

# Monitoring and Supervisory Report for Semester 2 of the New Funding Model

Final

(January to June 2016)

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## **Acknowledgement**

We wish to express our profound appreciation and gratitude to all those individuals and organizations who have contributed to the successful implementation of this exercise.

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We equally appreciate and thank our key partners especially the Regional Health Teams (RHTs), Hospital Managements, Regional AIDS Coordinators and their staff, Private and NGO Clinics and the service providers.

The team is indeed very grateful. God bless you all

## List of Acronyms and Abbreviations

1. AIDS: Acquired Immunodeficiency Syndrome
2. ART: Antiretroviral Therapy
3. ARVs: Antiretrovirals
4. EID: Early Infant Diagnosis
5. EFSTH: Edward Francis Small Teaching Hospital
6. GF: Global Fund
7. HOC: Hands on Care
8. HIV: Human Immunodeficiency Virus
9. HCT: HIV Counseling and Testing
10. IEC: Information, Education and Communication
11. LFA: Local Funding Agent
12. M&E: Monitoring and Evaluation
13. NACP: National AIDS Control Program
14. NAS: National AIDS Secretariat
15. NGO: Non-Governmental Organization
16. OSDV: On-site Data Verification
17. PMTCT: Prevention of Mother-To-Child Transmission of HIV
18. TB: Tuberculosis
19. RHT: Regional Health Team
20. RAC: Regional AIDS Coordinator
21. RSQA: Rapid Service Quality Assessment
22. VCT: Voluntary Counseling and Testing
23. LMIS logistic management information system

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## **Introduction**

Monitoring and evaluation can be used to demonstrate that program efforts have had a measurable impact on expected outcomes and have been implemented effectively. It is essential in helping managers, planners, implementers, policy makers and donors acquire the information and understanding they need to make informed decisions about program operations. Monitoring and evaluation together provide the necessary data to guide strategic planning, to design and implement programs and projects, and to allocate, and re-allocate resources in better ways.

Data verification helps to determine whether data was accurately translated when data is transferred from the registers to monthly reporting forms and is complete. The process helps validate data against a set of data rules to determine which records comply and which do not. The report covers the period January to June 2016.

## **Objective of the M&E with procurement unit Supervisory Visit**

The main objective of monitoring and supervisory visits is to improve the quality of data as well as the quality of our HIV and AIDS service delivery

### **SPECIFIC OBJECTIVES:**

- ❖ To make onsite corrections in the field
- ❖ To educate and train concerned health staff on the job
- ❖ To collect critical information that will help in taking managerial decisions and provide feedback to concerned authorities as well as recommend measures for improvement

## **METHODOLOGY**

- ❖ Documentation review (Review availability and completeness of all indicator source documents for the selected reporting period)
- ❖ Recounting reported results (Recount results from source documents, compare the verified numbers to the site reported numbers)
- ❖ Cross-check reported results with other data sources (for example, randomly selecting patient folders and verifying if their 6 monthly CD4 tests were done and recorded)
- ❖ Discussion on shortcomings of individual facilities
- ❖ Mentoring the staff on recording and how to retrieve data from the registers
- ❖ **Pharmaceutical and laboratory Commodities Supply chain Management**
- ❖ **Verify Pharmacovigilance activity**
- ❖ Cross-check LMIS monthly report

#### **Names of supervision team members**

<b>Name</b>	<b>Title</b>
Lamin F.S Badjie	Monitoring & Evaluation Specialist
Sait M Kebbeh	Procurement Officer
Ebrima J. Ceesay	Data Manager
Fatou Ceesay	Data Manger
Kebba Badjie	Driver

#### **GENERAL OBSERVATIONS IN THE SEMESTER**

- ❖ Generally data quality has improved significantly in the reporting period. However there is still room for improvement especially with regards to completeness and timeliness of the reports. For instance, the team observed that in most of the facilities visited not all columns of the registers were filled and this affects the quality of data reported.

- ❖ Most of the laboratory staff does not know much about the LMIS monthly return form
- ❖ TB screening for newly diagnosed PLHIV and those on care has improved in most of the sites visited.
- ❖ It was also observed that viral load services are not fully operational in all the ART sites visited except EFSTH and HOC. The need to adjust the monthly reporting form to capture all the reportable indicators
- ❖ Also feedback on EID results from NPHL has been a nightmare in all the sites visited. Service providers have complained of serious delays in getting feedback from NPHL
- ❖ Correct and complete recording of patients per regimen is still a problem in all ART sites. All the ART sites failed to record in their monthly report form what regimen each of their patients are taking from January to June 2016 in their monthly report .Greater involvement of LTIs in eligibility and care team meetings
- ❖ Low enrollment and retention of PLHIV on ART in most of the ART sites
- ❖ Higher defaulter rate in all the ART sites visited
- ❖ Improved referral system and linkage with other interventions especially TB/HIV co-infected PLHIVsin ART sites
- ❖ There is improvement in baseline and six-monthly follow-up CD4 testing for all pre-ART and ART patients in all the ART sites visited
- ❖ Syphilis testing not done in all the sites visited due to the unavailability of test kits during the period but now it is available at CMS and RMS and most of the health facilities .
- ❖ Limited availability of IEC materials for HIV services in all the sites visited
- ❖ Limited supervision of HIV services by RHTs
- ❖ High mortality in the month of May 2016 in AFPRC Hospital
- ❖
- ❖

