

INTEGRATED SITE VISIT
AGAMal Indoor Residual Spraying in Prisons, Health facilities & WAPCAS
Kumasi Office - Ashanti region.
Monday 17th - Wednesday 19th June 2019.

1. Introduction

The Malaria/RSSH Oversight Committee of the Ghana CCM of the Global Fund conducted a three – day visit to AGAMAL office and IRS prison site, health facilities and the WAPCAS Kumasi office. At the WAPCAS office, officers at post briefed OC members on their coverage area and the interventions that were implemented. The health facilities included the Suntreso Government Hospital, Obuasi Government Hospital and Bryant Mission Hospital.

The purpose of the visit was to learn about IRS and other malaria services as organised in the Kumasi Central Prisons. Additionally, the team learnt about HIV and TB services at the Kumasi Central Prisons. For health facilities visited, the purpose was to learn about malaria services and HIV services.

On malaria services, the team was guided by the National Guidelines for Case Management (2014). Particular to the visit was the:

- a) organisation of testing and treatment of malaria at OPDs and ANCs. On testing, the team assessed sites for testing and, use of RDTs and microscopy.
- b) adherence of health facilities to the national policy on Intermittent Preventive Treatment in Pregnancy (IPTp).
- c) availability and distribution of insecticide-treated bednets for pregnant women
- d) availability and administration of Artemisinin-based Combination Therapy (ACTs)
- e) assessment of health facility experiences with the Last Mile Delivery (LMD) of health commodities.

As already mentioned, the team also assessed key aspects of the HIV/TB services at the prisons. Key aspects assessed included:

- a) Availability and correct use of RDTs for HIV testing
- b) Availability, administration, adherence to antiretrovirals (ARVs) and track defaulters.

- c) TB screening, treatment and tracking of TB clients.

2. Summary of key findings

2.1. Malaria Services

- a) the organisation of testing and treatment of malaria at OPDs and ANCs. On testing, the team assessed sites for testing and, use of RDTs and microscopy

Standard: In compliance with the Test, Treat and Track (T3), parasite based diagnosis with RDTs or microscopy is recommended. RDTs are however made available to all levels of health care provisioning as an alternative where microscopy is not feasible.

Finding: ANC and OPDs do RDT in Obuasi and Suntreso Government Hospital. Bryant Mission participated in a meeting and received information on the need of testing at ANC and OPDs. The facility expressed willingness to assess their working situation at the hospital to seek a feasible implementation. Microscopy is done on further suspicion of malaria despite a negative result from RDTs.

- b) adherence of health facilities to the national policy on Intermittent Preventive Treatment in Pregnancy (IPTp).

Standard: IPTp consist of anti-malarial medication (Sphadoxin-Pyrimethamine – SP) given in treatment doses at predefined intervals. The first dose of SP is given at 16 weeks of gestation or quickening. Subsequent doses are given at monthly intervals till delivery. A minimum of 3 doses must be given during pregnancy.

Finding: SPs were always available in all facilities. However, there was inconsistent knowledge and practise of ANC nurses on IPTp initiation.

- c) availability and administration of insecticide-treated bednets (ITNs) for pregnant women

Standard: The national malaria control strategy is to move towards universal coverage of ITNs. Pregnant women on their first ANC visit should receive an ITN with adequate information on purpose, use and maintenance.

Finding: ITNs are in stock and distributed to pregnant women on the first visit.

d) availability and administration of Artemisinin-based Combination Therapy (ACTs)

Standard: *Since 2014, ACTs are the recommended treatment of uncomplicated malaria. As per the revised treatment policy (2014), three Artemisinin-based Combination Therapy (ACT) products have been selected for use nationally:*

- *Artesunate-Amodiaquine (AS-AQ)*
- *Artemether-Lumefantrine (A-L)*
- *Dihydroartemisinin-Piperaquine (DHLAP)*

Finding: All except Bryant Mission Hospital are served through the Last-Mile Delivery (LMD). Bryant Mission Hospital procures in the open market.

e) assessment of health facility experiences with the Last-Mile Delivery (LMD) of health commodities.

Standard: Served facilities expressed great satisfaction of the LMD process.

3. AGAMAL IRS SITE – Kumasi Central Prisons

AGAMAL had on schedule, 17th June to spray at the Kumasi Central Prisons. At the time of the visit, the Kumasi Central Prisons housed 2,435 convicts and 504 remand inmates. All prison cells were prepared according to the standard protocols of AGAMAL for spraying. Given the congestion in the prisons - about 108 inmates occupying a space of 516cm by 756 cm - not all items in the prisons were possible to be brought out. Despite this challenge, efforts were put in place to reach walls on cells that housed inmates.

