

## HIV/TB Oversight Committee Health Facility Visit

14 – 18<sup>th</sup> October 2019, Central Region - Ghana

### 1. INTRODUCTION

The HIV/TB oversight committee conducted a five working day site visit to some selected health facilities in the Central region. It included interactions with the Central Regional Director of Health Services and Chief Executive Officer of the Cape Coast Teaching Hospital. Others included the Medical Superintendent and or Administrators, Ante-natal care Unit In-Charges, a Task Shifting Officer, Data Officers, Laboratory staff and store personnel.

The WHO HIV, TB & Hepatitis Professional, Dr. Senya Kafui supported the team's efforts and also with support from the WHO Country Office, provided logistic (vehicle support) for the visit.

#### Purpose of the visit

At the 3<sup>rd</sup> Quarterly CCM Meeting on 4<sup>th</sup> September 2019, CCM members expressed concern about Early Infant Diagnosis (EID) performance for the period April – June 2019. The indicator # HIV risk infants < 2 months old and tested was 82%, i.e., Target 6280 and actual 5146. Further data requested from the National AIDS/STI Program (NACP) showed that the Central Region had the highest EID positivity rate of 15% compared to the national average of 6% for the period of January – June 2019. Even though we were motivated by the high positivity rate of HIV exposed infants, the OC also decided to follow up on other thematic areas. Table 1 shows the list of health facilities we visited.

Thematic areas:

- I. Early Infant Diagnosis & DBS cards
- II. HIV index testing - linkages and ART, differentiated services
- III. State of e-tracker, backlogs, mechanisms for patient tracking
- IV. Utilization of GeneXpert machine - number of tests and availability of cartridges
- V. NTP Sputum Transport System
- VI. NACP Viral Load Transport System
- VII. ITN distribution and use for ANC attendants

Table 1. List of health facilities

No.	Health facility	District
1	Abura Dunkwa District Hospital	Abura-Asebu -Kwamankese
2	Essuenhyia Health Center	Ekumfi
3	University Hospital	Cape Coast
4	Our Lady of Grace Hospital	Asikuma Odoben Brakwa District
5	Kasoa Polyclinic	Awutu Senya East
6	Cape Coast Teaching Hospital	Cape Coast

## Regional, District and Facility Level Innovation and Learnings

1. **Regional level:** The Central Regional Director of Health Services showed special interest in Global Fund supported activities and has instituted a Global Fund Committee to provide special focus to HIV, TB and Malaria interventions in the region. The OC finds this innovation an opportunity for the NACP/NTP to ride on in their efforts for program integration at the regional and district levels. In doing this, we anticipate enhanced and effective supportive supervision by regions and districts to health facilities as the said Global Fund committee at the region will pay particular attention to data, analyze data and use it for decision making to effect change.
2. **District level:** At the district level, an innovation that could be learnt was that of the Asikuma Odoben Brakwa District Health Directorate where annual Reproductive and Child health Unit reports are bound in one book (see annex a & b). In this way, annual Monthly Midwives Returns – Form A for all months are saved together with reduced risk of losing monthly data as seen in some districts where Monthly Midwives Returns – Form A's could not be traced readily or in bad shape.
3. **Facility level:** The Our Lady of Grace Hospital in the Asikuma Odoben Brakwa District under the leadership of Sr. Gaba had taken proactive steps by instituting the practice where facility units report their progress and challenges. It was good to hear and see that the facility documents this process and follows up on the challenges. Apart from challenges associated with backlogs on ART client folders on e-tracker, the hospital showed leadership in addressing all issues related to HIV/TB services. It reiterates the fact that facility ownership and interest may be the game changer in improving our HIV/TB response. Yet, another strategy was that of the Chaplain. The office of the chaplain is situated at the ART clinic where he supports all health facility staff and clients on psychological and spiritual guidance. According to the ART staff, the positioning of the chaplain at the ART clinic has reduced stigma associated with persons who seek ART services as most people cannot actually tell what service a client who walked into the ART clinic received. The chaplain also intimated of advanced plans to organize a meeting with fellow priests and pastors who house TB and HIV clients at their prayer camps. The meeting intends to get the buy in of the pastors to facilitate testing and treatment for potential patients whilst allowing pastors to continue their spiritual guidance and support.

