AIDS HEALTH CARE FOUNDATION GRANT:

PROJECT TITLE: TRAINING OF HEALTH CARE PROVIDERS ON THE ETHICS OF HIV SERVICE DELIVERY

New HIV Vaccine and Microbicide Advocacy Society

Final project report

19th January 2015

BRIEF PROJECT'S BACKGROUND

1.1 National relevance of project: Nigeria is the second worst affected nation in the world by the HIV epidemic. It also bears up to 40% of the global burden of HIV transmission of mother to child. For the country, significant efforts need to be in place to ensure prompt access and management of HIV. With the recent outcome of multiple research studies showing the important role of ARVs in the prevention of HIV infection, there is a critical need to scale up and increase prompt access to HCT and treatment services. Such scale up efforts include decentralization of HIV and ARV services to primary health care centres, task shifting with many who had not received prior expert trainings on patient management being saddled with the responsibility of managing clients for HIV care and treatment. All these decentralization and task shifting efforts while it increases the public access to HIV related services, also may otherwise compromise on the quality of services. The implication of quality of service compromise is far reaching.

Existing statistics clearly show that the large proportion of Nigerians access health care services outside the public sector. The major reason for this had always been the quality of service received especially with respect to the poor human relations between service providers and client. While there are efforts to decentralize access to HIV services, services continue to be provided only by the public sector, a sector that is only able to reach about 10% of the national population of those who require ANC services. If the current effort to address ARV access is to be realized, then efforts to address barriers to access needs to be addressed. One of the well recognized barriers is that created by the poor attitude of health care service providers to PLHIV.

This project is designed to address this gap. It shall specifically be reaching to health care providers who are engaged with the provision of HIV care services to PLHIV about the ethics of clinical care. It shall conduct a 3 days on site training for teams of HIV care providers within their institutions so that build their capacity to provide clinical care in a more ethical manner that would be able to address some of the human barriers created for client access to ARV related services.

1.2 Aim of the project: To build the capacity of three teams of health care providers in Plateau and Cross River states to provide HIV treatment, clinical care and support to clients who are PLHIV in an ethical manner.

1.3 Study Objectives:

1. To assess the training needs of three teams of health care providers located in ART treatment sites of Ogoja General Hospital and Bassa Cottage Hospital on ethics of HIV treatment, clinical care and support for PLHIV

2. To assess the level of HIV stigma and discrimination among three teams of health care providers in ART treatment sites of Ogoja General Hospital and Bassa Cottage Hospital in relations to HIV treatment, clinical care and support for PLHIV.

3. To develop and implement a three days training to address the gaps in knowledge and skills of health care providers in Ogoja General Hospital and Bassa Cottage Hospital on ethics of HIV treatment, clinical care and support for PLHIV

4. To provide technical support and assess the impact of the conducted training on performance and client satisfaction in the facility six months after the implementation of the training.

DESCRIPTION OF THE PROJECT DELIVERY METHOD

2.1 Partnership and networking: NHVMAS, through partnership and networking with the community stakeholders, civil society organizations, network umbrella bodies (NEPWAN, ASWHAN), and with journalists in Lagos, Jos and Calabar, was able to brainstorm and implement the project in the Jos and Calabar. The initial planning meeting was held in Lagos on the 11th February 2014, followed by planning meetings in Jos and Calabar held on 26th February and 10th April 2014, respectively. The partners identified the agenda for the training. The project as to:

- Identify the gaps in understanding of ethics of service delivery by health care providers
- Identify the underlying factors that drive stigma and discrimination in health care settings
- Explore how stigma is perpetrated in healthcare settings
- Identify fear and challenges of healthcare workers in managing stigma and discrimination
- Plan for institutionalization of training project evaluation to include institutional analysis

The planning meeting also provided a platform for the community assessment of level of stigma across the government health facilities providing ART in the project states thereby helping to prioritize facilities that could best benefit from the training.