The Oversight Committee witnessed spraying at all cells - male and female, infirmary, chapel and offices. And also at the residences of Prison officers. Protocols for safety and safe disposal of insecticides were strictly adhered to given the tendency of some inmates to use such chemicals for unapproved purposes. No inmate or Prison officer had access to SumiShiled 50WG, the insecticide used in the 11th round of spraying. For prison inmates, IRS has brought great relieve as it not only kills mosquitoes but cockroaches and bed bugs.

Working Conditions for Sprayers

An interview with some sprayers indicated great satisfaction with the task they perform albeit the temporary nature of their contracts with AGAMAL. It is worthy of note that Sprayers and workers expressed gratitude for AGAMAL's insurance and workman's compensation policy which provides for them a cushion and assurance of support in the case of accidents.

Malaria Services at Kumasi Central Prisons Infirmary

The Infirmary provides malaria services to inmates. RDT's are received from the Kumasi Children's Hospital and has been in stock most of the time. All new inmates are screened for malaria. The infirmary receives no ACTS from the regional medical stores and relies on the donations of philanthropists. A review of data at the infirmary showed the following for the period of December 2018 – May 2019. All positively tested cases were successfully treated with ACTs. In situations where some suspected malaria cases were not tested, the Officer explained could not give a justifiable explanation except that it might have been an oversight. In the months that showed less testing of suspected malaria cases, test kits were available and for that reason, shortage of RDT's could not be the

problem. The officer pledge to ensure that all suspected cases are well tested and documented.

Table 1. Malaria data for Kumasi Central Prisons for Dec. 2018 – May 2019.

| Month/year | Suspected malaria | Tested | Tested + |
|---------------|-------------------|--------|----------|
| December 2018 | 12 | 12 | 12 |
| January 2019 | 13 | 13 | 7 |
| February 2019 | 7 | 4 | 4 |
| March 2019 | 30 | 30 | 15 |
| April 2019 | 10 | 2 | 2 |
| May 2019 | 11 | 2 | 2 |

Key recommendations:

- Prison infirmary to liaise with the NMCP & medical stores for ACTs as no ACTs are received at all.
- Prison infirmary to liaise with medical stores as in previous arrangement to provide RDTs rather than current arrangements with the Children hospital which delays their delivery of RDTs.
- Infirmary nurses to ensure that all suspected malaria cases are tested with RDTs and treated with ACTs.

HIV/TB Services at Kumasi Central Prisons Infirmary

Like malaria, all new inmates are tested for HIV and screened for TB. The NTP is reported to have brought a mobile van in 2018 to perform screening of inmates. The concern, however, was that not all inmates were screened and the NTP has since not returned to complete the screening. The prison has 9 HIV patients with 1 defaulter who refused to take his ART; he passed away a week ago before the visit. 10 TB patients were reported and 8 successfully cured. 2 patients were currently on treatment and responding very well. 1 MDR -TB patient was transferred to Ankafu; the officer, however, indicated that they have no current updates of his well-being.

Recommendation

- There are little understanding and clarity by the prisons service on any further services prison inmates should enjoy from the NTP, e.g. NHIS, enablers package. The Prog. Officer (CCM-GF) is to follow up with the NTP to get prison officers well informed of any additional services.

4. Suntreso Government Hospital

Diagnosis and treatment of malaria (ANC & OPD)

At the Suntreso Government Hospital, malaria testing is not performed at the ANC with the reason that RDTs were unavailable. Checks at the hospital stores indicated otherwise as RDTs have been available but ANCs do not request for it as they do not perform malaria testing. Pregnant women are referred to the laboratory for a blood smear test at a cost of GHS 10.00. A similar trend was noticed at the OPD, however, since the beginning of 2019, malaria testing with RDTs is done at the OPD.

Recommendation

- Hospital to ensure that RDTs are available at ANCs and tests performed and properly documented. Blood smear test should be applied selectively.
- The hospital should ensure a sustained application of national testing protocols at all approved sites.

IPTp

Pregnant women are consistently tested for G6PD and SP given at 16 weeks at no charge. Nurses at the time of the visit who were asked about time of IPT initiation gave inconsistent responses. For some, IPT starts with 16 weeks and quickening, others whenever quickening is experienced and for some 16 weeks with or without quickening.

Recommendation

- Hospital to ensure that consistent information and practise of IPT initiation and SP delivery is strictly adhered to at ANC.