## Recommendations for On Supportive Supervision and Oversight Visits

It is important to note that oversight committee visits conducted by the CCM oversight officer with oversight committee members or with the Ghana Country Team and, or supervisory visits conducted by the NACP and NTP will yield insufficient benefits if the right and practical feedback mechanisms at the regional, district and facility levels are not duly incorporated.

Even though this site visit may not find enough justification to conclude that the best feedback may not be provided for by especially the NACP or NTP to regional and district health directors, it shows an area of great opportunity to ensure that findings from visits are rightly acted on and change measured, monitored and effected. This feedback mechanism has to be deliberate with clear lines for feedback and accountability.

## Recommendations:

- I. The NACP/NTP should optimize the competencies of partners especially UNAIDS, CDC and Systems for Health, the WHO in their quarterly/biannual technical and supportive supervision to facilities. We realized that it will provide an opportunity for learning and improvement. The CCM OC is already reaping the benefits to save costs whilst tapping the expertise and alternative opinions of members.
- II. The NACP/NTP has the opportunity to integrate their visits to allow for a common resolution of challenges that affect both diseases at the facility level.

## Main Pointers from interactions with Regional Health Director – Central region and CEO of the Cape Coast Teaching Hospital.

- I. The urgent need for programs to take practical decentralization efforts to facilitate supervision and ensure efficient feedback between the region, districts and health facilities.
- II. The need to actively involve regional and district directors in the operational planning of program implementation activities. If not practical, they should be notified in communication of activities.

## 2. FINDINGS

### 2.1 Kasoa Polyclinic

Focal persons during visit/Unit		
1	Dr. Silas Jemima	ART Clinic
2	Mr. Sampson	Stores
3	Victoria Arthur	Task Shifting Officer

The Kasoa Polyclinic is 31 km from Accra and that was the team's first port of call. At the Kasoa Polyclinic, the team visited the ANC, ART clinic, Laboratory, OPD and Maternity ward.

#### 2.1.1 Provider Initiated Testing and Counselling (PITC) & Differentiated Service Delivery

The facility was aware of the national guideline of systematic offer of HTS to OPD clients and has initiated steps to test. Testing for HIV is done at the OPD, ANC clinics and the maternity. At the maternity, clients unknown to the facility and, or who tell that they have not been tested for HIV are duly tested at the maternity.

#### 2.1.2 PMTCT

**ANC:** All pregnant women as verified from the data the Monthly Midwife Returns - Form A were tested for the period of January – August 2019. Table 2 shows the data from Monthly Midwife Returns - Form A.

Table 2. Monthly Midwife Returns - Form A – Kasoa Polyclinic

Month	ANC registrants	Tested for HIV at registration.	+ @ reg.	On ARV
January	421	421	6	6
February	376	376	7	7
March	301	301	27	27
April	294	294	7	7
May	334	334	18	-
June	245	245	2	0
July	336	336	2	2
August	328	328	4	1

Further verification of data on the Monthly Midwife Returns - Form A from the ANC register showed that for March 27 clients were tested positive but the team counted only 6 cases in the ANC register. On clients put on ARVs, the ART clinic could provide evidence for 4 pregnant women compared to the 27 reported on the Monthly Midwife Returns - Form A. Similarly for the month of May, the ART clinic data showed 1 client on ARV compared to no data on the Monthly Midwife Returns - Form A. For January, the ART clinic recorded 4 new clients but the Monthly Midwife Returns - Form A showed 6 new clients. This creates the suspicion that persons who populate the data may only assume that once a new client is tested positive, the client is enrolled on treatment which may not be true if not verified from the ART clinic register and the ANC register. The ANC register was however not complete.

Table 3. below further compares the data at on Form A at the facility level with what has been reported in DHIMS for the period Jan – June 2019

Table 3: Comparison of DHIMS and Facility Data Jan – June 2019, Kasoa Polyclinic

Data Source	ANC registrants	Tested for HIV at registration.	HIV+ at registration	ART
DHIMS	1971	1971	67	47
Facility data	1971	1728	65	47
Variance	0	243	0	0

**Delivery & EID:** All HIV+ women are strongly advised to deliver their babies at the facility to ensure continuity of care and reduce the risk of loss to enrolment for prophylaxis for the baby. At the Kasoa Polyclinic, prophylaxes for babies are delivered by the pharmacist.

