among persons with disabilities particularly focusing on access and utilization of FP/RH services revealed that education is a significant factor that has positive influence on utilization of reproductive health services (Atwebembeire, 2011). Furthermore, the study depicted that utilization of FP and delivery services increases with an increase in age among persons with disabilities (Atwebembeire, 2011).

While a cross sectional study undertaken in Gojam zone, Ethiopia detected that economic background of adolescents has association with the RH knowledge of the targeted groups, meanwhile the same study indicated that reproductive health service utilization has no relationship with economic background of the targeted groups (Abajobir et al., 2014). Contrary to the above finding a study undertaken in Sub-Saharan African countries found out that contraceptive use was significantly related to the economic background of the targeted users whereby less common among women in the poorest quintile than among those in the richest (Rani & Lule, 2004). Due to the fact that literatures that discuss the relationship between RH services utilization and socio-economic background of persons with disabilities is meager the researcher was forced to substantiate the discussion using studies undertaken on different target groups as mentioned above.

Moreover, a cross sectional study undertaken in Uganda revealed, women with mobility challenges face difficulties to get reproductive health services. The findings of the study depicted, limited support from family, community members and the health system as contributing factors that exacerbate the problem. However, educated and married women with disabilities and those who had children reported better support systems (Ganel, Otupiri, & Adanu, 2016). Another cross sectional study in the same country reflected that even though male partners with disabilities are willing to accompany their wives/partners to the hospital and/or support their wives with child rearing roles the fact that they have disabilities, particularly physical disability holds them back from accomplishing so, which is taken as an obstacle that hinders partners/wives reproductive health service seeking behavior (Mulindwa, 2003).

2.3.1.4. Participation of DPOs to support FP/RH services demand creation among Persons with Disabilities in Ethiopia

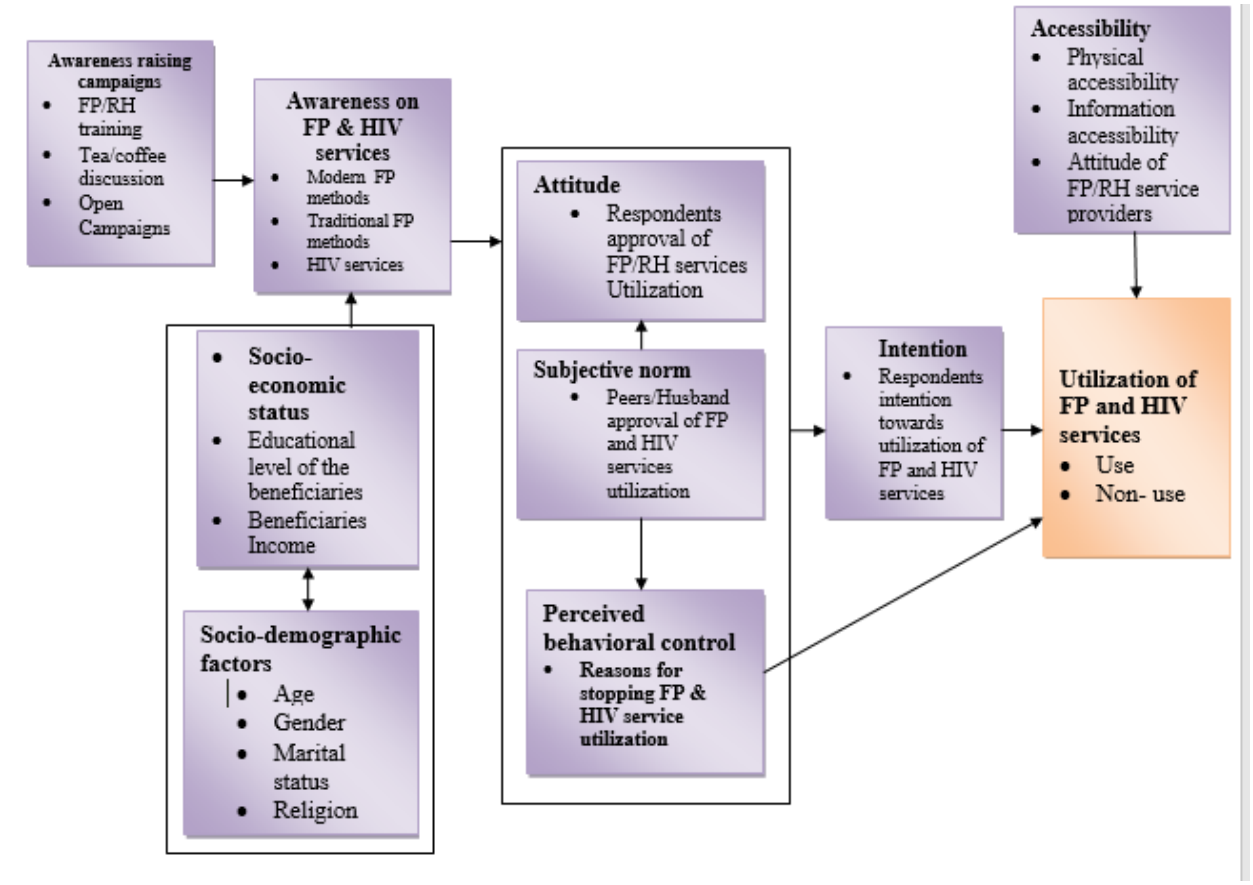
The practical experience in Ethiopia reflected that DPOs have been found membership groups that have largely been engaged in a variety of advocacy, self-help, leadership and capacity building activities. Moreover, depending upon the disability type of members, different DPOs exist in Ethiopia such as: DPOs for the deaf, for the blind, for the physical disability and so on. It is crucial to remember that people with disabilities are not a homogeneous group, so there might also be DPOs of women with disabilities or of indigenous persons with disabilities, for instance. These organizations deeply know the challenges as well as the felt needs of their members (ILO, 2015). In most cases, in Ethiopian context the capacity of these DPOs in terms of physical and financial resources was poor. Despite these limitations, it was noted that the DPOs played crucial role in creating FP/RH related demand among their members towards service utilization by closely working with various partner organizations engaged in the area under discussion.

2.3.2. Use of FP/RH services in Ethiopia

Literatures showed that the FP service utilization trend has revealed an increase in Ethiopia over the years. According to the first ever- national survey in Ethiopia on fertility and family planning in 1990, only 4% of the women in their reproductive ages were using some FP methods, of which only fewer than 3% were using modern contraceptive. The Contraceptive Prevalence Rate (CPR) was estimated at 8.2% by the year 2000, which is doubled within the one past decade of the period (1990-2000). The increase has been rapid and unprecedented after 2000 and, subsequent EDHS survey in 2005 recorded a twofold increase in CPR and put the rate at 14.7%. By the year 2014 contraceptive prevalence reached at 42%, which shows a continuously increasing trend (FHI, 2017).

According to the Ethiopian Demographic and Health Survey (DHS) 2011, only about 26.2% of the married women aged 15-49 were using contraceptives (CSA, Ethiopian Demographic and Health Survey, 2011). While in the 2016 Demographic and Health Survey the figure raised a little higher to 28.6% (CSA, Ethiopian Demographic and Health Survey, 2016). The fact that the figure is not disaggregated by persons with and without disabilities is considered as a gap, however taking into account that persons with disabilities represent 17.6% of the total population in Ethiopia (Disability Report, 2011) we can observe that service utilization is still minimal.

Figure 2.1 Conceptual Framework



Source: Conceptual framework adopted from Fishbein and Ajzen, (1975, 1980)

2.4 Work Plan

The work plan for this evaluation research has been described as shown in the appendix 1. The work plan summarises different activities of study and how they were implemented in a logical way within a specific time-span. Accordingly, the evaluation was commenced in February 2019 and ended July 2019.

CHAPTER THREE

EVALUATION METHODOLOGY

3.1. Introduction

This chapter presents a research methodology applied to evaluate the project. The chapter details the overall process with the particular focus on: study area; evaluation approach; evaluation design; population and sampling; sample size determination and sampling techniques; data collection methods; and ethical consideration in the study framework.

3.2 Study Area

Although, the project was implemented in five different towns of Amhara and Oromia regional states, the researcher picked Jimma and Agaro towns as a research site. The two towns were selected with the rationale of political stability in the specified towns and convenience to access project beneficiaries taking into consideration that the project implementation ended most recently from particular towns specified above. Accordingly, a brief overview of these two project implementation areas is given as follows.

Jimma town is one of the largest, historical and commercial towns of Ethiopia, which has been located 256 kms away from Addis Ababa to the southwest of Oromia region. The town has got an estimated total population of about 128,330 people (Tiptopglobe, 2019). Accordingly, ECDD undertook the physical accessibility modification in one of the health center located in the town, named, Jimma Health Center. Moreover, ECDD provided disability inclusive FP/RH service provision and sign language skill trainings to the FP/RH service providers recruited from both, public and private health centers to make FP/RH services accessible for youth and women with disabilities residing in the town.

Additionally, it was observed that five DPOs were actively engaged in the town, namely; Ethiopian National Association of the Deaf (ENAD), Ethiopian National Associations of Persons with Physical Impairments, Ethiopian National Associations of Persons with Visual Impairments, and Gunjo Leprosy Association. Meanwhile, ECDD closely worked with the Association of persons with physical impairments, Jimma branch whereby, the association got technical and financial support. The particular association also facilitated FP/RH focused awareness raising events through arranging, tea/coffee discussions to member PWDs as well as recruiting additional participants from other DPOs operating in the same town. Moreover, the particular association

played key role in recruiting youth and women with disabilities for the FP/RH awareness creation trainings facilitated by ECDD in the same town.

Likewise, Agaro town was the other project implementation town located in the Oromia region, which is located in the western part of Ethiopia at a distance of 264 kms away from Addis Ababa. According to the Central Statistical Agency of Ethiopia (2007) Agaro town has a population size of 25, 458 people (CityPopulation, 2015). Alike The Jimma town, the project undertook the physical accessibility modification in one of the selected health center situated in Agaro town on top of providing disability inclusive FP/RH service provision and sign language skills training to the selected service providers form public health centers operating in the town.

Moreover, it was also noted that the Agaro union of persons with disabilities is the legally operational disabled person organization whereby the project closely worked with. The association got technical and financial support from ECDD during the project implementation period. In Agaro town, this particular association facilitated delivery of the awareness raising campaign focused on family planning/reproductive services through arranging, tea/coffee discussions for its members. Moreover, the particular organization played key role in recruiting youth and women with disabilities for FP/RH awareness rising trainings delivered by ECDD.

3.3. Evaluation approach

The study followed an outcome evaluation model, to investigate the effect of project specific activities undertaken over the project lifetime. The major reason that motivated the researcher to choose this particular approach were explained by the following reasons; the intention of the project stakeholders to explore the effectiveness of the intervention; and the interest of the researcher to undertake project specific evaluation at this specific moment for academic purpose, coincided with project lifetime ending could be mentioned as major ones. Furthermore, specifically, the researcher applied theory driven evaluation approach whereby this kind of approach is a type of evaluation approach, the evaluator focuses mainly on a rationale that holds the program development and its ultimate impact (Preskill & Russ-Eft., 2005). Accordingly, the researcher applied theory of planned behavior, a theory supported by the project document, to support the evaluation as indicated in the conceptual framework section. In view of this, data collection tools were developed to investigate the applicability of the theory towards the attainment of the project outcome.

3.4. Evaluation design

The evaluation/research design is a framework, which has a function to ensure the evidence obtained through the design that enables the researcher to answer the initial research question as unambiguously as possible (New York University, n.d). The fact that the study intended to assess whether the intervention, particularly the awareness raising campaigns and the accessibility modifications, has predicted FP and HIV service utilization among the project beneficiaries calls upon testing hypothesis and establishing relationship between the intervention and the expected outcome. In view of this, the researcher applied quasi - experimental design with the purpose of collecting information on service utilization among respondents in the intervention and control group. Comparison group design/quasi-experimental design is one of the most recommended evaluation designs for an outcome evaluation, having a moderate scientific rigor following randomized control tr1al (WHO, 2000). More specifically the researcher applied posttest – only control group design, to guide the data collection from the two separate groups following the end of the intervention (Preskill & Russ-Eft., 2005).

Additionally, the researcher used mixed methods of data collection tools, whereby the quantitative tools were used, with the rationale to assess the effect of the awareness raising and accessibility modifications in predicting FP and HIV service use, while the qualitative methods were used to supplement the findings of the quantitative study with the particular focus on: the accessibility of FP and HIV services from the project beneficiaries and service provider's point of view.

3.5. Indicators/ variables

The evaluation focused on six project specific variables as well as another user and context related variables, which were detailed as follows:

3.5.1. Dependent variable/indicator

FP and HIV services utilization is the dependent variable of the study as indicated in the conceptual model of the study, which has been operationalized as service users and non-users.

3.5.2. Independent variables

In the meantime, the evaluation was interested in five of the project specific indicators/predictor variables stated hereunder:

1. Awareness of youth and women with disabilities on FP and HIV services
2. The attitude of the targeted youth and women with disabilities towards service utilization

3. The attitude of the service providers, while providing services to youth and women with disabilities
4. Physical accessibility of the health facilities for persons with physical disabilities and,
5. FP and HIV services information accessibility for youths and women with hearing impairments, with the particular focus on if the targeted group has been visited by service provider using sign language
6. FP and HIV services, information accessibility for youths and women with visual impairments, with the particular focus on having/getting better explanation from service providers during FP/RH services provision.

At the same time the evaluation was also interested in the following user and context related variables:

1. Socio-demographic variables (gender, age, religion, disability type, and marital status);
2. Socioeconomic variables (educational level, income and occupation of respondents);
3. Subjective norm;
4. Behavioural control (embarrass to buy birth control, embarrass to get tested for HIV and difficulties in using family planning methods), and
5. Intention towards utilizing services

Furthermore, investigations were also being made to assess whether the facilitated awareness raising campaigns incorporated elements of a successful campaign, part of which were incorporated in the project document. Accordingly, the organized campaign was investigated from the following variables point of view:

1. Targeting audience: clearly defining the target audience before arranging the campaign
2. Message: assessing the information need of the target audience and tailoring the campaign, according to the needs of the audience
3. Planning: preparing plans for the campaign with the focus on; guiding its implementation, setting goal, devising the best way to communicate and spread the message, and setting timeframe for the different campaigns.
4. Stakeholder engagement: involving partner organizations/people having the expertise in the area
5. Complementary materials: to avail complementary materials during the campaign.

6. Monitoring and Evaluation: to monitor and evaluate the delivery of the campaign with the particular purpose of ensuring its effectiveness and taking corrective actions based on findings
7. Accessibility: commitment of the campaign organizers to ensure accessibility of the campaign to the targeted audience
8. Continuation and sustainability: efforts exerted to ensure organizing campaigns by partner DPOs on sustainable manner

3.7. Populations and sampling

3.7.1. Target population

Target population for a survey is the entire set of units for which the survey data are to be used to make inferences (Lavrakas, 2008). Thus, the target population defines those units for which the findings of the survey are meant to be generalized. Accordingly, the targeted populations for this particular evaluation were youth and women with disabilities who are residing in the two research towns; Agaro and Jimma.

3.7.2. Sample frame

The sampling frame is the set of source materials from which the sample has to be selected (Turner, 2003). Therefore, the sample frame for the study includes; youth and women with disabilities, who were a member of the partner disabled person organizations operating in the two towns who qualified the inclusion criteria, stated in the specific section in detail.

3.8. Sample size determination and sampling technique

For the purpose of the study, three criteria were used to determine appropriate sample size from the sample frame. These criteria are; the level of **precision, the level of confidence desired, and the degree of variability** in the attributes being measured, which have significant importance in determining sample size (Israel, 1992). Consequently, Ausvet EpiTools epidemiological calculator was used to calculate the sample size. According to Ausvet EpiTools epidemiological calculators (2019), inputs were the assumed true value of the proportion, the desired level of confidence, the desired precision of the estimate and the size of the population for limited population sizes. The desired precision of the estimate (also sometimes called the allowable or acceptable error in the estimate) is half the width of the desired confidence interval. For example, if the confidence

interval width is about 0.1 (10%) researcher would enter a precision of +/- 0.05 (5%). After applying the Ausvet EpiTools epidemiological calculators, produced the following sample size;

Table 3.1 Sample size drawn from the respective organizations of persons with disabilities

Disabled Person Organizations	**Inputs**	
	Estimated Proportion	0.5
	Confidence level	95%
	Desired precision of estimate	0.05
Agaro Disabled Person Union	Sample frame of Int. G. = 29	Sample size = 27
	Sample frame of Cont. G. = 14	Sample size = 14
Ethiopian National Associations of The Physically Handicapped, Jimma Branch	Sample frame of Int. G. = 93	Sample size = 75
	Sample frame of Cont. G. = 73	Sample size = 62
Persons with Visual Impairment Association Jimma	Sample frame of Int. G. = 10	Sample size = 10
	Sample frame of Cont. G. = 7	Sample size = 7
Persons with Hearing Impairment Association, Jimma	Sample frame of Int. G. = 33	Sample size = 31
	Sample frame of Cont. G. = 10	Sample size = 10
Gunjo Leprosy Association, Jimma	Sample frame of Int. G. = 40	Sample size = 37
	Sample frame of Cont. G. = 19	Sample size =19

Source: Ausvet EpiTools epidemiological calculators, 2019

Note: 3 youth and women with intellectual disabilities who were not a member of any association of persons with disabilities at Jimma participated in the survey as an intervention group participant.

Thus, as indicated in the table 3.1 out of the indicated sample frame for each stratum, a total of 292 samples were drawn, of which 180 of the targeted youth and women with disabilities who took part in the FP/RH campaign were taken as part of the intervention group abbreviated as (Int.G.). Meanwhile, the remaining 112 youth and women with disabilities of the total sample size, 295 who did not take part in the campaigns were considered as part of the control group of the study abbreviated as (Cont. G.). Consequently, including the 3 youth and women with disabilities makes the total sample size to be 295 respondents.

Subsequently, the details of the calculated sample size 292,excluding the 3 participants with intellectual disabilities, were discussed as follows; Agaro disabled person union has a total of 47

members, but, in spite of the circumstance, 43 of the members were eligible for the study, who qualified the inclusion criteria stated on the inclusion and exclusion criteria section below. In the meantime, it was noted that out of the 43 eligible Union members', 29 of them took part in the FP/RH campaign, while the remaining 14 did not. Accordingly, out of the 29 and 14 youth and women with disabilities fall under the intervention group and control group, a sample of 27 and 14 were taken, respectively.

In the meantime, it was noted that the Ethiopian National Association of physically handicapped, Jimma branch has got a total of 750 members of which 166 of them were eligible for the study as per the inclusion criterion. Meanwhile, out of the total eligible 166 youth with disabilities, it was noted that 93 of them took part in the FP/RH awareness raising campaign facilitated by the project, and the remaining 73 did not. Subsequently, out of the aforementioned two sample frames categorized under the two groups, a sample of 75 and 62 were taken, respectively.

Meanwhile, despite the fact that the Jimma branch, persons with visual impairments Association has got a total member of 30 members with visual impairments, it was noted that 17 of them were eligible for the study of which, 10 of them took part in the FP/RH campaign while 7 of them did not. Thus, as indicated in the table above, all members in the two groups were incorporated in the study as indicated in the table above.

Subsequently, while coming to the Person with Hearing Impairments Association, Jimma branch, it was noted that the association got a total of 50 members with hearing impairments, of which 43 of them were eligible for the study and 33 of them attended the campaign, and the remaining 10 of them did not. Thus, as indicated in the table above a sample of 31 and 10 was drawn from the two groups from the two sample frames, as indicated in the table above.

Gunjo Leprosy Association, is one of the partner disabled person organization situated in Jimma and reached by the project, the association has got a total of 80-member youth and women with disabilities. Out of the total 80 members, 59 of them were eligible for the study, who qualified the inclusion criteria set by the study. Subsequently, out of the sample frame of 59 members, 40 of them took part in the FP/RH campaign and the remaining 19 did not that make the sample size 37 and 19 for the two groups as indicated in the table above.

Furthermore, as construction of a valid control group for the comparisons is very crucial in quasi-experimental studies to enhance the validity of the study, due consideration was given while

selecting respondents in the control groups (Losh, 2017). Mainly, the normative group equivalence strategy has been recommended to be used to enhance the validity of quasi-experimental studies among other technics (Becker, 2000). Accordingly, the researcher used normative group equivalence, to keep the resemblance between the intervention and control group respondents, with the particular emphasis on the selected demographic factors, which assumed to have influence on the FP and HIV services use to enhance the internal validity of the study.

Principally, the researcher kept the resemblance of the respondents in the two groups employing the following strategies: recruiting respondents that fall between the age ranges of 15-49; maintaining the balance of the educational status of the respondents in the two groups; and devising a means to minimize the effect of gender disparity on FP service awareness and use among the intervention and control group respondents as stated below.

Meanwhile, as demonstrated in the findings section the percentage of male respondents in the intervention group (56.8%) was higher as compared to the percentage of male respondents in the control group (41.1%). In light of this as various literatures reflected that FP uptake is comparatively higher among girls and women as compared to boys and men (Adenipekun, 2018), to control the effect of the gender variance on service utilization among the study respondents in the two groups, male respondents who were married in the control group (54%) as well as the intervention group (44%) were requested to give their response on FP service utilization reflecting their experience as a couple.

Besides, while having a look at the respondents' religious background, the proportion resembled across the four religious' denominations among the respondents in the two groups. Meanwhile, as can be referred on the finding section, the percentage of respondents who owned children across the categories declines for respondents in the two research groups with the similar trend, which gives the researcher assurance that, the demographic factor under discussion will not have adverse effect on the research finding across the study groups.

3.9 Sampling techniques

The researcher used both probability and non-probability sampling techniques to select respondents of the study and the research sites, respectively. Initially, purposive sampling was used to select the two research towns, taking into consideration the political stability and ease of access to project beneficiaries due to the recency of project winding-up in the two research towns.

Then, the purposive sampling was followed by probability sampling to select respondents as stated below.

3.9.1. Sampling technique for the quantitative method

After selecting the two research sites on the basis of purposive sampling, stratified sampling was used to determine sample size of the study, whereby, the stratification was made on the basis of: the target respondents' type of disability and participation in the FP/RH awareness raising campaigns.

Fundamentally, in the context of Jimma town, the particular organizations of persons with disabilities have been formed having persons with similar type of disabilities. In view of this, stratifying respondents by disability type was equivalent to doing the stratification by the particular organizations of persons with disabilities, in which the respondents were member. Moreover, prospective participants in the sample frame were further stratified on the basis of their participation in the FP/RH awareness raising campaigns as those who participated and not. Accordingly, respondents who participated, joined the intervention group, while those who did not were classified as control group respondents. Subsequently, after deciding the sample size simple random sampling was used to facilitate respondent selection from the list of eligible persons with disabilities who qualify the inclusion criteria. Meanwhile, to keep a gender balance of male and female study respondents, who participated in the face to face interview, were proportionally taken considering their number in the sample frame.

