

HIV/TB Oversight Committee Health Facility Visits in the Brong Ahafo Region

8th April – 12th April 2019.

Oversight Committee Members

1. Ernest Ortsin - GHANET
2. Genevieve Dorbayi – TB Voice Network
3. Jonathan Tetteh-KwoaTeye – Network of Persons Living with HIV (NAP +)

Lead: Benjamin Spears N. Cheabu – Prog. Officer Oversight & Communication

1.0 Rationale, Objectives and Intended Outcomes of Site Visit

Ghana adopted the 90 – 90 – 90 HIV targets in 2016, planned to be achieved by 2020. The NFM II of the Global Fund is in its second year of implementation, yet the HIV and TB programs are far from fully realizing their targets. The CCM debrief of the Office of the Inspector General (OIG) of the Global Fund in October 2018 showed significant areas for improvement for the HIV/TB program. Key among these issues were:

1. Low HIV testing coverage
2. Suboptimal quality of HIV testing
3. Low linkage to treatment and inadequate follow up of lost patients
4. Inadequate TB infection control measures
5. Low TB case finding

Low test coverage represents a missed opportunity for timely initiation on ART and, most importantly, among pregnant women a missed opportunity for early infant diagnosis. Quality of HIV testing remains a critical component in the continuum of HIV services. A significant finding of the OIG was that 80% (24/30) of facilities that were visited had no written HIV testing algorithm and 93% (28/30) of these facilities had no documented supportive supervision in the past 12 months¹. The OIG findings are corroborated by PMTCT data from DHIMS for the 2nd semester of 2018 (July – December) where low testing remains a challenge in some facilities.

Given that most oversight committee visits in 2018 took place in the Greater Accra Region (5/7) due to the need at the time, the Brong Ahafo region and Northern regions have received less attention. In the Brong Ahafo region (one of focal regions of the 2018 OIG visit which the Program Officer was in attendance), DHIMS data shows non-optimal HIV testing rates especially in maternity homes/clinics and health centers which is a missed opportunity for initiation to treatment and early infant diagnosis. Of 199 facilities in the Brong Ahafo region, 137 (68.8%) had 100% testing of pregnant women (DHIMS – July – Dec, 2018). Most district hospitals recorded 95 – 100% testing; maternity homes and clinics showed low testing. Despite the missed testing in these maternity homes/clinics, the data reveals that almost all HIV positive mothers are successfully put on ARVs in the said facilities. Therefore, the oversight visit was to learn about challenges in testing all women, especially in maternity clinics and health centers. We assert that if this is adequately rectified, there is surety of a near 100% testing of all ANC clients and transiting positive clients on treatment.

¹ Audit of Global Fund grants of the Republic of Ghana, CCM Debrief, 05 November 2018, Accra - Ghana

To this end, the objectives and intended outcomes of the site visit were to:

1. Compare and verify facility data and DHIMS data to advise on any data capture, reporting and validation challenges.
2. Verify the quality of HIV testing and documentation from ANC registers and HIV rapid test log books registers at ANCs and laboratories.
3. Verify guidelines and mechanisms for tracking lost to follow up mothers.
4. Learn about facility staff who offer HIV services' awareness of the 90 – 90 – 90 targets and any challenges that might affect the achievement of the 90 -90 -90 target.
5. Learn from facilities that offer TB services any challenges related to TB case finding and testing, treatment and infection control.

2. 0. Summary of good practices and recommendations

2.1. Summary of Areas of Commendation

1. Good knowledge and use of HIV testing algorithm(Rafchik Clinic/maternity)
2. Documented stocks (ARVs and test kits) and no stock outs (all facilities)
3. Reported functional mechanism for follow up on HIV clients even though not documented in most instances.
4. Health staff willingness to do more despite expressed challenges in timely availability of logistics and incentives.
5. Initiative to improve by some facilities since October OIG visit (Ahmadiyya Mission Hospital - Techiman).

2.2. Summary of Key Recommendations

1. GHS/NACP should share with health staff the meaning and purpose of the 90-90-90 targets so they can share in the vision and enhance its realization.
2. Facility heads should ensure that facility level data is properly validated before signing it off.
3. GHS/NACP/NTP and health facility heads should ensure documentation of all supportive supervision visits. If possible, we recommend a supervisory feedback book at each facility. This is anticipated to enhance proper recording of who visits the facility, for what purpose, lessons learnt, action required on lessons and challenges identified. It will serve as a reference for follow-ups and proof of supervisory visits in the event of any audits or OIG visits.
4. Facility heads should ensure timely and accurate documentation of HIV Test Log Books by designated staff.
5. NTP and facility heads should ensure that TB screening is done, at least for all pregnant women at ANCs and properly documented.
6. GHS/NACP/NTP should seek innovative means of suggesting to private facilities to follow national guidelines for Provider-Initiated Testing and Counseling (PITC).

3. Finding on HIV/TB Services

3.1. Rafchik Clinic/Maternity – Sunyani Municipality

Rafchik Clinic is a private facility is located at Abesim in the Sunyani Municipality.