## **FINDINGS ON EACH OF THE SERVICE DELIVERY AREAS (SDAs)**

### **HCT/VCT**

Review of the records revealed overall consistency of reporting in all the facilities visited in the semester. The target for the semester was 26,500, however, 24782 was achieved resulting to 94% achievement for the semester. During the semester a total of 25,073 were pretested, 24870 were tested and 24782 were post- tested. Overall, 1498 (6 %) positives were newly diagnosed amongst those tested in this semester

. Majority of the 1393 newly diagnosed HIV positive individuals came from the based clinics while only 105 came from the outreach. The program therefore, needs to intensify testing at base clinics so as to pick people early and enrol them into care

Overall data quality for number of people tested and counselled for HIV and who received their test results is good. However, individual facilities such as Basse Health Centre, Fatoto, Bajakunda and Kudang need to improve on counting to minimise errors. Extreme low uptake of provider initiated counseling and testing was observed in the following health facilities; **Brikama Health Centre, Gunjur Health Centre, Banjulinding Health Centre, Fatoto Health Centre, Diabugu Health Centre, Bajakunda Health Centre, Brikamaba Health Centre, Kudang Health Centre, Albreda Health Centre, Cherr Chrono Health Centre, Kuntair Health Centre, Salikenni Health Centre Kaur and Kuntaur Health Centre.** This observation is in line with the findings of the previous visits especially for the old sites.

## **PMTCT**

Number and percentage of pregnant women who know their HIV status was 30,340 (58%) of the semester target of 63%. A total of 30,917 were pretested, 30,375 were tested and 30,430 were post- tested. Overall, 336 (1.11%) positives were found amongst those tested in the semester. There were no major data quality issues observed during the semester. However, patient's folders for positive PMTCT mothers were not open or properly kept especially the newly opened PMCT sites .l

Low uptake of PMTCT HCT services was observed in some sites.

Out of the 336 women who were found positive, 293 ( 87%) received their ARVs while 43 mothers declined.



The number of infants born to HIV-infected women during the period under review was 204. Of the 204 infants born to positive mothers, 143 (70%) had received ARV Prophylaxis for the first time. The program has not been doing well with the following indicators:

- ❖ ART for HIV positive mothers
- ❖ Infants testing at 18 months

This is primarily due to stigma, non-disclosure of their status, wrong home patient addresses; service providers not taking note of exposed babies date of birth and to some extent, mothers not bringing the children for testing. Nevertheless, emphasis was made on this indicator and service providers were urged to make best use of the Infant Welfare Clinics to identify those exposed babies who are due for testing and test them accordingly.

### **ANTIRETROVIRAL THERAPY (ART)**

Unlike PMTCT coverage, ART coverage is low. As at the end of June 2016, the number of PLHIV currently on ART was 5370. Of those currently on ART, paediatric (age <15) constitutes 454 while adults (age >15) constitutes 4916. During the period under review 755 PLHIVs were put on ART, 43 of them were paediatric. Seven Hundred and three (723) PLHIV defaulted from treatment during the period under review and 114 deaths occurred in the period. However, two hundred and eighteen (292) of them restarted treatment during the semester.

The data quality on PLHIV currently on ART has improved significantly in the entire ART site with exception of SOS clinic where major data quality issues were observed in the reporting period. The error was basically as a result of capacity issues and this resulted to under reporting. Also minor data quality was observed in HOC and EFSTH and this was as a result of human error, arithmetical errors and capacity issues. It appears that the service providers at the above mentioned facilities will need more reorientation on how to collate data from the registers to the monthly return forms. The rest of the facilities have improved greatly in the reporting of this indicator.

Low enrollment and retention of PLHIVs on ART was observed during the period under review and this is due to delay in the adaptation process of 2013 WHO treatment guideline and the cessation of nutritional support and transport refund to PLHIVs in all the ART sites but more

pronounced in the following sites; SOS Clinics, AFPRC Hospital, Basse Health Centre and this is generally affecting the performance of the grant in terms of meeting the set target.