3.9.2. Sampling technique for the qualitative method

In the meantime, purposive sampling was used to select study respondents who participated in the interview and observation of the physical accessibility of the modified health centers for persons with disabilities. Since the very purpose of the qualitative study, in this particular paper was to supplement the quantitative one, respondents' who participated in the quantitative study were interviewed to get their practical experience, with the particular focus on FP and HIV service utilization. Moreover, service providers in the modified health facilities who took part in the disability inclusion and sign language training and the targeted DPOs chairs were purposively selected for the interview to have supplementary information.

3.9.3. Inclusion and exclusion criteria

An inclusion and exclusion criteria have been taken as a set of predefined characteristics, which enabled the researcher to select respondents of a given study. Thus, the inclusion criteria were considered as characteristics that the prospective respondents of a given study were supposed to have, to be included in a given study. While, exclusion criteria were carefully identified as characteristics that disqualify potential subjects from inclusion in a given study (Yale, 2019). In view of this, the study employs three inclusion criteria; respondent's membership in the targeted organization of persons with disabilities, age range of respondents to be between 15-49 and prospective respondents must be a person having at least the following type of disabilities (visual, physical, hearing and intellectual and Leprosy). In the meantime, the study employed the following as an exclusion criterion; respondents having health related educational background and respondents having age that fall beyond the age range of 15 -49.

3.10. Methods of Data Collection

Mixes of quantitative and qualitative data collection methods were used to collect information for the study, namely: face to face structured interview for the quantitative study, and semi-structured interview and unstructured observation for the qualitative study. Subsequently, triangulation of the data collection techniques was done to increase the reliability of the findings.

3.10.1 Face to face interview

Data for the quantitative section of the study were collected using a questioner and checklists, which were designed by consulting various literatures as stated below to address the evaluation questions. Mainly, a questionnaire was designed to collect data from the targeted youth and women with disabilities with the particular focus on their awareness and use of FP and HIV services.

The fact that the literacy rate of the research participants is expected to be low and the need that the questioner is expected to be available in accessible formats (in Braille) for the respondents with visual impairment, urges to make the data collection process to be face to face interview. Moreover, it has been taken into consideration that using face to face interview has vital importance in increasing response rate of the respondents: both item response rate and survey completion rate (Fowler, 2009).

Moreover, while designing the questionnaire for the quantitative study due care was given to enhance the validity and reliability of the measures. The validity of the measures was focused on

whether the answers correspond to what they were intended to measure, while the reliability of the measure assesses the consistency of the measures over time and within items consistency among others (Fowler, 2009). Hence, to ensure the validity and the reliability of measures different literatures were consulted with the assumption of using the tested measures for the study. Among which: an article written on guiding the construction of questionnaire designed in relation to the theory of planned behavior (Ajzen, 2002); Ethiopian demographic health survey (2016) and Tanzania demographic and health and malaria indicator survey were among the major ones.

Moreover, to enhance the validity of the measures, particularly the content validity of the items in the questionnaire that measures attitude of respondents', mainly items that assessed the thoughts, feelings and actions of the respondents towards the targeted behavior were incorporated (Price et al., 2015). Then, the designed questionnaire was translated into Amharic and administered in Amharic, considering the limited educational level of the respondent youth and women with disabilities. Subsequently, the data collection process/ questionnaire administration was done in two modalities. Whereby, the researcher managed to collect data from a total of 250 respondents having physical disability, visual and intellectual impairments, as well as respondents having leprosy, while quantitative data from 45 respondents having hearing, impairments was collected through hiring two sign language interpreters.

Apart from the questionnaire, data for the quantitative study were collected using two checklists. The first checklist, which was designed to address the first research objective, which was used to assess the extent to which the FP/RH awareness raising campaigns organized by the project incorporated elements of a successful campaign.

Hence, the checklist was administered using a face to face interview methodology to the chairs of an organization of persons with disabilities that facilitated the tea/coffee discussions. In addition to the aforementioned two chairs, the same checklist was administered to a project officer at ECDD who was in charge of implementing the project under evaluation.

Primarily the researcher consulted various literatures and the project document to construct the checklist to make a valid assessment as well as to enhance the validity of the tool. Thus, as can be referred in the checklist (Annex 5) the successfulness of the organized campaigns was assessed in light of the eight variables/ elements listed out as follows:

- Defining target audience;

- Identifying the information needs of the targeted audiences along with tailoring the messages to the information needs of the targeted audiences;
- Preparing a plan that guides the implementation of the campaign, which incorporated; setting a goal to address the identified gaps during audience's information assessment, devising the best ways to communicate the identified messages and setting timeframe for the smooth implementation of the campaigns;
- Involving stakeholders with the required expertise,
- Availing complementary material;
- Monitoring and evaluating the campaign and taking corrective measures;
- Ensuring accessibility of the campaign; and
- Engaging in various tasks to ensure the sustainability of the campaign were the areas of focus.

In the meantime, the researcher designed the second checklist (Annex 4) to investigate the issue of accessibility with the particular focus on three main aspects: physical accessibility, information accessibility, and attitude of service providers towards the targeted youth and women with disabilities during service provision. Since, physical accessibility modifications were undertaken in the targeted two health facilities; at Jimma health center and Walda health center, Agaro. Physical, accessibility related questions were asked to respondents who used FP and HIV related services in the two particular health facilities. Meanwhile, information accessibility and attitude of service providers related questions were forwarded to all youths and women with disabilities who used services in other health facilities whereby the project reached the service providers through sign language and disability inclusive SRH service training.

3.10.2 Semi structured interview

Semi-structured interview was one of the qualitative methods, by which qualitative data were collected for the study. Accordingly, semi-structured interview guide was designed to capture the experience of the intervention group respondent, youth and women with disabilities reflection about the accessibility of FP and HIV services. Respondents who reported that they have used FP and HIV services at the modified facilities were asked for the physical accessibility of services in the same. Meanwhile, respondents who used FP and HIV services in the targeted health facilities where service providers were provided through disability inclusive FP/RH services delivery as well as sign language training were asked for their reflection pertaining to the information accessibility during services provision. Hence, 6 respondent youth and women with disabilities

who took part in the intervention group were interviewed. Likewise, 4 service providers and 2 DPO chairs were interviewed. Furthermore; unstructured observation was made with the purpose of assessing the physical accessibility of the modified health centers.

3.10.4. Unstructured observation

Moreover, the researcher employed unstructured observation, particularly to observe and assess the physical accessibility of the two modified health facilities at Jimma and Agaro. Thus, the accessibility of the targeted health centers was assessed with the particular focus on; accessibility of the main gates, walkways, gates to service provision rooms, restrooms, and gates to service provision rooms including, card and archive sections.

3.11 Pre-testing the research instrument

Pretesting basically involves testing the research instruments in situations, which might be similar to the research, but not to report results rather to check for glitches in the wording of the questions, lack of clarity of instructions (Synodinos, 2003). Thus, pre-testing has a paramount importance to ensure the validity and reliability of the instrument, prior to conducting the main data collection. Moreover, it is also noted that pretesting is a very important part of the questionnaire construction process. Thus, considering the aforementioned relevance of conducting pre-testing the instrument through pilot study, the researcher undertook pre-testing in the two research sites, involving 36 respondents. Subsequently, following the pretest the researcher made modifications on the wordings and arrangement the items of the questioner by making use of feedback from the pretest.

3.12. Data processing and analysis

3.12.1. Unit of analysis

Unit of analysis is the major entity in a given research, whereby the researcher does the analysis of the study. Hence, the unit of analysis could be; individuals, organizations, artifacts, geographical units, and social interactions/events (Trochim, 2006). In view of this, analysis of the study was focused on individuals, particularly youth and women with disabilities and FP/RH service providers; assessing the accessibility of FP and HIV service provision with the particular focus on the physical infrastructures' and information accessibility during service provision was also the other focus. Primarily, physical accessibility was investigated with the particular focus on the modified health facilities while information accessibility as well as attitude of service providers

was assessed with the particular focus on other facilities reached through disability inclusive SRH and sign language trainings, and awareness raising campaigns (events).

3.12.2. Data management and analysis

This section, mainly deals with explaining the process of managing the research data. It begins with the initial phase of data entry followed by data cleaning and analysis using Stata and SPSS software as explained hereafter.

3.12.2.1. Data entry

Initially the questionnaire and the checklists were coded succeeded by the entry of the coded data into excel. Then the encoded data were imported to Stata and SPSS for furrther analysis.

3.12.2.2. Data cleaning

Following the data entry, the data got cleaned and made ready for further analysis. Mainly, the data cleaning process involved the following activities: renaming variable; labeling the variables; creating new variables, as well as a number of smaller subsets were created based on research criteria among other related activities.

3.12.2.3. Quantitative data analysis

The analysis of the collected quantitative data was done using Stata and SPSS software whereby both descriptive and inferential data analyses techniques were used.

3.12.2.3.1. Analysis of checklists

The project under evaluation facilitated three types of FP/RH awareness raising campaigns, namely; two-day FP/RH training, tea/coffee discussions and open campaigns with the purpose of enhancing the FP and HIV service awareness and utilization among the targeted youth and women with disabilities. Among the three campaign categories two of them specifically; the two-days training and the open campaign were directly facilitated by project implementer, ECDD. Meanwhile, the tea/coffee discussions were facilitated by the nominated two DPOs residing in the targeted intervention towns. Fundamentally, the fact that ECDD has been engaged in organizing similar campaigns inspired the researcher to assess the extent to which the organized FP/RH campaigns incorporated elements of a successful awareness raising campaigns and to come-up with recommendations to address observed gaps if any.

Accordingly, a checklist was designed to assess the organized awareness raising campaigns pertaining to the elements of a successful campaign. Items/measures in the checklist were ordinal in nature with the response's category of, "yes", "no" and "partially".

While doing the analysis the researcher assigned points to the responses given by the respondents as follows; full point (1) was given if the respondent's answer was "yes" assuming that the organized campaign incorporated the variable under discussion; while (0.5) was given if the respondent replied "partially" considering that the organized campaign partially had the variable under discussion, and (0) was given if the respondent's answer was "No", taking into consideration that the organized campaign never at all possess the variable under discussion. Thus, following the same procedure an aggregated figure was calculated for the three types of campaigns independently.

Subsequently, the collected data were summarized, analyzed and presented for the three campaigns independently. Particularly, the nature of the variables in the checklist, called upon the use of descriptive statistics for the analysis and bar chart to visualize the findings of the particular research objective as indicated in the findings section.

Likewise, analysis of the second checklist designed to assess the accessibility of FP and HIV services were made using descriptive statistics; mainly percentages were calculated to indicate and findings were displayed using visuals.

Moreover, a close ended questionnaire was also formulated to collect data on FP and HIV service awareness and utilization among respondents. Some of the measures in the questionnaire are nominal in nature, which involved a fixed set of exclusive optional answers; while some of the other measures; which asks for the amount of monthly income; number of children; and age, are continuous in nature; meanwhile some other measures, which were incorporated in the questionnaire are scaled in nature as it can be referred from the questionnaire that calls upon the use of cronbach's alpha to test the internal consistency/ reliability of answers given by respondents for questions having similar concepts. Accordingly, SPSS was used to test the reliability of the measures which are scaled in nature and having similar concepts. Subsequently, questions with similar concepts having reliability score of 70% and above were incorporated in the study for further analysis as indicated in table 3.2 (Acock, 2014).

Table 3.2 Reliability statistics for items that are scaled in nature

SN	List of concepts with similar items	Cronbach's coefficient	Alpha
1	**Attitude of respondents towards using FP and HIV services – incorporates 3 items**		**0.918**
2	**Subjective norm - incorporates 3 items**		**0.949**
3	**Behavioral control - incorporates 3 items**		**0.867**
4	**Intention towards using services – incorporates 3 items**		**0.998**
5	**Frequency of FP services use**		**0.99**

Source: SPSS output field data, 2019

Moreover, particularly SPSS was used to tabulate the demographic characteristics of the respondents. Apart from this, chi square test was applied to assess whether a statistically significant relationship exists between some categorical variables in the study. Moreover, Cram´er's V test was applied to assess whether a substantive relationship exists between the categorical variables by showing the size of the relationship. Likewise, chi-squared statistical test was used to assess the existence of the statistically significant relationship between some ordinal variables. Moreover, Goodman and Kruskal's gamma and Kendall's tau-b were used to see the strength of the relationship between the variables. Furthermore, different types of charts such as: bar and pie were used to demonstrate findings.

Moreover, inferential statistics were made to assess the influence of the intervention on FP and HIV service awareness and utilization of the survey respondent, youth and women with disabilities. Basically, the fact that the dependent variable is dichotomous in nature (service use and non-use) and the independent variables are categorical and continuous in nature, such as: categorical (awareness level of the respondents, level of accessibility, the attitude of the respondents towards the intervention, the intention of the respondents, behavioral control, marital status and gender), and continuous (age, number of children, income of the respondents) calls upon the application of binary logistic regression.

3.12. 2.4. Qualitative data analysis

The qualitative method was used to supplement the quantitative study, with the particular focus on process the experiences of interviewees in relation to family planning and HIV service utilization. According to Flick (2009), the textual materials are analyzed starting with transcription of the

recorded information, followed by coding, data reduction, and interpretation of different patterns. For this particular evaluation, transcription of the document was done in English while the interview was done in Amharic. The transcription was prepared through careful and repeated reading and listening of the audio recording to cross check the quality of the data and to acquire an overall sense of the data (Anasel, 2017). Then, the transcribed data were imported to the Atlas-ti program for analysis. During analysis within the program all data were coded inductively, using predetermined themes and patterns. In addition, emerging themes and patterns from the program was captured from the data deductively. Following this, similar codes were grouped together to form families. At the end the output was created with all the attached code and quotations, memos, and families and transferred to a word document and a descriptive report was created using the findings.

3.13. Ethical Consideration

The researcher exerted an effort to protect the evaluation research respondents from any inconvenience. Primarily, the researcher informed all participants about the objectives of the study. Subsequently, participants that were willing to participate in the study voluntary were informed regarding how the collected data will be kept confidential and shared with any other person who was directly involved in the evaluation study. The researcher also informed the participants that no name of any respondent or informant will be associated or linked to the information of any informant. After, following all this procedures youth and women with disabilities who agreed voluntarily to participate and put their signature on the consent form (Annex 9), were recruited as the study respondents.

CHAPTER FOUR

FINDINGS AND ANALYSIS

4.1. Introduction

This chapter presents findings and analysis of data gathered to evaluate the effect of FP/RH awareness raising campaigns and accessibility modifications on predicting use of FP and HIV services among project beneficiary youth and women with disabilities. Considering the fact that the evaluation is an outcome level, the researcher collected data from a comparatively equivalent control group with a particular emphasis on some significant demographic and socioeconomic factors, which assumed to have influence on FP and HIV service utilization.

In light of this, as stated in the methodology section both quantitative and qualitative data were collected from the study respondents, whereby analysis and presentation of the quantitative one was followed by the qualitative one. Primarily, the findings were presented demonstrating the demographic and the socioeconomic background of the research respondents, succeeded by the detailed analysis of the findings giving particular emphasis to the research objectives of the study.

4.2. Demographic characteristics

Table 4.1 presented the demographic characteristics of the respondents in the intervention and control group of the study with the particular focus on the six demographic characteristics of the respondents, carefully chosen for the research analysis which were; age, gender, marital status, religion, type of disability and the number of children owned by the respondents.

Table 4.1 Demographic characteristics of the respondents in the intervention and control groups

		Intervention Group Respondents		Control Group Respondents	
Variables	**Groups**	**Frequency**	**Percent**	**Frequency**	**Percent**
Age	15-24	39	21	16	14
	25-34	79	43	31	28
	35-44	40	22	38	34
	45-49	25	14	27	24
Gender	Male	104	57	46	41
	Female	79	43	66	59

		Intervention Group Respondents		Control Group Respondents	
Variables	**Groups**	**Frequency**	**Percent**	**Frequency**	**Percent**
Marital Status	Never married	80	44	31	28
	Married	82	45	61	55
	Living together	4	2	1	1
	Widowed	3	2	7	6
	Divorced/separated	14	8	12	11
Religion	Orthodox	56	31	32	29
	Catholic	5	3	1	1
	Protestant	25	14	17	15
	Muslim	97	53	60	54
	Traditional	0	0	2	2
Type of disability	Hearing impairment	35	19	10	9
	Visual impairment	15	8	7	6
	Physical disability	93	51	75	67
	Intellectual disability	3	2	1	1
	Leprosy	37	20	19	17
Number of owned children	0	86	47	32	29
	1-2	22	12	18	16
	3-5	56	31	32	29
	6-8	19	10	29	26
	9-10			1	1

Source: Field data, 2019

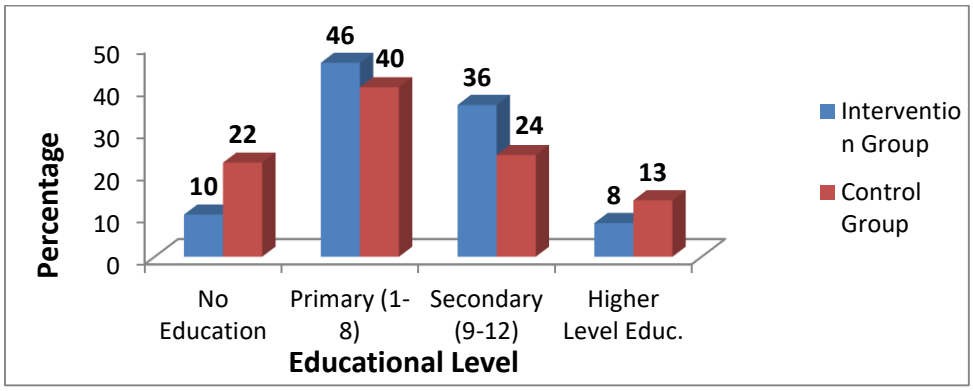
4.3. Socioeconomic factors

The socioeconomic characteristics of the study respondents were presented with the particular focus on the educational background and income of the research participant youth and women with disabilities.

4.3.1. Educational background of the study respondents

Educational background of the respondents in the intervention and control group, were presented in figures 4.1.

Figure 4.1 Educational backgrounds of the respondents in the intervention and control group



Source: Field data, 2019

Thus, as demonstrated, in figure 4.1, the educational background of the majority of the respondents in the intervention and control groups falls under the category of "Primary level education (1-8)" classification; 46% and 40%, respectively. Likewise, 36% and 24% of the respondents in the intervention and control group, falls under the category of "Secondary level education (9-12)", respectively. Meanwhile, 8% and 13% of the respondents in the intervention and control group have "Higher level educational" background. Moreover, 10% and 22% of the respondents in the intervention and control group, fall under the category of "No education" category.

4.3.2. Economic background of respondents

In the meantime, table 4.2 demonstrated the income status of the intervention and control group respondents across the various categories as follows.

Table 4.2 Income level of respondents in the intervention and control groups

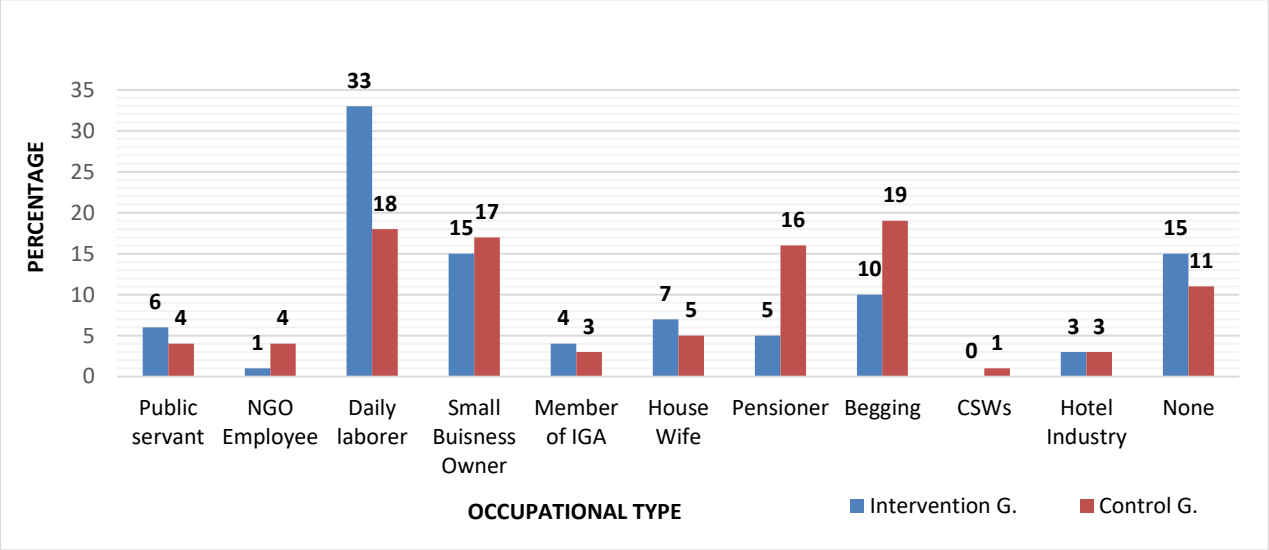
Income category in Ethiopian Birr (ETB)	Intervention Group		Control Group	
	Frequency	Percent	Frequency	Percent
0-1000	162	89	98	88
1001-2000	12	7	11	10
2001-3000	6	3	1	1
3001-4000	1	1	1	1
4001-5000	1	1	1	1
5001-6000	1	1	0	0
Total	**183**	**100**	**112**	**100**

Source: Field data, 2019

As it was demonstrated in table 4.2, majority of the respondents in the intervention and control group, 89% and 88%, respectively fall under the category of "0-1000". In the meantime, as indicated in the same table the percentage of respondents declined as the income category level goes higher in both groups of the study.

Subsequently, the study respondent youth and women with disabilities, economic backgrounds with the particular focus on their occupational type were illustrated in figure 4.2 here under.