Data Verification

For the period July – December 2018, the facility recorded 77 ANC registrants in their monthly return forms. A count in the HIV Rapid Test Log Book showed that 2 of the tested were males who had accompanied their spouses. The correct number then should be 75; and all 75 were tested for HIV. HIV positive clients at the facility were 2 compared to 7 reported on DHIMS.

Source	ANC registrants	Tested	% tested	HIV +	On ARV	% On ARV
DHIMS	75	66	81.3	7	7	
Facility	77	75		2	2	
Correctly verified	75	75	100	2	2	

OPD - Provider Initiated Testing and Counselling (PITC)

As a private facility, the owner of the hospital who was present at the visit indicated that no PITC was offered as suggested by the national guidelines on systematic offer of HTS to OPD clients. OPD clients are tested for HIV based on any suspected signs and symptoms.

PMTCT – Prevention of Mother to Child Transmission

Rafchik clinic has a maternity clinic of about 500 meters from the main clinic. ANC and PNC services are offered at the maternity clinic. All pregnant women (75) within the period of July to December 2018 were tested and properly documented in the HIV Rapid Test Log Book and the ANC register. The facility had the HIV testing algorithm rightly placed at the testing desk and the algorithm well followed as evidenced in reporting in the HIV Rapid Test Log Book.

On HIV clients, the facility reported two persons with one, a known client, who keeps resorting to spiritual homes. Efforts have been put in place to keep her on treatment now. At delivery, all pregnant women are tested for HIV; if status is unknown the test is offered and if positive, a full bottle of prophylaxis for new-borns are given. EID is performed during PNC and at six weeks.

Stock issues

But for prophylaxis for newborns, HIV test kits, Oraquick and ARVs have always been in stock since 2018.

Other concerns

- No awareness of HIV 90 – 90 – 90 targets
- Have since 2017 not received any training or supportive supervision on HIV and TB
- Undocumented supportive supervision visits

TB Services

In our engagement with the medical director of Rafchik Clinic, he expressed views that showed that TB was not a priority at his facility. Screening tools do not exist hence no screening is done. Contrary to the medical director's opinion that TB cases do not exist in the region – stating in the last two years the entire region had recorded not more than two cases – other health facilities and data on DHIMS showed evidence that the disease is highly prevalent. We therefore recommend national and regional efforts to rectify the situation by encouraging private facilities to show interest in TB case finding and treatment.

Key recommendations for Rafchik Clinic/ Maternity

HIV

- Keep a separate register of ANC clients and walk-in clients for HIV testing to avoid counting walk-in clients as ANC clients.
- In-Charge should be proactive in requesting for prophylaxis for newborns since it is available at the Sunyani Municipal hospital.

TB

- There is need for the regional / municipal health directorate to engage the management of the facility on providing TB services especially on screening at OPDs.
- The regional / municipal health directorate needs to involve staff of this facility in TB training programmes. We encourage on-site trainings.

3.2. St. James Clinic – Sunyani Municipality

St. James is a new private facility located at Abesim in the Sunyani Municipality.

Data Verification

For the period July – December 2018, the facility recorded 55 ANC registrants in the ANC register. The facility had no HIV Rapid Test Log Book hence recorded only final results (reactive or nonreactive) in the ANC register. Tests were done at the facility laboratory hence both ANC clients and general population test results were recorded together. At the time of the visit, the facility could not provide complete evidence that the 48 out of the 60 tested were indeed ANC clients.

Source	ANC registrants	Tested	% tested	HIV +	On ARV	% On ARV
DHIMS	55	48	87.3	0	0	
Facility	55	60 (48)	***	0	0	
Correctly verified	55	48	87.3	0	0	

OPD - Provider Initiated Testing and Counselling (PITC)

No PITC was offered as suggested by the national guidelines on systematic offer of HTS to OPD clients. OPD clients are tested for HIV only if they requested for it.

PMTCT – Prevention of Mother to Child Transmission

St. James Clinic offers ANC and PNC services. Not all pregnant women (48/55) within the period of July to December 2018 were tested and properly documented in the ANC register. The facility had no HIV testing algorithm and no HIV Rapid Test Log Book.

The midwife indicated that even though they have no resident client on ARV, at delivery they intend to test all pregnant women who have not received ANC services with them and if positive, a full bottle of prophylaxis will be offered the new-born. During the period under review, the facility recorded one HIV client but transferred her to the Sunyani Municipal Hospital.

Stock issues

HIV test kits and Oraquick have always been in stock.

Other concerns

- No knowledge of HIV 90 – 90 – 90 targets
- Have since 2017 not received any training or supportive supervision on HIV

TB Services

The staff of this facility lack knowledge on TB issues. They do not screen for TB cases as they do not have the screening tools. There was no algorithm. They refer all presumed cases to the Sunyani Municipal Hospital. It was good to learn through our interaction with the staff of their positive outlook of seeking improvement of the challenges. They expressed willingness to roll out the screening tool if provided.

