

CCM SITE VISIT ON HIV SERVICES

1. INTRODUCTION

The HIV/TB oversight committee conducted a day's site visit to the ANC departments of three health facilities in the Greater Accra region on the 25th October 2018. The Bortianor Health Center was selected because their staff was trained on PMTCT in June 2018 and the OC wanted to inquire about the changes that have been put in place ever since. Kaneshie Polyclinic and Anthon Memorial Hospital (a private facility) were selected based on their client load and/or programmatic performance as captured on the District Health Information Management System (DHIMS) for the period of January to June 2018:

Facility	ANC registrants	HTS	% tested	HIV+ at registration	HIV+ at 34 wks	ART	% on ART
Bortianor	239	202	85%	5	0	0	0%
Kaneshie	2682	2682	100%	46	0	16	35%
Anthon	240	240	100%	2	28	0	0%

The site visit had hence the following objectives:

- I. Verify how the knowledge acquired during the NACP PMTCT training is used at Bortianor Health Center that did not offer ART prior the training.
- II. Verify reasons for the low/zero recorded ART enrollment rate at Kaneshie Polyclinic and Anthon Memorial Hospital.
- III. Know more about challenges in private healthcare facilities in implementing national guidelines.
- IV. Identify any difficulties and recommend solutions to enhance PMTCT services.
- V. Enhance the knowledge of new Oversight Committee members on HIV service delivery

2. ACRONYMS

ANC	Antenatal Care	OC	CCM Oversight Committee
ART	Antiretroviral Therapy	OPD	Out Patient Department
CHN	Community Health Nurse	PITC	Provider Initiated Testing and Counselling
DBS	Dried Blood Spot, DBS cards are used to collect blood samples for EID	PLHIV	People Living with HIV
DHD	District Health Directorate	PMTCT	Prevention of Mother To Child Transmission
EID	Early Infant Diagnosis	PNC	Postnatal Care
GHS	Ghana Health Service	Q	Quarter
HTS	HIV Testing & Counselling	RMS	Regional Medical Store
LMD	Last Mile Distribution	TLE	Tenofovir, Lamivudine, Efavirenz (an ARV)
LT FU	Lost To Follow Up	VL	Viral Load
NACP	National AIDS Control Program		

3. SUMMARY OF CHALLENGES AND RECOMMENDATIONS

Challenges	Recommendations	To whom
Disparities between DHIMS data and facility based data in every facility visited	Investigate the reasons for different data reported on DHIMS and implement quality controls Review quality of data validation Verify accuracy of DHIMS reporting during all monitoring and supervision visits	Bortianor Kaneshie Anthon PPME NACP RHDs DHDs
Data in registers and reports do not match across the departments	Review methods of data capturing and harmonization across departments to ensure quality reporting	Kaneshie
Provider initiated testing and counselling is only carried out based on signs and symptoms but is not systematically offered at OPD	Ensure that all facilities have the respective information Ensure that Regional and District Health Directorates follow up on its implementation Implement PITC pro-actively and ensure availability of test kits	NACP GHS NACP Bortianor Kaneshie Anthon
Lack of innovative strategies to encourage husbands of pregnant women to get tested	Collect best practices and share with facilities	NACP
HTS register not completed for the 16 days before visit	Ensure prompt copying of data from ANC register to HTS register	Bortianor
Insufficient number of HTS registers per facility	Consider printing of a thinner version for smaller facilities	NACP
Confirmation testing is reportedly done but not reported	Ensure that confirmation testing is reported in HTS register Verify correct reporting during all monitoring and supervision visits	Bortianor Kaneshie RHD/DHD
75% ART enrollment rate in the first semester 2018	Follow up consistently on number of pregnant women tested positive and those enrolled and address causes of LTFU	Kaneshie

Lack of integration of PMTCT services, possibly resulting in avoidable LTFU	Consider integrated ANC/ART services during a specific day of the week or during a specific time	Kaneshie
Anthon Memorial Hospital willing to provide ART for HIV+ pregnant women but needs guidance	Contact the facility to explain the way forward	NACP
Kaneshie: those babies tested at PNC are not retested at six weeks	Inform about the guidelines	GAR HIV coordinator
EID results are partly not received / delayed	Set up a system how facilities can follow up on outstanding results	NACP
Inadequate communication of new guidelines	Ensure that guidelines are forwarded to the facility level Verify that new guidelines are implemented at facility level and provide feedback to the NACP	NACP GHS RHDs DHDs
Not all staff members informed about changes in PMTCT service offer	Ensure regular information exchange, both formal and informal	Bortianor
Anthon Memorial Hospital feels left out from training opportunities	Inform private facilities about upcoming trainings	NACP

4. FINDINGS

4.1 Bortianor Health Center

Four staff members had recently received training on PMTCT services from the NACP that resulted in an expanded service offer for PLHIV.

4.1.1 OPD – Provider Initiated Testing and Counselling (PITC)

PITC only occurs in cases of signs and symptoms. The facility was not aware of the national guideline of systematic offer of HTS to OPD clients.