Figure 4.2 Percentage of respondents in the intervention and control group by occupational type



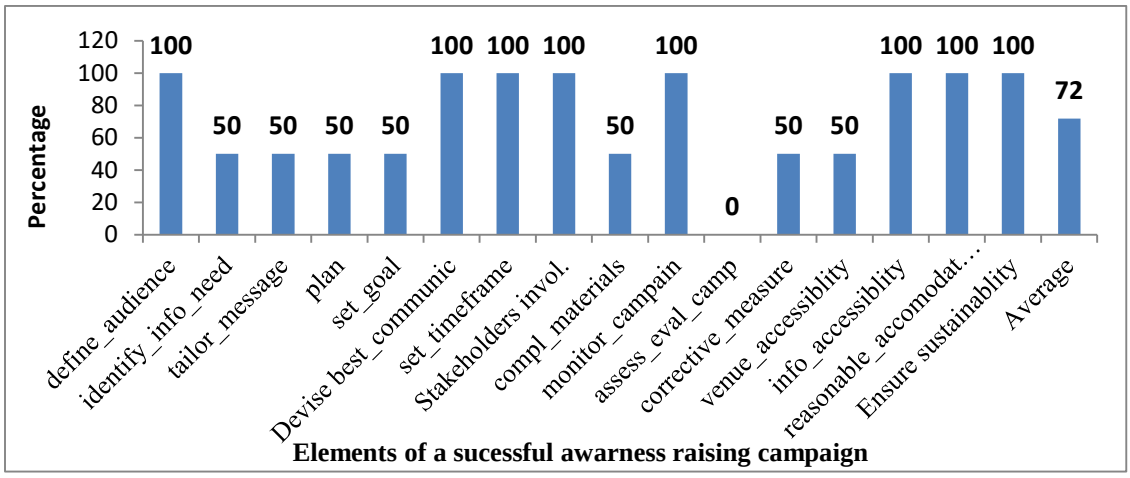
Source: Field data, 2019

As illustrated, in the figure 4.2 majority of the intervention group respondents, 33% fall under the category of daily laborer. While it seems that the remaining percentage respondents were fairly distributed across the various categories and nil, when it comes to Commercial Sex Worker (CSW). Meanwhile, as illustrated in figure 4.2 the percentage of control group respondents who were living with the support of others were comparatively higher 19%, succeeded by respondents fall under the category of: small business ownership, daily laborer and pensioner. While, the percentage of the control group respondents were comparatively lower in the other occupational type.

4.4. Awareness raising campaigns facilitated by the project pertaining to the elements of a successful campaign

Figures 4.3 and 4.4 presented findings of the assessment made to investigate the organized awareness raising campaigns pertaining to the elements of a successful campaign.

Figure 4.3 Assessment of the tea/coffee discussions pertaining to elements of a successful awareness raising campaign

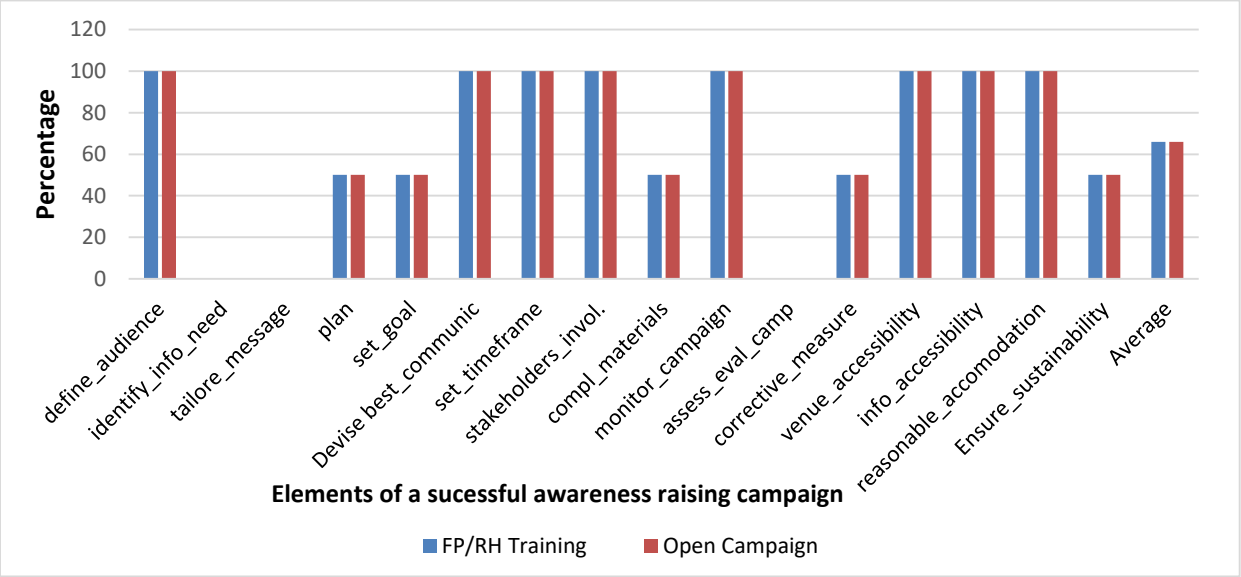


Source: Field data, 2019

Accordingly, it was noted that the tea/coffee discussion possessed nearly 72% of the elements of a successful campaign as indicated in the figure 4.3. In the meantime, as demonstrated in same figure, the facilitated tea/coffee discussion sessions partly fulfilled some of the variables of a successful campaign which were: assessing the information needs of the audience and tailoring the message to the audience on the basis of their needs, lack of proper campaign planning and goal setting, inconsistently availing complementary materials as well as the venue inaccessibility at some of the discussion sessions were observed as a gap. Apart from this, it was also observed that there was no formal campaign evaluation system to assess the effectiveness of the organized FP/RH campaigns and abled to take corrective measures based upon the evaluation findings.

> *"While I attended a tea/coffee discussion at the Jimma town health center, the venue was inaccessible for persons having physical disabilities" … (Female attendant having physical disabilities)*

Figure 4.4 Assessment of the two-day FP/RH training and the open campaign pertaining to elements of a successful awareness raising campaign



Source: Field data, 2019

Meanwhile, as illustrated in figures 4.4 the two-day FP/RH training and the open campaign fulfilled 6% of elements of a successful awareness raising campaign. As indicated in the same tables the organized training as well as open campaign lack some elements of a successful awareness raising campaign, which were: not assessing the information needs of the targeted audiences along with not tailoring the messages to the audience as per the assessment findings. In addition, the fact that the facilitated FP/RH campaigns were not formally evaluated and constructive measures were not taken based on the findings.

In the meantime, as indicated in figures 4.3 and 4.4 the facilitated campaigns fully possessed some elements of a successful awareness raising campaigns, mainly: target audiences were clearly defined in the project document; best mechanisms were devised to communicate messages to the target audience; accommodation costs were availed during all sorts of campaigns and due attention was given to ensure accessibility particularly, physical accessibility of venues and information accessibility can be mentioned as the major ones.

4.5. To examine the targeted health facilities services accessibility to the project beneficiary youth and women with disabilities

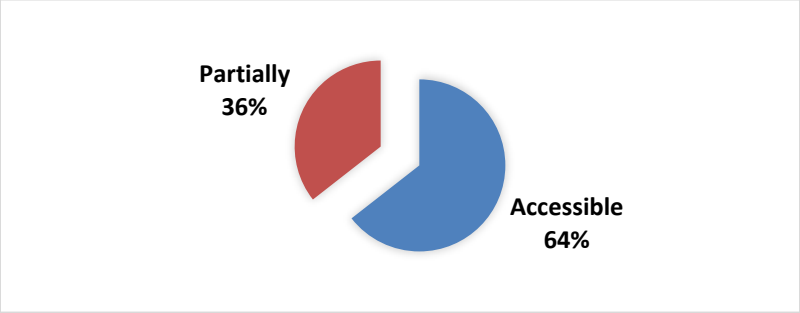
Findings, on this particular objective were presented in the particular order of: physical accessibilities of the targeted health centers for persons having physical and visual impairments; information accessibility of FP/RH services for project beneficiaries with visual and hearing impairments and project beneficiary's reflection towards the attitude of service providers during service delivery.

4.5.1. Physical accessibility of health centers

The, physical accessibility of facilities was investigated in light of the five aspects: accessibility of main gates; accessibility of building entrances; accessibility of gates to service rooms; and accessibility of walkways in the compounds of the centers. Accordingly, the findings of the study were discussed pertaining to the aforementioned aspects one after the other.

When it comes to accessibility of main gates, out of the total 93 intervention group respondents having physical disabilities, 45 (48%) of them visited the modified health facilities, accordingly it was noted that all of the respondents who visited the facilities witnessed the accessibility of facilities main gates.

Figure 4.5 Accessibility of buildings entrances



Source: Field data, 2019

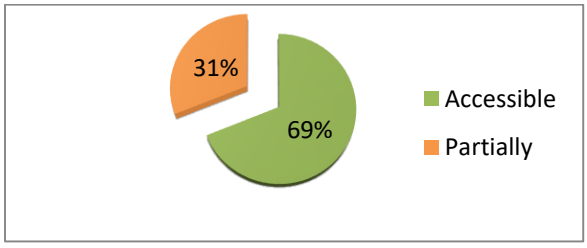
Whereas, while having a look at the accessibility of building entrances on the targeted two health facilities where FP and HIV services were provided as indicated in figure 4.5; out of all the respondents with physical disabilities who visited the health facilities 64% of the respondents having a mild physical disability witnessed that entrances to such buildings were accessible. Meanwhile, 36% of the respondents having a severe physical disability witnessed that building entrances were partially accessible.

"By the time I went to Jimma town health center to get family planning service, I could not access the building entrance to have my card, which forced me to request the support of other willing individual to get the service for me" ... (Wheelchair user, female respondent)

"Some of building entrances are not accessible for wheelchair users, including other youth and women with disabilities having severe physical disabilities" (Female service provider at Walda health center Agaro)

"Some of the building entrance, particularly entrances to archive rooms, both at Jimma and Walda health centers were inaccessible for wheelchair users" ... (Observation of the researcher)

Figure 4.6 Accessibility of gates to the service provision rooms

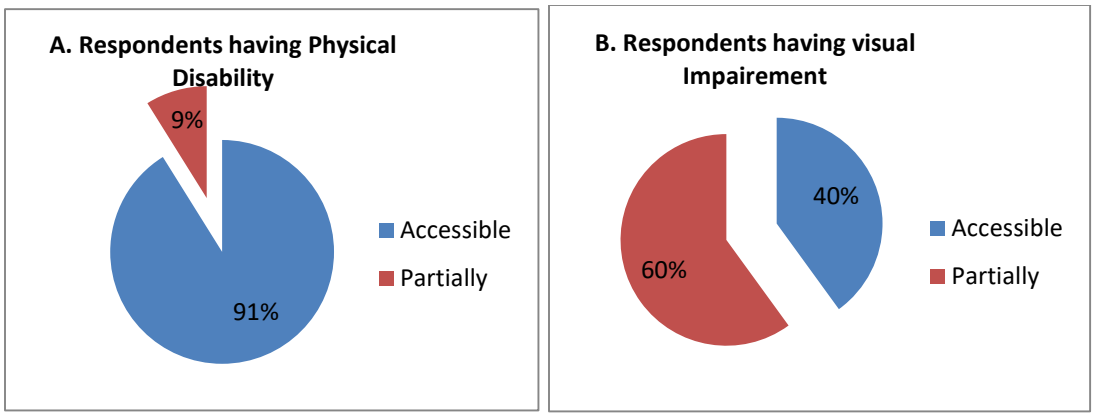


Source: Field data, 2019

While, investigating the accessibility of gates to the service provision rooms as illustrated in figure 4.6, out of all respondents having physical disabilities who visited the targeted health facilities 69% of them reported that the gates to the FP and HIV service provision rooms were accessible. Meanwhile, 31% of the remaining respondents who visited the targeted health facilities witnessed that the gates of the service provision rooms were partly accessible, since they got some of the gates inaccessible to wheelchair users.

" the gates to some of the FP service provision rooms is narrow, which is below the standard width for a wheelchair user. By the time the facility was constructed, this was not taken into consideration"...(Female service provider, Jimma Health center)

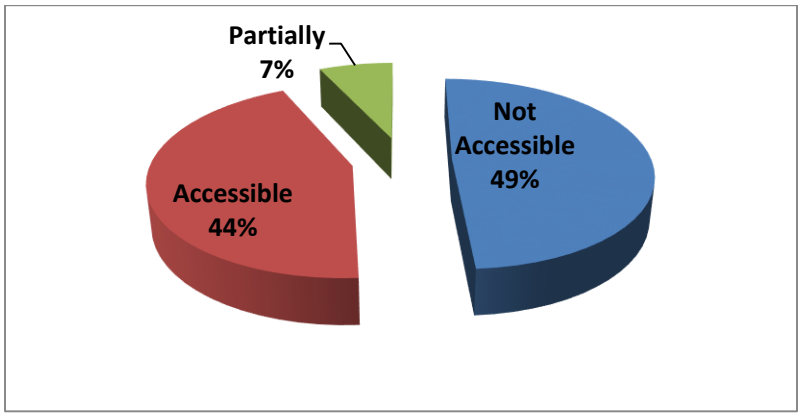
Figure 4.7 Accessibility of the facilities walkways



Source: Field data, 2019

In the meantime, the research finding indicated that out of the total respondents who have physical and visual impairments 45 and 15 of them respectively visited the targeted health facilities for FP and HIV services. Consequently, out of those respondents who visited the targeted health facilities 91% and 40% of the respondents having physical and visual impairments, respectively witnessed accessibility of the facilities walkways. Nevertheless, 9% and 60% of the respondents reported that the facilities, walkways were partially accessible as indicated in figure 4.7 (A) and (B), respectively.

Figure 4.8 Accessibility of the targeted health facilities restrooms



Source: Field data, 2019

While, assessing the accessibility of the targeted health centers restroom's as illustrated in figure 4.8, 49% of the respondents having severe physical disabilities witnessed that the facilities restrooms were inaccessible. Contrarily, 44% of the respondents having a mild physical disability found the facilities, restrooms accessible; while 7% of the respondents witnessed that the restrooms were partially accessible.

"The restroom, which was modified for persons having a physical disability, is not currently functional. It had got broken some time before" ... (Female service provider)

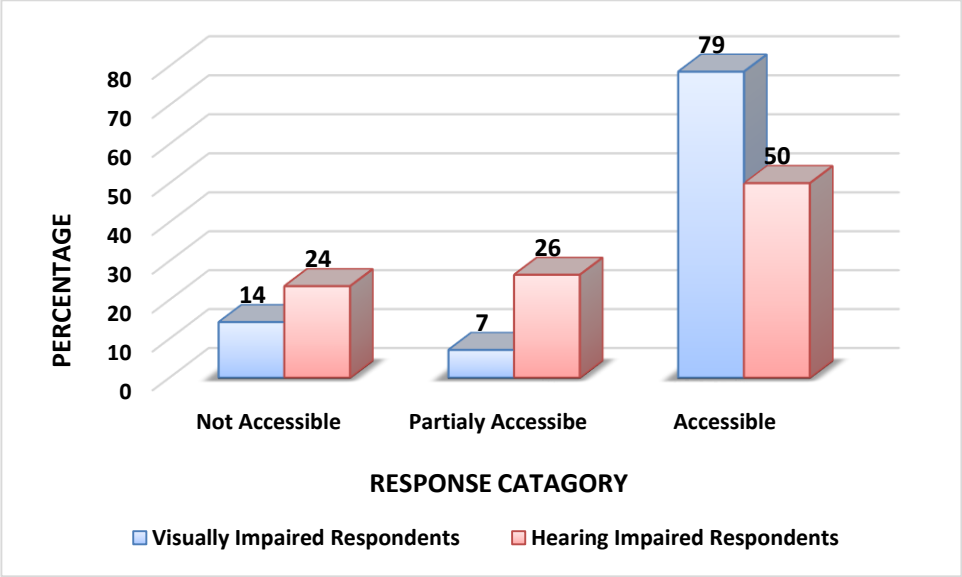
" By the time I went to the restroom, I found it locked and could not have access to use it"... (Female, Crutch user)

"The Jimma town health center restroom modified for clients having disabilities was locked by the time the researcher frequently observed the facility"... (researcher observation)

4.5.2. Information accessibility in the targeted health centers

Figure 4.9, demonstrated findings pertaining to FP and HIV services information accessibility to the intervention group beneficiary youth and women with disabilities.

Figure 4.9 Information accessibility for respondents having visual and hearing impairments



Source: Field data, 2019

Thus, as illustrated in figure 4.9, 79% and 50% of the respondents having visual and hearing impairments witnessed information accessibility while they were using FP and HIV service at the targeted health facilities. In the meantime, 7% and 24% of the respondents having visual and hearing impairments, respectively, reported partial accessibility of information during service use.

"The nurse provided me a detailed explanation regarding the various types of family planning services; with the particular focus on the benefits and side effects of the items. Moreover, she also gave me detail explanation to the questions I forwarded" ... (Female Respondent having Visual Impairment)

"The nurse tried her best to communicate with me using the very little sign language expressions she knew. Apart from this, the fact that I have a partial hearing impairment helped me to communicate somehow using verbal language. In addition, I had also tried my best to explain myself through writings." ... (Male respondent)

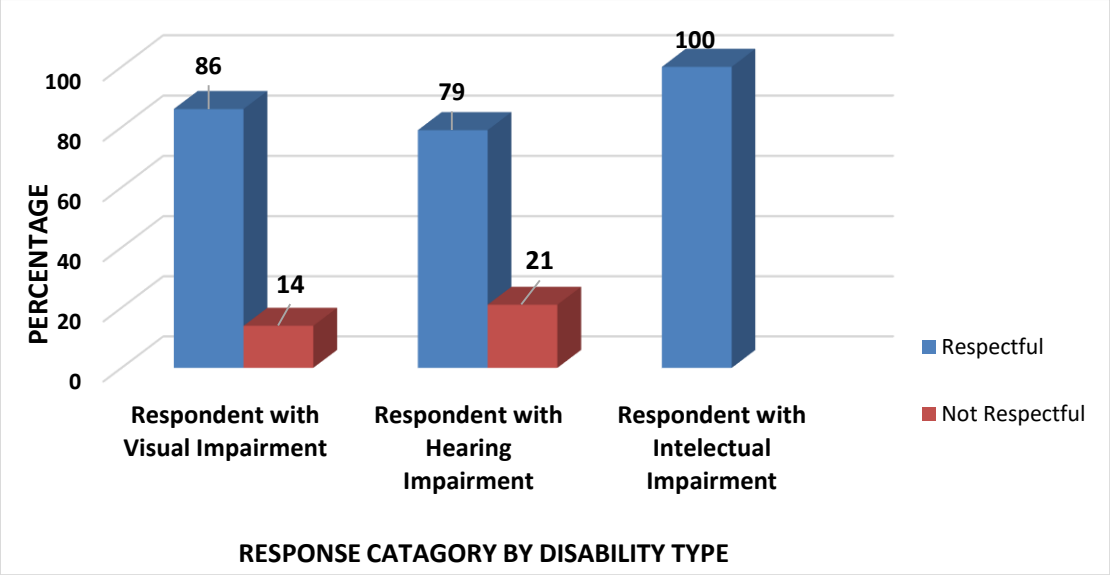
"I attended a half day sign language training for 12 days some years ago. However, the fact that respondents having hearing impairments did not come to the center frequently and I could not get the chance to exercise what I have learnt all contributed to the limited sign language skill I have acquired. Currently, I can only use few greeting signs" ... (Female service provider, Jimma Health Center)

Meanwhile, the remaining 24% of the respondents reported that FP and HIV information were inaccessible as they have never been visited by service providers using sign language. Likewise, 14% of respondents having visual impairments reported that they got information inaccessible while using FP and HIV services in the targeted health facilities.

4.5.3. Service providers attitude

While, investigating attitude of service providers towards youth and women with disabilities during FP and HIV service provision, the reflection of the respondent youth and women with disabilities; having physical, visual and hearing impairments were taken into consideration and presented as follows.

Figure 4.10 Attitude of service providers during FP and HIV services delivery



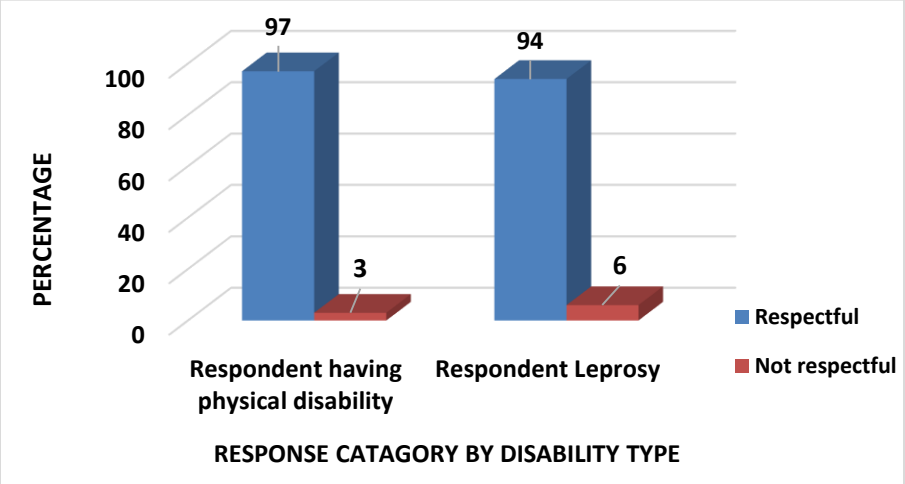
Source: Field data, 2019

Accordingly, as can be referred in Figure 4.10: 79%, 86% and 100% of the respondents having hearing, visual and intellectual impairments reported that service providers who visited them were

respectful. Contrarily, 21%, 14% of the respondents who have hearing and visual impairments reported that service providers not respectful.

> *"By the time I went to Jimma town health center the nurse gave me a warm welcome and treated me with respect during my stay at the center" …. (female FP service user)*

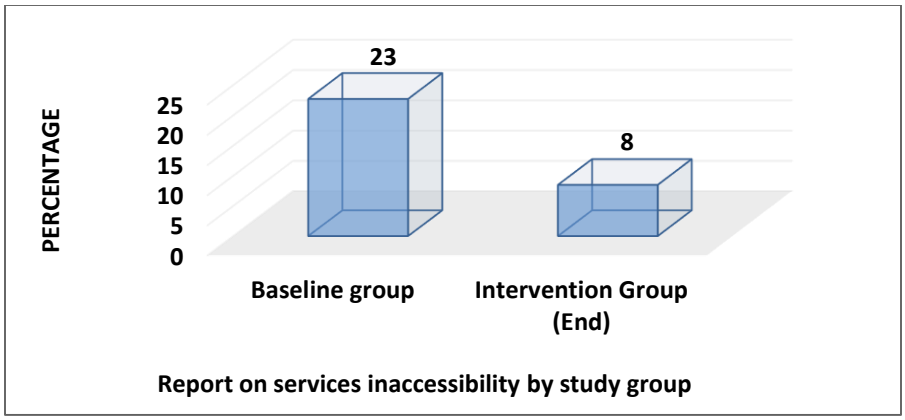
Figure 4.11 Attitude of service providers in view of respondents having physical disability and leprosy



Source: Field data, 2019

Likewise, as demonstrated in Figure 4.11, 97% and 94% of the respondents having physical disabilities and leprosy, respectively, reported that service providers were respectful while providing FP/RH services. Contrarily, 3% and 6% of the respondents having physical disabilities and leprosy respectively, reported that service providers were not respectful during service provision.