Key recommendations for St. James Clinic

HIV

- Keep a separate register of ANC clients and walk-in clients for HIV testing to avoid counting walk-in clients as ANC clients
- Facility to seek assistance from the regional HIV coordinator on current practices on HIV services.
- Undocumented supervisory visits
-

TB

- The regional / municipal health directorate needs to plan a capacity-building programme for the staff of this facility and include them in all future trainings.

3.3. Florence Maternity Home

According to the resident midwife, the facility has been in existence for 52 years. It is one of the oldest private facilities in the municipality with high OPD attendance.

Data Verification

For the period July – December 2018, the facility recorded 416 ANC registrants in the ANC register compared to 516 on DHIMS. Testing rate at the facility was very low at 27% compared to DHIMS at 67.9%.

Source	ANC registrants	Tested	% tested	HIV +	On ARV	% On ARV
DHIMS	517	351	67.9	3	3	
Facility	416	114	27	5	5	5

PMTCT – Prevention of Mother to Child Transmission

Florence Maternity Home offers ANC and PNC services. Not all pregnant women within the period of July to December 2018 were tested according to verifiable facility data and DHIMS. The facility could not provide for verification their HIV Rapid Test Log Book. The facility had no HIV testing algorithm and no HIV Rapid Test Log Book to show. However, based on our interview with the staff and inspection of the available records, we came to the opinion that even though the facility is doing well in managing maternity cases, data reporting is a major challenge. They should therefore be assisted in proper recording in the appropriate registers/log books.

During the period under review, the facility recorded 5 HIV clients who are on ARVs.

Stock issues

HIV test kits and Oraquick have always been in stock

Other concerns

- No awareness of HIV 90 – 90 – 90 targets
- Serious data and recording practices
- Undocumented supervisory visits

TB Services

The facility did not appear to have the capacity to manage TB cases. There was neither algorithm nor screening tool available. They refer all presumed cases to the Sunyani Municipal Hospital.

Key recommendations for Florence Maternity Home

HIV

- Request for HIV Rapid Test Log Book for pregnant women and ensure proper documentation and completeness.
- Keep a separate register for walk-in clients for HIV testing to avoid counting walk-in clients as ANC clients
- Facility to seek assistance from the regional HIV coordinator on current practices on HIV services.

TB

- The facility needs capacity-building on the screening of TB cases.

3.4. Valley View Adventist Hospital

Data Verification

For the period July – December 2018, the facility recorded 105 ANC registrants which was same on DHIMS. Midwives and nurses at the ANC do not perform HIV testing; all is done at the laboratory. A count of ANC client tested for the period showed that 62 out of the 105 ANC clients were tested for HIV (Laboratory data, VVA Hospital. 9th April 2019).

Source	ANC registrants	Tested	% tested	HIV +	On ARV	% On ARV
DHIMS	105	93	88.6	3	3	
Facility	105	62		2	2	

OPD - Provider Initiated Testing and Counselling (PITC)

No PITC was offered as suggested by the national guidelines on systematic offer of HTS to OPD clients. OPD clients are tested for HIV based on any suspected signs and symptoms.

PMTCT – Prevention of Mother to Child Transmission

Valley View Adventist Hospital has a maternity clinic where all ANC and PNC services are offered. Not all pregnant women (62/110) were tested for HIV within the period of July to December 2018. The facility sends electronic laboratory test referrals hence do not keep a record of the HIV Rapid Test Log Book. Midwives and nurses at the maternity do not perform HIV testing which increases the likelihood of no testing. The facility had no HIV testing algorithm rightly placed at the laboratory where tests are done. Since no HIV Rapid Test Log Book was present, it was impossible to verify the quality of HIV testing.

On HIV clients, the facility reported 3 persons on ARVs. At delivery, all pregnant women are tested for HIV. If positive, a full bottle of prophylaxis for new-borns is given. EID is performed during PNC and at six weeks.

Stock issues and stores

HIV test kits, Oraquick and ARVs have always been in stock since 2018. But for the absence of a thermometer and temperature logging system at the store, the store was in great shape. It had all medicines on shelves or pallets, separate space and well-kept inventory for expired commodities and backup power in the case of power outages.

Other concerns

- No knowledge of HIV 90 – 90 – 90 targets
- Undocumented supervisory visits

Models of Hope

The facility has two persons enrolled as members of Models of Hope. The team met one member at the time of the visit. According to her, Valley View Adventist Hospital has no HIV clinic days hence she reports to the facility each working day. She commended the facility for the excellent working relationship they enjoy.

However, she explained that given her circumstances of reporting to the facility each day, the monthly stipend of GHS 350.00 was insufficient to cater for her transportation and defaulter tracing activities which includes phone calls and home visits. Additionally, the stipend is not always paid on time. At the time of our visit on April 9, 2019 she had not received her allowance for the month of March. Meanwhile, she showed a list of 37 clients she had to contact.

TB Services

The facility relies on Community Health Nurses who engage at the community level for case finding. In the period under review (July – December 2018), 27 clients were tested and 3 turned positive and referred to the Holy Family Hospital in Techiman. Since January 2019, the hospital has started offering treatment to clients who live closer to the hospital and are currently managing 3 TB cases.