The number of deaths recorded among the PLHIV on ART during the period under review was

Tuberculosis (TB) is one of the common opportunistic infection among PLHIV. Therefore, in order to improve the quality of life of PLHIV, all patients on Pre ART care and ART should be screened for TB each time they visit the clinic. The number of PLHIV on Care and ART who were screened for TB in the entire treatment centre during the reporting period was 13,809. The importance of screening of PLHIV for TB cannot be over emphasized as PLHIV co-infected with TB, need to have access to treatment of TB as soon as possible.

Late enrolment of co-infected TB/HIV patients on ART is no longer an issues as this was confirmed in the last joint TB/HIV trek to to thje regions.

#### **Newly diagnosed PLHIV patients who were screened for TB symptoms**

The individuals who were newly diagnosed with HIV and screened for TB during the period under review were 804. This is not encouraging as all those who were newly diagnosed HIV positive in the period were expected to be screened to rule out TB as early as possible.

Routinely during the post-test counselling those tested positive should be screened for TB and if anyone of them present with symptoms (Fever, Coughing longer than 2 weeks, recent weight loss and night sweat) is sent for TB investigation. Of the 178 people investigated for TB 24 were found to be positive and all of them put on treatment. In most of the facilities, service providers failed to record the date TB was screened on the HCT and PMTCT registers.

### Findings, actions taken and recommendations at different health facilities

Facility	Key Issues	actions taken	Recommendations
AFPRC General Hospital/RCH	<ul style="list-style-type: none"> <li>❖ Improvement in the recording and data quality</li> <li>❖ No tally card in the lab and monthly return</li> <li>❖ Inadequate trained staff at the pharmacy on 2013 WHO ARVs guidelines</li> <li>❖</li> <li>❖ Lack of Syphilis reagents</li> <li>❖</li> <li>❖ ARVs drug register not been use</li> <li>❖ Stocking drugs that cannot be consumed before expired date .e.g NVP syrup</li> <li>❖ No Slides</li> <li>❖ PCV machine needed</li> <li>❖ Hepatitis B and C reagents not available</li> <li>❖ High mortality in the month of May 2016( 8 PLHIV died in May 2016 alone)</li> <li>❖ Low enrollment and retention of PLHIV on</li> </ul>	<ul style="list-style-type: none"> <li>❖ On-the-job training was provided on some of the issues mentioned</li> <li>❖ Staff commended for their effort</li> <li>❖ Given them ARVs drug Register</li> <li>❖ Lab to liaise with pharmacy to start using tally card and be sending there LMIS monthly return Syphilis now available they should make there requisition of ARVs drug register given</li> <li>❖ Lab to liaise with pharmacy and data entry to start using tally card and LMIS monthly return</li> </ul>	<ul style="list-style-type: none"> <li>❖ Laboratory staff need training on data collections tools for better understanding of the tools and stock management</li> <li>❖ The need to train more people on HIV services ,people selected for training should be review before the training is conducted.</li> <li>❖ To start using the ARVs drug register and patient per regimens form so that end of month ,they can compare with what capture from clinic</li> <li>❖ The facility to improve on the care provided to the patients</li> <li>❖ NPHL to improve on their</li> </ul>

	<p>ART</p> <ul style="list-style-type: none"> <li>❖ Delay in receiving EID results</li> <li>❖ Delay in receiving viral load results</li> </ul>	<ul style="list-style-type: none"> <li>❖ A meeting was summoned with the team to better understand what went wrong in the month of May 2016 resulting to 8 deaths.</li> <li>❖ The team was encourage to enrolled PLHIV on treatment and to improve the quality of care they are providing</li> <li>❖ M&amp;E team to liaise with NPHL to improved feedback mechanism to the facilities</li> <li>❖ Exit briefing was conducted and staff informed about the issues e,g low enrollment of PLHIV into ART</li> </ul>	<p>feedback mechanism as this is a major complain received from all the sites visited</p> <ul style="list-style-type: none"> <li>❖ To record patient per regimen in the monthly reporting form</li> <li>❖ M&amp;E training on data collections tools for better understanding of the tools and the indicators especially new indicators</li> </ul>
<p>Essau Health Centre</p>	<ul style="list-style-type: none"> <li>❖ Lack of Syphilis reagents</li> <li>❖ PMTCT folders not in use</li> <li>❖ No tally card and LMIS monthly return</li> </ul>	<ul style="list-style-type: none"> <li>❖ Lab to liaise with pharmacy and data entry to start using tally card and LMIS monthly return</li> </ul>	<ul style="list-style-type: none"> <li>❖ Drugs that cannot be consumed should be return to CMSat least two month before the expiry date</li> </ul>