When baby exposed to HIV is delivered, the midwives call the laboratory personnel to take EID sample. Midwives did not perform EID tests and were unaware of the results as no clear lines of reporting of EID results were known to the midwives to take follow up action.

ART clinic is only on Mondays. At the time of the visit, the clinic was in session. Given the space available - albeit the hope of a newly commissioned facility – there was congestion.

### **TB Screening, testing and treatment**

All pregnant women are expected to be screening for TB and if eligible for testing, tested. The Monthly Midwife Returns - Form A at the Kasoa Polyclinic however showed no record of screening done for the period January - September 2019 even though nurses claim that screening is done.

The NTP task shifting officer for the facility, Ms. Victoria Arthur was on maternity leave at the time of the visit but was later reached via telephone to understand the facility’s mechanism to continuing her work as task shifting officer and for contact tracing. In a telephone discussion, she indicated that in her absence, the facility designates a staff at the disease control department to take over and that contact tracing is also done in collaboration with the disease control department.

IPT for HIV clients was said to have started two months ago and clients are conforming to treatment.

### **GeneXpert functionality, Optimization and cartridges**

The facility has a four module GeneXpert machine. However since May 2019, only 2 modules have been functional. The focal person indicated that it has already been reported to the NTP and solutions are been sought. Given that 2 modules are functional, there is capacity for at least 8 tests per day. This translates to 180 tests for 20 working days. The team could count a monthly average of 140 tests from January - June 2019. Four boxes (200 cartridges) cartridges were available at the time of the visit and were due for expiry on 4<sup>th</sup> November 2019. It is plausible that given the average consumption of cartridges, there is a risk of expiry of about 1 box (50 cartridges).

### **Commodity Situation**

The team confirmed and verified the availability of wholesome test kits, ARVs and baby prophylactic syrups.

**ITNS:** All ANC new registrants are given nets as nets have always been available. Pregnant women, the team was told and as verified by the team from some pregnant women, confirmed that they were provided nets on their first visit and instructed on care and use. The team also verified stock of ITNs received by the facility from the GHS/NMCP.

### **Recommendations on Kasoa Polyclinic**

The team commends the management and staff of the Kasoa Polyclinic for their dedication and commitment to work whiles making the following recommendations for further improvement

- The ANC In – Charge should ensure that ANC registers are filled correctly and completely for all services especially for HIV, TB and malaria services.
- It is also critical that the medical superintendent ensures the facility conducts monthly data verification and validation as per the national policy to improve the quality of data reported into DHIMS
- The medical superintendent should ensure that midwives be trained and supported to take complete charge and follow up on EID to ensure test is done, results received, action effected and properly documented.
- In the interim, and as a model of learning about differentiated ART delivery as the facility awaits moving to the new polyclinic, the facility could consider more than a day for ART clinic to ease the congestion witnessed.

### **2.2 Our Lady of Grace Hospital**

Focal persons during visit/Unit		
1	Sr. Gaba	Sr. in Charge
2	Ms. Beatrice Kumah	Midwife In Charge
3	Ezekial Tengeh	Data Officer
4	Paulina Ayivor	Nurse/matron
5	Romeo Nyanho	Pharmacy Technician
6	Anastasia Ampah Korsah	Deputy Nurse Manager
7	Michael Arthur	Clinical Psychologist
8	Fr. Augustine Essel	Chaplain

At the Our Lady of Grace Hospital, the team witnessed a Post Natal Care (PNC) clinic in session. During the clinic, women were educated in the local dialect (Fante) on the need of to vaccinate their wards and at which specific time intervals in the child’s development. The mode of administration and any contraindication associated with vaccines were clearly discussed. It was also stimulating to note that mothers were continuously reminded on the need to continue sleeping

under a mosquito net to prevent malaria. Also, there was a task shifting officer at post who screened all pregnant women and those who are eligible, asked to produce sputum for testing with GeneXpert.

The team found that the ANC/PNC clinic was very well organized.