4.1.2 PMTCT

ANC: Previously pregnant women who tested HIV+ were referred to an ART center at a different facility. Since the NACP training in June 2018, the health center has been offering ART, deliveries for HIV+ pregnant women, and EID. One staff member who was on leave in June/July was not informed about the changes and possibly gave wrong information to women who tested HIV+.

All women are tested for HIV. The facility received the HTS register only in September and since they have only one register, it is kept at the lab. The team found the register to be completed only until 9th October; there were no entries during the past 16 days. Also, there

is lack of evidence for confirmation testing of those reactive even though the staff insists that the confirmation tests were done.

In case of a positive test result, the woman is encouraged to bring her partner but there is a lack of innovative strategies to achieve a higher male testing rate. HIV+ women start ART the same day at the level of the ANC and the pharmacist confirmed that ARVs have always been available in sufficient quantities ever since they started ART in July.

Delivery: All HIV+ women are recommended to deliver at the facility where prophylaxis for the baby is available and given out right after delivery. So far, the women have complied with this recommendation. Women in labor without evidence of HTS are tested systematically before or just after delivery.

EID: EID testing is done at PNC as well as at six weeks. The midwife knows the houses of every single HIV+ mother diagnosed at her facility and sends a reminder when EID is due. EID defaulters can hence be tracked easily, however, this has not yet been necessary. EID samples are taken to the DHD in order to be forwarded to the testing site. However, even in the end of October, the facility was still waiting for results of samples that were sent in the beginning of July and mid August.

4.1.3 Commodity Situation

Test kits, ARVs and baby prophylactic syrup were reportedly always available in sufficient quantities and the team saw sufficient stock at the pharmacy.

4.1.4 Data Quality

While the DHIMS data stated that only 85% of the pregnant women were tested for HIV in the first semester 2018, the facility registers and reporting tools confirm a 100% testing rate. The performance data are input into DHIMS by another facility and the facility has no explanation for this underreporting.

Source	ANC registrants	HTS	% tested	HIV+ at registration	HIV+ at 34 wks	ART	% on ART
DHIMS	239	202	85%	5	0	0	0%
Facility reports	239	239	100%	5	0	0	0%

4.2 Kaneshie Polyclinic

The ANC of Kaneshie Polyclinic was very busy during the time of the CCM visit. Even after noon, the waiting hall offered few empty seats.

4.2.1 OPD – Provider Initiated Testing and Counselling

PITC is only carried out based on signs and symptoms.

4.2.2 PMTCT

ANC: All pregnant women are systematically tested for HIV at registration. Those tested positive are reportedly retested using Oraquick. However, confirmation testing is not documented consistently in the HTS register.

The facility has reportedly a relatively high success rate in testing male spouses as they convince them “to donate blood” for their wives for the case of any emergency situation during delivery. HTS of the spouse is then carried as part of the blood donation procedure. However, in spite of this strategy, less than 25% of the ART clients are male. The ART staff explains that most of the male partners tested are actually HIV negative and the couples concerned are usually newly weds. This would indicate that most of these women got infected before getting married. All HIV+ women are requested to bring their older children for testing. The ANC department does not provide ART.

Referrals / ART: Contrary to the best practice that pregnant HIV+ women receive instantly their initial two week ART supply at the ANC before being possibly referred, HIV+ women are referred right after their positive HIV test to the polyclinic’s ART clinic for treatment. Thereby, the women are usually accompanied to the ART clinic to ensure maximum enrollment. The ART nurse was convinced that all women who tested positive are enrolled, while DHIMS and facility data indicate a 75% enrollment rate. For follow up visits, the women are requested to first attend ANC services and are then fast tracked for ART services. When a client asks for a transfer, the ART nurse first verifies where the next ART clinic is located and issues a yellow card that lists the type of medication the client is taking. ANC staff has indicated willingness to provide ART at their end, however, it must be carefully reviewed if they have enough time for quality counselling. It might be more realistic to schedule all HIV+ pregnant women during a specific day of the week or time of the day when integrated ANC and ART services are offered.

Defaulting: The facility has reportedly a high defaulter rate but it is believed that clients rather choose a different ART clinic due to stigma. Whenever a pregnant woman defaults, the ART nurse contacts the ANC staff with a request to be informed whenever the client comes to her next ANC consultation. The ANC staff pointed out that some HIV+ women change the clinic altogether. In such a case, ART staff tries to contact the woman via phone. They do not know how to ask a local community health officer for help as a lot of the women come from different catchment areas of which they do not have any telephone numbers of community health workers.

Delivery: According to the delivery registers, hardly any of the HIV+ women delivers at the hospital. This seems strange considering that during the first semester 2018, 39 women were enrolled on ART in this facility. According to the information of the ART staff, almost all HIV+ pregnant women deliver – as recommended – at this facility. It is not clear why those women are documented as HIV- in the delivery registers. Mothers receive the complete bottle of prophylaxis syrup after delivery.