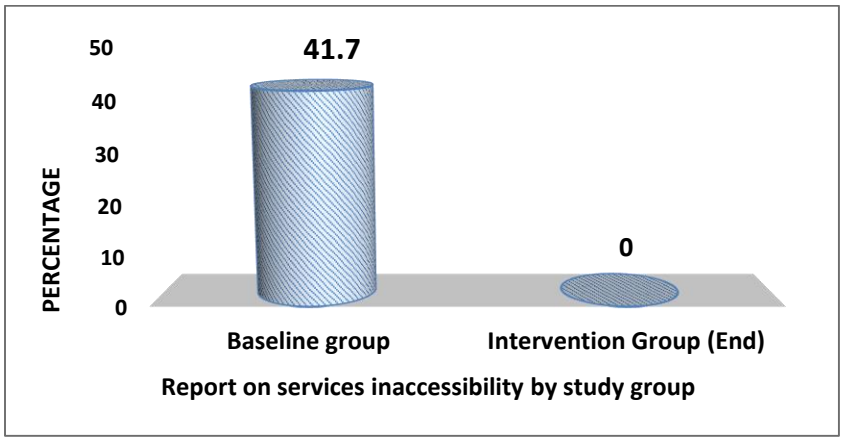
Figure 4.12 Jimma town project beneficiaries' reflection regarding poor attitude of service providers in the targeted health facilities



Source: Field data and baseline survey report, 2019

Thus, as indicated in figure 4.12, 23% of the baseline respondents described poor attitude of FP/RH services at Jimma town health facilities as a barrier to use FP/RH services, likewise as indicated in the same table 8% of the intervention group respondents reported poor attitude of service providers as barriers.

Figure 4.13 Agaro town project beneficiaries' reflection regarding poor attitude of service providers in the targeted health facilities



Source: Field data and baseline survey report, 2019

Likewise, as illustrated in figure 4.13, 41.7% of project beneficiaries in the baseline group reported poor attitude of service providers as barrier for services accessibility in Agaro town. Meanwhile, as illustrated in the same table intervention group respondents witnessed that such problem was not encountered in Agaro town after the intervention.

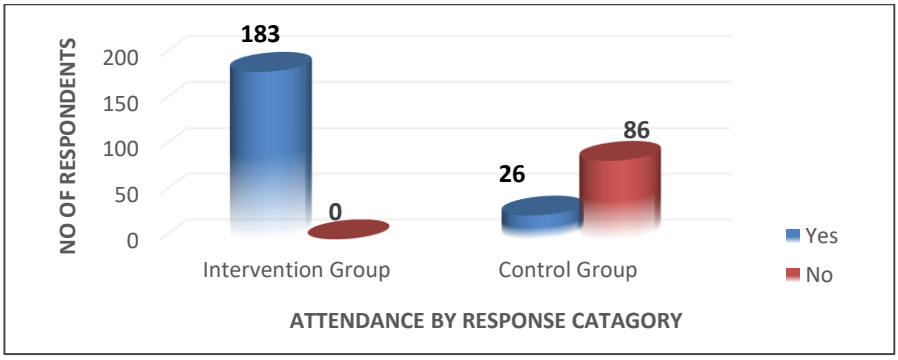
4.6. Association between attendance on the FP/RH campaigns and awareness of FP and HIV services among intervention group respondents

The research finding in this section indicated that respondents in the intervention group attended one or more than one type of campaign among the three types of FP/RH campaigns organized by the project. In light of this, it was noted that 119 of the respondents in the intervention group attended the two-day training, whereas, 154 of the respondents attended the tea/coffee discussions facilitated by the targeted organizations of persons with disabilities. Contrarily, at least number of respondents, 41 attended the FP/RH open campaign facilitated by the project under evaluation.

4.6.1. Attendance on FP/RH campaigns

Initially, the researcher discussed FP/RH campaign attendance of research participants, represented from both the intervention and control group.

Figure 4.14 Attendance on FP/RH campaigns by the respondents in the intervention and control group



Source: Field data, 2019

Thus, as indicated in the figure 4.14, a large number of respondents in the intervention group, 183 (100%) attended FP/RH campaigns as compared to 26(23%) of respondents in the control group. Contrarily, the majority of the respondents in the control group 86 (77%) did not take part in any FP/RH campaign, organized by other organizations.

While, discussing the issue of campaigns, attendance, the researcher also got interested to investigate one of the project performance gaps linked to the issue under discussion. Though, the

project planned to reach a total of 5,400 project beneficiaries through the FP/RH campaign, actually only 1779 (33%) of the target was reached.

Thus, based on the discussions made with the project implementers and chairs of the DPOs it was noted that a large number of project beneficiary youth and women with disabilities were found in Jimma town as compared to Agaro and Nekemete towns Hence, considering the fact that a large numbers of respondents were assumed to be found in the two research sites (Jimma and Agaro) that amounted 910 as indicated in the sample determination section, setting a target of 5,400 youth and women with disabilities to reach through the FP/RH campaign implied poor planning that did not consider the reality.

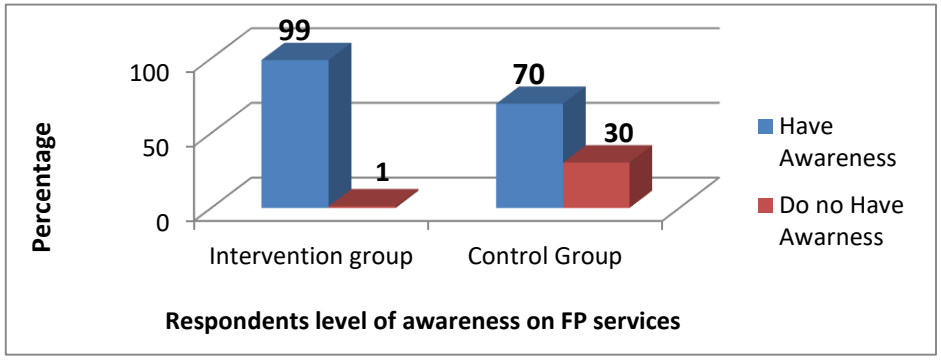
> *"I was not involved from the very beginning. No one requested me to give information regarding the total number members, our association had at the very beginning as well as assess the training needs of our members" ... (DPO chair from Jimma)*

> *"At the very beginning of the project implementation, I was requested for members' data by the project facilitators" ... (DPO chair from Agaro)*

4.6.2. Awareness of family planning services

In the meantime, the researcher discussed the findings of the study pertaining to the respondent's awareness of FP services, with the particular focus on FP services in general and specifically to the various types of FP services in particular in detail.

Figure 4.15 Intervention and control respondents' awareness of FP service

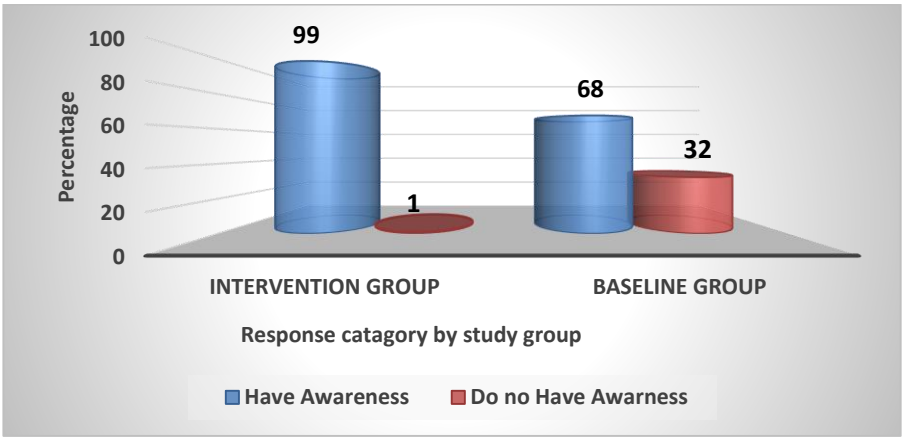


Source: Field data, 2019

Meanwhile, as indicated in the figure 4.15, 99% of respondents in the intervention group were familiar with FP services, while as illustrated in the same figure comparatively lower numbers of respondents, 70% were familiar with the service under discussion. Contrarily, relatively higher

number of respondents, 34 (30%) in the control group were not familiar with FP service, as compared to 1% respondents who were not familiar with the service in the intervention group.

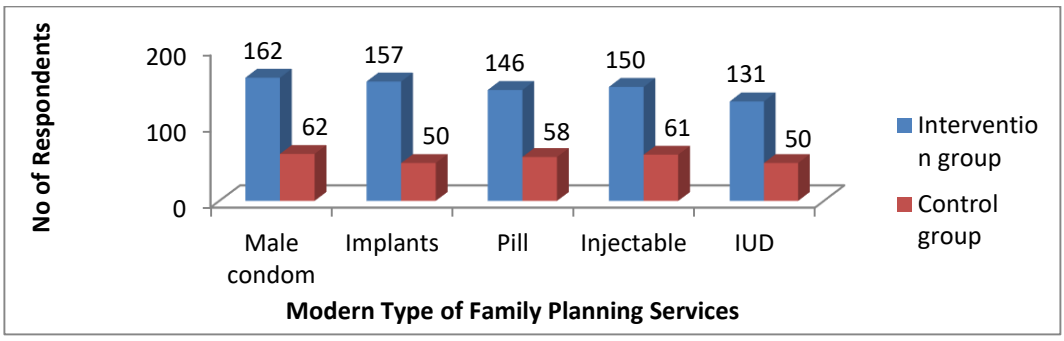
Figure 4.16 Intervention and baseline group respondents' awareness of the family planning services



Source: Field data and baseline survey report, 2019

Thus, the research finding on Figure 4.16 signified that a relatively large percentage of respondents in the intervention group as compared to baseline group, 99% to 68%, respectively reported that their familiarity with FP/RH services. On the other hand, comparatively large number of respondents in the baseline group, 32% as compared to 1% of respondents in the intervention group did not have awareness of FP services.

Figure 4.17 Awareness of modern type of family planning services

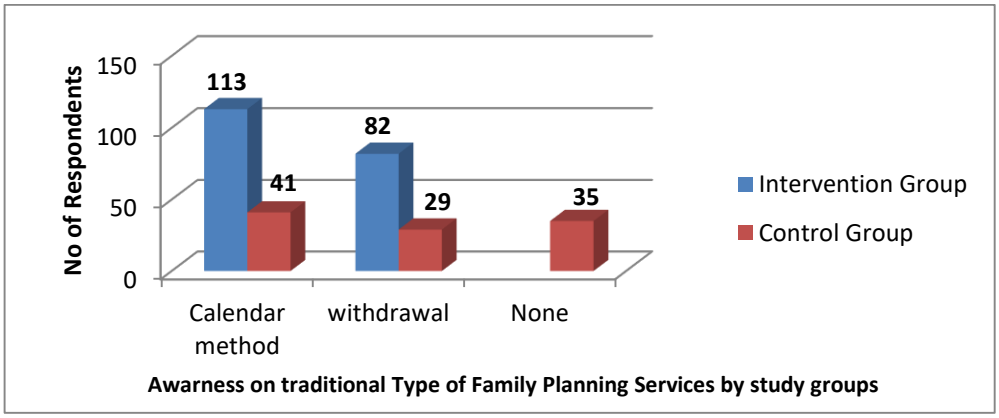


Source: Field data, 2019

Figure 4.17 illustrated that response of respondents both; in the intervention and control group towards their acquaintance with the various types of modern FP services. Thus, the majority of the respondents in the intervention group, 162, 157 and 150 reported that they were familiar with the modern type of FP services specifically; condom implants and pills as compared to 62, 50 and 58

respondents in the control group, respectively. Meanwhile, 146 and 131 of the respondents in the intervention and 58 and 50 respondents in the control group reported that they were aware of pill and IUD among the various types of modern FP services.

Figure 4.18 Intervention and control group respondents' awareness of traditional type of FP Services



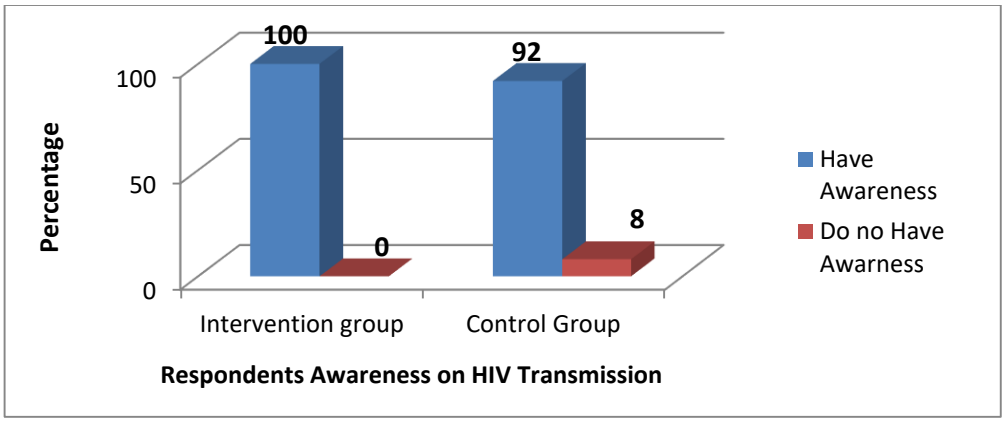
Source: Field data, 2019

Thus, as indicated in Figure 4.18 comparatively large number of respondents in the intervention group 113 and 82 as compared to 41 and 29 respondents in the control group reported their familiarity with the two types of traditional FP service namely, calendar method and withdrawal. Meanwhile, 35 respondents in the control group reported that they were not familiar with any type of traditional FP services.

4.6.3. Awareness of intervention and control group respondents on HIV services

Furthermore, the researcher also investigated the research participants' awareness of HIV services. In this regard, discussions in this section were made considering the response of respondents in the two groups under consideration.

Figure 4.39 Intervention and control group respondent's awareness of HIV services



Source: Field data, 2019

Thus, as demonstrated in the figure 4.19 majority of the respondents in the intervention and control group; 100% and 92% reported that they were familiar with HIV services. Meanwhile, only 8% of the respondents in the control group reported that they were not aware of HIV services. Meanwhile, the researcher also observed that almost all of the respondents who reported they were familiar with HIV services were well aware of the means of HIV transmission such as; unsafe sex, sharing sharps, Mother to child transmission if proper care was not taken and blood contact were among the major means of transmission mentioned by the respondents.

4.6.4. The association between attendance on the awareness rising campaign and awareness of FP and HIV services

A cross-tabulation was made to investigate the relationship between campaign attendance and FP and HIV services awareness among respondents in the intervention and control group as illustrated on table 4.3.

Table 4.3 Cross tabulation of attendance on FP/RH campaigns and awareness of FP and HIV service among intervention group respondents

		Awareness on			
		FP services		HIV services	
		Yes	No	Yes	No
Attendance on Campaign	Yes	181 98.9 %	2 1.1%	183 100%	0 0%

Source: Field data, 2019

Thus, as indicated in the table 4.3 out of 183 research participants who took part in the FP/RH campaigns, 181 of them reported that they were familiar with FP services. Moreover, as indicated

in the same table all respondents in the intervention group who participated in the FP/RH campaign reported that they were familiar with HIV services.

4.7. Relationship between awareness of FP and HIV services and attitude towards using the FP and HIV service among intervention group respondents

As illustrated in table 4.4, the researcher assessed the relationship between awareness of the targeted youth and women with disabilities with their attitude towards using FP and HIV services among respondents in the intervention group.

Table 4.4 the association between respondents' awareness of the FP and HIV services and attitude of respondents towards FP and HIV services use

		Attitude of respondents towards using FP and HIV services							
		Have limited value	Uncertain	Valuable	Highly Valuable	Total	Pearson chi2	P-Value	Kendall's tau-b
Awareness on FP services	Yes	2 1.1%	6 3.3%	76 41.99%	97 53.01%	181 100%	44.2334	0.000	0.1882
	No	0 0%	2 100%	0 0%	0 0%	2 100%			
Awareness on HIV services	Yes	2 1.09%	8 4.37%	76 41.53%	97 53.01%	183 100%			

Source: Research findings, 2019

Thus, as can be referred on table 4.4 the chi-squared value; $X^2(3, N=183) = 44.2334$, *P-value* <0.001 indicated that there was a statistically significance relationship between awareness of the FP services and attitude towards using the same services. However, despite the fact that the chi-squared result was statistically significant, while having a look at the strength of relationship *tau-*

b 0.1882, signified a weak relationship between the two variables under discussion (Acock, 2014). Furthermore, as demonstrated on the same table the researcher used cross-tabulation to assess the relationship between the respondent awareness of HIV services and their corresponding attitude towards using same. Accordingly, as presented on the same table 53% of the respondents who were aware of the HIV services highly valued the importance of using HIV services.

4.8. Association between the attitude, subjective norm and behavioral control with the intention of intervention group respondents towards using FP and HIV services

Here under, the researcher examined the relationship between the constructs; attitude towards using the FP and HIV services, subjective norm and behavioral control on one side and intention of the respondents towards using the service on the other side.

Table 4.5 The relationship between attitude, subjective norm and behavioral control and intention towards using FP and HIV services among the intervention group respondents

		Intention towards using FP and HIV services							
		Strongly disagree	Disagree	Uncertain	Agree	Strongly agree	P-value	Pearson chi2	Kendall's Tau-b
Attitude of the respondents towards using services	Limited value	0 0%	1 50%	0 0%	0 0%	1 50%	0.000	59.9603	0.3057
	Uncertain	0 0%	0 0%	7 87.5%	1 12.5%	0 0%			
	Valuable	2 2.6%	2 2.6%	14 18.4%	27 35.5%	31 40.8			
	Highly valuable	4 2.19%	7 3.83%	31 16.9%	41 22.4%	100 54.6%			
Support of important others towards using services	Not support	1 20%	0 0%	1 20%	2 40%	1 20%	0.000	91.5621	0.492
	Somehow supportive	0 0%	2 10.5%	7 36.8%	8 42.1%	2 10.5%			
	Uncertain	2 7.7%	3 11.5%	14 53.8%	4 15.4%	3 11.5%			
	Supportive	1 1.5%	1 1.5%	6 8.8%	20 29.4%	40 83.1%			

	Extremely supportive	0 0%	1 1.5%	3 4.6%	7 10.7%	54 83.1%			
Experiencing difficulties while using services	Extremely Likely	0 0%	0 0%	2 100%	`	0 0%	0.000	101.895	0.4642
	Likely	`1 10%	0 0%	`1 10%	4 40%	4 40%			
	Uncertain	1 4.2%	1 4.2%	16 66.67%	5 20.8%	1 4.2%			
	Somehow likely	1 4.8%	2 9.5%	1 4.8%	13 61.9%	4 19.1%			
	Not at all likely	1 0.8%	4 3.2%	11 8.7%	19 15.1%	91 72.2%			

Source: Stata output, Reseach finding, 2019

Accordingly, the chi-squared value on table 4.5; $X^2(12, N=183) = 59.9603$, *p-value*<0.001 indicated a statistically significant relationship between the attitude and intention of respondents towards using FP and HIV services. Apart from this, while having a look at the strength of the relationship using *tau-b*, indicated a moderate strength, as 0.3057 fallen between 0.2 and 0.5 (Acock, 2014).

Likewise, as indicated in table 4.5 the researcher used chi square test to assess the relationship between the support of important others towards using FP and HIV services and the intention in using the same service. Accordingly, the chi-squared value; $X^2(16, N=183) = 91.5621$, *p-value*<0.001 proved existence of a statistically significance relationship between support of important others towards using FP and HIV services and the intention in using services under discussion. Apart from the analysis of the statistical significance relationship, analysis of the strength of relationship was also done, hence the value of *tau-b*, 0.49 signified that the strength of relationship was strong (Acock, 2014).

In addition, table 4.5 illustrated a chi-squared value; $X^2(16, N=183) = 101.8951$, *p-value*<0.001 that proved existence of statistically significance relationship between behavioral control, with the particular focus on difficulties the respondent may experience in using FP and HIV services, and the intention towards using the same services. Apart from this while having a look at the strength of relationship between the two variables it was noted that, there was moderately strong relationship between the two variables under discussion as the value of *tau-b*, 0.46, which signify the existence of substantive significance between the two variables under discussion (Acock, 2014).

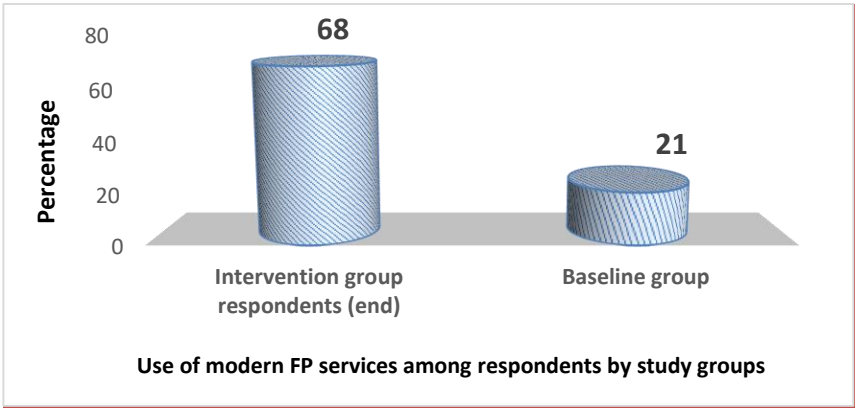
4.9. Evaluating the effect of the FP/RH awareness rising and accessibility modifications towards predicting the status of FP and HIV services use among intervention group respondents

In this section the research findings were presented having the following sequence; initially bar charts were used to visualize research findings followed by chi square test and binary logistic regression to answer the research objective as demonstrated in the tables and figures beneath.