### 2.2.1. Provider Initiated Testing and Counselling (PITC) & Differentiated Service Delivery

The facility was aware of the national guideline of systematic offer of HTS to OPD clients and has initiated steps to test despite resistance from some clients. At the ANC, testing for HIV is for all pregnant women including other tests are done and documented. At the ANC and at maternity, clients unknown to the facility who visit are offered the opportunity for HIV testing.

Major ART clinic days were Tuesdays and Thursdays. However, services were rendered throughout the week depending on the need of the client and also at the weekend.

### 2.2.2. PMTCT

**ANC:** All pregnant women as verified from data on the Monthly Midwife Returns - Form A were tested for the period of January – September 2019. Table 4 shows the data from Monthly Midwife Returns - Form A.

Table 4. Monthly Midwife Returns - Form A – Our Lady of Grace Hospital

Month	New registrants	Tested for HIV at registration.	HIV + at registration	On ARV
January	100	100	0	0
February	105	105	1	5
March	100	100	0	1
April	93	93	0	0
May	94	94	0	2
June	68	68	0	1
July	100	100	2	2
August	103	103	3	3
September	101	101	1	2

Table 5 below further compares the data at on Form A at the facility level with what has been reported in DHIMS for the period Jan – June 2019

Table 5: Comparison of DHIMS and Facility Data Jan – June 2019, Our Lady of Grace

Data Source	ANC registrants	Tested for HIV at registration.	HIV+ at registration	ART
DHIMS	560	560	7	9
Facility data	560	560	7	9

**ITNS:** All ANC new registrants are given nets as nets have always been available. Pregnant women, the team was told and as verified by the team from some pregnant women, confirmed that they were provided nets on their first visit and instructed on care and use.

The facility also added that to ensure that nets are properly used, the hospital outreach team occasionally reach out to community members to verify and ask about the use of nets among other needs.

### **TB Screening, testing and treatment**

All pregnant women are expected to be screened for TB and if eligible for testing, tested. The Monthly Midwife Returns - Form A at the facility however showed zero record of screening done for the period January - September 2019. The task shifting officer however was able to provide data as verified from the screening tools to show that screening and testing for TB was done.

**HIV E-tracker :** Good progress had taken place with e-tracker albeit challenges associated with uploading backlog folders. As at the time of the visit the facility had a backlog of about 400 folders not entered. The data officer explained he had challenges clearing the backlog because he had no laptop and used a desktop. The UPS attached to the desktop was dysfunctional and the frequent power outages disrupted his work. He also mentioned his internet modem often malfunctioned and caused further disruption.

The data officer reported improvement in the e-tracker software but expressed frustration in dealing with the following errors:

- I. Error in registration: when biodata is entered, saved and has to be continued, this error comes up. An instruction to check import summary pops up but the data officer is unable

to understand the next steps to take to clear the error. He has reported the error but it has not yet been resolved.

- II. Paediatric follow-up: after about three of four follow ups inputted for paediatric, subsequent follow ups in e-tracker normally show an error of Failure to load metadata.
- III. Bad Gateway 504 or 505): this error on follow up with the data officer has been resolved.

### **GeneXpert functionality, Optimization and cartridges**

The facility has a four module GeneXpert machine with three functional modules. A monthly average of 44 tests were performed by the hospital from January - June 2019 which shows low optimization. The facility has one box of cartridge in stock with expiry date December 2019. With the consumption pattern, there is a less risk of expiry. The team recommended to the facility not to take any stock of cartridges beyond their consumption pattern unless otherwise informed especially with the advent of the sputum transport system.

### **Commodity Situation**

The team confirmed and verified the availability of wholesome test kits, ARVs and baby prophylactic syrups. There was however the expiry of SP in January and February 2019 at which time they has a shortage. At the time of the visit the facility was out of stock for OraQuick. The facility reported that they had followed up for OraQuick but received none from the district level.

A follow-up by the OC two weeks later revealed that a request has been made and awaiting a positive response from the medical stores via GHILMIS.

Drug availability has been good since the initiation of the Last Mile Delivery (LMD). The Pharmacy Technician however indicated that stock in the past two months has not been sufficient because their consumption has increased. It was good to know that he had taken steps by contacting the stores at the regional level with sufficient progress made to solve the problem.