EID – testing: EID is carried out on the PNC appointment days or at six weeks. Those tested few days after birth are NOT retested at six weeks. EID is not carried out as an integrated part of PNC. HIV+ women need to go to the ART clinic separately for EID, which seems very cumbersome especially since women shall rest shortly after delivery. The PNC staff pointed out that they would be glad to take up EID if they receive the training while HIV staff contested this statement. It will be good to find a solution that puts the needs of the HIV+ women in the center.

4.2.3 Commodity Situation and Requisition / LMD

First response has always been available in sufficient quantities, the facility faces an occasional stockout of Oraquick. The pharmacy confirmed that stable clients tend to receive a six month supply. However, because of shortages of TLE, they had to ration their stock for the past two months providing only a two months supply even to stable clients at the time of the visit. NACP confirmed however that sufficient stock was available at the GAR RMS and suspects that disparities between reporting and requisition led to the reduction of the quantity allocated. While the facility is glad with the functionality of LMD, the RMS is requested to share information about shortages pro-actively, so that the facilities can adjust their requisition accordingly.

4.2.4 Data Quality

Data quality seems to be a bigger issue at Kaneshie Polyclinic. Beyond the inconsistencies mentioned under “Delivery” above, the team found that numbers of HIV+ women in Q1 and 2 do not add up to the number mentioned in the half year report. Numbers listed on the facility reporting sheets also differ significantly from those on DHIMS:

Data source	ANC registrants	HTS	% HTS	HIV+ at registration	HIV+ at 34 wks	ART	% ART
DHIMS	2682	2682	100%	46	0	16	35%
Facility data	2682	2682	100%	52	0	39	75%

4.2.5 Sample Referral and EID

Out of 71 DBS cards sent to KBTH between January and August, 10 results have not been received by the end of October. The Ghana Post sample referral system is considered as functional.

4.3 Anthon Memorial Hospital

Anthon Memorial Hospital performs testing and counselling but does not offer ART to HIV+ pregnant women. The team wanted to find out why.

4.3.1 OPD – Provider Initiated Testing and Counselling

PITC is only done based on signs and symptoms.

4.3.2 PMTCT

ANC: All ANC registrants are systematically tested for HIV. There is only one HTS register for the entire facility but it is well maintained. Confirmation tests are systematically carried out and documented.

ART, delivery, EID: Those who test positive are referred to Mamobi Hospital for ART. ART is not offered at Anthon. The midwife follows up on all women referred to ensure that they do start and adhere to ART. She is willing to provide ART for her clients but was never informed that this may be desirable. HIV+ women always deliver at the hospital where they receive ART. The babies are also tested there.

Communication: It was only recently in 2018 that the midwife was informed by colleagues from Mamobi Hospital that Ghana has moved away from option B+ towards treat all. The midwife pointed out that there is little official information on HIV care in Ghana coming from the NACP and/or the RHD/DHD.

4.3.3 Commodity Situation

Test kits, both First Response and Oraquick, have always been available in sufficient quantities.

4.3.4 Data Quality

While the DHIMS data state that two women were tested positive at registration and 28 women at 34 weeks, the midwife pointed out that they have never had a woman who tested positive at 34 weeks. The team reviewed the ANC register and did not find any such entries either. Since the data are entered into DHIMS by Mamobi Hospital, the midwife could not explain the disparity.

Data Source	ANC registrants	HTS	HIV+ at registration	HIV+ at 34 wks	ART
DHIMS	240	240	2	28	0
Facility data	240	240	2	0	0

4.3.5 Other

The facility feels left out from GHS training opportunities.

5. ANNEX

Site visit participants

Name	Designation	Organization
Annekatrin El Oumrany	Program Officer Oversight & Communication	CCM Secretariat
Benjamin Cheabu	Jr. Program Officer Oversight & Communication	CCM Secretariat
Ernest Ortsin	OC member	GHANET
Mac-Darling Cobbinah	OC member	CEPEHRG
Genevieve Dorbayi	OC member	TBVN
Evans Opata	OC member / Chair	GCM

Bortianor Health Center

Respondent	Job title	Telephone
Maudren Nyame-Adu	Community Health Nurse	020-6245711
Latifa Sumaila	Enrolled Nurse	020-1049000
Vida Ampah	Staff Midwife	024-3221038
Teddy Jones Sappor	Ass. Pharmacy Technician	020-9026771

Kaneshie Polyclinic

Respondent	Job title	Telephone
Dr. Stella Gyamfi	Specialist	020-7104484
Ernestina Okudzeto	DDNS	024-3761930
Belinda Agbosu	ART Nurse	020-8232624
Doris Abban	ANC SMO	024-4760074
Diana Heymann	Principal Pharmacist	024-4620986
Veronica Annan-Jones	L / Ward PNO	020-2014993
Florence Ashorkor Ajerh	L / Ward PNO	024-3368252
Iris Otoo	Data Officer	020-8074551

Anthon Memorial Hospital

Respondent	Job title	Telephone
Cecilia E. Mensah	Midwife	024-6443994
Patience Tetteh	Senior Midwifery Officer	024-3452955