2.2. Advocacy efforts: NHVMAS and her partners conducted advocacy visits to various stakeholders in Plateau and Cross River States. The stakeholders reached in Plateau State were the Health Commissioner in the State Ministry of Health, The Coordinator of the Plateau State AIDS control Agency (PLACA), the Medical Director at the Plateau State Hospital Management Board and Bassa Cottage Hospital and Coordinators of State chapters of CiSHAN and NEPWHAN. In Cross River State, the team paid advocacy visit to the Ministry of Health and the Cross River State AIDS Control Agency.

The stakeholders affirmed commitment to support the project initiative. For PLACA, they noted that the project was timely as the state was harmonizing its state workplan and therefore included the AHF supported training project in the state plan. The State Hospital Management Board gave approval for the training to be held in Bassa Cottage Hospital. Bassa Cottage Hospital was a treatment site for PLHIV serving the military community and was adjudged an appropriate site for the training.

2.3. Site selection: For this project, the target population was healthcare providers working in health care facilities that provide ART services to PLHIV. The objective of the training was to improve the quality of care provided to PLHIV and MARPs in these facilities. The site selected were those identified through consultative dialogues held with NHVMAS partners (PLHIV, media, NEPWHAN, SACA, ASWHAN, MSM) in the target states. The identified facility for the training in the stat was one with the poorest reputation for client care. Engaging the community in site

selection helped the project have stakeholders as assessors of the impact of the training on quality of care as they would be able to assess impact of the training on quality of care and provide feedback to NHVMAS. The consultative meetsing in Jos and Calabar was conducted in collaboration with the States Agency for the Control of AIDS: a conscious effort made by NHVMAS to ensure state buy-into the project to set the stage for the sustainability of the project objectives.

2.4. Protocol development and ethics approval: NHVMAS developed a study protocol for the project and the obtained ethics approval from the ethics committee of the Cross River State Ministry of Health.

2.5. Training needs assessment study: After ethics approval was obtained, permission was sought from the target facilities' hospital management Board to conduct a training need assessment survey. Twenty health care workers in Bassa Cottage Hospital, Plateau state and Ogoja General Hospital, Cross River State were recruited for the assessment.

The findings of the survey showed that while the healthcare workers understood the modes of HIV transmission and how to prevention HIV infection, there were still discriminatory practices by healthcare workers. Also, 5% and 10% of respondents in Bassa Cottage Hospital and Ogoja General Hospital respectively felt HIV infection could be a form of spiritual attack. The study also identified some personal values and opinion that could play roles in the stigma and discrimination experienced at the hospital settings. The outcome of the survey informed the development of the training curriculum.

2.6. Planning and delivery of three days training: A non-residential, institution based three days training of health care providers was held in Basssa Cottage Hospital and Ogoja General Hospital respectively, in partnership with the hospital management Board.

DESCRIPTION OF THE TRAINING, PROFILE OF FACILITATORS AND TRAINEES

3.1 Training content: NHVMAS adapted its existing training tools on ethics of HIV treatment and Clinical care developed over its years of working with SIDACTION, AVAC and EDCTP for the training. In the past five years, NHVMAS has worked to develop ethics training tools that have been used for the training of researches, members of the ethics committees, teachers of medical students and health care providers. For this training, NHVMAS worked with its partner, Heartland Alliance, to adapt its training tools for this project. The training programme was shared with the Institute of Public Health, Obafemi Awolowo University, Ile-Ife for approval and award of the CPD points for trained doctors.

3.2 Certification of training for CPD: NHVMAS has longtime partnership with Institute of Public Health, Obafemi Awolowo University, Ile-Ife on the ethics training which are certificated by the Nigerian Medical and Dental Council of Nigeria for the award of CPD points. NHVMAS through this existing partnership with IPH, obtained the award of 10 CPD points for the training. The CPD was an incentive for the senior cadres of the doctors in the institution to participate. However, the challenge was inability to secure CPD for other cadres of health care providers trained as IPH is certified to award CPD for doctors only.