	<ul style="list-style-type: none"> <li>❖ Good data quality</li> <li>❖ Stocking drugs that cannot be consumed before expired date .e.g AZT/3TC tablets</li> <li>❖ No ARVs drug register</li> <li>❖ Delay in receiving EID results</li> <li>❖ Delay in receiving viral load results</li> <li>❖ LTI not part of care team</li> </ul>	<ul style="list-style-type: none"> <li>❖ To start using PMTCT folders for positive mothers on ART</li> </ul>	<ul style="list-style-type: none"> <li>❖ Start using the ARVs drug register and patient per regimens form so that end of month ,they can compare with what capture from the M and E monthly return form</li> <li>❖ LTI to be part of the care team</li> <li>❖ NPHL to improve on their feedback mechanism as this is a major complain received from all the sites visited</li> <li>❖ M&amp;E training on data collections tools for better understanding of the tools and the indicators especially new indicators</li> <li>❖ The RAC and Data Entry Clerk to work closely with the staff to improve their understanding of the new indicators</li> </ul>
<p>Basse Health Centre</p>	<ul style="list-style-type: none"> <li>❖ Improved recording on the ARVS drugs register which was stopped</li> </ul>	<ul style="list-style-type: none"> <li>❖ Spot training of laboratory data entry clerk on the LMIS monthly</li> </ul>	<ul style="list-style-type: none"> <li>❖ Start using the ARVs drug register and patient per regimens form so</li> </ul>

	<ul style="list-style-type: none"> <li>❖ Lack of Syphilis reagents</li> <li>❖</li> <li>❖ No tally card in the lab and LMIS monthly return</li> <li>❖ AC's at CD4 room faulty</li> <li>❖ First response –lot of S4 „he suggest that hexagon to be procure</li> <li>❖ Hematology analyzer</li> <li>❖ Biochemistry Reagents</li> <li>❖ Delay in receiving viral load and EID results</li> <li>❖ The few that are received are not entered in the register instead entered in a separated book.</li> </ul>	<p>return form</p> <ul style="list-style-type: none"> <li>❖ Pharmacy staff was met and issue of supplies to patients was discussed</li> <li>❖ Syphilis reagents is now available for them to make requisition</li> <li>❖ ARV drug register supply</li> <li>❖ Lab to liaise with pharmacy to start using tally card and be sending there LMIS monthly return</li> <li>❖ Discouraging the team from using a separate book</li> </ul>	<p>that end of month ,they can compare with what capture from the M and E monthly return form</p> <ul style="list-style-type: none"> <li>❖ There is need for laboratory staff training on data collection and stock management</li> <li>❖ Pharmacy staff to supply three months as prescribed but LMIS monthly return should be recorded monthly</li> <li>❖ The team to enter all the results in the register</li> <li>❖ NPHL to improve on their feedback mechanism as this is a major complain received from all the sites visited</li> <li>❖ M&amp;E training on data collections tools for better understanding of the tools and the indicators especially new indicators</li> </ul>
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			<ul style="list-style-type: none"> <li>❖ The RAC and Data Entry Clerk to work closely with the staff to improve their understanding of the new indicators</li> </ul>
Bansang Hospital	<ul style="list-style-type: none"> <li>❖ Improved recording on the register</li> <li>❖ Improved data quality</li> <li>❖ Lack of Syphilis reagents</li> <li>❖ RDT specificity NO Slides Tally card and LMIS monthly return</li> <li>❖</li> <li>❖ The few that are received are not entered in the register instead entered in a separated book.</li> <li>❖</li> </ul>	<ul style="list-style-type: none"> <li>❖ The staff were commended and urged to keep up the good work</li> <li>❖ Syphilis reagents is now available for them to make requisition</li> <li>❖ Lab to liaise with pharmacy to start using Tally card and sending Monthly return</li> </ul>	<ul style="list-style-type: none"> <li>❖ Start using the ARVs drug register and patient per regimens form so that end of month ,they can compare with what capture from the M and E monthly return form</li> <li>❖ There is need for laboratory staff training on data collection and stock management</li> <li>❖ RDT double band malaria test kits be procured</li> <li>❖ The team to enter all the results in the register</li> <li>❖ The RAC and Data Entry Clerk to</li> </ul>

			<p>work closely with the staff to improve their understanding of the new indicators</p> <ul style="list-style-type: none"> <li>❖ NPHL to improve on their feedback mechanism as this is a major complain received from all the sites visited</li> <li>❖ M&amp;E training on data collections tools for better understanding of the tools and the indicators especially new indicators</li> <li>❖</li> </ul>
Soma Health Centre	<ul style="list-style-type: none"> <li>❖ Improved recording on the ARV register</li> <li>❖ Improve data quality</li> <li>❖ Lack of Syphilis reagents</li> <li>❖ AC's in the TB lab and blood band is faulty</li> <li>❖ AC's in the pharmacy store faulty</li> <li>❖ Delay in getting results from NPHL</li> <li>❖ Faulty CD4 machine</li> <li>❖ Misunderstanding of the new regimen for PMTCT</li> <li>❖ Over reporting for HCT in the month of</li> </ul>	<ul style="list-style-type: none"> <li>❖ The staff were commended and urged to keep up the good work</li> <li>❖ Inform them Syphilis reagents is now available for them to make requisition</li> </ul>	<ul style="list-style-type: none"> <li>❖ Start using the ARVs drug register and patient per regimens form so that end of month ,they can compare with what capture from the M and E monthly return form</li> <li>❖ Responsible PR to act accordingly</li> <li>❖ The team to enter all the results in the register</li> </ul>