4.9.1. Description of FP and HIV services use among the research participants

Subsequently, the research findings were presented campairing the status of using FP and HIV services among the various group of respondents: intervention with along with baseline group followed by intervention with control groups respondents were presented as follows:

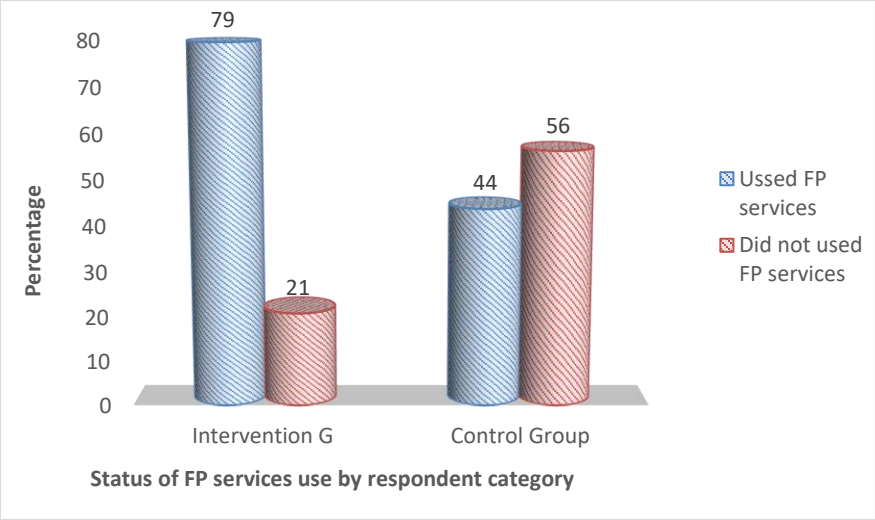
Figure 4.20 Modern FP services use among respondents in the intervention and baseline group



Source: field and baseline survey report data, 2019

Hence, as indicated in the figure 4.20; 21% of the respondents in the baseline survey report stated that they used modern FP services, while as illustrated in same figure, use of modern FP rose to 68% among the intervention group respondents.

Figure 4.21 FP services use among respondents in the intervention and control group



Source: Field data, 2019

Likewise, as illustrated in Figure 4.21 comparativelly higher number of respondent youth and women with disabilities in the intervention group, which was 79% used FP services, as compaired to 44% of respondents in the control group. Contrarily, lower number of respondents in the intervention group 21% as compaired to 56% respondents in the control group reported that they never used FP services.

Subsequently, the researcher made test for internal consistancy for the items that assessed the frequescy of FP services use among the respondents of the study. Then, the assessment campeup with a cronbach's alpha coefficient result of 0.99, which indicated presence of high internal consistancy among the items under discussion (Acock, 2014). Following the reliablity test as demonstrated in table 4.6, the researcher used descriptive statistics to make further analysis of the items under discussion as follows;

Table 4.6 Frequency of FP services use among respondents in the intervention group

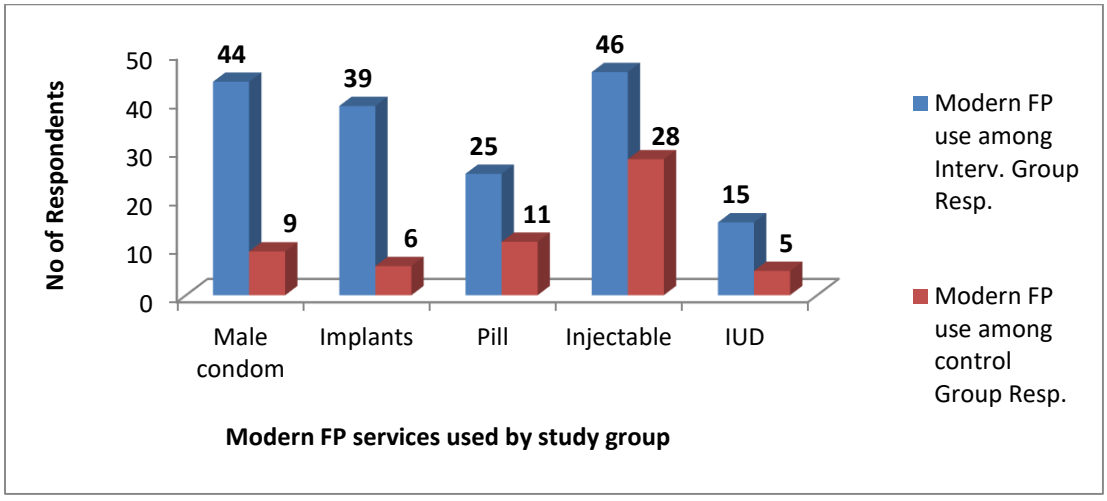
Frequency of FP use	Freq.	Percent	Cum.
Almost Never	38	20.77	20.77
Sometimes	27	14.75	35.52
Uncertain	3	1.64	37.16
Usually	23	12.57	49.73
Always	92	50.27	100.00
Total	183	100.00	

Source: stata output, research finding, 2019

Accordingly, 50% of the respondents in the intervention group reported that they allways use FP services, succeeded by 20.77 % of the respondents who never used the services and 14.75% of the respondents who sometimes used the services.

The researcher, also got interested to illustrate services use among the respondents by their type of disabilities, demonstrated on Figure 4.24 and 4.25 here under for the two study group respondents independently.

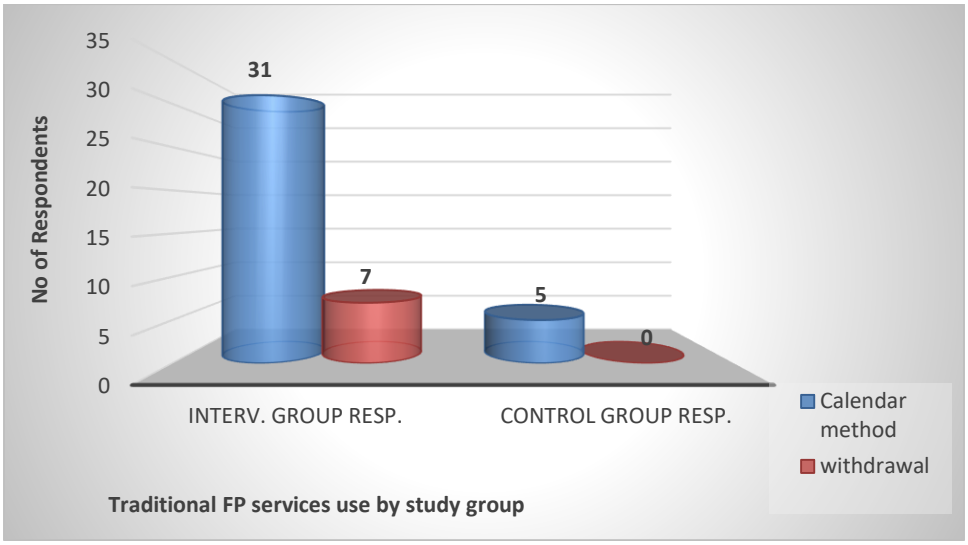
Figure 4.22 Modern FP services use among respondents in the intervention and control group



Source: Field data, 2019

Hence as illustrated in Figure 4.22, comparativelly large number of respondents used injectables, male condom and implants, respectivelly among the intervention and control group respondents.

Figure 4.23 Traditional FP services use among respondents in the intervention and control group

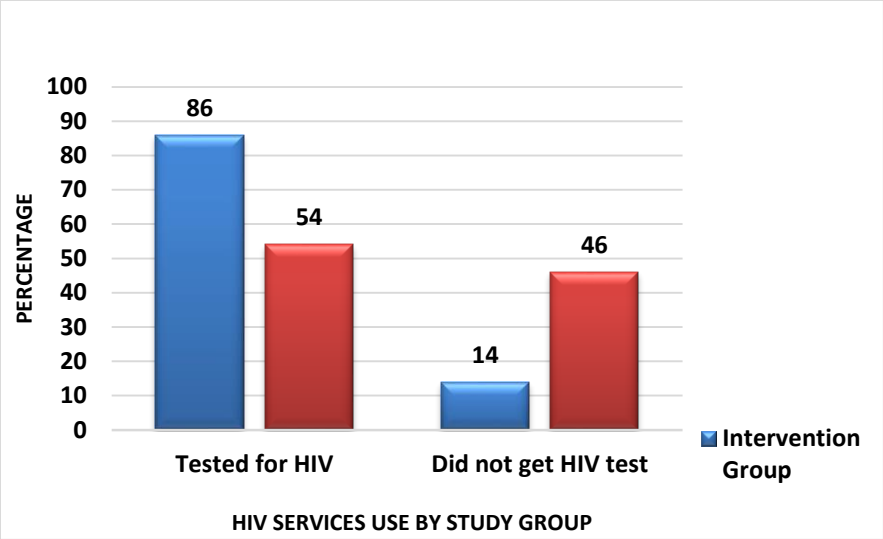


Source: Field data , 2019

In the meantime, while having a look at the traditional FP services use among the research participants in the intervention and control groups as illustrated in figure, 4.23, relatevelly large number of respondents in the intervention group and control group used calander method folowed by withdrawal methods from the traditional type of FP services.

Furthermore, the researcher also investigated HIV services use among respondents with the various study groups; initally the findings with the particular focus on the intervention and baseline group was were presented, succeeded by the intervention and control group respondents in figures 4.24 and 4.25 below, respectivelly.

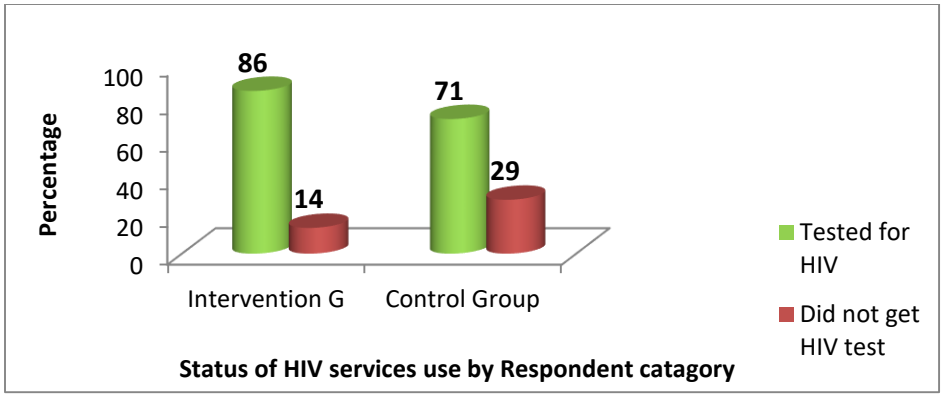
Figure 4.44 Testing for HIV among intervention and baseline group respondents



Source: Data from field and survey report, 2019

Thus, as illustrated in the figure 4.24 HIV services use, particularly testing for HIV was relatively higher among respondents in the intervention group, as 86% of the respondents reported that they got tested for HIV as compaired to 54%. Contrarily as illustrated in figure 4.24 comparatively lower number of respondents in the intervention group, 14% reported that they did not get tested for HIV as compaired to 46% of the respondents in the baseline group.

Figure 4.55 Testing for HIV among intervention and control group respondents



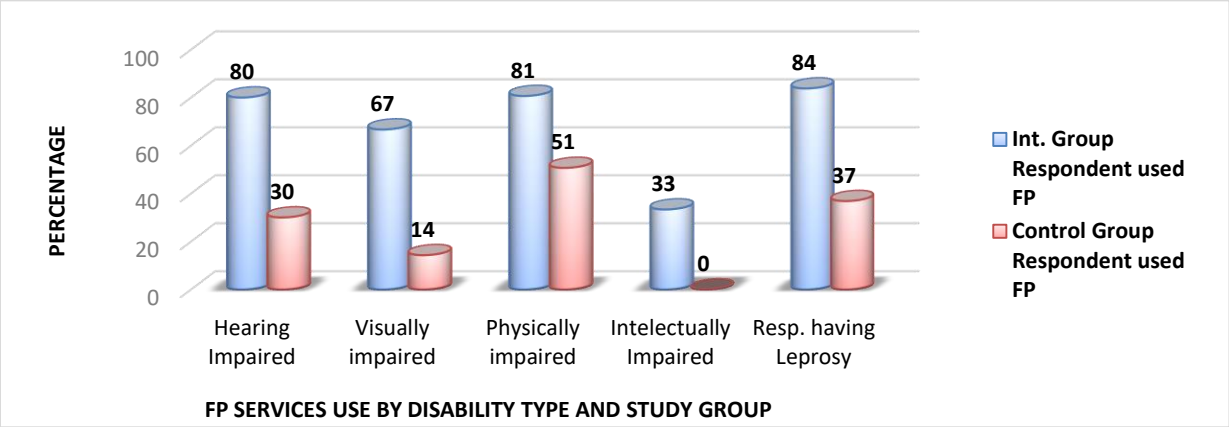
Source: Field data, 2019

Subsequently, as illustrated in figure 4.25 a large number of respondents in the intervention group, 86% of respondents reported that they got tested for HIV as compared to 71% of the respondents in the control group. Contrarily, lower number of individulas in the intervention group 14% reported that they did not get tested for HIV, as compared to 29% of individuals in the control group.

4.9.2. Bivariate analysis of FP and HIV services use

This section demonstrated the relationship between the selected predictor variables with dependent variable of the study using charts and chi squared test as demonstrated in the tables and charts below.

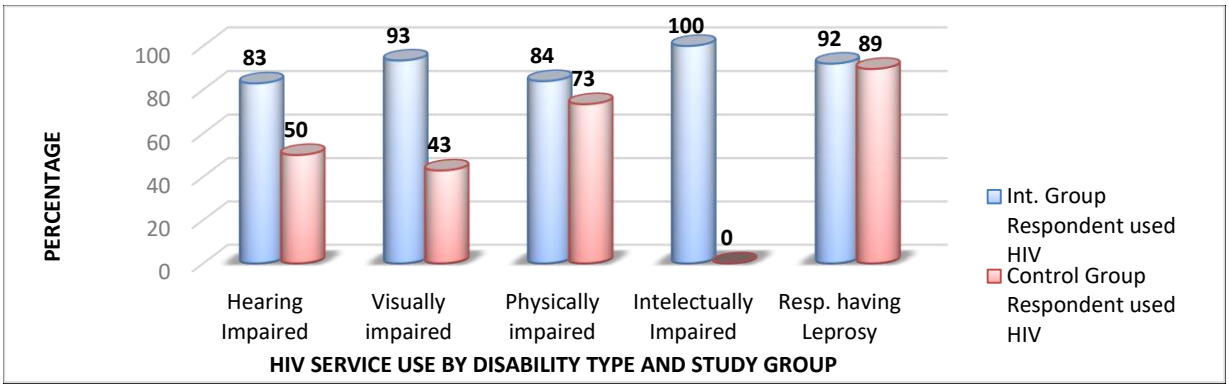
Figure 4.66 FP services use by disability type among respondents in the intervention and control group



Source: Field data, 2019

Hence, as demonstrated in Figure 4.26 comparatively a large number of respondents, 84% respondents in the intervention group that have leprosy used FP services, followed by persons having physical and persons hearing impairements, with 81% and 80%, respectivelly, succeded by persons having visual and intelectual disability. In the meantime, a large number of respondents in the control group 51% who have physical disability followed by 37% of the respondents having Leprosy and 30% who have hearing impairments reported use of FP services followed by persons having intelectual and visual impairment among the control group respondents.

Figure 4.27 HIV services use by disability type and study groups



Source: Field data, 2019

In the meantime, while having a look at the percentage of respondents who got tested for HIV as illustrated in figure 4.27; respondents with intelectual disability and in the intervention group took the lead with 100% followed by persons having visual impairment 93% and persons having leprosy 92%. Meanwhile, comparatively huge proportion of respondents having lepreosy, 89% in the control group succeded by respondents having physical disability 73% and respondents having hearing impairement 50% reported that got tested for HIV.

4.9.3. Association between awareness of FP and HIV services and use of the services

Subsequently, the researcher used chi squared test to investigate the relationship between FP and HIV service awareness among the respondents' and the respondents practices of using the services.

Table 4.7 The relationship between awareness of FP services and use of FP services among respondents in the intervention group

			Respondents status of using FP services		Pearson Chi2	P-value	Cramer's V
			Used FP services	Did not use			
Respondents awareness of FP services	Intervention group	Yes	145 80.1%	36 19.9%	7.716	0.005	0.2053
		No	0 0%	2 100%			
	Control group	Yes	46 59%	32 41%	24.19	0.000	0.4648
		No	3 8.8%	31 91.2%			

Source: Stata output research finding, 2019

Thus, the research finding in table 4.7, of the Pearson chi2 (1) = 7.7159 , *P-value*< 0.01 indicated a statistically significant relationship between awareness of FP services and use of the service

among the intervention group respondents. Moreover, while having a look at the strength of the relationship, the *Cramers'V* result of 0.2053 indicated a moderate relationship between the FP awareness and practices of using the service among respondents in the intervention group.

Moreover, while having a look at the relationship between FP service awareness among the control group respondents and their practice of using the same services as indicated in the table 4.7, the pearson chi2 (1) = 24.4660 , *P-value*< 0.01 designated a statistically significant relationship between the variables under discussion. Meanwhile, while having a look at the strength of the relationship, the *Cramers'V* result of 0.4674 depicted a moderate relationship between awareness of FP services and the use of the same among the respondent in the control group.

Subsequently, the researcher presented an investigation made to assess the relationship between the respondents' awareness of HIV services and their practices of testing for HIV as follows.

Table 4.8 Association between awareness of HIV services and testing for HIV among respondents in the intervention and control groups

			Respondents status of testing for HIV		Pearson Chi2	P-value	Cramer's V
			Used FP services	Did not use			
Respondents awareness of HIV services	Intervention group	Yes	158 86.3%	25 13.7%	24.466	0.000	0.4674
	Control group	Yes	80 77.7%	23 22.3%			
		No	0 0%	9 100%			

Source: Stata output research finding, 2019

Meanwhile, the researcher cross tabulated the two variables under discussion for the intervention group respondents, hence as illustrated in table 4.8, 86.3%, of the respondents who were aware of HIV service got tested for HIV services. Furthermore, the pearsonchi2 result of (1) = 24.4660 , *P-value*< 0.01 as illustrated in table 4.8, indicated a statistically significant relationship between awareness and use of HIV services among respondents in the control group. Meanwhile, while having a look at the strength of the relationship, the *Cramers'V* result of 0.4674 indicated a moderate strength of the relationship between the two variables under discussion.

4.9.4. The association between intention and practice towards using FP and HIV services among respondents in the intervention group

The researcher also got interested to investigate the relationship between intention of the respondents and their engagement in using FP and HIV services among the respondents in the intervention group, as below:

Table 4.9 The association between intention to use FP and HIV services and use of the same services among respondents in the intervention group

			Response on intention to use FP and HIV services							
			Strongly agree	Disagree	Uncertain	Agree	Strongly agree	Pearson chi2	P-Value	Kendall's tau-b
Respondents status of using FP and HIV services	Use of FP services	Used FP services	1 0.7%	2 1.4%	10 6.9%	36 24.8%	96 66.2%	78.5641	0.000	0.5372
		Did not used FP services	3 7.9%	5 13.2%	21 55.3%	5 13.2%	4 10.5%			
	Use of HIV services	Used HIV services	1 0.6%	5 3.2%	23 14.6%	33 20.9%	96 60.8%	27.0.593	0.000	0.3192
		Did not used HIV services	3 12%	2 8%	8 32%	8 32%	4 16%			

Source: stata output research finding, 2019

Thus, as illustrated in the table 4.9, the Pearson chi2 (1) = 78.5641 , *P-value*< 0.01 indicated a statistically significant relationship between intention to use services and use of FP services among respondents in the intervention group. Apart from the statistical significance, the researcher also made an assessment of the strength of the association between the two variables, thus the value of *tau-b*, 0.5372, in the same table signified the existence of substantive significance between the intention of the respondents towards using FP services and practices of the respondents in using the service (Acock, 2014).

Furthermore, as can be observed at the same table, the Pearson chi2 (1) = 27.0593 , *P-value* < 0.001 indicated a highly statistically significant relationship between intention to use HIV services and getting tested for HIV. Apart from this while having a look at the strength of relationship, it was noted that there was a moderately strong relationship between the two variables under discussion since the value of *tau-b*, 0.3192 (Acock, 2014).

4.9.5. The association between behavioral control and FP and HIV services use among the respondents in the intervention group

The research finding on the relationship between behavioural control and use of FP and HIV services among intervention group respondents were presented in table 4.10 below.

Table 4.10 The association between behavioral control and FP service use among respondents in the intervention group

			Difficulties in using FP and HIV services							
			Extremely likely	Likely	Uncertain	Somehow Unlikely	Not at all likely	Pearson chi2	P-Value	Kendall's tau-b
Respondents status of using FP and HIV services	Use of FP services	Used FP services	1 0.7%	9 6.2%	9 6.2%	18 12.4%	108 74.5%	30.9016	0.000	0.2402
		Did not used FP services	1 2.6%	1 2.6%	15 39.47%	3 7.9%	18 47.4%			
	Use of HIV services	Used HIV services	2 1.3%	7 4.4%	16 10.1%	18 11.39%	115 72.8%	13.0586	0.000	0.2155
		Did not used HIV services	0 0%	3 12%	8 32%	3 12%	11 44%			

Source: stata output research finding, 2019

The chi squared test in the table 4.10, the Pearson chi2 (1) = 30.9016 , *P-value*< 0.001 indicated a statistically significant relathioship between behavioural control and use of FP services. Moreover, as can be observed in the same table 74.5% of respondents who reported that they never experienced any difficulties, reported that they used FP services. In the meantime, while having a look at the strength of the relationship, it was noted that, there was a moderate relationship between the two variables under discussion since the value of *tau-b*, is 0.2402 (Acock, 2014).

Meanwhile, the chi squared test in the table 4.10 with Pearson chi2 (1) = 13.0586 , *P-value*< 0.011 indicated a statistically significant relationship between behavioural control and use of HIV services among intervention group respondents. Hence, as illustrated in the same table 72.8% of the respondents who reported that they never experienced any difficulties in using HIV services, got tested for HIV. Apart from this while having a look at the strength of the relationship, it was noted that, there was a moderate relationship between the two variables under discussion since the value of tau-b, 0.2155, signify substantively significant relationship between the two variables under discussion (Acock, 2014).

4.9.6. Association between service accessibility and use of FP and HIV services among respondents in the intervention group

This section presented the research finding with the particular focus on the relationship between FP and HIV services accessibility; in terms of physical and information accessibility in the targeted health facilities and use of FP and HIV services among respondents in the intervention group as follows.

