

# **Operations Research Brief: The spillover effects of rapid HIV and AIDS services scale-up on the quality of antenatal care in Ethiopia**

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Ethiopia HIV/AIDS Care and Support Project  
May 2011

This report was made possible through support provided by the US Agency for International Development, under the terms of Contract No. 663-C-00-07-00408-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

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## OPERATIONS RESEARCH BRIEF

# The spillover effects of rapid HIV and AIDS services scale-up on the quality of antenatal care in Ethiopia



This brief summarizes the findings of a study of the quality of antenatal care (ANC) at the 550 health centers supported by the USAID HIV/AIDS Care and Support Program (HCSP) in Ethiopia. The study examined the proportion of ANC clients whose blood pressure had been taken, and the proportion of ANC clients receiving HIV, urine albumin, and hemoglobin tests. Routine program data on HIV testing and counseling were compared with data on ANC clinics' compliance with national standards of care (SOC) as reported through quarterly supportive supervisions and health center mentorship visits at 185 (34%) of the 550 HCSP-supported health centers. The SOC data also included information on non-HIV related ANC services.

## Background

A key mandate of the Government of Ethiopia (GOE) in the national expansion of comprehensive HIV and AIDS services is to integrate HIV and AIDS services in primary health care and thereby strengthen the entire health system to improve health services across the board. To determine the impact of introducing PMTCT in ANC services on other

non-HIV ANC services, HCSP reviewed routinely reported ANC and PMTCT data at 550 HCSP-supported health centers and supplemented this analysis with an assessment of the compliance with the standards of care for 16,034 ANC clients seen at 185 health centers between 2009 and 2010.

## Key Findings

- Routine health center data showed that the number of women accessing HIV testing for PMTCT services at HCSP-supported health centers nearly doubled between the end of 2008 and the beginning of 2011. The proportion of all ANC clients receiving an HIV test had increased from 77 percent in 2008 to 93 percent in 2011 (Figure 1).

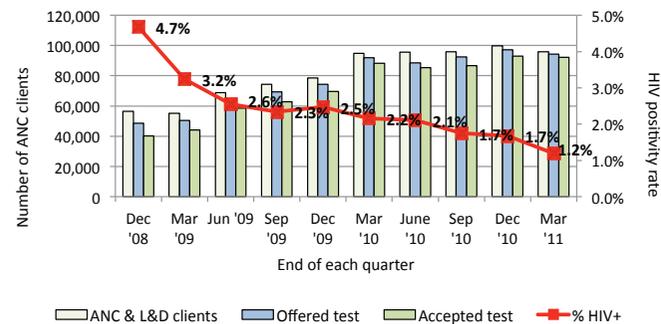


Figure 1: Number of ANC and L&D clients counseled and tested for HIV, with HIV prevalence, at 550 HCSP-supported health centers, 2008-2011

- Likewise, the assessment of compliance with the standard of care showed that the majority of ANC clients was tested for HIV (92%).
- The SOC assessment, however, also revealed that 85 percent had their blood pressure taken but only 28 percent had received urine albumin test and 28 percent a hemoglobin test.

## Discussion

Poor compliance with providing simple, routine ANC services may be related to several factors, including the following:

- Many health centers charged a fee for non-HIV related laboratory tests. Often women were not able or willing to pay these fees, however small they might have been.
- The few laboratory technicians employed in most health centers are too busy to perform time-consuming procedures like hemoglobin tests, while HIV tests are performed by most health care providers without needing a laboratory technician.
- A number of health centers reported shortages and stock-outs of urine albumin and hemoglobin tests. Health centers have to purchase these tests, but did not always have sufficient funds to do so. HIV tests, on the other hand, are heavily subsidized and available free of charge to the health centers.
- A strong focus on only those indicators that health centers are required to report on to the Federal Ministry of Health and HCSP to USAID and PEPFAR may have encouraged health providers, managers, health center mentors, and other advisors to prioritize activities that focused on improving required indicators.

## Implications

- A major focus on HIV service expansion has led to an almost 100 percent use of HIV testing for PMTCT by ANC clients. However, it has not resulted in similar outcomes for other routine ANC services.
- Future programs should, therefore, broaden the focus from HIV-related indicators to also include essential maternal and child health indicators and consider standardizing the funding options for all routine tests offered to ANC clients.

This synopsis is based on research conducted by HCSP team members Fentahun Tadesse, Tesfaye Arega, Asfaw Ayalew, Bud Crandall, and Elke Konings.

This operations research brief was published in May 2011 by the USAID HIV/AIDS Care and Support Program, which is funded by the President's Emergency Plan for AIDS Relief (PEPFAR) and implemented by Management Sciences for Health under USAID contract number 663-C-00-07-00408-00. MSH was the prime contractor, with Dawn of Hope Ethiopia; Ethiopian Inter-Faith Forum for Development, Dialogue and Action; HIV/AIDS Prevention, Care and Support Association; HST Consulting; IMPACT Association for Social Services and Development; IntraHealth International; National Network of Positive Women Ethiopians; Relief Society of Tigray; and Save the Children (USA) as subcontractors.



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