	<p>January</p> <ul style="list-style-type: none"> <li>❖ Moving all positive PMTCT mothers to main ART register</li> </ul>		<ul style="list-style-type: none"> <li>❖ NPHL to improve on their feedback mechanism as this is a major complain received from all the sites visited</li> <li>❖ To maintain PMTCT ART register and record all those on ART in that until when they graduate from PMTCT</li> <li>❖ M&amp;E training on data collections tools for better understanding of the tools and the indicators especially new indicators</li> </ul>
SJGH	<ul style="list-style-type: none"> <li>❖ Improved recording</li> <li>❖ Improved data quality</li> <li>❖ Lack of Syphilis reagents</li> <li>❖ CD4 Machine faulty</li> <li>❖ No Training on 2013 Adopted guideline for the pharmacy staff</li> </ul>	<ul style="list-style-type: none"> <li>❖ The staff were commended and urged to keep up the good work</li> <li>❖ Lab to liaise with pharmacy to work on tally card and LMIS return</li> </ul>	<ul style="list-style-type: none"> <li>❖ There is need for laboratory staff training on data collection and stock management</li> <li>❖ PR To take note</li> <li>❖ Encourage them to enroll more PLHIV on ART</li> </ul>

	<ul style="list-style-type: none"> <li>❖ Lab-No tally card and LMIS monthly return</li> <li>❖ Low enrollment of PLHIV on ART</li> </ul>	<ul style="list-style-type: none"> <li>❖ Inform them Syphilis reagents is now available for them to make requisition</li> </ul>	<ul style="list-style-type: none"> <li>❖ M&amp;E training on data collections tools for better understanding of the tools and the indicators especially new indicators</li> </ul>
Kaur Health Center	<ul style="list-style-type: none"> <li>❖ RDT -Quality</li> <li>❖ Lack of Syphilis reagents</li> <li>❖ Low uptake of HCT services</li> </ul>		<ul style="list-style-type: none"> <li>❖ There is need for laboratory staff training on data collection and stock management</li> <li>❖ NPHL to help</li> <li>❖ To enroll more PLHIV on ART now that the country has adapted 2013 WHO treatment guideline</li> </ul>
Kerewan Health Center	<ul style="list-style-type: none"> <li>❖ HB meter is faulty</li> <li>❖ Lack of Syphilis reagents</li> <li>❖ PCV machine needed</li> </ul>	<ul style="list-style-type: none"> <li>❖ Inform them Syphilis reagents is now available for them to make requisition</li> </ul>	<ul style="list-style-type: none"> <li>❖ There is need for laboratory staff training on data collection and stock management</li> </ul>

Salikeni H/C	<ul style="list-style-type: none"> <li>❖ AC's Faulty in the Lab</li> <li>❖ Centrifuge and PCV machine needed</li> <li>❖ Lab register malaria &lt;5 and &gt;5 years</li> <li>❖ TB Reagents for fluorescent microscopy stains</li> <li>❖ Low uptake of HCT</li> </ul>	<ul style="list-style-type: none"> <li>❖ Inform them Syphilis reagents is now available for them to make requisition</li> </ul>	<ul style="list-style-type: none"> <li>❖ There is need for laboratory staff training on data collection and stock management</li> </ul>
Kuntair Health Centre	<ul style="list-style-type: none"> <li>❖ Storage conditions for drugs not ambient</li> <li>❖ No LMIS return lab item</li> <li>❖ Lack of Syphilis reagents</li> <li>❖ Delay in getting feedback from NPHL on EID results</li> <li>❖ Given treatment to s4 mothers even though they are not yet confirmed</li> </ul>	<ul style="list-style-type: none"> <li>❖ Inform them Syphilis reagents is now available for them to make requisition</li> </ul>	<ul style="list-style-type: none"> <li>❖ There is need for laboratory staff training on data collection and stock management</li> <li>❖ Fan or AC need for pharmacy store</li> <li>❖ Stop the treatment immediately until their status are confirmed</li> </ul>