Table 4.11 The association between accessibility of physical infrastructures and use of FP and HIV services among respondents in the intervention group

		Physical infrastructures accessibility					
		Not accessible	Accessible	Partially Accessible	P-Value	Pearson Chi3	Kendall's tau-b
Respondents status of using FP services	Used FP services	8 7.2%	72 64.8%	31 27.9%	0.493	1.4138	-0.0167
	Did not use FP services	0 0%	12 75%	4 25%			
Respondents status of using HIV services	Used HIV services	7 6%	77 66.4%	32 27.6%	0.923	0.1608	0.0144
	Did not use HIV services	1 9.1%	7 63.6%	3 27.3%			

Source: stata output researh finding, 2019

The chi squared test result in the table 4.11, of Pearson chi2 (1) = 1.4138, *P-value* >0.001 indicated that the relationship between physical infrustructure accessibility and use of FP services among respondents in the intervention group was not statistically significant. Moreover, the value of *tau-b*, -0.0167, is below 0.2 that signified a weak strength of the relationship between the variables under discussion (Acock, 2014). Likewise, as illustrated in table 4.11 the relationship between physical infrastructure and use of HIV services was not statistically significant as *P-value* is greater than 0.05.

Table 4.12 Association between information accessibility and use of FP and HIV services among intervention group respondents

		Response to Information accessibility					
		Not accessible	Accessible	Partially Accessible	P-Value	Pearson Chi3	Kendall's tau-b
Respondents status of using FP services	Used FP services	13 9.1%	123 86%	7 4.9%	0.14	3.9303	-0.6145
	Did not use FP services	0 0%	25 89.3%	3 10.7%			
Respondents status of using HIV services	Used HIV services	12 7.7%	134 85.9%	10 6.41%	0.586	1.0679	0.0403
	Did not use HIV services	1 6.7%	14 93.33%	0 0%			

Source: Stata output research findings, 2019

Moreover, table 4.12 illustrated a chi squared result of: Pearson chi = 3.9303, *P-value>* 0.05 implied that the relationship between information accessibility in the targeted health facilities and use of FP services was not statistically significant . Likewise, as demonstrated in the same table the relationship between information accessibility and use of HIV services was not statistically significant (Acock, 2014).

4.9.7. Multivariate analysis to FP and HIV services use

This section, presented findings pertaining to the four hypotheses tested in this particular study.

HYPOTHESIS 1

Ho 1: Intention of respondents towards using FP services, physical accessibility, information accessibility, educational background, income, the respondents' behavioral control, the number of children owned by the respondents, religion, age and marital status of the respondents did not predict FP service use among the intervention group respondent youth and women with disabilities.

Ha 1: Intention of respondents towards using FP services, physical accessibility, information accessibility, educational background, income, the respondents' behavioral control, the number of children owned by the respondents, religion, age and marital status of the respondents predict FP service use among the intervention group respondent youth and women with disabilities.

Table 4.13 Multivariate analysis of predictors and the dependent variable based on the response of intervention group respondents towards using FP services

Logistic regression — Number of obs = 128; LR chi2(10) = 38.29; Prob > chi2 = 0.0000; Log likelihood = -30.994836; Pseudo R2 = 0.3818

usefp	Odds Ratio	Std. Err.	z	P>|z|	[95% Conf.	Interval]
intend1_fp	3.16002	1.096296	3.32	0.001	1.600977	6.237272
phyaccessib	.2102641	.1706027	-1.92	0.055	.042867	1.031353
info_acc	.5225823	.4891203	-0.69	0.488	.0834559	3.272293
mar_sts	.4307891	.155787	-2.33	0.020	.2120524	.8751575
religion	.6074737	.1816304	-1.67	0.095	.3380837	1.091518
age	1.106908	.0725273	1.55	0.121	.9735063	1.25859
bc3_diffuse	1.017466	.3385197	0.05	0.958	.5300513	1.953089
mntly_earng	1.00026	.0005113	0.51	0.611	.9992583	1.001262
chld_ownd	1.263042	.4494212	0.66	0.512	.6288389	2.536857
edc_levl	1.239536	.5873543	0.45	0.650	.4896856	3.137625
_cons	.5963443	1.681321	-0.18	0.855	.0023749	149.7469

Source: Stata output research finding, 2019

Thus, as illustrated in the table 4.13 the data of 128 respondents were used in the analysis. Since the researcher found some of the questions were not applicable for some of the respondents in the study, the value of those specific variables was considered as a missing one, which contributed to the reduction of the number of respondents in the analysis. Meanwhile, while having a look at the overall model the result of the maximum Likelihood Ratio (LR) chi squared (8) = 38.29, *P-value* < 0.00 indicated a statistically significant result, which implied the existence of significant relationship between the predictors and the dependent variable. More specifically, as indicated on the same table the predictor variables such as; intention named as "intend_fp" and marital status designated as "mar_sts" had *P-value* of less than 0.05 contrary to other predictors.

Furthermore, while having the two significant predictor variables independently, as the variable of "indend_fd" has an odds ratio of 3.16, *P-value* <0.05, which signified an odds of using FP services increased by 3.176 times as the respondent's intention of using services increased (Acock, 2014). Contrarily, the variable marital status has an odds ratio of 0.4307, *P-value* <0.05 implied an odds of using FP services decreased as the marital status of respondents goes from married to widowed and divorced.

Moreover, since the nature and the scale of the predictor variables, which were statistically significant varies as intention is scaled in nature, having a scale that ranges from 1 to 5 and marital status is nominal variable in nature, having a scale that ranges from 1 to 5, thus, the researcher

used “listcoef, help percent” command in stata to compare the odds ratio for one variable with the other, primarily, to evaluate the effect of a 1-standard-deviation change for variables as follows:

Table 4.14 Percentage change in odds

```
. listcoef, help percent

logistic (N=128): Percentage Change in Odds

  Odds of: Used_FP_ vs Did_not_
```

usefp	b	z	P>|z|	%	%StdX	SDofX
intend1_fp	1.15058	3.316	0.001	216.0	200.7	0.9570
phyaccessib	-1.55939	-1.922	0.055	-79.0	-74.5	0.8759
info_acc	-0.64897	-0.693	0.488	-47.7	-41.3	0.8216
mar_sts	-0.84214	-2.329	0.020	-56.9	-60.0	1.0874
religion	-0.49845	-1.667	0.095	-39.3	-47.2	1.2828
age	0.10157	1.550	0.121	10.7	133.7	8.3588
bc3_diffuse	0.01732	0.052	0.958	1.7	1.8	1.0272
mntly_earng	0.00026	0.508	0.611	0.0	25.2	865.1463
chld_ownd	0.23352	0.656	0.512	26.3	44.8	1.5846
edc_levl	0.21474	0.453	0.650	24.0	18.3	0.7824

```
       b = raw coefficient
       z = z-score for test of b=0
   P>|z| = p-value for z-test
       % = percent change in odds for unit increase in X
   %StdX = percent change in odds for SD increase in X
   SDofX = standard deviation of X
```

Source: Stata output research finding, 2019

Thus, as illustrated in table 4.14 having a 1- standard-deviation higher percentage of intention to use FP services increases the respondents’ odds of using FP services by 200%, meanwhile, as illustrated in the same table using FP services 1 standard deviation higher often reduces the odds of using the service by 60% as the respondents whose marital status goes from married to widowed and divorced. Both of these results are statistically significant.

HYPOTHESIS 2

Ho 2: FP services awareness of respondents, educational background, income, and the number of children owned by the respondents did not predict FP service use among the control group respondent youth and women with disabilities.

Ha 2: FP services awareness of respondents, educational background, income, and the number of children owned by the respondents predict FP service use among the control group respondent youth and women with disabilities.

Table 4.15 Multivariate analysis of predictors and the dependent variable based on the response of control group respondents towards using FP services

Logistic regression — Number of obs = 112; LR chi2(6) = 32.13; Prob > chi2 = 0.0000; Log likelihood = -60.692349; Pseudo R2 = 0.2093

usefp	Odds Ratio	Std. Err.	z	P>|z|	[95% Conf.	Interval]
know_fpmd	10.87073	7.265022	3.57	0.000	2.933536	40.28335
edc_levl	1.027375	.2896897	0.10	0.924	.5911739	1.785431
mntly_earng	1.000495	.0004157	1.19	0.234	.9996802	1.00131
chld_ownd	1.153598	.1294805	1.27	0.203	.9257952	1.437453
mar_sts	.879699	.1662481	-0.68	0.498	.6073954	1.27408
religion	1.096719	.1937389	0.52	0.601	.7757608	1.550468
_cons	.0625026	.0709929	-2.44	0.015	.0067464	.5790643

Source: Stata output research finding, 2019

Subsequently, as illustrated in the table 4.15 responses from 112 observations were analyzed. Consequently, while having a look at the overall model, the result of the maximum Likelihood Ratio (LR) chi squared (6) = 32.13, *P-value* < 0.001 indicated a statistically significant relationship between the predictor and the dependent variable. But, while having a look at the *P-value* for the predictor variables further, it was found that the variable focused on FP awareness of respondents as indicated "know_fpmd" was the only significant variable with a *P-value* less than 0.05. Thus, the result indicated that the odds of using FP services increased by 10.87 times among the control respondents who are aware FP services.

HYPOTHESIS 3

Ho 1: Intention of respondents towards using HIV services, physical accessibility, information accessibility, educational background, income, the respondents' behavioral control, the number of children owned by the respondents, religion, age and marital status of the respondents did not predict HIV service use among the intervention group respondent youth and women with disabilities.

Ha 1: Intention of respondents towards using HIV services, physical accessibility, information accessibility, educational background, income, the respondents' behavioral control, the number of children owned by the respondents, religion, age and marital status of the respondents predict HIV service use among the intervention group respondent youth and women with disabilities.

Table 4.16 Multivariate analysis of predictor and dependent variables among respondents in the intervention group towards using HIV services

Logistic regression — Number of obs = 128; LR chi2(9) = 10.65; Prob > chi2 = 0.3006; Log likelihood = -34.500793; Pseudo R2 = 0.1337

tested_hiv	Odds Ratio	Std. Err.	z	P>|z|	[95% Conf.	Interval]
intend1_fp	1.199272	.4530567	0.48	0.631	.5719446	2.514673
phyaccessib	.6936864	.3760983	-0.67	0.500	.239698	2.00753
info_acc	.9802778	.5546746	-0.04	0.972	.3233779	2.971584
bc3_diffuse	1.444044	.4561418	1.16	0.245	.7775078	2.681985
mntly_earng	1.000078	.0004786	0.16	0.871	.9991402	1.001016
chld_ownd	1.372428	.4700436	0.92	0.355	.7013923	2.685456
edc_levl	1.252914	.5972359	0.47	0.636	.4922353	3.189113
mar_sts	1.273425	.4837525	0.64	0.525	.6048066	2.681207
religion	1.145948	.277087	0.56	0.573	.7134228	1.8407
_cons	.3183575	.7059291	-0.52	0.606	.0041253	24.56846

Source: Stata output research finding, 2019

While discussing the research finding, as illustrated in the table 4.16, the result of the maximum Likelihood Ratio (LR) chi squared (9) = 10.65, *P-value* < 0.31 indicated that the overall model was not a statistically significant result.

HYPOTHESIS 4

Ho 4: HIV services awareness of respondents, educational background, income, and the number of children owned by the respondents did not predict HIV service use among the control group respondent youth and women with disabilities.

Ha 4: HIV services awareness of respondents, educational background, income, and the number of children owned by the respondents predict HIV service use among the control group respondent youth and women with disabilities.

Table 4.17 Multivariate analysis output of predictor and dependent variables among respondents in the control group towards using HIV services

```
Logistic regression                               Number of obs   =        112
                                                  LR chi2(5)      =      15.12
                                                  Prob > chi2     =     0.0099
Log likelihood = -59.447733                       Pseudo R2       =     0.1128
```

tested_hiv	Odds Ratio	Std. Err.	z	P>|z|	[95% Conf.	Interval]
edc_levl	1.317562	.3901012	0.93	0.352	.7374777	2.353928
mntly_earng	1.00055	.0005053	1.09	0.276	.99956	1.001541
chld_ownd	1.290777	.1657967	1.99	0.047	1.003499	1.660297
mar_sts	1.296594	.2676594	1.26	0.208	.865144	1.943211
religion	1.32072	.2264224	1.62	0.105	.943804	1.84816
_cons	.1593163	.1600694	-1.83	0.068	.0222349	1.141524

```
. logistic tested_hiv knw_HIVserv
note: knw_HIVserv != 1 predicts failure perfectly
      knw_HIVserv dropped and 9 obs not used
```

Source: Stata output research finding, 2019

Thus, as illustrated in the table 4.17, the result of the maximum Likelihood Ratio (LR) chi squared (5) = 15.12, *P-value* < 0.05 indicated that the overall model was statistically significant. Furthermore, as indicated in the table 4.17 the model dropped the predictor variable indicated as "know_HIVserv" during analysis. Meanwhile, while having a look at the output further predictor variables indicated as "child_owned" was the only one variable with less than 0.05 *P-value* that implies a existence of relationship between the number of children owned by the respondents and their status of using HIV service.

CHAPTER FIVE

DISCUSSIONS

5.1 Introduction

This chapter dwells mainly on discussion and interpretation of findings to answer the study objectives. Descriptive as well as inferential analyses were employed in the study whereby mixed methods of data collection were used to generate useful insights into answering study objectives. Through, descriptive analysis discussions and interpretations were done to provide meaning to evaluation findings, whereby discussions of the inferential analysis were made with the purpose of rejecting or accepting the research findings.

Specific Objective 1: To assess the awareness raising campaigns facilitated by the project pertaining to the elements of a successful campaign

The study pursued to assess the organized campaign pertaining to the elements of a successful campaign. Accordingly, discussions of the research findings were done independently one after the other in light of the eight variables/elements possessed by a successful campaign.

Consequently, it was noted that the findings of the study designated that the project clearly defined the target audiences in terms of both their disability type and age range, which was considered as the strength of the campaign under evaluation. Particularly, audiences having one of the following five types of disabilities namely; hearing, visual, intellectual, physical impairments and beneficiaries having leprosy were eligible to participate in the campaign. Apart from this, it was also noted that respondents who were in their reproductive age range (15-49) were allowed to participate in the FP/RH campaign. In light of this, the finding of the study concurred with that of Weiss & Tschirhart (1994) suggestion, which emphasized on the importance of defining target audiences on the initial phase of the campaign based on the key characteristics (Bloomfield et al., 2015).

Subsequently, investigation of the organized campaigns was made with the particular focus on the identification the targeted audiences information needs and tailoring the campaign messages in line with the assessment findings. Accordingly, findings of the study indicated that the two-days training and the open campaign did not incorporate the aforementioned elements of a successful campaign, which was considered as a limitation. In contrast, the researcher observed that the target audience's information needs were partially identified and efforts were exerted to tailor the

campaign messages in accordance with the identified needs of the target audiences while facilitating the tea/coffee discussion sessions that coincided with the findings of Masiuliene et al.,(n.d), which emphasized on the importance of identifying the targeted audiences information needs and thereby tailor the messages accordingly. Primarily, it was observed that the fact that the tea/coffee discussion sessions were held on a fortnight basis become an opportunity to identify the information needs of the target audiences and tailor messages as per the audience needs.

The research finding pertaining to the third classification of a successful awareness raising campaign demonstrated that the organized campaigns partially fulfilled the specific component under discussion which was: planning the campaign. Mainly, it was noted that though a plan for the campaign was prepared the fact that it was not a standalone as well as formulation of the campaign goal did not precede gap assessment was considered as a limitation. Conversely, it was noted that the campaign facilitators devised best ways to convey messages, using local languages and via arranging entertainments, which was considered as a strong point of the organized campaign. Apart from this, the finding section clearly indicated that the timeframe for the three types of campaigns were set; one after the other deliberately to establish a means whereby the three campaigns complement one another and to maintain smooth flow of information among the organized campaigns that was considered as a strength. In light of this, it was noted that the findings of the study in is particular section partly aligned with Bloomfield et al., (2015) findings, which emphasized on the importance of planning the campaign in general and more specifically on setting a goals succeeding gap assessment and devising the best way of communication and agreeing upon a timeframe for the various activities that fall under organization of the campaign.

In addition, the findings of the study clearly designated that the campaign facilitators involved stakeholders that have the expertise and resources to deliver messages while facilitating the awareness raising campaigns, which was taken as strong point. Moreover, it was noted that this finding of the study concurred with Masiuliene et al.,(n.d) findings, which emphasized on the significance of making the best use of the partnership for the smooth implementation of the campaign.

On the other hand, while coming to the other significant element of a successful awareness raising campaign, which was availing complementary materials, the research finding indicated that there were inconsistencies in supplementing the FP/RH campaigns through complementary materials.

Apart from this, the fact that the project did not come up with a FP/RH training manual to keep the uniformity of the trainings as well as provide the facilitators a reference guide was considered as a limitation of the project.

Moreover, findings of the study shown that there were inconsistencies in following-up the organized campaigns and taking corrective measures based on the findings of the follow-ups. Besides, it was detected that findings of the study identified that a formal system of campaign evaluation was not in place, yet contrarily, other researchers in the field clearly highlighted the significance of monitoring the smooth implementation of the campaign as per the plan and evaluating the effectiveness of the campaigns and coming up with the corrective measures based on the findings as a key element of a successful awareness raising campaign (Masiuliene et al., n.d).

In the meantime, while investigating efforts taken by the campaign facilitators to ensure campaign accessibility, the findings of the research clearly pointed out that the project took due attention to ensure the accessibility of the campaign, via assigning sign language interpreters in all the campaigns, allocating reasonable accommodation and selecting venues with accessible infrastructures considered that was taken as strength, and corresponded with Masiuliene et al.(n.d) that stated ensuring accessibility of campaigns as one of the elements of a sucessful awareness raising campaign. However, despite the exerted effort inaccessibility of venues in some of the tea/coffee discussions were reported as a challenge is considered as a limitation.

Finally, while having a look at the findings of the study pertaining to the last element of a successful awareness raising campaign, which is ensuring continuity and sustainability, initiatives were observed stated as: the targeted DPOs has started to work in partnership with other stakeholders following the termination of the project under evaluation with the purpose of securing finance and get technical back up. Moreover, it was also noted that the targeted DPOs have started to convince partner organizations; particularly the modified health center at Agaro to hire a an employee who have hearing impairment that give assistance to service providers with facilitating communication when clients with hearing impairments come for services, were identified among some of the initiated practices by the targeted DPOs to ensure the continuity of the started efforts.

Specific Objective 2: To examine the targeted health facilities FP/RH services accessibility to the project beneficiary youth and women with disabilities

Moreover, the findings of the study indicated that the targeted health centers physical infrastructures accessibility was partly improved, mainly: entrances to buildings, walkways and restrooms specifically at Walda health center in Agaro could be mentioned as major ones. However, despite the exerted effort by the project, a large number of respondents witnessed that they encountered challenges in accessing: restrooms at Jimma town health center, gates to the service provision rooms and entrances to some of the buildings. Particularly, it was noted that the fact that the modified restroom at the Jimma health center was not functioning as well as locked for long time, hindered beneficiaries from using the facility. Moreover, the partial accessibility of the gates to the FP/RH service provision rooms as well as entrances to some buildings was reported as a barrier to use services by wheelchair user respondents. Besides, it was noted that this finding of the study aligned with the UnitedNations, Toolkit on Disability for Africa (n.d), detections which pointed out lack of physical access in the health facilities including lack of ramps and other facilities as barriers to use FP/RH services among youth and women with disabilities.

Information accessibility, in this particular study was investigated with the particular focus on the service providers' effort to provide adequate FP/RH information to respondents with visual impairments considering the fact that the targeted groups could not use Braille. In light of this, findings of the study indicated that a large number of respondents with visual impairments witnessed existence of FP/RH services information accessibility in the targeted health facilities. Though, a few respondents with visual impairments witnessed partial accessibility and inaccessibility of FP/RH information in the targeted health facilities. Mainly, the fact that the service providers did not provide an adequate explanation pertaining to the FP/RH services was reported as a challenge. Apart from this, as it was designated in the finding section persons with hearing impairments reported that they have encountered communication barriers while having FP and HIV service. Particularly, the fact that FP/RH service providers who visited the respective respondents with hearing impairments could not effectively use sign language was raised as root cause for the communication barrier. In addition, it was noted that this finding of the study aligned with that of the United Nations, Toolkit on Disability for Africa (n.d), which stated inaccessibility of sexual and reproductive health service information in general and communication challenges in particular faced by persons with hearing impairments while receiving FP/RH services.

Moreover, findings of the study also indicated that respondents' youth and women with hearing impairments were escorted by either their family or a friend of them who can use sign language as a means to address the encountered challenge. Apart from this, respondents with partial hearing impairments witnessed that they had experiences of explaining themselves to service providers through writing as a means to address the communication challenges. Thus, the aforementioned challenges reported by respondents with hearing impairments designated that the sign language skill limitations of the service providers, as it was witnessed by the service providers themselves over an interview. Besides, the service providers reflected on the inadequacy of the sign language training, with the particular emphasis on the number of training days and lack of an opportunity to exercise what they have learnt was considered as a challenge that needs to be addressed.

Attitude of the service providers is the other aspect of investigation the researcher made while assessing service accessibility. Hence, as it was indicated in the research finding section a large number of intervention group respondents witnessed that service providers were respectful during service provision. Moreover, despite the fact that the baseline survey report indicated that poor attitude of service providers as one of the barriers during service provision, findings of this evaluation affirmed that poor attitude of service providers is no more challenge in the targeted health facilities. This mainly indicated the effect of the project, particularly the outcome of the FP/RH disability inclusion training as well as various technical supports provided to service providers and their respective leaders improved the service providers' attitude towards persons with disabilities. Likewise, according to Ganel (2015), organizing training programs with the particular focus on how to deliver services to service providers accompanied by supportive leadership in the health facilities was considered as an effective strategy to avert the negative attitude and practices of service providers toward youth and women with disabilities (Ganel, Otupiri, & Adanu, 2016).

Specific Objective 3: To assess the association between attendance on the FP/RH campaigns and awareness of FP and HIV services among intervention group youth and women with disabilities

The assessment made to observe the association between the respondents' attendance on FP/RH campaign and their awareness of FP and HIV services signifies a positive relationship between the two variables under discussion. Findings of the study, clearly indicated that a large number of

respondents who attended the campaign reported their acquaintance with the various types of modern and traditional FP and HIV services, as indicated in research finding section.

Moreover, comparison has been made to assess the effect of the awareness rising campaigns with the particular focus on observing the differences in FP and HIV service awareness among intervention group respondents on the one hand and control as well as a baseline group on the other. Accordingly, it was noted that a remarkably large percentage of respondents in the intervention group as compared with the baseline group and control group respondents are well aware of the various types of FP services, which demonstrated the effectiveness of the campaign in enhancing the awareness level of the respondents pertaining to the issue under discussion. On the other hand, it was also observed that this findings of the study goes in line with other research findings undertaken in Ethiopia, according to Beekle et al (2006) specifically in Jimma town a large number of youth with disabilities are well awareness of FP and HIV service (Kassa et al, 2016), which calls upon caution while interpreting the effectiveness of the campaign in this regard.