Last Mile Delivery (LMD) and Commodity situation

LMD is offered to the hospital and commodities are delivered on a monthly basis. According to the officer in charge of pharmacy and confirmed from the LMD report, all commodities requested through the LMD are always delivered. The officer expressed great satisfaction with the process.

LLINS have been available. At the wards, all beds had nets on them. The hospital however expressed an option for conical nets instead of the rectangular type as that takes too much space when installed.

HIV/TB Services

At the Suntreso Government Hospital, HIV services were optimal. The protocols established for testing and treatment were adhered to. The team was happy to learn that albeit the situation that e-tracker at the time was not functional in tracking loss to follow up, the staff at the ART section in collaboration with Models of Hope has initiated a manual system to follow up on defaulters and to remind clients of scheduled visits for drug fill-ups. TB drugs were well in stock and well served.

5. Obuasi Government Hospital

Diagnosis and treatment of malaria (ANC & OPD)

At the ANC, suspected malaria cases among pregnant women were consistently tested for malaria using RDTs. However, some disparities in data reporting on the Midwives Form A were noticed for the period of October to December 2018. The anomalies were with regards to wide differences in ANC registrants compared to pregnant women tested for malaria. It was then noticed that from January – April 2019, the anomalies were corrected. All pregnant women were tested for G6PD.

Until a week before the visit of the team, no malaria testing was done at the OPD. The focal person at the facility explained that a just ended training in June 2019 from the Regional Health Directorate informed the new practise because they were unaware of extending testing services to the ANC and OPD; where necessary. This training was attended by prescribers and, ANC and OPD nurses in Obuasi. A follow-up with the Malaria Focal Person showed that the Bryant Mission Hospital was also in attendance. The team was happy to verify that testing of suspected malaria cases with RDTs has started at the OPD and assurance given by the medical superintendent that it will be sustained.

IPTp

Similar to the Suntreso Government Hospital, all pregnant women are consistently tested for G6PD and SP given at 16 weeks at no charge. Nurses at the time of the visit who were asked about the time of IPT initiation gave inconsistent responses. For some, IPT starts with 16 weeks and quickening, others whenever quickening is experienced and for some 16 weeks with or without quickening.

Recommendation

- Hospital to ensure that consistent information and practise of IPT initiation and SP delivery is strictly adhered to at ANC.

Last-Mile Delivery (LMD) and Commodity situation

The Obuasi Government Hospital is served through the LMD on a monthly basis. With respect to some commodities eg. Bed nets, SP, etc., the Obuasi Government Hospital also serves adjoining health facilities in the Obuasi enclave. The officer in charge of commodities at the pharmacy indicated that all commodities requested through the LMD were always delivered. The officer expressed great satisfaction with the process.

In a previous visit by Benjamin Spears, Program Officer – CCM and the Country team of the Global Fund on 20th May 2019, LLINs were unavailable. In this visit on 18th June 2019, the hospital expressed gratitude for the receipt of bed nets. The team verified the stock. At the wards, all beds had nets on them. There was no issue of preference for conical nets compared to the rectangular bed nets as expressed at the Suntreso Government Hospital. At the ANC, the team witnessed nurses educating pregnant women on the importance, correct use and maintenance of bed nets.

HIV/TB Services

At the ANC, pregnant women are tested for HIV. However, some disparities in data reporting on the Midwives Form A were noticed for the period of January 2019 – March 2019. The anomalies were with regards to the number of registrants more less than the number tested. This was corrected from April and May 2019 where the number of registrants was equal to number tested for HIV which shows 100% testing at the ANC.

Recommendation

- Hospital data officer and data validation team to ensure accurate reporting on Monthly MidWife Return form.

6. Bryant Mission Hospital

Diagnosis and treatment of malaria (ANC & OPD)

The Bryant Mission hospital is a CHAG facility and serves most persons in the Obuasi east constituency. At the ANC and OPD, testing of suspected malaria cases is all performed at the laboratory. The officers in charge explained that they performed laboratory testing for malaria because of intermittent and inadequate supply of RDTs. Checks however on DHIMS 2 for January – May 2019 showed that the hospital had a surplus (See table below). Further explanations indicated that the surpluses as shown on DHIMS 2 were not a true reflection of the situation on the

ground. They contended that they had to buy from the open market or borrow from Todah Hospital at Asonkore, Obuasi. And when they buy or borrow, it is recorded as part of their stock hence the surpluses. Unconvincing as the explanations were, the team recommended that the hospital rectifies the situation with the medical stores.