	❖ Low uptake of HCT		
Ngayen sanjal H/C	<ul style="list-style-type: none"> <li>❖ Lack of Syphilis reagents</li> <li>❖ Storage conditions for drugs not ambient</li> <li>❖ No LMIS return lab item</li> <li>❖ Low uptake of HCT</li> </ul>	❖ Inform them Syphilis reagents is now available for them to make requisition	<ul style="list-style-type: none"> <li>❖ There is need for laboratory staff training on data collection and stock management</li> <li>❖ AC or Fan needed for the drug store</li> </ul>
Aberada Health Centre	<ul style="list-style-type: none"> <li>❖ Lack of Syphilis reagents</li> <li>❖ Low uptake of HCT services</li> </ul>	❖ Inform them Syphilis reagents is now available for them to make requisition	❖ There is need for laboratory staff training on data collection and stock management
Kwenilla H/C	<ul style="list-style-type: none"> <li>❖ Storage condition of stock not ambient</li> <li>❖ Running water challenge –Lab</li> <li>❖ Low uptake of HCT</li> <li>❖</li> </ul>		❖ No AC or fan in the drug store
Dankunku H.C	❖ Improved recording	❖ On the job training was	❖ There is need for laboratory staff

	<ul style="list-style-type: none"> <li>❖ Improved data quality</li> <li>❖ Low uptake of HCT</li> </ul>	<p>provided on some of the issues mentioned above</p> <ul style="list-style-type: none"> <li>❖ Inform them Syphilis reagents is now available for them to make requisition</li> </ul>	<p>training on data collection and stock management</p>
CRR RMS	<ul style="list-style-type: none"> <li>❖ Fridge for lab Supply</li> <li>❖ When starting new HIV Site they should be informed because they going supply them .</li> <li>❖ Improved data quality</li> <li>❖</li> </ul>		<ul style="list-style-type: none"> <li>❖ PR to take note</li> </ul>
Brikama Ba H.C	<ul style="list-style-type: none"> <li>❖ Improved data quality</li> <li>❖ Improved recording</li> <li>❖ Low uptake of HCT</li> </ul>	<p>On the job training was provided on some of the is issues mentioned above</p> <ul style="list-style-type: none"> <li>❖ Inform them Syphilis reagents is now available for them to make requisition</li> </ul>	<ul style="list-style-type: none"> <li>❖ RMS CRR to data mindful especially when they go on supervision</li> </ul>
EFSTH	<ul style="list-style-type: none"> <li>❖ Improved data quality</li> <li>❖ Improved recording</li> </ul>	<ul style="list-style-type: none"> <li>❖ On the job training was</li> </ul>	<ul style="list-style-type: none"> <li>❖ NAS to work with NPHL on the issue of First response kits issues</li> </ul>

	<ul style="list-style-type: none"> <li>❖ First response giving lot of S4</li> <li>❖ EDTA 2.5 ml or 4ml needed</li> <li>❖ Sensor –Biochemistry Lab for COBAS machine</li>   <li>❖ PCV machine and multishaker for RPR needed</li> <li>❖ Microscope slides for TB /Malaria</li> <li>❖ Needle and syringes</li> <li>❖ Computer not working</li> <li>❖ Fluorine tubes</li> <li>❖ Petric dish</li> <li>❖ Plain tube with red cover</li> <li>❖ Poor data management</li> <li>❖ Low enrollment and retention of PLHIV</li> </ul>	<p>provided on some of the is issues mentioned above</p>	<ul style="list-style-type: none"> <li>❖ There is need for laboratory staff training on data collection and stock management</li> <li>❖ PR to meet on the issue of Needle and syringes</li> <li>❖ PR to act accordingly</li> <li>❖ Continuous engagement of the data manager hy RAC &amp; M&amp;E office</li> </ul>
Bureng H/C	<ul style="list-style-type: none"> <li>❖ Lab Assistant not around for a month no HCT for ANC mothers</li> <li>❖ A child due for EID but samples not collected because of absence of the lab assistant</li> </ul>		<ul style="list-style-type: none"> <li>❖ NAS to meet with NPHL</li> </ul>
SKGH	<ul style="list-style-type: none"> <li>❖ No Slides</li> <li>❖ AC's not working fault in pharmacy store</li> </ul>	<ul style="list-style-type: none"> <li>❖ On the job training was provided on some of the is</li> </ul>	<ul style="list-style-type: none"> <li>❖ Lab to liaise with pharmacy on the issue of LMIS monthly return</li> </ul>