Despite confirmation that the Techiman TB Coordinator had provided the facility with TB screening tools, TB screening was not happening. Testing for TB only happens under suspected cases. The head of the facility expressed willingness to start TB screening at the OPD and ANC with the support of the TB Coordinator. A date was scheduled to provide them a set of screening tools and a short tutorial on usage, documentation and reporting.

The facility is currently (since February this year) managing a case of MDR-TB. According to the staff they are yet to receive any amount for the treatment but they are aware that the facility is entitled to receive GHS 2,400.00; of this amount, GHS 700.00 is dedicated to the client. This was confirmed by the Regional TB Coordinator. However, to the knowledge of the HIV/TB oversight committee, the Enablers' Package available for the treatment of each MDR-TB case is GHS 5,000.00. The committee will follow up with the NTP on the issue at hand.

Key Recommendations for Valley View Adventist Hospital

HIV

- If possible, let midwives conduct HIV tests at ANC, record and report accordingly instead of referral to the laboratory.
- Keep a separate register of ANC clients and walk-in clients for HIV testing to avoid counting walk-in clients as ANC clients
- Start with the support of the implementation of TB screening tool at OPD and ANC.

TB

- The facility requires a task shifting officer in view of the large OPD attendance or seek an effective integration of TB screening as part of normal OPD services.
- They potentially can make use of a Gene Xpert and chest X-ray machine.

3.5. ARMS Maternity Home/ Hospital – Techiman

Data Verification

For the period July – December 2018, the facility recorded 1178 ANC registrants in their monthly return forms. The number of ANC clients tested could not be verified since no separate register existed; testing was done only at the laboratory with no separate register of the general population and ANC clients. A count of the ANC register showed 2 HIV positive clients (ANC register was not complete).

Source	ANC registrants	Tested	% tested	HIV +	On ARV	% on ARV
DHIMS	1110	926	88.2	6	2	
Facility	1178	Not verified		2	2	

OPD - Provider Initiated Testing and Counselling (PITC)

Despite the large clientele, no PITC was offered as suggested by the national guidelines on systematic offer of HTS to OPD clients. OPD clients are tested for HIV based on only suspected signs and symptoms or if requested for by the client.

PMTCT – Prevention of Mother to Child Transmission

Arms Maternity Home offers ANC and PNC services. Not all pregnant women (926/1110 - DHIMS) were tested for HIV within the period of July to December 2018. The facility has an improvised register which is incomplete. Midwives and nurses at the maternity do not perform HIV testing which increases the likelihood of no testing. The facility had no HIV testing algorithm rightly placed at the laboratory where tests are done. Since no HIV Rapid Test Log Book was present, it was impossible to verify the quality of HIV testing.

It is however commendable to note that from January 2019, the facility had an improvised notebook to separate ANC testing from the general population. Clearly, the facility requires the right reporting tools - HIV Rapid Test Log Book.

On HIV clients, the facility reported 3 persons who are all on ARVs. At delivery, any pregnant woman is tested for HIV if status is unknown, if positive, a full bottle of prophylaxis for new-borns was given. EID is performed during PNC and at six weeks.

Stock issues and stores

HIV test kits, Oraquick and ARVs have always been in stock. The store of the maternity home was not in the best of shape as it was small, not properly ventilated, and most medicines stored directly on the floor. No thermometer and temperature logging system was in place.

Other concerns

- No knowledge of HIV 90 – 90 – 90 targets
- Undocumented supervisory visits
- No HIV Rapid Test Log Books

TB Services

Despite confirmation that the Techiman TB Coordinator had provided Arms Maternity with TB screening tools, TB screening was not happening. Testing for TB only happens under suspected cases.

Key Recommendations for Arms Maternity

HIV

- Keep a separate register of ANC clients and walk-in clients for HIV testing to avoid counting walk-in clients as ANC clients
- Keep registers in good shape and ensure completeness of registers
- Provide at store at least pallets to place drugs and ensure proper inventory and separation of wholesome and expired commodities

TB

- Start with the support of the TB coordinator, implementation of TB screening tool at OPD and ANC.

3.6. Nkwa Hia Maternity - Techiman

Data Verification

For the period July – December 2018, the facility recorded 102 (75 tested) ANC registrants in their monthly return forms. A count of the ANC register showed 2 HIV positive clients as reported on DHIMS. The team realized that data from ANC register, monthly return forms and that on DHIMS did not match. The facility acknowledged the challenge and showed commitment to rectify any such errors by translating the exact numbers from the source data.

Source	ANC registrants	Tested	% tested	HIV +	On ARV	% On ARV
DHIMS	97	86	88.7	2	2	100
Facility	102	75	73.5	2	2	100

PMTCT – Prevention of Mother to Child Transmission

Nkwa Hia maternity offers ANC and PNC services. Not all pregnant women (86/97 - DHIMS) were tested for HIV within the period of July to December 2018. The facility has a HIV Rapid Test Log Book which was properly kept, labelled and complete. HIV testing algorithm was rightly placed at the laboratory where tests are done. There was optimal quality of HIV testing as verified from HIV Rapid Test Log Book on the use of the HIV test algorithm.

