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# *Quality of FP Programs in HIV/AIDS Care and Treatment Clinics*

## **Background**

Mounting evidence shows that many people with HIV have an unmet need for family planning (FP). Providing FP services in HIV care and treatment clinics (CTCs) can increase access to FP among women and couples living with HIV. However, the potential health benefits of integrated services remain largely undocumented.

There are two models of FP/HIV integration in Tanzanian health facilities. The facilitated referral model screens clients at risk for unintended pregnancies, educates clients on FP methods, records referrals to an FP clinic, and accompanies clients to the FP clinic. The expanded facilitated referral model provides all the above services in addition to providing short-acting FP methods.

The National Institute for Medical Research (NIMR)-Muhimbili was awarded a small grant from the MEASURE Evaluation PRH project to evaluate the quality of FP services provided in the two models and assess the extent to which provision of FP services in CTCs meets established national standards for FP service delivery.

The study involved eight health facilities offering FP in CTCs in Morogoro and Iringa, Tanzania. The study included 200 HIV-positive clients ages 18–49 attending the CTCs and 16 providers from the health facilities.

To read the full study see:

[www.measureevaluation.org/publications/wp-13-136](http://www.measureevaluation.org/publications/wp-13-136)

## Findings

Based on WHO's six dimensions of quality of care, the quality of FP services within CTCs was lacking for many criteria. Although 76% of all providers asked their clients about their reproductive goals, more than 62% did not ask if their client had any other reproductive health concerns/problems. Around 59% did not ask their client whether they knew/had heard about FP methods and 60% had not asked their client which FP method they are interested in and what they may know about that method. Furthermore, there is a significant shortage of health providers compared to client load, as well as a lack of refresher trainings, which compromise the effectiveness of services provided.

Poor resource allocation and a shortage of supplies impacted efficiency. Also, restocking took a long time which strained service delivery. The provision of FP methods to HIV+ clients was sporadic and few HIV+ clients were referred for FP services. Although 80% of the CTC clients were repeat clients, the services were not particularly accessible; they traveled long distances and 58% queued for over an hour to see a provider. Providers also lack adequate skills and access to on-the-job training for FP.

The services were found to be acceptable/patient-centered with nearly all (96%) of the respondents reporting satisfaction with the client-provider interaction. However, only 41% of the respondents were given a FP pamphlet to read at home and most mentioned that the content was on knowledge of how to prevent HIV infection.

The largest gap in equitable service provision was shown with gender. Overall, 89% of female clients accessed FP services as compared to 11% of their male counterparts and fewer men were counseled on dual protection than women (60% versus 72%, respectively).

## World Health Organization's (WHO) Quality of Care Criteria for Health Service Delivery

- Effective
- Efficient
- Acceptable/patient-centered
- Equitable
- Accessible
- Safe

The study found that most of the CTCs had safe, reliable, functioning equipment. This helps make the work of service providers simpler and reduces inefficiencies. Effort is still needed to enable the facilities have a wide variety of equipment to avoid contamination and ensure the safety of the clients and providers.

## Recommendations

There is a general need for more human resources of different cadres at the CTCs. Although some providers are following the procedure manual for service provision, there is still a need to carry out continuous trainings and disseminate knowledge and information to the providers.

There is a need to supply equipment and supplies to CTCs given the noticeable deficiencies at most health facilities.

More effort is needed to encourage men to come for health lessons at the health centers.

Governments should put more effort into sensitizing health providers to recognize the importance of providing integrated services at the CTCs. This should go hand in hand with finding the best ways to train health providers as well as stock all the needed supplies and equipment necessary for providing integrated FP/HIV services.



<http://www.measureevaluation.org/prh>

MEASURE Evaluation PRH is funded by the United States Agency for International Development (USAID) through Associate Award GHA-A-00-08-00003-00 and is implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill. fs-13-92 (12/09/13).