	<ul style="list-style-type: none"> <li>❖ EDTA 4ml</li> <li>❖ Urine plain tube –conical tubes</li> <li>❖ Improved recording-Lab</li> <li>❖ Improved data quality-Lab</li> <li>❖ No pharmacy staff trained on concluded 2013 adopted ARVs Guidelines</li> <li>❖ TB drugs keep away from normal</li> <li>❖ Low enrollment and retention of PLHIV</li> <li>❖</li> </ul>	<p>issues mentioned above</p> <ul style="list-style-type: none"> <li>❖ Doing the verification together with the staff</li> </ul>	<ul style="list-style-type: none"> <li>❖ There is need for laboratory staff training on data collection and stock management</li> <li>❖ Continuous engagement of the data manager by RAC &amp; M&amp;E office</li> </ul>
CMS	<ul style="list-style-type: none"> <li>❖ Ac is faulty-ARVs store</li> <li>❖ TB Drug Register</li> <li>❖ Microscope slides</li> <li>❖ Malaria field stain A and B</li> <li>❖ EDTA 2.5 ml or 4ml</li> <li>❖ Slide rack</li> <li>❖ Issues with Lab personnel on requisition and return</li> </ul>		<ul style="list-style-type: none"> <li>❖ PR responsible to act accordingly</li> <li>❖ There is need for laboratory staff training on data collection and stock management</li> <li>❖</li> </ul>
NPHL	<ul style="list-style-type: none"> <li>❖ EID kit low stock</li> <li>❖ Abbot adhesive cover application</li> <li>❖ Biohazard bags</li> <li>❖ Tissues roll-big ones</li> <li>❖ Ac is faulty –CD4 room</li> </ul>		<ul style="list-style-type: none"> <li>❖ There is need for laboratory staff training on data collection and stock management</li> <li>❖ PR responsible to act accordingly</li> <li>❖</li> </ul>

	<ul style="list-style-type: none"> <li>❖ No LMIS Return</li> <li>❖ TB laboratory Register</li> <li>❖ MGT reagent-TB</li> <li>❖ DST Reagent-TB</li> <li>❖ GeneX pert cartridge</li> <li>❖ Quality control and supervisory track –TB</li> <li>❖ Microscope slides</li> </ul>		
Gunjur Health Centre	<ul style="list-style-type: none"> <li>❖ Low uptake of VCT and PMTCT in the entire semester</li> <li>❖ HIV positive mothers not given ARVs in Gunjur Health Centre and are instead referred to HOC</li> <li>❖ No TB screening for PLHIVs done at the centre</li> <li>❖ Registers not completely filled</li> <li>❖ Poor data quality observed in all the service delivery areas</li> </ul>	<ul style="list-style-type: none"> <li>❖ The M&amp;E team expresses their dissatisfaction with the entire HIV service provision at the centre</li> <li>❖ Exit briefing was held with staff on the issues identified</li> </ul>	<ul style="list-style-type: none"> <li>❖ NAS management to engage NACP to correct the situation and to intensify supervisory visits to Gunjur</li> <li>❖ RAC to work closely with the clinic to update their registers</li> <li>❖ Refresher training for the staff</li> <li>❖ NAS and NACP to engage RHT for possible change of staff at the clinic</li> <li>❖</li> </ul>
HOC	<ul style="list-style-type: none"> <li>❖ Improved recording in the register</li> <li>❖ Improved data quality</li> <li>❖ Both CD4 testing and viral load monitoring</li> </ul>	Exit briefing on the issues identified during the exercise	<ul style="list-style-type: none"> <li>❖ To screen all pre ART and ART patients for TB</li> <li>❖ To record patient per regimen in</li> </ul>



	<p>impressive</p> <ul style="list-style-type: none"> <li>❖ EID is going on fine</li> <li>❖ High defaulter rate</li> <li>❖ Inadequate Staffing</li> </ul>		<p>the monthly reporting form</p> <ul style="list-style-type: none"> <li>❖ To enroll more PLHIV on ART now that the country has adapted 2013 WHO treatment guidelines</li> <li>❖ Intensify defaulter tracing to reduce the defaulter rate</li> <li>❖ The M&amp;E team and RAC office to closely work with the staff at HOC to improve data quality</li> <li>❖ M&amp;E training for quality data</li> <li>❖ M&amp;E training on data collections tools for better understanding of the tools and the indicators especially new indicators</li> </ul>
Brikama Health Centre	<ul style="list-style-type: none"> <li>❖ Low uptake of VCT in the entire semester</li> <li>❖ Poor recording especially of ARV administered</li> <li>❖ Lack of interest by care nurse</li> <li>❖ Poor data quality leading to serious under reporting</li> </ul>	<ul style="list-style-type: none"> <li>❖ A meeting was held at NACP and the issue of low uptake of VCT at the Centre was discussed</li> </ul>	<ul style="list-style-type: none"> <li>❖ NAS management to engage NACP to correct the situation and to intensify supervisory visits to Brikama Health Centre</li> <li>❖ RAC office to work closely with the clinic to update their registers</li> </ul>