3.3 Training methods: The workshop adopted adult learning approach. This included dictctic lectures, PowerPoint presentations, brainstorming sessions, experience sharing, group discussions, and case studies. Group work sessions were structured into the programme to enable participants reflect, brainstorm and discuss about their experiences with standard of practice in HIV prevention and treatment services. Opportunities to ask multiple questions were also provided to help clarify ethical dilemmas and misconceptions. The participants also brainstormed on how to change the paradigm of practice in HIV services delivery thereby meeting the required standard of medical practice.

3.4 Location of training: The first training took place in Bassa Cottage Hospital of Plateau State. Conducting the training in the hospital allowed for the local assessment of the current practice and facilitated team building as different cadres of health care providers came together and were trained as a team.

3.5 Profile of the facilitators: Trainers included NHVMAS staff and resource person from Heartland Alliance one of her key NHVMAS partners working with MARPs in Nigeria. The resource persons for the training included Durueke Florita of the New HIV Vaccine and Microbcides Advocacy Society, Dr. Godwin Emmanauel of the Heartland Alliance Nigeria and Tokbish Yohannan of the Bish Integrated Services who served as the rappourteur. These are all local resource persons with national and international training experiences. All the facilitators for the project were engaged in the compilation and the development of the training curriculum for the project. The facilitators had technical and leadership support of the chief coordinator for

this project- Dr. Ukpong, who has had tremendous experience in the field of ethics, HIV ethics, training facilitation on HIV and ethics.

3.6 Profile of the trainees: The trainees in Bassa Cottage Hospital and Ogoja General Hospital included doctors, nurses, pharmacists, medical laboratory scientists, medical record officers, hospital board secretary, HIV support group members as well as representatives from the State Hospital Management Board and the Plateau State AIDS Control Agency. For this project 36 health care workers were trained. This is 20% more than the proposed number of trainees for this project.

CONTENT AND PROGRESS OF THE TRAINING:

4.1 TRAINING CURRICULUM

4.1.a. History and evolution of research ethics - The session aimed at familiarizing the participants with key issues involved in international research ethics and equipped them with skills to be able to apply the knowledge to conduct of clinical services and researches in their institution.

4.1.b. Ethics Principles and its application - The session assisted participants to understand the three basic ethical principles and the practical application in the delivery of health care services. Three ethical principles discussed include: respect for autonomy, distributive justice, beneficence and non-maleficence. **Respect for autonomy:** This is based on informed patient choice. **Distributive justice:** The principle of distributive justice implies that medical care should be equitably accessible to all persons who needs it irrespective of gender, age , socioeconomic status, race, religion, tribe or sexual orientation.. **Beneficence and non-maleficence:** The principle of beneficience and nonmaleficience acknowledges that the welfare of the patient is central to care and health care providers must work to ensure services maximized patient benefits and minimizes harm.

4.1.c. Confidentiality in clinical practices -The session discussed the basic concept and importance of confidentiality in clinical services and research. Emphasis was made that Personal information received during the clinical care and research are priviledged information and it is the responsibility of the HCW/researcher to ensure that such information should not be found in the public domain.

4.1.d. Ethics and the principle of autonomy in medical practice –Informed consent: The session assisted participants to understand the informed consent process and the procedure for obtaining informed consent. The informed consent process allows for respect for persons and respect for autonomy.This can only happen when the participants are given full information of the research, intervention or treatment including the benefit and the risks involved. Participation in research based on therapuetic misconception is however, not acceptable.

4.1.e. Human sexuality and sexual behaviours - The session discussed sexuality as a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Human sexuality was extensively discussed, and participants were assisted to understand the basic sexuality concepts-intersex, transgender, transitioning, heterosexuality, homosexuality, bisexual and different forms of sexual behaviours including anal sex.

