

**Research proposal**  
**Qualitative assessments of STI services in  
the targeted interventions for vulnerable  
women of Karnataka, S. India**

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## Title of the topic

- ◆ Qualitative assessments of STI services in the targeted interventions for vulnerable women of Karnataka, S. India

### Background

- HIV in India – 5.7 million(2005)
- 2/3 – in 6 states
- Karnataka – 1.6% gen population and 23% FSWs
- Targeted interventions: Gates – Avahan – KHPT
- KHPT – Karnataka Health Promotion Trust (2004)

# Background, continued

## KHPT

- ◆ STI services for target populations
- ◆ STI clinics, trained staff in syndromic protocols, counseling, condom, outreach
- ◆ Scale Vs Reach of the project
- ◆ Practice and attitude of staff – Exit interviews and Focus discussions.
- ◆ “QUALITY” of care
- ◆ “Research tools” to study quality

# Objectives:



1. To measure the dimensions of quality of services namely Equity, Acceptability, Accessibility, Comprehensiveness, Appropriateness and Effectiveness.
2. To assess the effectiveness and feasibility of qualitative research methodologies in identifying the critical gaps in the quality of STI services in the project.

# Methodology

- ◆ Study design – Descriptive study using quantitative and qualitative components
- ◆ Study area – 15 districts of the state where the FSW program > 3 years
- ◆ Sampling universe – STI clinics for FSWs (90 program and 125 referral)

# Methodology continued

## Source of data / Study Tools

1. MIS database – Coverage, STI burden with reference year March 2007.
2. Exit interviews – Practice and attitudes of clinical and outreach staff.
3. FGDs – Perceptions, behaviours, acceptability, accessibility.
4. Checklist for infrastructure assessment
5. Self administered tool – attitudes of care providers



# Methodology continued

Sample size:

1. Exit interviews: 4 for a full time doctor, 2 for part time and referral clinic – 320 ( $15*4 + 30*2 + 100*2$ )
2. FGDs: 2 FGDs for groups of users and non users of services in 3 clinics – 6
3. Checklist: All the clinics in the project – 210
4. Self administered tool: All the doctors in the project - 145

## Table showing the quality dimension captured and the tool used in the study:

<b>Dimension of the quality</b>	<b>Tool used for collection of data</b>
Equity	Coverage of community- MIS
Accessibility	Exit interviews / FGDs
Acceptability	Exit interviews / FGDs
Appropriateness	Exit interviews / Care provider interview
Comprehensiveness	Exit interviews / FGDs
Effectiveness	Burden of STI/health status – MIS

# Implications of results

- ◆ Gaps in practice and attitudes of staff will be translated into actions by incorporating in the training models
- ◆ Gaps in the perceptions and behaviours of community will be addressed by improved Inter personal communication activities
- ◆ Qualitative tools – usefulness in the gap analysis will be studied and commented
- ◆ Feasibility of regular use of the tools by program managers / MIS will be assessed
- ◆ Identifying leaders in the community to take the services forward after withdrawal of the external support.

## Timeline of the present study

Activity	Time line - Year 2007									
Review of literature for building proposal										
Proposal writing and submission										
Collection of data from exit interviews										
Collection of data from FGDs										
Collection of data from care providers										
Collection from MIS										
Analysis of the data										
Writing of the report										
Sharing of the report										
		March		April		May		June		July



**THANK YOU!**

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## ESTIMATED NUMBER OF ADULTS AND CHILDREN NEWLY INFECTED WITH HIV DURING 2006



**Total: 4.3 (3.6–6.6) million**

2006 AIDS epidemic update: UNAIDS and WHO