

HIGH IMPACT PACKAGE



Quality Health Partners (QHP) is a five-year USAID project based in Accra, Ghana. QHP is designed to provide evidence-based support to the Ghana Health Service and a range of private institutions to improve the quality of health services in 30 of Ghana's most deprived districts and in other areas identified as priorities for HIV/AIDS and malaria, thereby contributing to improved health among Ghanaians, particularly in the areas of Reproductive and Child Health.

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Mercy Acquah Hayford cradles a client's infant, greets women by name, and bustles through a crowded waiting room at the antiretroviral therapy (ART) clinic at Ridge Hospital in Accra, Ghana. Today's clinic offers services for prevention of mother-to-child transmission of HIV (PMTCT) and Mercy, Principal Nursing Officer in Charge, is very busy. More than 100 women, some with infants, are waiting for counseling, for a blood test, or to see the doctor. Mercy introduces a peer educator who is to give a condom demonstration, causing waves of giggles among the seated women.

Mercy is proud of this ART clinic's many achievements. Last year, 39 HIV-negative babies (two of whom are named Mercy) were born to HIV-positive mothers. Service providers are assisted by 20

peer educators, called Models of Hope. As one peer educator tells how clients call her "even when I'm sleeping or eating", Mercy good-naturedly teases her, saying, "We nurses are getting jealous, as we are losing our clients to peer educators!"

Clients from the ART clinic confirm the quality of services they receive. According to one female client, "It's comprehensive. We learn what to eat, how to control side effects of our medicine, our spouses are counseled—everything. We can ask any question and my fears were calmed. I appreciate getting free condoms and medicine—I could not afford them otherwise. The staff here are like our mothers and brothers because they are very kind to us."

When asked about the cheerful ambiance, Mercy laughs heartily, answering, "This isn't a clinic—it's a social center!" This ART clinic's packed waiting room clearly reflects the compassion and friendliness of Mercy and her colleagues toward clients.

Ridge Hospital's ART Clinic is just one of 25 hospital facilities benefiting from the High Impact Package (HIP) to improve the quality of ART services in Ghana. HIP is managed by Quality Health Partners (QHP), along with the National AIDS and STI Control Programme (NACP) of the Ghana Health Service (GHS), and Strengthening HIV and AIDS Response Partnerships (SHARP).



HIV and AIDS in Ghana: While HIV has been slow to spread in Ghana, a prevalence of 2.3% among 15–49-year-olds threatens to undermine the country's social and economic gains. Early program efforts on HIV and AIDS in Ghana focused on prevention, counseling, testing, and PMTCT, and in 2002, Ghana piloted ART in four facilities. With Global Fund support, NACP rapidly scaled up ART services. More than 100 sites currently have ART services, and there are plans for universal access to ART by 2010.

ART services in Ghana are hampered by low use, weak referral systems, poor community-facility linkages, inefficient scheduling (resulting in drop-outs and problems with ART compliance), and inadequate set-up within clinics to safeguard confidentiality. A major problem is very high levels of stigma towards people living with HIV and AIDS (PLHIV) on the part of service providers and clinic workers. Post-exposure prophylaxis was largely unknown among service providers. Clients receiving ART are healthier: They want to have sexual relations, and some wish to have children, but the family planning needs of PLHIV are largely neglected in clinics. Tuberculosis (TB) is the most important opportunistic infection in those who are HIV-positive and is the leading cause of mortality and morbidity among PLHIV.