4.1.f. Stigma, prejudice and discrimination- The participants were led through interactive session to understand the following terminologies -stigma, prejudice, discrimination and stereotypes. Stigma develops because of many factors, but it is often influenced by the values and beliefs of an individual or group. Participants brainstormed the various forms of stigmatizations- External and internal stigma and its associated signs; these include: avoidance, rejection, moral judgment, stigma by association, gossips, and unwillingness to employ, abuse

and victimization among others. The ill effect of stigma and discrimination on key population access to health services was extensively discussed.

4.1.g. The Importance and roles of community and CSO in health care service delivery- The session focused on assisting the participants to understand the place and relevance of community engagement in research and HIV care and the challenges of community in research process. Researchers and sponsors should consult the communities through a transparent and meaningful participatory process so as to ensure research is relevant to the affected communties.

4.1.h. Ethics of HIV service delivery for key population: creating enabling environment -The session assisted participants to understand the role and responsibility of the HCW in providing services to key populations most affected by the HIV epidemic. The key populations-MSM, FSW and PWID form bridge population as they are constantly interacting with the general populations thereby transmitting HIV infections across populations. Some HCWs are seen as unfriendly and judgmental towards key vulnerable populations and this impact negatively on their access to treatment. Healthcare providers have an important role to play in addressing HIV and other health issues among MARPs communities in Nigeria because of their critical roles as entry points to necessary health services and influencers for effective HIV prevention, treatment, care and support.

4.1.i. Addressing the reproductive health needs of PLHIV, Women, and adolescents –The session discussed the sexual reproductive health needs of the PLHIV, women and adolescents. There is evidence of high levels of unintended pregnancies among HIV+ women, ranging from 51-91%. Again, like all women, HIV+ women have a right to determine timing and spacing of their children. However, Family Planning interventions have been underutilized in the fight against HIV. Interventions linking Family Planning and HIV services were generally considered feasible and effective.

4.2 TRAINING IMPLEMENTATION

The training was designed as an institution based non residential training that span for three days. The first training was implemented in Bassa Cottage Hospital Plateau State from the 21st of July to 23rd of July 2014. The second training was conducted in Ogoja General Hospital Cross River State from the 11th to 13th of August 2014.

The Bassa Cottage Hospital workshop evaluation showed that participants' knowledge of ethics of research and clinical services improved significantly (mean pretest score=49.0%; mean posttest score=70.0%; p value=0.0001). All the participants (100.0%) noted that the workshop addressed the set objectives. Similarly, in Ogoja General Hospital the evaluation of the workshop showed that participants' knowledge of ethics of research and clinical services improved significantly (mean pretest score=52.0%, mean posttest score=62.0%, p value=0.0002). All the participants adjudged that workshop objectives were met. The quality of the training and training materials were rated high.

PROJECT EVALUATION

The training of health care providers in Ogoja General Hospital and Bassa Cottage Hospital was designed to build the capacity of health workers to provide HIV prevention and treatment services in an ethical manner to PLHIV and key populations. For this training, the evaluation was conducted at two levels:

Level 1: Follow up of the trainees via telephone calls: NHVMAS did follow up with the trainees via telephone calls. The 36 trained care providers in the two health facilities were interviewed on the use of skills and knowledge acquired from the training using structured questionnaire.

Participation in Ethics training: On telephone call, all the trainees could remember and affirm their participation in three days training on ethics of HIV service delivery for PLHIV and key populations.

Provision of official report or feedback: In Bassa Cottage Hosptial the trainees did not put up a formal report of the training and so did not share the training report with the hospital management. However, they had informal discussions with colleagues about the training. NHVMAS formally shared the reports of the training with the Hospital Management Board and the State Agency for the Control of AIDS. In Ogoja General Hospital, a formal report was developed but yet to be submitted to the hospital Management.