The team hopes that the advent of GHILMIS will completely solve the problem of insufficient stocks at the facility level. A follow up call with the pharmacy technician indicates a positive outlook to solving the problem.

### **Recommendations to Our Lady of Grace**

The team commends the management and staff of Our Lady of Grace Hospital for their dedication and commitment to work whiles making the following recommendations for further improvement

- The management of the facility should provide the required support to the data officer to overcome the challenges hindering entering of the backlog folders into the e-tracker
- The ANC In – Charge should ensure that ANC registers are filled correctly and completely including the TB results section. Previous data on TB screening should be updated in the Monthly Midwife Returns - Form A to reflect the true picture of work done.

## **2.3 Abura Dunkwa District Hospital**

Focal persons during visit/Unit		
1	Dr. Micahel Danso	Medical Supritendent
2	Emelia Andoh	ANC nurse
3	Daniel Mensah	Laboratory
4	Peter Mac Anchiens	laboratory
5	Ebenezer Gyamfi Roy	laboratory

At the Abura Dunkwa hospital, the team noticed from the data dashboard in the medical superintendent's office that for the year 2018, HIV/AIDS was the second highest cause of death in the facility.

### 2.3.1. Provider Initiated Testing and Counselling (PITC) & Differentiated Service Delivery

The facility was aware of the national guideline of systematic offer of HTS to OPD clients but has not been implemented fully. HIV testing is sometimes offered at the OPD, always at the ANC and the ART clinic. At the ANC and at maternity, clients unknown to the facility are also tested for HIV.

### 2.3.2. PMTCT

**ANC:** The data on the Monthly Midwife Returns - Form A was verified against what was recorded in the ANC register – the source document. Table 6 shows the data from Monthly Midwife Returns - Form A.

Table 6. Monthly Midwife Returns - Form A – Abura Dunkwa Government Hospital

Month	New registrants	Tested for HIV at registration.	+ @ reg.	On ARV
January	50	88	0	0
February	39	39	0	3
March	42	77	0	3
April	45	65	0	0
May	54	121	1	1
June	44	44	2	3
July	43	43	0	0
August	29	29	0	2
September	46	46	0	1

The team observed that the number of new ANC registrants tested for HIV far exceeded the new registrants. As verified by the team for the month of May 2019, new registrants counted from the ANC register was 49 compared to 54 reported on the Monthly Midwife Returns - Form A. Interaction with the staff suggested they had knowledge gaps on completing the monthly midwives report.

Table 7. below further compares the data at on Form A at the facility level with what has been reported in DHIMS for the period Jan – June 2019

Table 7: Comparison of DHIMS and Facility Data Jan – June 2019, Abura Dunkwa Government Hospital

Data Source	ANC registrants	Tested for HIV registration	HIV+ at registration	ART
DHIMS	274	434	3	0
Facility data	274	434	3	10

Whiles there is no variance in the data in DHIMS and the facility data , the accuracy of the data is questionable as the number of clients tested at registration far exceed the number of clients registered.

2.3.3. **Delivery & EID:** All HIV+ women are advised to deliver their babies at the facility to ensure continuity of care and reduce the risk of loss to enrolment for prophylaxis for the baby. The laboratory personnel at the hospital take EID samples and arrange for its transportation and testing. Even though the maternity had no clear records of EID tests, the laboratory a good record of tests performed and the results from January – September 2019. Table 8 shows EID results from January - September 2019.

Table 8. EID Results – Abura Dunkwa Government Hospital

EID tests recorded at the Laboratory				
Month	Samples		Results	
	Samples taken	Results recieved	Detected	Not Detected
January	6	6	2	4
February	2	2	0	2
March	4	4	0	4
April	2	2	0	2
May	6	6	0	6
June	2	2	0	2
July	9	9	0	9
August	2	2	0	2
September	6	3	0	3

Despite the great record keeping, the team, realized that unbeknownst to the laboratory officials, DBS cards had expired since July 2019. **The team recommended to the lab. team to be vigilant with DBS cards as the expiry was not explicitly written but shown with the symbol.** A follow up call confirmed the team has since disposed off the expired DBS cards and now have cards that will expire in May 2020.