Specific objective 4: To assess the relationship between awareness of FP/RH services and attitude towards using the FP and HIV service among youth and women with disabilities

Inspecting the relationship between FP and HIV services awareness of respondent youth and women with disabilities and their corresponding attitude towards using services was one of the study intents. Accordingly, findings of the study, signified that a statistically significant relationship exist between awareness and attitude of the intervention group respondents towards using FP and HIV services, though the strength of the relationship was weak. Thus, it was noted that this particular finding of the study revealed the effectiveness of the campaign in changing the awareness and thereby the attitude of the intervention group respondents towards using FP and HIV services. Besides, it was noted that this finding of the study aligned with the finding of Masood and Alsonini (2017) as well as Geugten et.al (2015) which demonstrated a significant relationship between awareness of and attitude towards using sexual and reproductive health services.

Specific objective 5: To examine the association between the attitude of the respondents, subjective norm and behavioral control with intention of the respondents towards using the FP and HIV services

The assessment made to examine the relationship between attitude and intention towards using FP and HIV services indicated a significant relationship with a moderate strength of association, which concurred with the findings of Kiene (2015) that stated a significant relationship between attitude and intention towards using services though the target of the study was women without disabilities.

In the meantime, an assessment made to observe the relationship between the support of important others and intention of respondents towards using FP and HIV service, indicated a positive relationship between the two variables under discussion with optimal strength. Hence, according to the finding of the study youth and women with disabilities that have strong support from important others tend to use the FP and HIV services, in the meantime it was noted that this finding of the study concurred with the findings of Atwebembeire (2011), which indicated the effect of support of important others as a significant means to initiate sexual and reproductive health services use among persons with disabilities.

Meanwhile, the researcher also investigated the association between behavioral control and intention of the respondents towards using FP and HIV services using chi-squared test. In light of this, it was observed that the findings of the study in this regard indicated that respondents who reported that they had never experienced any difficulties in using FP and HIV services were highly intended to use the service under discussion and it was noted that this finding concurred with the finding of Kiene (2015) which indicated a significant relationship between behavioral control and intention to use sexual and reproductive services.

Specific objective 6: Evaluating the effect of FP/RH awareness raising and accessibility modifications towards predicting use of FP and HIV services

Additionally, findings of the study in this particular section were discussed with in two levels: initially discussions on the univariate and bivariate analysis of the study findings with the particular focus on the dependent variable of the study was made followed by the hypothesis testing as presented here under.

1. ***Discussion on the univariate and bivariate analysis study findings with the particular focus on the dependent variable of the study***

Accordingly, findings of the study indicated that a comparatively large percentage of respondents in the intervention group used FP and HIV services as compared to the control group respondents.

Likewise, it was also observed that a comparatively large percentage of respondents in the intervention group used modern FP and HIV services as compared to respondents in the baseline group, which signified the effectiveness of the intervention in this regard.

Apart from this, bivariate analyses were made to observe the relationship between various predictor variables with the dependent variable of the study. Initially, the association between FP and HIV service awareness and use among the respondents in the intervention group was investigated. Thus, as indicated in the findings section a statistically significant relationship was observed between FP service awareness and use of the service among intervention group respondents, with a moderate strength of relationship, which concurred with Pierre (2019) findings that designated a positive relationship between FP services awareness and the use of services among persons with disabilities. However, likewise finding of the study also signified a statistically significant relationship between FP service awareness and use of service among the control group respondents with a comparatively strong relationship, which calls upon other research to find out the rationale behind this particular result.

Subsequently, the relationship between intention towards using FP and HIV services and use of the services among respondents in the intervention group was investigated. To this effect, a statistically significant relationship with an optimum strength was observed between the two variables under discussion, which signified that respondents who were intended to use FP and HIV services actually engage in using services under discussion and thereby the effectiveness of the intervention in this particular aspect.

In the meantime, the relationship between behavioral control and use of FP and HIV services was inspected. Accordingly, it was noted that a statistically significant relationship with a moderate strength was observed, which concurred with Kiene (2015) finding that illustrated a statistically significant relationship between behavioral control and use of sexual and reproductive health services. The aforementioned, finding signified that respondents who do not experience any difficulties in using FP and HIV services actually engage in using the services under discussion.

In addition, the researcher also investigated the relationship between services accessibility and use of FP and HIV services. Accordingly, the findings of the study indicated that the relationship between physical and information accessibility and use of FP and HIV services were not statistically significant, nonetheless Magadi's finding indicated a positive relationship between

health facilities, accessibility and use of sexual and reproductive health services among youth with disabilities (Atwebembeire, 2011).

2. Discussion on the findings of hypothesis testing

2.1.Hypothesis testing 1

The first hypothesis testing was done with the particular purpose of observing the effect of the predictor variables of the study towards predicting FP services use among the intervention group respondents. In this regard, both the project related and confounding variables were used in the analysis of the study as predictor variables. In view of this, as demonstrated in the finding section, the overall model indicated a statistically significant relationship between the predictors and the dependent variable of the study (table 4.13). As a result, taking into account the p-value of the overall model, the researcher rejected the null hypothesis and accepted the alternative one which emphasized that the predictor variables of the study predict the status of using FP services. Accordingly, it was noted that intention of respondents predicts the respondent's status of using FP services that concurred with the finding of Asare (2015), which stated that intention to use condom has strong relationship with using the service among college students.

Nonetheless, the findings of the study indicated that the educational background, age and income of the respondents with disabilities did not predict the status of using FP services among respondents with disabilities, however the findings of Atwebembeire (2011) designated a statistically significant relationship between the variables under discussion. Particularly, as age, educational background and income of the respondents' increase the status of using FP services tends to increase among respondents with disabilities.

2.2.*Hypothesis testing 2*

The second hypothesis testing was done with the particular purpose of observing the effect of awareness of FP services and socio-demographic factors towards predicting the status of using FP services among the control group respondents as indicated in the table4.15. Accordingly, the P-value for the model signified that a statistically significant relationship exists between the variables under discussion. Hence, the researcher rejected the null hypothesis and accepted the alternative one, which emphasized on the effect FP services awareness on predicting the status of using FP services among the control group respondents. Accordingly, it was noted that the FP services awareness among respondents in the control group predict the use of services, which coincided

with the findings of Atwebembeire (2011) that stated knowledge of SRH services as a variable that predicts FP services utilization among persons with disabilities.

In the meantime, this study finding draws the attention of the researcher that questions the contribution of other sources of information for the FP services use apart from the project, which enhances the awareness level of the control group respondents and thereby predicts use of FP services among the same group of respondents.

2.3.*Hypothesis testing 3*

In the meantime, the third hypothesis of the study was intended on testing whether a statistically significant relationship exist between the predictor variables of the study and the dependent variable, in this case the status of using HIV services among the intervention group respondents. Meanwhile, while having a look at the p-value of the study as indicated in the table 4.16, which was greater than 0.05 the result for the model was found not statistically significant. To this effect, the researcher could not have adequate evidence to reject the null hypothesis and support the alternative one.

2.4.*Hypothesis testing 4*

The fourth hypothesis testing was done with the purpose of detecting the effect of awareness on HIV services and socio-demographic factors towards predicting the status of using HIV services among the control group respondents as indicated in table 4.17. Thus, as illustrated on the same table the p-value for the model signified a statistically significant relationship between the variables under discussion. Hence, considering the p value of the model, the researcher rejected the null hypothesis and accepted the alternative one which emphasized on the effect of the predictor variable particularly number of children owned by the respondents towards predicting the status of using HIV services among the control group respondents. Accordingly, it was noted the odds of using HIV services increased as the number of children owned by the respondents' in the control group increased, which calls upon other research to investigate the rationale behind the particular finding under investigation.

Limitations

One of the major limitations of this study is related with the fact that though the project was implemented in five project implementation towns, the fact that the researcher selected only two sites due to resources limitations and political instability could be mentioned as the major one.

CHAPTER SIX
CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

This study evaluated a project titled "Promoting Disability Inclusive FP/RH Services". Specifically, an outcome evaluation was done to evaluate the effect of an intervention, with the particular focus on assessing the consequence of the FP/RH awareness raising and services accessibility towards predicting services utilization among youth and women with disabilities. Accordingly, a comparison has also been made between the intervention group respondents on the one hand and the baseline as well as control group respondents on the other, on some selected variables to assess the change the intervention has brought.

As it was clearly demonstrated in the various sections of the study, the overall flow of the major investigations of the evaluation mainly revolves around the objectives of the study. Hence, this chapter provides answers to the objectives and at the end of this chapter recommendations are drawn out of the major conclusions.

6.2 Major Conclusions

Incorporating elements of a successful awareness raising campaign

While assessing the successfulness of the organized FP/RH campaign, eight elements/variables are taken into consideration, which are primarily identified consulting various literatures and the project document. Thus, as indicated in the research finding and discussion sections, the organized FP/RH training mainly incorporates some of the eight elements fully and on a partial basis, and not at all for some others as indicated in the finding section.

In view of this, a gap has been observed in identifying the information needs of the targeted audiences and tailoring messages according to the needs of the project beneficiaries while facilitating the FP/RH campaigns. Moreover, as the various literatures reviewed in the project document, indicate the importance of prior assessment of the targeted audiences' information needs, for the smooth facilitation of any campaign, succeeded by tailoring the campaign messages accordingly, yet this is not actually exercised in the specific project under evaluation.

Apart from this, inconsistently availing FP/RH complementary materials is also considered as a gap. Moreover, despite the fact that the project planned to produce FP/RH training manual for the campaign, with the purpose of: guiding the overall facilitation of the campaign, keeping the uniformity of the campaigns delivered in the various project implementation sites and availing a

reference guide to the targeted DPOs, the fact that it was not produced is considered as an area that needs improvement.

Finally, the fact that a formal system is not in place to evaluate the effectiveness of the FP/RH campaign in general, specifically focusing on the various dimensions is considered as a limitation that needed to be addressed.

FP/RH services accessibility

FP/RH services accessibility, to the targeted project beneficiary youth and women with disabilities is assessed with the particular focus on assessing the physical infrastructures accessibility of the modified health facilities, FP/RH information accessibility and attitude of service providers towards persons with disabilities during service provision.

In light of this, while assessing the physical infrastructures accessibility at the targeted facilities to the project beneficiary youth and women with disabilities, who visited the facilities, it is found out that some of the infrastructures are found to be fully accessible to persons with physical and visual impairments like the main gates. However, as indicated in the findings section still significant number of respondents with physical impairments reported, partial and complete inaccessibility of some infrastructures in the health facilities like; restroom, entrances to buildings and gates to FP/RH service provision rooms, specifically for wheelchair users. Thus, despite the fact that the intervention contributed for the improvement of accessibility of infrastructures in the targeted health facilities, findings of the study from both the quantitative and qualitative methods of data collection demonstrated, inaccessibility of infrastructure so far, a challenge for the research respondent youth and women with disabilities.

Apart from this, despite the fact that a huge effort has been exerted by the project to improve the sign language communication skill of the FP/RH service providers through arranging sign language trainings and on job refresher programs, respondents with hearing impairments who was visited by the trained service providers reported that they faced communication challenges while receiving services. In addition to this, respondents with hearing impairments made it clear that they were escorted by a friend who can interpret sign language or a family member to create a smooth communication with service providers. Furthermore, some respondents having partial hearing impairments witnessed that sometimes they used handwriting as a means to communicate with service providers.

Finally, attitude of service providers to the targeted youth and women with disabilities is, the last area of assessment made to evaluate the FP/RH services accessibility. In view of this, the findings of the study clearly indicated that the project is found to be effective in improving the attitude of the service providers, which was raised as a challenge encountered by the respondents with disabilities during the baseline assessment.

Association between attendance on FP/RH campaign and awareness of FP and HIV services

Pertaining to this research objective, as it is clearly indicated in the findings section intervention group respondents who attend the FP/RH awareness raising campaigns report their familiarity with both, the FP and HIV services. Apart from this, the researcher also investigated their familiarity with the various types of FP services; modern and traditional. Accordingly, the research finding indicated that the intervention group respondents are well aware of the various types of FP services as compared to respondents in the control and baseline group. Likewise, comparatively higher percentages of respondents in the intervention group are familiar with the HIV services as compared to respondents in the control group. Hence, it is possible to conclude the effectiveness of the intervention in this aspect.

However, the fact that the project could not reach its targeted youth and women with disabilities through the FP/RH awareness raising campaign is found as a gap. Moreover, as it is clearly indicated in the qualitative study finding the root cause that contributed for this gap to happen, is basically related with the fact that the project does not undertake a preliminary assessment prior to the project designing phase. Thus, the target set by the project is by far large as compared to the actual data on youth and women with disabilities in the project implementation sites, which is considered as limitation in project planning.

Association between FP and HIV services awareness and attitude towards using FP and HIV services

Furthermore, the investigation made to observe the effect of the intervention towards improving the FP and HIV service awareness among the respondents of the study and thereby their attitude towards using the same services indicates the effectiveness of the intervention to this effect. Besides, the researcher also compares the intervention group respondents on the one hand with that of the baseline and control group respondents on the other hand with the particular focus on service awareness. Accordingly, the findings of the comparison clearly indicated that respondents in the intervention group are comparatively well acquainted with the various types of FP services

as well as HIV services as compared the other respondents in the other two groups. Hence, this finding supports the researcher to witness the effectiveness of the campaign to this effect. On top of this, as indicated in the research finding section clearly conclusion has been made in this regard as: respondents who are aware of the FP and HIV services are highly tend to use the services under discussion, as the chi squared test result indicated in the research finding section clearly.

Association between attitude, subjective norm and behavioral control with intention to use FP and HIV services

Furthermore, the evaluation findings pertaining to the relationship between attitude, subjective norm and behavioral control on the one hand with the intention of the intervention group respondents on the other hand indicate that a statistically significant relationship exists between these variables under discussion. Thus, based on the research finding, the researcher concluded that individuals who value to use FP and HIV services intend to use the services under discussion. Likewise, respondents who get support from important others also tend to use both FP and HIV services. In a similar manner the research finding indicates that respondents who do not encounter any challenges in using both FP and HIV services tend to use the services under discussion.

Conclusions made pertaining to the general objective of the study

Before, testing the research hypothesis using binary logistic regression, univariate and bivariate analysis is done to describe the use of FP and HIV services among the respondents of the study and to assess the relationship of the dependent variable with other predictor variables indicated in the conceptual framework of the study.

Thus, as pointed out in the discussion section, a comparatively large number of respondents in the intervention group use FP and HIV services as compared to the respondents in the control besides to the baseline group, which designates the effectiveness of the project towards this particular focus. Moreover, the chi squared test made to assess the association between FP and HIV service awareness and use of the same services indicates an existence of statistically significant relationship between the variables under discussion, with moderate strength of relationship for the intervention group respondents. Likewise, the association of the two variables is also found statistically significant with a moderate strength among the control group respondents. Hence, this finding constrained the researcher from concluding that the intervention is better in this regard.

In addition to this, the relationship between intention of respondents towards using FP and HIV services and use of the same service among respondents is found statistically significant with strong relationship. Thus, based on the research finding, conclusion has been made regarding the effect of the intervention towards improving the respondents' awareness of FP and HIV, succeeded by their attitude and intention and thereby their status of using the services under discussion. Apart from this, the research finding indicates that those respondents who do not encounter any difficulties in using FP and HIV services engage in using the same. In addition, though the research finding of the study indicates that the project has made a contribution towards improving the FP and HIV services accessibility, while assessing the relationship between physical infrastructures and information accessibility and use of services via chi squared, the result indicated that a statistically significant relationship does not exist between the two variables under discussion. Accordingly, this finding/result indicated that further effort has been exerted to improve accessibility of services that will contribute for enhancing service accessibility among the targeted project beneficiaries.

Meanwhile, as indicated in the discussion section the first hypothesis test illustrates a statistically significant relationship between intention towards using FP services and service utilization among the respondents in the intervention group. Moreover, the value of the odds ratio on the first binary logistic regression analysis output imply an odd of using FP services increase by 3.176 times as the respondent's intention of using services increased. Accordingly, this result indicated the contribution of the project towards improving intention and thereby FP service utilization among the intervention group respondents. Apart from this, the fact that the binary logistic regression result which indicated that service accessibility does not predict service utilization, questions the effectiveness of the project in this regard.

In the meantime, the result of the second hypothesis testing indicates that awareness of FP services predicts use of services among respondents in the control group, which indicates the contribution of other factors from the intervention towards improving awareness of the targeted group respondents.

Meanwhile, while having a look at the third hypothesis, the binary logistic regression output indicates that both intention of respondents to use HIV services and accessibility of HIV services

do not predict the status of use of HIV services among respondents in the intervention group, which calls up on the need of further research to investigate this cause.

Finally, the last hypothesis testing as indicated in the research finding section signifies a statistically significant relationship for the overall model of binary logistic regression, which indicates existence of relationship between the predictor variables and the status of using HIV services among the control group respondents. Moreover, it is also observed that as the number of children owned by the respondents in the control group increase use of HIV services among respondents in the control group increases, which needs further research to investigate the relationship between the two variables under discussion.

6.3. Recommendations

Thus, based upon the major conclusions made in the study, the following recommendations are given for those that need further improvement:

6.3.1. While planning to organize campaigns, the targeted group information needs has to be assessed succeeded by tailoring messages according to the needs of the target group to organize a more effective campaign.

6.3.2. Moreover, as indicated in the project document under evaluation succeeding the information needs assessment, a training manual has to be developed with the following major purposes: to guide the overall facilitation of the campaign smoothly, to keep uniformity among awareness raising campaigns/events facilitated in various project implementation sites and to deliver a reference guide to the targeted DPOs that are engaged in the facilitation of the same.

6.3.3. Apart from this, a formal campaign evaluation system has to be devised to assess the effectiveness of the campaign with the particular focus on the various dimensions of assessment and to take a timely corrective measure apart from the inconsistent follow-ups.

6.3.4. Additionally, a continuous joint monitoring visit that involves the various government organization representatives, including staff of the targeted health facilities has to be made to assess the FP/RH services accessibility of the targeted health facilities. Accordingly, based on the findings of the joint visits feedback has to be given to the visited facilities and follow-ups have to be made to assess whether corrective measures are taken. Fundamentally, undertaking the joint visit will help to address minor challenges immediately and ensure the sustainability of the changes brought by the project.

6.3.5. Furthermore, though the project allocated a huge amount of budget to provide sign language training to the FP/RH service providers, the findings of the study indicated that the project was not effective in achieving what it aspired. Thus, the researcher recommended allocating budget to hire a focal sign language interpreter at least for a year in one of the targeted health facility, whereby the hired person will allocate a specific time to train the service providers working at the same facility along with other service providers to be represented from the nearby facilities, will sustainably address the challenge encountered in this regard.

6.3.6 In conclusion, the researcher recommended undertaking a pre-assessment before designing project proposals so that to have a real picture of the problem on the ground and to come up with reachable targets that reflect the reality on the ground.

REFERENCES

Abajobir et al. (2014). *BMC Health Service Research.* Retrieved June 4, 2018, from https://www.researchgate.net/publication/261217389_Reproductive_health_knowledge_and_services_utilization_among_rural_adolescents_in_east_Gojjam_zone_Ethiopia_A_community-based_cross-sectional_study

Abera, S. (2016). *The Assessment of Determinants of family planning use and unmet need among women of reproductive age group with disabilities in Addis Ababa.* Addis Ababa.

Acock, A. C. (2014). *A Gentle Introduction to Stata.* Oregon: StataCorp LP.

Adenipekun, A. (2018). *K4 Health.* Retrieved July 4, 2019, from https://www.k4health.org/blog/post/family-planning-gender-issue

Ajezen, I. (1991). *ORGANIZATIONAL BEHAVIOR AND HUMAN DECISION PROCESSES 50, 179-211 (1991).* Retrieved May 2018, from http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.317.9673&rep=rep1&type=pdf

Ajzen, I. (2002). Retrieved February 2019

Anasel, M. G. (2017). *Family Planning Program Inplementation.* University of Groningen.

Asare, M. (2015, October 26). *PMC.* Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4621079/

Atwebembeire, J. M. (2011). Retrieved 2018, from http://2011.isiproceedings.org/papers/950492.pdf

Becker, L. A. (2000). *UCCS.* Retrieved March 05, 2019, from https://www.uccs.edu/lbecker/quasiapriori

Bloomfield et al., C. (2015). *REACH.* Retrieved January 2019, from https://pdfs.semanticscholar.org/7432/6da820ae48d452f08754e8b7d3cef0de969d.pdf

CDC. (2017). Retrieved December 28, 2017, from https://www.cdc.gov/ncbddd/disabilityandhealth/disability-inclusion.html

CRPD, U. (2006). Retrieved December 26, 2017, from http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf

CSA. (2011). *Ethiopian Demographic and Health Survey.* Addis Ababa: CSA.

CSA. (2016). *Ethiopian Demographic and Health Survey.* Addis Ababa: CSA.

(2011). *Disability Report.* Malta: World Health Organization.

FHI. (2017). Retrieved January 10, 2018, from https://www.fhi360.org/sites/default/files/media/documents/resource-disability-report.pdf

Fowler, F. J. (2009). *Survey Research Methods.* California: SEGA Publications.

Ganel, J. K., Otupiri, E., & Adanu, R. (2016). *Challenges women with disabilities face in accessing and using maternal healthcare services in Ghana: Aqualitative study*.

Geugton, e. (2015, September 19). *NCBI.* Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/26897921

IHS. (2009). Retrieved July 12, 2019, from https://www.ihs.org.in/HealthSystemsFactSheets/ReproductiveHealth.htm

ILO. (2015 йил September). Retrieved 2018 йил 27-January from http://www.ilo.org/wcmsp5/groups/public/---ed_emp/---ifp_skills/documents/publication/wcms_407646.pdf

Israel, G. D. (1992). Retrieved September 2018, from http://sociology.soc.uoc.gr/socmedia/papageo/metaptyxiakoi/sample_size/samplesize1.pdf

Kassa et al., T. A. (2016). *Global Health.* Retrieved December 26, 2017, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4750354/

Kiene, e. (2015, December 1). *NCBI.* Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3918248/

Lavrakas, P. J. (2008). *SEGA Research Methods*. Retrieved August 24, 2018, from methods.sagepub.com: http://methods.sagepub.com/reference/encyclopedia-of-survey-research-methods/n571.xml

Lee et al., K. (2015). *BMA Women's Health.* Retrieved December 26, 2017, from https://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-015-0244-8

Losh, S. C. (2017, 18 September). Retrieved June 17, 2019, from http://myweb.fsu.edu/slosh/MethodsGuide4.html

ManitobaUniversity. (2008). Retrieved January 2018, 2018, from http://mchp-appserv.cpe.umanitoba.ca/viewDefinition.php?definitionID=102752

Masiuliene et al., L. (n.d). Retrieved May 25, 2018, from http://www.eli-net.eu/fileadmin/ELINET/Redaktion/user_upload/The_key_features_of_successful_awareness_raising__campaigns_10-15_LM_ELINET.pdf

Masood, M. S., & Alsonini, N. (2017). *Hindawi* . Retrieved from https://www.hindawi.com/journals/ijpr/2017/1895472/

Mulindwa, I. N. (2003). Retrieved mAY 2018, from http://aids-freeworld.org/Our-Issues/Disability/~/media/Files/Disability/Disability%20Study%20from%20Kampala.pdf

(n.d). Retrieved from Toolkit on Disability for Africa: http://www.un.org/esa/socdev/documents/disability/Toolkit/Inclusive-Health.pdf

(n.d). Retrieved from Toolkit on Disability for Africa: http://www.un.org/esa/socdev/documents/disability/Toolkit/Inclusive-Health.pdf

Ogden, J. (2004). *Health Psychology.* Berkshire: Open University Press.