At delivery, all pregnant women are tested for HIV whether status is known or unknown.

Stock issues and stores

HIV test kits, Oraquick and ARVs have always been in stock. The store of the maternity home was not in the best of shape as it was small, not properly ventilated, and most commodities stored directly on the floor. No thermometer and temperature logging system was in place.

Other concerns

- No knowledge of HIV 90 – 90 – 90 targets
- Undocumented supervisory visits

TB Services

TB screening was not happening.

Key recommendations for Nkwa Hia Maternity

HIV

- Ensure that data is well validated at the facility level.

TB

- Start with the support of the TB Coordinator, implementation of TB screening tool at OPD and ANC.

3.7. Ahmadiyya Mission Hospital - Techiman

The Ahmadiyya Mission Hospital was one of the selected health facilities for the Global Fund's Office of the Inspector General (OIG) audit in 2018. The programme officer for oversight and communication at the CCM Secretariat accompanied the team to the Brong Ahafo region. A visit to Ahmadiyya Mission hospital was in part, to learn about any steps put in place to address challenges identified during the OIG visit. Among these challenges were non-optimal HIV testing and reporting quality at the laboratory, no testing of HIV at ANC by midwives and store keeping issues (storing of drugs on the floor and inventory keeping and storage of expired commodities). TB screening at the OPD was not also done.

Data Verification

For the period July – December 2018, the facility recorded 816 ANC registrants in their monthly return forms as correctly reported DHIMS. A count with the data officer confirmed that data on DHIMS matched with data on the monthly return forms.

Source	ANC registrants	Tested	% tested	HIV +	On ARV	% On ARV
DHIMS	816	772	94.6	12	12	100
Facility	816	772	94.6	12	12	100

OPD - Provider Initiated Testing and Counselling (PITC)

No PITC was offered as suggested by the national guidelines on systematic offer of HTS to OPD clients. OPD clients are tested for HIV based on any suspected signs and symptoms.

PMTCT – Prevention of Mother to Child Transmission

Ahmadiyya Mission Hospital – Techiman has a maternity clinic where all ANC and PNC services are offered. At the ANC, midwives do not perform HIV testing; all ANC clients are referred to the laboratory. At the laboratory, no separate record of ANC HIV testing is kept. The HIV Rapid Test Log book at the laboratory was incomplete and had inconsistent recordings – reporting in wrong

columns and no summaries. The facility had no HIV testing algorithm rightly placed at the laboratory where tests are done.

On HIV clients, the facility reported 12 persons who are all on ARVs. At delivery, any pregnant woman is tested for HIV if status is unknown, if positive, a full bottle of prophylaxis for new-borns was given. EID is performed during PNC and at six weeks.

Stock issues and stores

HIV test kits, Oraquick and ARVs have always been in stock since 2018. But for the absence of a thermometer and temperature logging system at the store, the store had improved since the OIG visit in October 2018. It had all medicines on shelves or pallets. However, expired commodities were not stored in a separate room but with wholesome medicines without any labelling.

Other concerns

- No awareness of HIV 90 – 90 – 90 targets
- Undocumented supervisory visits

Models of Hope

The facility complained about the activities of a member of the Models of Hope who without permission accessed telephone numbers of ‘defaulters’ and called them. This caused a problem for the facility as some of the clients accused them of breach of confidentiality. However, the issue was later resolved and the said member of the Models of Hope is still at post. He corroborated the complaints about inadequate and delayed monthly stipends.

TB Services

No TB screening is done at the OPD contrary to the OIG team recommendations during debriefing to facility administrator. Only presumed cases are referred to the laboratory where sputum samples are taken but according to the laboratory technician due to the weak lenses of their microscope, they transport the samples to Holy Family Hospital. They also attributed transportation of suspected TB samples to their heavy load of upper respiratory cases (about 204 in 2018). The facility manages two TB cases one of which is an 8 year old girl who HIV positive). TB awareness is very low in the community and a challenge they reported was the resort to spiritual camps for healing.

Key Recommendations for Ahmadiyya Mission Hospital - Techiman

HIV

- Facility to provide Midwives with test kits and HIV Rapid Test log book for testing and documentation.
- Keep a separate register of ANC clients and walk-in clients for HIV testing to avoid counting walk-in clients as ANC clients

TB

- Start with the support of the implementation of TB screening tool at OPD and ANC and ART clinic.
- The laboratory needs assistance with equipment to carry out TB testing.

3.8. Subinso Health Center, Subinso – Wenchi District

Data Verification

For the period July – December 2018, the facility recorded 217 ANC registrants in DHIMS. Facility source data verification showed disparities at the facility level (214 (PMTCT register) and 190 (Monthly return forms)). A count of the HIV Rapid Test Log Book to verify the number of ANC registrants, tested and tested positive was not possible as the log book was incomplete.