			<ul style="list-style-type: none"> <li>❖ Refresher training for the staff</li> <li>❖ NAS and NACP to engage RHT for possible change of staff at the clinic</li> <li>❖</li> </ul>
SOS	<ul style="list-style-type: none"> <li>❖ Some variables in the registers not filled.</li> <li>❖ Late update of the ART register.</li> <li>❖ TB screening not filled or done in all the cases</li> <li>❖ Low enrollment of PLHIV into ART</li> <li>❖ Viral load services not yet started</li> <li>❖ EID services not well coordinated</li> </ul>	<ul style="list-style-type: none"> <li>❖ The team urged the staff concerned to completely fill all the variables in the registers</li> </ul> <p>The team also expressed their dissatisfaction with ART data quality and asked the staff to update the registers accordingly.</p>	<ul style="list-style-type: none"> <li>❖ To enroll more PLHIV on ART now that the country has adapted 2013 WHO treatment guidelines</li> <li>❖ We encourage the officer in-charge to review the monthly return to ensure accuracy before submitting</li> <li>❖ The M&amp;E team and RAC office to closely work with the staff at SOS to improve data quality</li> </ul> <p>M&amp;E training on data collections tools for better understanding of the tools and the indicators especially new indicators</p>
	<ul style="list-style-type: none"> <li>❖ Improved recording in the register</li> <li>❖ Improved data quality</li> <li>❖ Both CD4 testing and viral load monitoring impressive</li> <li>❖ EID is going on fine</li> <li>❖ High defaulter rate</li> </ul>	<p>Exit briefing on the issues identify during the exercise</p> <ul style="list-style-type: none"> <li>❖</li> </ul>	<ul style="list-style-type: none"> <li>❖ HOC</li> </ul>

	Inadequate Staffing		
WEC Clinic in Sibanor	<ul style="list-style-type: none"> <li>❖ The registers are neat</li> <li>❖ Improved recording on the registers</li> <li>❖ Improved data quality</li> <li>❖ TB screening not filled in all the cases</li> <li>❖ Desktop computer not functioning</li> <li>❖ CD4 for continuing patients every six months has improved</li> <li>❖ The facility sometimes finds it difficult in getting supplies from NPS</li> <li>❖ Change of staff at the centre</li> <li>❖</li> </ul>	<ul style="list-style-type: none"> <li>❖ The staff were commended and urged to keep up the good work</li> </ul>	<ul style="list-style-type: none"> <li>❖ Continuous monitoring and supervision of service providers by the NAS M&amp;E team</li> <li>❖ Improved data entry by filling in the appropriate columns of the registers</li> <li>❖ NAS to engage the directorate of NPS to address issues of supplies highlighted</li> <li>❖ NAS to consider replacing their desktop computer.</li> <li>❖ M&amp;E training on data collections tools for better understanding of the tools and the indicators especially new indicators</li> </ul>

**TABLE SHOWING PROGRAM DATA**

Variable	Pretest	Test	Post test	Positives	
Facility counseling and Testing	10,893	10,716	10,638	1393(13%)	
Outreach Counseling and Testing	14180	14154	14144	105 (1.2%)	
<b>Total Counseling and Testing</b>	<b>25073</b>	<b>24870</b>	<b>24782</b>	<b>1498 (6%)</b>	

	Pretest	Test	Post test	Positives	Total
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PMTCT	30917	30375	30340	336 (1%)	
PMTCT Pregnant women who received triple combination therapy for the first time					293(87%)
Infants born this month to HIV positive mothers registered					204
Infants born to HIV positive mothers who are supposed to be tested					183
Infants born to HIV positive mothers who were tested					59 (32%)
Infants born to HIV positive mothers who tested positive					5(8 %)
Infants born to HIV positive mothers who received Co-trimoxazole aged 2 months					179
Infants born to HIV positive mothers currently on co-trimoxazole					1478
Infants born to HIV positive mothers who received ARV prophylaxis first time					143

ART	Male	Female	Total
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Total Patients on ART	1512	3858	5370
ART PLHIV who began ART for the First Time by gender and type	189	566	755
ART PLHIV who Restart ART	81	211	292
ART PLHIV who Defaulted/stopped on ART	215	508	723
ART PLHIV on ART who Died	53	61	114
<b>TB-HIV collaboration</b>			
Adults and children enrolled in HIV care who has TB status assessed	14,707		

**Source: DHIS 2 ( Program Data July to December 2015)**

Variable	Total	Newly Positive
<b>TB HIV Co-infection</b>		<b>1498</b>
TBHIV Newly diagnosed PLWHIV patients who were screened for TB symptoms	804(54%)	
TBHIV PLWHA patients who are investigated for TB	178(21%)	
TBHIV PLWHA patients who tested positive for TB (smear or culture positive)	24 (13%)	
TB-HIV adults and children enrolled in HIV care who started TB treatment	38	

**Source: DHIS 2 (Program Data January to June 2016)**

Final