Improving the Quality of ART Services: In 2006, HIP was launched at hospital facilities located in areas of high HIV prevalence and offered ART services to at-risk populations, including female sex workers (FSW), men who have sex with men (MSM), and PLHIV. The program aims to improve these clients' access to care, to enhance their service-seeking behavior and prevention practices, and to strengthen community and facility linkages. HIP uses a combination of strategies described below:

- Quality assurance applies EngenderHealth's COPE® (client-oriented, provider-efficient services) process, adapted to ART clinic settings by QHP. COPE's self-assessment tools help health providers work together as a team to continually identify problems and develop solutions using local resources. HIP provides modest resources (\$2,000–\$3,000 per clinic) to help implement the COPE-generated action plans for service improvements.
- HIP program planners discovered that stigma

begins at the gate of the clinic. Guards, cleaners, food vendors, and traders created barriers to access to services for at-risk populations. Stigma continues in the clinic; some PLHIV reporting that service providers ignore them or refuse to touch them. Thus, stigma reduction training was done for clinical service providers and also was adapted for low-literacy health center workers using creative, participatory training methods.

- Updates and training for service providers included infection prevention and risk reduction. Fears of providers were allayed in sessions on post-exposure care and prophylaxis.
- Integration of services focused on family planning and TB screening and care. Building on an EngenderHealth pilot project, HIP integrated family planning counseling into ART services, updating health providers through training and on-the-job coaching. HIP partners helped develop national guidelines for clinical management of TB and HIV co-infection and then helped update and train ART clinic providers to use these guidelines.
- Community dialogue engaged the clinic's surrounding community and area nongovernmental organizations. Inventories of community support groups and services are shared with health providers to encourage referrals, and community networks help trace ART clients who cease to attend visits. Peer educators, the "Models of Hope," promote medication adherence, conduct home visits, and volunteer at clinics to help reduce workloads, retrieving files and giving psychosocial counseling.

Achieving Results: Within six months of the introduction of COPE, HIP facilities were able to develop local solutions for 60% of problems identified at the ART clinics. For example, ART clinics procured screening equipment, increased the number of clinics, and put in place duty rosters to address staff overtime and client waiting time. Adherence to national standards and guidelines for the care and treatment has also improved.

Stigma reduction training reached 2,214 health workers at 27 facilities. Training was transformative for both clinical health providers and clinic workers. Role-playing helped participants feel what it is like

to be HIV-positive. PLHIV came to the workshop to share their experiences, recounting how health workers threw papers and supplies to them or treated them as sinners in need of repenting. Health providers in these sessions became emotional and apologetic, saying that they never before realized the implications of their attitudes. Olivia Aglah, QHP's Special Projects Manager, reports that clinic managers have subsequently observed widespread changes in service providers' attitudes toward clients. And word of this success has spread: Facilities not served by HIP have requested this stigma reduction training for their own staff.

Infection prevention training reached 395 service providers and 1,374 nonclinical caregivers, and many infection prevention supply issues were also resolved during training. Eighty service providers received in-depth training in family planning service integration and 1,354 providers received contraceptive technology updates. Updates on dual infection with TB and HIV were given to 1,162 service providers.

At the community level, more than 2,200 at-risk representatives and 72 community groups representing MSM, FSW, and PLHIV were reached. Eighty-two peer educators and 691 providers of HIV and AIDS services were trained and integrated into a community-facility referral system. Peer educators from at-risk populations were quick to understand and appreciate the high quality of services. According

to one MSM peer educator, *"We were not aware of these friendly service centers. Previously, we'd walk to the drug shop and tell a lie.... We were afraid that when we tell exactly what the problem is, our sexual behavior will be found out. Society does not accept.... Because of this, we were often given wrong drugs."*

Challenges and the Way Forward: While HIP has made strides, stigma remains a daunting challenge in Ghana. Some religious leaders blame HIV and AIDS on a lack of spiritual commitment or on witchcraft. ART compliance remains a challenge due to poverty, fear of partner disclosure, and stigma. One Ridge Hospital ART client who was illiterate was too ashamed to share his medication information card with other, literate members of his family. Ensuring the quality of client referrals for family planning, heavy service provider workloads, and limited resources to meet all ART clinic needs require more work.

Olivia Aglah would like to see the demand for training generate its own momentum and says, *"We'll know we're successful when trained trainers are confident to do training on their own, and when training is funded by the clinic itself. The materials are now there, and we hope to reduce our involvement over time."* There is also a need to engage NACP to expand HIP to other health facilities.