Source	ANC registrants	Tested	% tested	HIV +	On ARV	% On ARV
DHIMS	217	179	82.5	4	6	
Facility	214 (PMTCT register) 190 (Monthly return forms)					

OPD - Provider Initiated Testing and Counselling (PITC)

No PITC was offered as suggested by the national guidelines on systematic offer of HTS to OPD clients. OPD clients are tested for HIV based on any suspected signs and symptoms.

PMTCT – Prevention of Mother to Child Transmission

Subinso Health Center has a maternity clinic where all ANC and PNC services are offered. At the ANC, midwives perform HIV testing. The HIV Rapid Test Log book at the ANC was incomplete and had inconsistent recordings. The facility had the HIV testing algorithm rightly placed at ANC.

On HIV clients, the facility reported 12 persons who are all on ARVs. At delivery, all pregnant women are tested for HIV. If positive, a full bottle of prophylaxis for new-borns was given. EID is performed during PNC and at six weeks.

Stock issues and stores

HIV test kits, Oraquick and ARVs are always available.

Other concerns

- No awareness of HIV 90 – 90 – 90 targets
- Undocumented supervisory visits
- Low OPD attendance

TB Services

Despite the availability of TB screening tool and algorithm, not all OPD clients are screened for TB. From January to December 2018, only 28 presumed cases were screened at the OPD. ANC clients were not an exception. The nurse at post at the time explained that they had previously screened all ANC clients but was stopped by a senior health officer who visited and instructed that they screen only presumed cases. There was, however, no documentation to verify the said instruction from the senior health officer. The TB coordinator revealed a disturbing practice where referred clients who test positive at the Wenchi Methodist Hospital are given medications to be delivered to the coordinator instead of inviting the coordinator to pick up the medications. The team was concerned that the practice, if encouraged, could lead to missing TB patients and retention in care.

Key Recommendations for Subinso Health Center

- At the municipal level, we recommend a look at the causes of low OPD attendance.
- Facility heads must ensure that data is properly validated before signing it off.
- Health facility heads to ensure that all supervisory visits are properly documented to serve as evidence of any lessons learnt.

TB

- Start with the support of the implementation of TB screening tool at OPD and ANC.
- They requested for protective gears, reagents, gas cylinder and a Bunsen burner to make their laboratory functional and capable of handling TB tests internally.

3.9. Bechem Government Hospital, Bechem – Tano South

Data Verification

For the period July – December 2018, the facility recorded 539 ANC registrants in their monthly return forms same as reported on DHIMS. The Hospital has no HIV Rapid Test Log Book. HIV + clients was not 93 as reported on DHIMS but 14. Efforts have already been initiated to correct the error at the regional and national levels.

Source	ANC registrants	Tested	% tested	HIV +	On ARV	% On ARV
DHIMS	539	539	100	93	14	100
Facility	539	539	100	14	14	100

OPD - Provider Initiated Testing and Counselling (PITC)

No PITC was offered as suggested by the national guidelines on systematic offer of HTS to OPD clients. OPD clients are tested for HIV based on any suspected signs and symptoms.

PMTCT – Prevention of Mother to Child Transmission

All pregnant women (539/539) were tested for HIV within the period of July to December 2018. The facility however lacks the HIV Rapid Test Log Book. Midwives and nurses at the maternity perform HIV testing. The facility had no HIV testing algorithm rightly placed at the ANC where tests are conducted. Since no HIV Rapid Test Log Book was present, it was impossible to verify the quality of HIV testing.

On HIV clients, the facility data showed 14 tested positive and on ARVs. DHIMS Data however showed 93 testing positive and 14 on ARVs. This disparity is known at the regional level and efforts already initiated to correct it. At delivery, any pregnant woman is tested for HIV if status is unknown, if positive, a full bottle of prophylaxis for new-borns was given. EID is performed during PNC and at six weeks. Results are, however, not always documented in the EID register even though it has been received.

Stock issues and stores

HIV test kits, Oraquick and ARVs have always been in stock since 2018. The facility has an improvised store where some medicines are not stored on shelves, had no thermometer and temperature logging system. Ventilation was not also the best.

Other concerns

- No knowledge of HIV 90 – 90 – 90 targets
- Undocumented supervisory visits

TB Services

The TB coordinator at this facility was highly commended by the staff for his dedication and commitment to TB cases. This is especially because he is a full-time nurse and combines the TB work as an additional duty. The facility screens only presumed cases but in the year 2018 a total of 31 TB cases were diagnosed. For the first quarter of 2019, 14 cases have so far been diagnosed. Since 2017, they have had 4 MDR-TB cases including one that was diagnosed early 2019. At the time of our visit, treatment had been initiated despite no enablers' package at the time for the treatment support.

Key Recommendations for Bechem Government Hospital

HIV

- Ensure availability of HIV Rapid Test Log Book, accurate reporting and completeness
- Ensure completeness of Early Infant Diagnosis register

TB

- The TB coordinator needs extra motivation for the extra role that he plays with regards to TB. He particularly needs a motorbike for his rounds to the communities.