Table 2. Stock of RDTs for October 2018 – May 2019.

| Month | In stock (boxes of 25pieces of RDTs each) |
|---------------|---|
| October 2018 | 10 |
| November 2018 | 0 |
| December 2018 | 0 |
| January 2019 | 0 |
| February 2019 | 12 |
| March 2019 | 0 |
| April 2019 | 12 |
| May 2019 | 30 |

Follow-ups with the Obuasi Municipal Hospital that provides RDTs to the Bryant Mission Hospital revealed that the low numbers in dispensed RDTs are a function of non-reporting on the part of Bryant Mission Hospital. Letters to that effect had been written but yielded no positive outcomes. (See copy of letter attached). In a training organised by the Regional Health Directorate, Bryant Mission was said to be in attendance and was informed about the need to test at the OPD and ANC. Follow-up with the Bryant Mission indicates that testing at the OPD and ANC will start in July 2019.

On ACTs, the Bryant Mission Hospital reported that for about a year and a half, the hospital has not received any ACTs from the medical stores and have been procuring on the open market. The pharmacist explained that they had unserviced debts with the medical stores.

IPTp

All pregnant women are consistently tested for G6PD. The Obuasi Government Hospital provides SPs to the Bryant Mission Hospital. SP has always been in stock as verified from both hospitals. SP is given at no fee. Nurses at the time of the visit

who were asked about the time of IPT initiation gave inconsistent responses. For some, IPTp starts with 16 weeks and quickening, others whenever quickening is experienced and for some 16 weeks with or without quickening. IPT 1 & 3 coverage for January - May 2019 at the Bryant Mission Hospital showed the following:

Table 3. IPTp 1 & 3 data for Dec.2018 – May 2019

| Month | % IPT 1 | % IPT 3 |
|---------------|---------|---------|
| December 2018 | 97.6 | 45.2 |
| January 2019 | 31.6 | 43.9 |
| February 2019 | 108.9 | 57.8 |
| March 2019 | 104.2 | 70.8 |
| April 2019 | 69.8 | 82.5 |
| May 2019 | 58.2 | 40.3 |

The inconsistent trends in the proportion of IPTp at the Bryant Mission contradicts the availability of SP as verified by the Oversight team from SP stock status from the Bryant Mission Hospital. The data officer of Bryant Mission attributed reporting challenges to the problem.

Recommendation

- Hospital senior midwife, data officer and data validation team to ensure that consistent information and practise of IPT initiation and SP delivery is strictly adhered to at ANC.

Annexe 1: List of Participating Oversight Committee members

1. Ms Joyce Larko – Steiner
2. Mr Mahmoud Bill
3. Mr Isaac Alfred Tsiboe
4. Mr Benjamin S.N. Cheabu

Annexe 2: List of contacted officers at various sites

a. Suntreso Government Hospital

| | |
|---------------------|------------------|
| Portia Oppong | Nurse |
| Dickson Peprah | Technician |
| Francisca Nkrumah | Officer |
| Samuel Kwakye Afram | Pharmacy Manager |
| Samuel Akata | Store Manager |
| Adwoa A. Owusu | Statistician |
| Rosemond O. Amanfo | Administrator |

b. AGAMal

| | |
|----------------------|--------------------|
| Alberta J. Gordon | Manager SBCC |
| Micheal Takyi Yeboah | Manager- PSM |
| Kalifa Mohammed | Manager- SHE |
| Kwame Desenu | Entomology Manager |
| Samuel Asiedu | Director |
| Bright Atiase | Dafa Manager |
| Yamoah Kwame Godwin | Head of HRM |

c. Obuasi Municipal Government Hospital

| | |
|--------------------------|---------|
| Mark Amoah | STO-MFP |
| Fati Mohammed | Midwife |
| Nana Akyaa Agyeman- Badu | Midwife |
| Asamoah Frempong | DDPs |
| Frederick Tutu Amankwah | STO(H1) |

d. Bryant Mission Hospital

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|-----------------------------|-----------------------------|
| Dr Gaddiel Yorke | Senior Medical Officer |
| Elizabeth Ofori | Rotation Midwife |
| Dora Ofosu | Enrolled Nurse |
| Asantewaa Patricia Frimpong | Senior Staff Midwife |
| Micheal Manu | Health. Information Officer |
| Tawiah S. Dzata | Lab Manager |
| Hajira Abrafi Saeed | Midwife |
| Dorcas Yedonu | Midwife |
| Dorothy Maanu | Midwife |