Ogden, J. (2004). *Health Psychology.* Berkshire: Open University Press.

Pierre, e. (2019, February). Retrieved July 2019, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6388229/

Preskill, H., & Russ-Eft., D. (2005). *Sage.* Retrieved March 5, 2019, from www.sagepub.com

Price et al. (2015). *Research Methods in Psychology.* California: Pressbooks.

Rani, M., & Lule, E. (2004). Retrieved June 4, 2018, from https://www.guttmacher.org/journals/ipsrh/2004/09/exploring-socioeconomic-dimension-adolescent-reproductive-health-multicountry

Shah, I. H. (2007). Retrieved December 27, 2017, from http://www.eolss.net/sample-chapters/c04/e6-147-05.pdf

Shah, I. H. (2007). Retrieved December 27, 2017, from http://www.eolss.net/sample-chapters/c04/e6-147-05.pdf

Shah, I. H. (2007). Retrieved December 28, 2017, from http://www.eolss.net/sample-chapters/c04/e6-147-05.pdf

Synodinos, N. (2003). Retrieved September 24, 2018, from http://www.adolphus.me.uk/emx/surveys/pretesting.htm

Tiptopglobe. (2019). Retrieved January 24, 2019, from http://w.tiptopglobe.com/city?n=Jimma&p=128330

Trochim, W. M. (2006). *Web Center for Social Research Methods.* Retrieved June 22, 2019, from https://socialresearchmethods.net/kb/unitanal.php

Turner, A. G. (2003). *The United Nations Secretariat*. Retrieved August 24, 2018, from unstats.un.org: https://unstats.un.org/unsd/demographic/meetings/egm/sampling_1203/docs/no_3.pdf

UNFPA. (2008). Retrieved May 28, 2018, from https://www.unfpa.org/sites/default/files/pub-pdf/SRH_Framework.pdf

UNFPA. (n.d). Retrieved May 2018, from http://www.un.org/popin/unfpa/taskforce/guide/iatfreph.gdl.html

UN--HABITAT. (2012). Retrieved February 2019, from http://www.undp.org/content/dam/undp/documents/governance/Youth/Youth%2021%20-%20Building%20an%20Architecture%20for%20Youth%20Engagement%20in%20the%20UN%20System%20-%202012_EN.pdf

WHO. (2000). *Outcome Evaluations.*

Yale. (2019). *Yale University* . Retrieved June 20, 2019, from https://assessment-module.yale.edu/human-subjects-protection/protocol-design-inclusion-and-exclusion-criteria

APPENDICES

APPENDIX 1: WORK PLAN

SN. TASKS TO BE PERFORMED	RESPONSIBLE PERSONNEL	4.9.7.1. DATES
1. Writing an evaluation proposal first draft	Principal evaluator	10Dec. 2017-31 January 2018
2. Stakeholders involvement and documents collection	Principal evaluator and Stakeholders	1- 31 March 2018
3. Finalizing an evaluation research proposal	Principal evaluator	15-20 October 2018
4. Draft data collection tools (questionnaire and interview guide) for comment by the supervisor	Principal evaluator	15-20 October 2018
5. Developing and submitting data collection tools final draft (questionnaire and interview guide)	Principal evaluator	1-5 February 2019
6. Recruit and Train sign language interpreter	Principal evaluator and data collectors using sign language	1 April 2019
7. Pre-test study	Principal evaluator and data collectors/sign language interpreter	2 – 4 April 2019
8. Collect data	Principal evaluator and data collectors using sign language	6 – 30 April 2019
9. Data Processing	Principal evaluator	15 – April – 15 March 2019
10. Data Analysis	Principal evaluator	20 March – 15 June 2019
11. Report Writing	Principal evaluator	15 -31- June - 2019
12. Discussion of research findings with stakeholders	Principal evaluator , assistants and Stakeholders	1-10 July .2019
13 Developing preliminary recommendations with key stake holders at the district level	Evaluation research team	10 – 14 July - 2019
14. Submit an evaluation Research report to the University Evaluation team for marking	Principal evaluator	July 26, 2019

APPENDIX 2: QUESTIONNAIRE FOR INTERVENTION GROUP

Questionnaire designed for an outcome evaluation of "promoting inclusive family planning/reproductive health services" implemented in western Oromia (Jimma and Agaro)

PART A: PRELIMINARY INFORMATION

INSTRUCTION: Circle where appropriate and write the appropriate answer where necessary

1. What is your Gender?
    a. Male
    b. Female
2. How old are you?_____
3. What is your marital status?
    a. Never married
    b. Married
    c. Living together
    d. Widowed
    e. Divorced/separated
4. What is the highest level of education you have completed?
    a. No education
    b. Primary (1-8)
    c. Secondary (9-12)
    d. More than secondary
5. What is your religion?
    a. Orthodox
    b. Catholic
    c. Protestant
    d. Muslim
    e. Traditional
6. What type of disability do you have?
    a. Hearing impairment
    b. Visual Impairment
    c. physical Impairment
    d. Intellectual Disability

7. How much is your monthly earning? _____
8. What is your means of income?
    a. Government employee
    b. Non-government employee
    c. Daily laborer
    d. Small business owner
    e. Micro enterprise/member of Income Generating Activity (IGA)
    f. House wife
    g. Pensioner
    h. Begging
    i. Casual Sex Worker
    j. Other please specify_____
9. How many children do you have?

PART B: ***Examine the effect of awareness raising campaigns on the family planning and HIV services awareness of the targeted youths and women with disabilities***

Instruction tick (put a check mark) where appropriate – depending on the nature of the question you can put a check mark on more than one response per a question/item.

10. Did you attend the awareness creation campaign, organized/facilitated by the Ethiopian Center for Disability and Development or the respective Disabled Person Organization, held at Jimma/Agaro?
    a. Yes
    b. No
11. If your answer to question 9 is yes, in which type of campaign did you take part?
    a. Training
    b. Tea/coffee discussion
    c. Open campaign

12. Have you heard of any family planning way/method that women or men can use to avoid pregnancy?

a. Yes b. No if no skip question number 12

13. If your answer is yes to Q 12, which method of family planning are you familiar with, select from the list stated below?

I. Modern FP method

a. Male condom

b. Implants

c. Pill

d. Injectable

e. Intra-uterine device (IUD)

II. Traditional FP method:

a. Rhythm/calendar method

b. Withdrawal

14. Are you familiar with HIV services?

a. Yes b. No

15. Which type of HIV transmission way are you familiar with?

a) Unprotected sex

b) Sharing Sharps

c) From mother to child during pregnancy, birth and breastfeeding

d) All e) other_____

Examine the influence of FP/RH awareness raising campaigns and accessibility interventions on services utilization among youth and women with disabilities who took part in the campaign.						
s/A	List of questions	Worthless	Have Limited value	Uncertain	Valuable	Highly valuable
16	How do you rate utilization of FP and HIV services in the following scale?					
17	How do you rate utilization of FP & HIV services in the following scale?	Harmful	Somehow harmful	Uncertain	Beneficial	Very much beneficial
18	How do you rate utilization of FP & HIV services in the following scale?	Bad	Good			
19	How did you find the support of most people who are important to you (peers, husband etc…) towards your family planning and HIV services utilization?	Not supportive	somehow supportive	uncertain	Supportive	extremely supportive
20	Do the people in your life whose opinions you value most approve of your FP & HIV service utilization?	Not at all	somehow approved	uncertain	approve	highly approved

21	Important people in my life whom I value most utilize FP & HIV services?	Strongly disagree	Disagree	uncertain	agree	Strongly agree
22	How likely is it embarrassing for you to buy birth control?	Very much embarrassing	somehow embarrassing	Uncertain	Not embarrassing	Not at all embarrassing
23	How likely is it embarrassing for you to get HIV test?	very much likely	somehow likely	uncertain	likely	very likely
24	How likely is it that it is hard for you to figure out how to use birth control correctly (taking a pill at the same time every day or how to use a condom)?	Not at all likely	somehow unlikely	Uncertain	likely	extremely likely
25	I intend to use family planning every time	strongly disagree	Disagree	uncertain	agree	strongly Agree
26	I want to use family planning every time					
27	I plan to use family planning every time					

28. Have you utilized any FP service in the past three years?

a. Yes b. No if your answer is no skip the next question

29. If your answer to question 28 is yes, which type of family planning method are you using?

Modern Method

a. Male condom

b. Implants

c. Pill

d. Injectable

e. Intra-uterine device (IUD)

Traditional Method

f. Rhythm/calendar method

g. Withdrawal

30	How often have you used this method during the past one year?	Almost never	Sometimes	Uncertain	usually	Always
31	Please estimate the frequency of your FP service utilization in the past one year?					

32. Have you get tested for HIV during the past three years?

a. Yes b. No

Thank you for taking time to participate in the study!!

APPENDIX 3: QUESTIONNAIRE FOR CONTROL GROUP

Questionnaire designed to evaluate outcome of an inclusive family planning/reproductive health project implemented in western oromia (Jimma and Agaro)

PART A: PRELIMINARY INFORMATION

INSTRUCTION: Circle where appropriate and write the appropriate answer where necessary

2. What is your Sex? A. Male B. Female

3. How old are you?_____

3. What is your marital status?

   a. Never married
   b. Married
   c. Living together
   d. Widowed
   e. Divorced/separated

4. What is the highest level of education you have completed?

   e. No education
   f. Primary (1-8)
   g. Secondary (9-12)
   h. More than secondary

5. What is your religion?

   a. Orthodox
   b. Catholic
   c. Protestant
   d. Muslim
   e. Traditional
   f. Other

6. What type of disability do you have?

   e. Hearing impairment
   f. Visual Impairment

g. physical Impairment

h. Intellectual Disability

12. How much is your monthly earning? _____

13. What is your means of income?

k. Government employee

l. Non-government employee

m. Daily laborer

n. Small business owner

o. Micro enterprise/member of Income Generating Activity (IGA)

p. House wife

q. Pensioner

r. Begging

s. Casual Sex Worker

t. Other

14. How many children do you have? _____

PART B: ***Examine the effect of awareness raising campaigns on the family planning and HIV services awareness of the targeted youths and women with disabilities***

15. Have you got chance to attend FP/RH awareness raising campaign facilitated by any organization in the past three years?

a. Yes b. No

11. Have you heard of any ways or methods that women or men can use to avoid pregnancy?

a. Yes b. No if no skip question number 12

12. If your answer is yes to Q 12, which method of family planning are you familiar with, select from the list stated below?

I. Modern FP method

a. Male condom

b. Implants

f. Pill

g. Injectable

h. Intra-uterine device (IUD)

II. Traditional FP method:

h. Rhythm/calendar method

i. Withdrawal

14. Are you familiar with how HIV is transmitted?

a. Yes b. No If your answer is no, please skip the next question

15. If your answer is yes to Q 14, which type of HIV transmission way are you familiar with?

e) Unprotected sex

f) Sharing Sharps

g) From mother to child during pregnancy, birth and breastfeeding

h) All e) other_____

16. Have you utilized any FP service in the past three years?

a. Yes b. No if your answer is no skip the next question

17. If your answer to question 28 is yes, which type of family planning method are you using?

Modern Method

a. Male condom

b. Implants

a. Pill

b. Injectable

c. Intra-uterine device (IUD)

Traditional Method

d. Rhythm/calendar method

e. Withdrawal

18. Have you get tested for HIV during the past three years?

a. Yes b. No

APPENDIX 4: CHECKLIST TO ASSESS ACCESSIBILITY OF THE FP/RH SERVICES IN THE TARGETED FACILITIES

S/N	ISSUES RELATED WITH ACCESSIBILITY	RESPONSE CATEGORY		
		YES	NO	Partially
PHYSICAL ACCESSIBILITY				
1	Are the gates of the…… health center accessible? (for wheelchair users)			
2	Are entrances to the buildings of the health facilities accessible? (to assess presence of ramps where appropriate)			
3	Are the gates to the rooms where sexual and reproductive health services are provided for persons with physical disabilities? Particularly wheelchair users			
4	Are paths to buildings accessible?			
5	Is there accessible toilet in the health center			
INFORMATION ACCESSIBILITY				
6	Do information on FP & HIV services available in accessible format (Braille) for persons with visual disabilities?			
7	Have you had smooth communication with service providers by the time you went to the…. Health center to receive FP and HIV services? (for persons with hearing impairments)			
8	Were the service providers welcoming by the time you went to the health centers to get services?			

APPENDIX 5: CHECKLIST TO ASSESS THE SUCCESSFULNESS OF THE AWARENESS RAISING CAMPAIGNS

PART 1: PRELIMINARY INFORMATION

Instruction: Circle where appropriate and write the appropriate answer where necessary

1. The name of the organization you are working for _____

2. What is your position in the

organization?_____

3. What type of awareness raising campaign have your respective

organization/association facilitated?

a. FP/RH Training

b. Tea/coffee discussion

c. open campaign

PART 2. MAIN QUESTION

S/N	MEASURES TO ASSESS EFFECTIVENESS OF THE CAMPAIGN	YES	NO	Partially
I	**TARGETING AUDIENCE**			
1.1	Did you have clearly defined target audiences while organizing awareness raising campaign?			
II	**MESSAGE**			
2.1	Did you make an assessment to identify the information needs/concerns of your target audience to be addresses in the campaign?			
2.2	Did you tailor your messages according to the nature of your audiences?			
III.	**PLANNING**			
3.1	Did you prepare a plan that will guide your campaign/training implementation in advance?			
3.2	Did you define goal for your plan to address identified gaps on the basis of the current situation?			
3.3	Have you devised best ways to communicate and spread the message to the target groups?			
3.4	Did you set implementation timeframe for the different types of campaigns?			
IV	**STAKEHOLDER ENGAGEMENT**			
4.1	Did you allow the involvement of stakeholders who have expertise in the areas of the campaign?			
V	**COMPLEMENTARY MATERIALS**			
5.1	Did you have an experience of availing complementary materials (Brochure, training materials, talking points and posters) during the campaigns that you have organized?			
VI	**MONITORING AND EVALUATION**			
6.1	Did you monitor the delivery of the campaign according to the plan?			
6.2	Did you evaluate/ assess the effectiveness of the campaign after implementation?			

S/N	MEASURES TO ASSESS EFFECTIVENESS OF THE CAMPAIGN	YES	NO	Partially
6.3	Did you take any corrective measures based on the findings of the monitoring and the evaluation?			
VII	**ACCESSIBILITY**			
7.1	Were the training venues accessible to persons with physical disabilities?			
7.2	Was information available in accessible way for persons with hearing impairments?			
7.3	Did you allocate budget for reasonable accommodation (payment for guide, assistant) while facilitating the campaigns?			
VIII	**CONTINUATION AND SUSTAINABILITY**			
8.1	Did you take any measure/initiation to ensure the continuation/ sustainability of the campaigns?			
8.1.1	Do the Disabled Person Associations have the financial & technical capacity to facilitate similar events in the future?			
8.1.2	Do the DPOs have the initiation and commitment to work in collaboration with the partner organizations having the expertise to deliver similar campaigns?			

APPENDIX 6: INTERVIEW GUIDE (FP/RH SERVICE PROVIDERS)

Thank you for giving me this time and be willing to talk with me today. My name is Metassebia Negussu, I am interested in conducting a survey to evaluate the outcome of one of our project implemented in western Oromia region titled: "**Promoting Disability Inclusive family planning and reproductive health Services**". The information I am going to collect will be helpful, to assess the overall achievement of the project at organizational level. Basically, I am interested in hearing about your experiences about the accessibility of FP services in the targeted health facilities; namely Jima health center, Walda health center (for physical accessibility) and information accessibility and attitude of the service providers in other health facilities in Jimma and Agaro Town including the above two. There is no right or wrong answers to these questions. Please let me know if there are any questions that you would like to skip because they make you uncomfortable. Do you have any questions before we begin?

Opening: First, can you tell me how long you have you been working in this organization?

Name of the organization _____

Title of your position _____

Gender_____

Guiding questions

1. Tell me your experience of capturing disability inclusive data regarding clients with disabilities who used FP and HIV services at the health center
2. Tell me your reflection with the particular focus of accessibility of FP/RH services for:
    a. Clients with physical disabilities – particularly focusing on main gates, entrances to buildings, gates to service rooms, restrooms and walkways in the compound of the health facilities
    b. Clients with visual impairments – Particularly focusing on information accessibility
    c. Clients with hearing impairments – communication experiences with clients having hearing impairments
3. What are the challenges that contribute for the inaccessibility of services in the health facilities?
4. What do you suggest to make the health facilities accessible for youth and women with disabilities?

APPENDIX 7: INTERVIEW GUIDE (YOUTH AND WOMEN WITH DISABILITIES)

Thank you for giving me this time and be willing to talk with me today. My name is Metassebia Negussu, I am interested in conducting a survey to evaluate the outcome of one of our project implemented in western Oromia region titled: "**Promoting Disability Inclusive family planning and reproductive health Services**". The information I am going to collect will be helpful, to assess the overall achievement of the project at organizational level. Basically, I am interested in hearing about your experiences about the accessibility of FP services in the targeted health facilities; namely Jima health center, Walda health center (for physical accessibility) and information accessibility and attitude of the service providers in other health facilities in Jimma and Agaro Town including the above two. There is no right or wrong answers to these questions. Please let me know if there are any questions that you would like to skip because they make you uncomfortable. Do you have any questions before we begin?

Opening: Among the three types of FP/RH campaign, which campaign did you attended?

Gender_____

Guiding questions

1. Tell me your experiences of attending the organized FP/RH campaign with the particular focus of accessibility (Entrance to venues, availing accommodation cost, Sign language interpretation ….)
    - What are the challenges you experienced while attending the campaign?
    - What do you suggest to improve the campaigns?
2. What was your experience of services accessibility while using FP/RH services in the targeted health facility?
    - For wheelchair user and persons having physical disabilities
    - For persons with visual impairments
    - For persons with hearing impairments

3. Tell me your experience of FP/RH services utilization with the particular focus on attitude of services providers while providing services in the targeted health facilities
4. What do you suggest to make FP/RH services more accessible in the targeted health facilities? Thank you for your time and willingness!

APPENDIX 8: INTERVIEW GUIDE (DPO)

Thank you for giving me this time and be willing to talk with me today. My name is Metassebia Negussu, I am interested in conducting a survey to evaluate the outcome of one of our project implemented in western Oromia region titled: "**Promoting Disability Inclusive family planning and reproductive health Services**". The information I am going to collect will be helpful, to assess the overall achievement of the project at organizational level. Basically, I am interested in hearing about your experiences about the accessibility of FP services in the targeted health facilities; namely Jima health center, Walda health center (for physical accessibility) and information accessibility and attitude of the service providers in other health facilities in Jimma and Agaro Town including the above two. There is no right or wrong answers to these questions. Please let me know if there are any questions that you would like to skip because they make you uncomfortable. Do you have any questions before we begin?

Name of the DPO_____

Position in the DPO_____

Gender_____

Guiding questions

1. Tell me your experience of facilitating the FP/RH awareness raising campaign?
2. What were the challenges you have encountered pertaining to accessibility while facilitating the campaigns?
3. Tell me your involvement during the initial phase of the particular project designing phase?
4. Being as a person with disability tells me your experience of services accessibility while using FP/RH services at the targeted health facilities?
5. Tell me any initiations that the particular DPO you are chairing has started to ensure the continuity/sustainability of what has been started by the project pertaining to ensuring disability inclusive FP/RH services in the particular DPO you are chairing and other partner organizations? Thank you for your time and willingness!

APPENDIX 9: CONSENT FORM FOR PARTICIPATION IN AN EVALUATIVE RESEARCH STUDY

TITLE OF THE STUDY:

EVALUATING THE EFFECT OF AWARENESS RAISING CAMPAIGNS AND ACCESSIBILITY MODIFICATIONS ON SERVICE UTILIZATION AMONG YOUTH AND WOMEN WITH DISABILITIES

Description of the evaluation research and the respondent's participation

Hello. My name is Metassebia Negussu.

I am working for the Ethiopian Center for Disability and Development Association as a Monitoring and Evaluation personnel. Currently I am doing masters in Health Monitoring and evaluation. Thus, I am interested in conducting a survey to evaluate the outcome of one of our project implemented in western Oromia region titled: "**Promoting Disability Inclusive family planning and reproductive health Services**". The information I am going to collect will be helpful, to assess the overall achievement of the project at organizational level. In addition to this, personally to me it will be beneficial for the Partial Fulfillment of the Requirements for the Degree of Masters of Science in Health Monitoring and Evaluation.

Risks and discomforts

There are no known risks associated with this research. Taking into consideration that the evaluation is focused on requesting the practical experience of the respondent's family planning and HIV services, some of the questions might be sensitive. Accordingly, if I ask you any question that you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

Potential benefits

There are no known benefits to you that would result from your participation in the research. But, considering that your participation/the information you are going to provide has paramount importance in assessing the effect of the formerly implemented project in the town as well as enabling ECDD to replicate similar projects in a better way, would provide you as a citizen to have mental satisfaction.

Protection of confidentiality

All of the information/answers you are going to give will be confidential and will not be shared with anyone other than members of the research team. Apart from this, very personal detailed information: like your name, pictures will not be revealed in the research.

Voluntary participation

Your participation in this research is voluntary, thus, you are not obliged to participate in the survey. You may withdraw your consent to participate at any time. You will not be penalized in any way should you decide not to participate or to withdraw from this study.

Contact information

If you have any questions or concerns about this study or if any problems arise, please contact Ethiopian Center for Disability and Development phone number +251-11-41658559/69 or through P.O.Box 1530 Code 1250

Consent

I have read/listen to this consent form and have been given the opportunity to ask any questions. I give my consent to participate in this study

Participant's signature _____

Date_____