The laboratory urgently requires Uninterruptible Power Supply (UPS) equipment. The staff explained that even though they have a standby generator, the few minutes for changeover sometimes cause samples undergoing Gene Xpert testing to go waste.

Annex 1. Summary of challenges and recommendations

No.	Challenges	Recommendations	To whom
1.	Low awareness and knowledge of 90-90-90 targets	Inform frontline workers on the HIV agenda	GHS/MoH
2.	Mismatch in facility based data and data reported on DHIMS. In some instances, data at the facility level varied in terms of what was reported in Monthly return forms and that of ANC registers For example: Nkwa Hia Maternity & Arms Maternity	At the facility level, superiors should review and validate data before input to DHIMS Regional/district supervisors should verify the accuracy of facility data reported on DHIMS during all monitoring and supervision visits	Health facility validation teams/ GHS
3.	Provider initiated testing and counselling is only done based on signs and symptoms but is not systematically offered at OPD	Ensure that all facilities have information on PITC and that Regional and District Health Directorates follow up on its implementation	MoH/GHS
4.	Incomplete ANC registers and HIV Rapid Test Log Books.	Ensure prompt recording of test in HIV Rapid Test Log Books and transfer to ANC register.	Health facility validation teams/ NACP
5.	Insufficient number of HIV Rapid Test Log Books For example, ARMS maternity has no HIV Rapid Test log Book.	Ensure availability of HIV Rapid Test Log Books.	MoH/GHS - NACP
6.	No supportive supervisory visits and in instances where it is reported to have been done, no documented evidence could be provided	Ensure that supervisory services are well documented at the facility level	NACP/ facility heads
7.	Incomplete documentation of mechanism for follow up on HIV clients	If available, provide for ART clinic staff a formal follow-up tool and ensure implementation.	Health facility validation teams/ NACP
8.	Poor storage facilities for drugs at stores and some pharmacies	At least, ensure that medicines are placed on pallets or on shelves. That notwithstanding ensure proper store keeping practices	MoH/GHS

<p>9.</p>	<p>All the private facilities visited, apart from Valley View Hospital, lack the capacity to effectively implement TB programmes as per the national guidelines. They mostly do not have screening tools and algorithms to guide their operations.</p>	<p>The capacities of the facilities must be built through onsite (or offsite) training in the management of TB cases from screening to treatment. All the necessary materials for education and record – keeping must also be provided.</p> <p>The facilities need to have officers who are solely dedicated to the management of TB cases, especially in the big facilities.</p>	<p>NTP / Regional / Municipal Health Directorates</p> <p>Facility owners / management</p> <p>GHS/NTP</p>
<p>10.</p>	<p>Models of Hope</p> <p>Insufficient stipend and delay in payments for transportation and phone calls for defaulter tracing and home-based visits.</p>	<p>The amount paid could be reviewed to reflect costs of transportation and tariffs for phone calls.</p> <p>Payments must be made on time, at the end of the month.</p>	<p>WAPCAS/HFFG</p> <p>WAPCAS/HFFG</p>
<p>11.</p>	<p>Midwives at ANC at ARMS Maternity, Valley View Adventist Hospital and Ahmadiyya Muslim Hospital do not perform tests but refer all women to the laboratory; this increases the likelihood of no testing as some women may not end up in the lab.</p>	<p>Facility head to ensure that Midwives at ANC are trained to perform and document the test in respective registers</p>	<p>Health facility validation teams/ GHS/NACP</p>

Annex 2. Register of Health Facility Staff during Site Visits

Name	Job Title	Health Facility	Tel.	Email
Charles Akrong	Medical Laboratory	Valley view Adventist Hospital	02459 58261	Akrong85@gmail.com
Edwin Agbeko Mensah	Pharmacist	Valley view Adventist Hospital	02087 34588	typetosegore@gmail.com
Faustina Mensah	Midwife	Valley view Adventist Hospital	05433 29234	Faustinaankomamensah@yahoo.com
Lilian Mottagan	Stores	Valley view Adventist Hospital	02465 75641	lilymohangan@gmail.com
Mumuni Mohammed	TB Coordinator	GHS	02027 22255	mumuniesther@gmail.com
Dr. Willian Ofori	Medical Officer	Valley view Adventist Hospital	05040 51818	Williofori@gmail.com
Diana Abiba Wahab	MoH	Valley view Adventist Hospital (02470 97769	dianawahab@gmail.com
Akua Asantewaa Marfo Kusi	Nurse manager	Valley view Adventist Hospital	02492 01170	Akuakusi83@gmail.com
Esther Amo Kyeremeh	Health Educator	Valley view Adventist Hospital (BA	05408 12525	carnilord@gmail.com
Dabua Miyel	NDCO	Techiman Health Directorate	02445 7327	Dabua.miyel@yahoo.com
Patiance Boi Doku	MPHN	Techiman Health Directorate	02084 00010	Pboidokuy56@gmail.com
Leticia Bayor	MNO	Techiman Health Directorate	02431 37308	litbayan@gmail.com
Chrisantus Tambea	MHIO	Techiman Health Directorate	02491 16986	Embchrisantus@yahoo.com
Iddrisah N Florence	MDHS	Techiman Health Directorate	02444 69601	nzilanyef@yahoo.com
Oppong Kyeremah Benjamin	Administrator	Ahmadiyya Muslim Hospital	02084 52076	nanabobben@gmail.com
Jude Boateng	Disease Control Officer	Ahmadiyya Muslim Hospital	02060 22684	Judeboat97@gmail.com
Dorothy Oduro Dwamena	Health Information	Ahmadiyya Muslim Hospital	02059 19283	Odurodorothy@gmail.com
Alhassan Sharkib	Health Information	Ahmadiyya Muslim Hospital	05405 73411	Sharbherbal@gmail.com
Faah Akua Patricia	Health Promotion Officer	Ahmadiyya Muslim Hospital	02465 98274	Patriciaakua14@gmail.com