#### **ART & E-tracker :**

ART clinic takes place every first Thursday of the month but ART services are also provided on demand. At the ART clinic, the team assessed the HIV Rapid test log book. the log book was not filled completely and consistently. The team took the opportunity to update the nurse present ( who said she was new to ART services) on correct documentation and the need for completeness in filling the register.

The data officer responsible for e-tracker was on maternity leave. Given that no data officer was available in her absence to input data on e-tracker, client folders are carried to the home of the data officer for entry. The team recommended to the medical superintendent that it was improper for client’s folders to be carried to the home of the data officer. A telephone follow up with the data

officer to learn about backlogs and challenges with e-tracker showed that some progress have been made.

### **TB Screening, testing and treatment**

The team could not verify if screening for all pregnant women was done. At the OPD, the team observed that no active screening for TB took place. The task shifting officer acknowledged that screening for TB has stalled for some time . The medical superintendent confirmed the situation but intimated of plans to revive TB screening among other services.

The facility has a functional four module GeneXpert machine. The team could count a monthly average of 57 tests. It was noted that most tests were generated from other facilities whilst demand for samples at the facility level have been low. The team recommended to the medical superintendent on the need to create demand at the facility by initiating intensified case finding to optimize the use of the GeneXpert machine.

### **Commodity Situation**

The team confirmed and verified the availability of wholesome First response test kits, ARVs and baby prophylactic syrups. OraQuick for confirmation was however out of stock.

### **ITNS**

All new registrants are given nets as nets have always been available. Pregnant women, the team was told are always instructed on care and use.

### **Recommendations to Abura Dunkwa Government Hospital**

The team commends the management and staff of Abura Dunkwa Government Hospital for their dedication and commitment to work whiles making the following recommendations for further improvement. The team took exceptional notice of the staff and managements' receptive attitude when the recommendations were discussed with them.

- The medical superintendent should arrange for the midwives to be updated on how to prepare and complete the monthly report.
- The management should ensure monthly data validation meetings are conducted at the facility per the national protocol to help improve the quality of the data reported in DHIMS
- The laboratory team should always check for expiry date of DBS cards
- The management of the hospital should put in place a mechanism to avoid clients folder being taken to the home of the data officer who is on leave for entry into e-tracker
- The management should put in mechanisms to implement intensified case finding and screening for TB at the OPD to optimize the use of the GeneXpert machine

## 2.4. University Hospital

Focal persons during visit/Unit		
1	Francis Agyare	Data Officer
2	Esther Cobbinnah	ART clinic
3	Eunice Tiamah	ART/TB Clinic
4	Issah Haadi	Disease Control Officer

The University Hospital performs counselling, testing and offers ARVs to HIV+ pregnant women. It was great to learn that the ART facility practiced differentiated ART delivery even though the team did not know about it officially and said they had not participated in any of the training sessions. They practiced multi-month scripting for stable clients and gave several examples of how ARV delivery was tailored to individual clients need.

### II.4.1. PMTCT

**ANC:** All ANC registrants are systematically tested for HIV and confirmatory test done. Innovatively, the ART and ANC clinic have included as part of the counselling process, the need for females to bring their male partners for blood donation towards the delivery of the baby. As indicated earlier, the ART clinic at UCC provides ARVs on clinic days but also delivers ARVs dependent on client needs.

**EID:** For the period of January - October 2019, 13 EID samples have been taken with just one result pending receipt. The results showed undetected for all samples. A cross-check at the laboratory indicated that 12 samples had been taken within the same period with one detected. The ART and the laboratory resolved to reconcile the results.

Probing the ART staff on the predictor(s) of success in achieving most undetected results for EID, the nurses attributed it to an effective adherence counselling and follow up on HIV pregnant clients to take their ARVs. It was good to see that the ART unit documents follow ups schedules and outcomes and for this reason are able to track every client.

### Models of Hope

The ART in -charge commended the efforts of a Models of Hope (name withheld) who has been instrumental in bringing back clients who have defaulted or initially denied their status. Given the depth of work done by the said Models of Hope. The team recommends that she be encouraged to continue her efforts and her efforts reported to WAPCAS/HFFG.

Also a national service person who is a graduate in psychology was said to be rendering her services on pro bono basis as the national service period had elapsed. The team recommended to the ART in – charge to seek a possibility with the hospital management to reward her for her efforts or provide a stipend.