Anim Ofosu Ankamah	ART Data Mang.	Ahmadiyya Muslim Hospital	02439 33051	Animofosuankamah@gmail.com
Issahaku Amadu	Lab-tech	Ahmadiyya Muslim Hospital	02409 12564	Sminister276@gmail.com
Charles Adunkaah	Lab-Tech	Ahmadiyya Muslim Hospital	02434 63567	
Manu Yeboah eter	Pharmacist	Ahmadiyya Muslim Hospital	02437 38535	petermanuyeboah@gmail.com
Adu Baoten Mabel	Midwife	Ahmadiyya Muslim Hospital	05431 59092	
Dr. Rashid A Bhatti	Medical officer	Ahmadiyya Muslim Hospital	02081 19725	Bhatti.va@gmail.com
Diana Achulo	Matron	Ahmadiyya Muslim Hospital	02445 96461	
Charles Adinkra	Lab-officer	Ahmadiyya Muslim Hospital	02434 63567	
Argoh Richard	Senior CHN	Subinso Health Centre	02429 81691	Argohrichard1@gmail.com
Jennifer Itaar	Senior Field Technician	Subinso Health Centre(BA)	05488 10257	Jane.itaar@gmail.com
Addo Eric	Laboratory technician	Subinso Health Centre(BA)	02411 25875	
Evelyn Oppong	Personal Assistant	Subinso Health Centre(BA)	05542 31858	Opponevelyn83@gmail.com
Asantewaa Asumadu Sara	Midwife	Arms Maternity hospital	05023 63224	Asantewaasara1993@yahoo.com
Vida Takyiwaa	Midwife	Arms Maternity hospital	02447 74642	
Felinda Gyamea	Health assistance	Arms Maternity hospital	05486 45567	
Musah Issaka	Administrator	Arms Maternity hospital	02472 31289	Armshospital1980@yahoo.com
Oppong Kwabena	Service personnel	Arms Maternity hospital	02488 87599	Armshospital1980@yahoo.com
Philip Opoku	Pharmacist	Bechem Hospital	02432 61894	Opoku.philip87@yahoo.com
Rose Aboagye	Disease control	Bechem Hospital	02492 56652	Roseaboagye1987@gmail.com
Felix Baidoo	Disease control	Bechem Hospital	02006 42898	Felixbaidoo50@yahoo.com

Richard Adade	District TB Coordinator	Bechem Hospital	02083 52469	
Langa Yaw John	Mt TB Coordinator	Bechem Hospital	05410 10668	
Naabu Emmanuel	Disease control	Bechem Hospital	05463 51198	Semantics98@gmail.com
Sophie Asare	OPD	Bechem Hospital	02637 18867	sophiebosnka@gmail.com
Adusi-Poku Samuel	Snr. Biomedical Scientist	Bechem Hospital	02431 75073	Kameals85@gmail.com
Bonney Elijah Addo	Snr. Biomedical Scientist	Bechem Hospital	02447 48170	elijahbonney@gmail.com
Christian Boateng	Service Personnel	Bechem Hospital	05426 27743	
Nyamekye Alfreda	Midwife	Bechem Hospital	02422 84330	
Timothy Anabila	Art-I/C	Bechem Hospital	02774 97364	Timothyansoh42@gmail.com
Ankamah Joyce	Health Information	Bechem Hospital	05423 49363	Jankamah89@yahoo.com
Irene Esenam Akana	D.M	Bechem Hospital	02483 57335	ladyesenamakana@gmail.com
Bayor Roger	Nurse	Nkwa-Hia Maternity	02406 06887	Bayorroger633@gmail.com
Rose Ameyoo	Midwife	Nkwa-Hia Maternity	05468 53317	
Bernice Oduro	Midwife	Nkwa-Hia Maternity	02095 47766	
Saah A. Victoria	Midwife (A.C)	Nkwa-Hia Maternity	05578 39691	
Comfort Amo-Danquah	Nurse	Nkwa-Hia Maternity	02416 02410	Comfortdanquah3@gmail.com