### II.4.2. Commodity Situation

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

The last sample for viral load testing was sent on August 30 yet results have not been received at the time of the visit. The team recommended to the laboratory focal person to follow up with the GH Post and the Cape Coast teaching Hospital to ensure that the results are delivered.

The laboratory at the UCC hospital reported unavailable cryotubes and lab request forms. In the interim, the laboratory makes photocopies of the form. The team recommended that if forms are available at the stores (district or regional), the facility should take proactive steps to acquire them. The lab focal person was tasked to follow up.

DBS cards have been in stock. The team however realized that 50 DBS cards had expired in 2019. The team recommended the following:

- i. Keep expired DBS cards in a separate location and labelled as expired
- ii. Check the expiry date on all DBS cards before use

**II.4.3. Data Quality**

DHIMS data and facility data matched, as shown in Table 9. below which compares the data on Form A at the facility level with what has been reported in DHIMS for the period Jan – June 2019. The facility attributed this to a rigorous data validation process.

Table 9: Comparison of DHIMS and Facility Data Jan – June 2019 - **University Hospital**

<b>Data Source</b>	<b>ANC registrants</b>	<b>HTS</b>	<b>HIV+ registration</b>	<b>at</b>	<b>ART</b>
DHIMS	501	501	5		6
Facility data	501	501	5		6

**2.5 Essuenhyia Health Center**

**2.5.1. PMTCT**

At the Essuenhyia Health Center HIV services are integrated with family planning services. All clients were tested for HIV and positive clients put on treatment. The team verified data from the ANC register and the Monthly Midwife Returns - Form A and noticed some disparity. For February 2019 where 30 ANC registrants were recorded instead of 32. For July 2019, the Monthly Midwife Returns - Form A showed that 10 positive cases were detected, but further checks on DHIMS showed the correct figure was zero.

Table 10: Comparison of DHIMS and Facility Data Jan – June 2019, **Essuenhyia Health Center**

Data Source	ANC registrants	HTS	HIV+ at registration	HIV+ at 34 wks	ART
DHIMS	212	212	3	34	3
Facility data	212	212	3	45	1

EID and Sample Referral: Though a team from the facility has been trained for the Viral load sample referral they have not yet made use of the sample referral system. There was no record of a positive test result for one child who had been started on ARV, further check showed that the EID sample taken in September 2018 was never dispatched for testing.

The team encouraged the Physician Assistant and ANC nurses to continue their good work whilst enhancing vigilance on reporting data on Monthly Midwife Returns - Form A, and to the data officer, on DHIMS.

Given that the facility is an ART site, it did not have many of the standard registers for HIV services register. The staff however made had improvised with note books. The facility management was tasked to request for the relevant registers.

### 2.5.2. TB Services

The facility screens clients who visit the clinic but screening has not been consistent. Presumed clients for TB are sent to Saltpond Hospital for testing . The staff admitted that the current practice of asking presumed clients to go to Saltpond has yielded no good results as most clients do not end up in Saltpond. The staff had taken steps to take sputum at the health center to Saltpond but said that Saltpond has always rejected their samples on grounds of poor quality.

The team recommended that as sputum transport will be rolled out soon, the facility should take active steps to learn from Saltpond about the proper procedures to enabling clients provide quality sputum.

## 2.6 Cape Coast Teaching Hospital

Focal persons during visit/Unit		
1	Dr. Eric Kofi Ngyedu	Ag. Chief Executive Officer
2	Dr Elizabeth Amanfu	TB/HIV Focal person
3		

Unlike other health facilities, the Cape Coast Teaching Hospital like all teaching hospitals in Ghana are under the Ministry of Health and not the Ghana Health Service. In an interaction with the leadership of the CCTH an important concern on the need for programs to work in synchrony

with the right systems and lines of engagement was expressed. This is to ensure that program activities are not treated as horizontal activities but that which are fully integrated to ensure adequate supervision and sustainability of efforts. It was also recommended that any visits from Programs and, or the CCM should furnish the CCTH with a summary of its findings and a proper exit debriefing done. It was worrisome to hear that the leadership of the CCTH was unaware of key program activities as Programs are reported to be dealing directly with some key staff who fail to report to hospital leadership.

**The team would like to draw the attention of Program managers to this concern and encourage them to enhance their working relationship with the teaching hospitals**

**2.4.2. Provider Initiated Testing and Counselling (PITC) & Differentiated Service Delivery**

At the CCTH, staff are aware of provider initiated testing but expressed client unwillingness to cooperate.

**2.4.3. PMTCT:** This service was being provided at the CCTH per the national protocol and guidelines. Staff met by the team were understood and implemented the policy effectively. The record keeping by the ANC unit was however not the best as they did not have copies of the Monthly Midwife Returns – Form A, the forms were said to be kept by the health information officer who was not available at the time of the visit. They however had improvised the report on A4 sheets, this made data verification challenging.

DHIMS and Facility data – January - June 2019

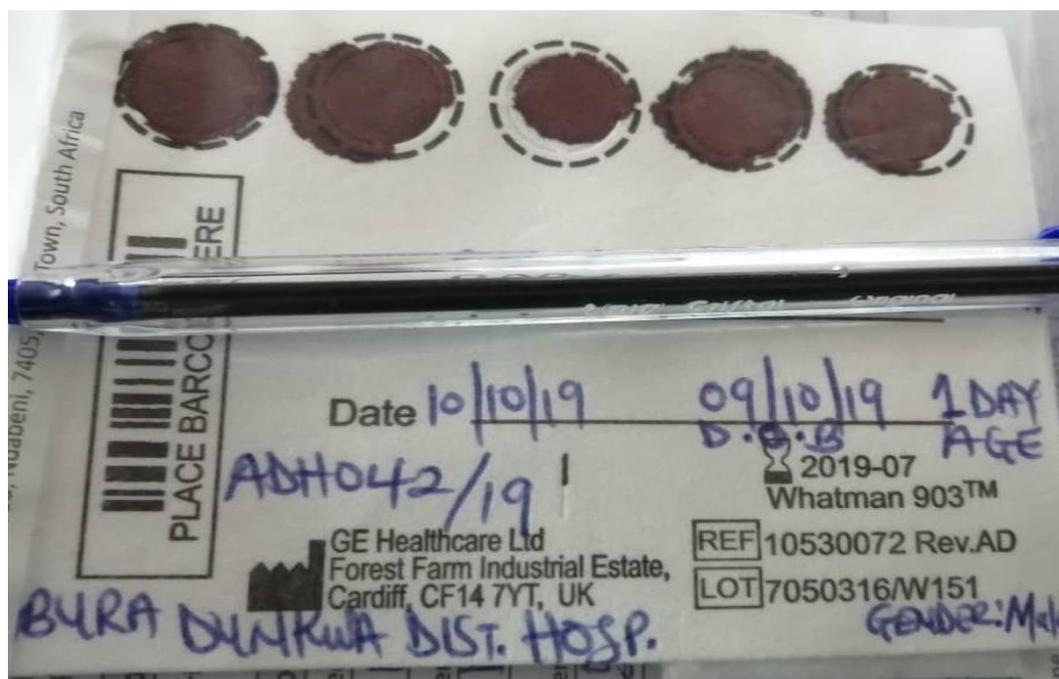
Data Source	ANC registrants	HTS	HIV+ registration at	ART
DHIMS	394	394	1	1
Facility data	Could not be verified due to absence of data officer who had in his possession as well the Monthly Midwife Returns - Form A.			

**Referrals / ART/ Defaulting:** The facility expressed challenges with follow up of referred clients who were diagnosed HIV positive while temporarily on admission at the teaching hospital. There was no system in place to ensure clients who are initiated would be followed up to ensure they continue treatment and adhere after discharge from the teaching hospital to their various homes, especially when they come from far away districts.

**E tracker:** The staff commended that the e-tracker had significantly improved in performance and functionality over the last few months. The data entry officer also confirmed that they have received their salary following the transfer to GOG payroll. She was able to demonstrate the current on treatment figures and other indicators for CCTH to the team. She however had about 50 set of folders which she said she was unable to enter due to constant error messages for this particular clients, most of these were pediatric clients. The issue she said had been reported to the next level for redress.



**ANNEX 3.** Expired DBS card



**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)
LTFU	Lost To Follow Up	VL	Viral Load
NACP	National AIDS Control Program		