Relevant of the training to the work in the health facility: All the trainees affirmed that the training was very relevant to the work they do and has impacted positively on the activities of the facility. In the words of trainees:

> *Training impacted higher level of knowledge on ethical issues that helps all other areas of my work. Health workers are more accommodating in providing services and PLHIV feel better and more comfortable to visit the facility and share their health challenges.*
>
> *Ethical knowledge has helped us to understand how to tolerate our clients better and also understand the right of clients to be treated appropriately. The healthcare providers before now do not have ethical understanding in the hospital and through the training we have been able to understand how to handle patients' rights. The training helped me improve the counseling my client without being judgmental and keeps the entire information secret.*

Changes that have occurred in the facility as a result of training: *Attitude of health care providers to clients: Attitude is better so much that even staff correct themselves on attitudinal error now. Staff have been responsive especially as we came back and shared about the training to other colleagues. Attitude has improved and helped us to recognize the importance of our job. No more negative attitude in the facility.*

Level of courtesy: *No more judgmental errors. We listen better now and have developed good rapport rather than being judgmental. We are better informed and more courteous. On the*

average there is an improvement on courtesy by staff. It is important to note that only 20% of the staff had the training and we have a bulk of other staff not exposed to the training and therefore a facility level change will require trainees to step down what we have learnt to other staff not exposed to the training. On the average there is an improvement on courtesy by staff.

Level of privacy*: It is very okay within the consulting room but in the wards we still have challenges. But then we are courteous of patients' decision or consent. We have always recognized the need for privacy and don't take it lightly.*

Stigmatization of PLHIV and MARPs: *As a matter of fact, stigmatization of PLHIV will no longer be in our facility in a few years. No more stigmatization as we use the same colour of folders and no more segregation. Stigmatization has declined very much. No more stigmatization in our facility, except clients stigmatizes themselves. Now stigma has been eliminated to quite a high level. For example, we don't discriminate in the use of gloves as we do the same thing with every patient irrespective of the kind of ailment.*

Challenges with application of skills and knowledge from the training: *Giving out information to clients that are dependent is a bit challenging as we have to convince them to give consent. And especially when it has to do with result that they may not be able to handle themselves. Provision of materials and low man-power; there are no formal guidelines for the informed consent, we only improvise.*

Suggestions for future trainings: *Trainings should be regular and more Health Workers should participate in future training.*

Other comments: *The withdrawal of PEPFAR is a huge issue that should be properly looked in to. Training has really gone a long way as clients are more comfortable presenting for treatment and care so expanding training will bring about more effectiveness.*

Level 2: Community evaluation: NHVMAS conducted community level assessment of the satisfaction with the quality of care in the Bassa Cottage Hospital and the Ogoja General Hospital using the mystery clients' survey. The mystery clients were community persons including PLHIV. The mystery clients accessed HCT, PMTCT and ART services at the facility. A formal assessment tool was developed for this assessment.

The baseline data obtained at the inception of the project showed clients perceived healthcare workers showed stigma and discrimination among PLHIV and the community find it difficult to access services because of fear of being stigmatized.

In this evaluation the mystery clients expressed satisfaction with the attitude of the health care providers to PLHIV. The level of courtesy from the providers was also rated high in both facilities. However one client who visited the Bassa Cottage Hospital was still not satisfied with the level of courtesy accorded PLHIV.

The level of privacy provided to clients in Ogoja General Hospital was high but this was still rated low in Bassa Cottage Hospital. This was one of the structural challenges identified and yet to be addressed by the hospital management. However the level of engagement, discussion and communication between healthcare workers and clients had improved. Clients' engagement in decision about their health had also improved- clients were able to talk and ask questions during consultations. See Table 1 below.

It is apparent that the project had made some visible impact on the quality of services delivery for PLHIV especially with respect to improving the attitude of the care givers to the clients: less judgdement and stigmatizing of PLHIV. Observing the basic ethical tenets governing patients care – respect for autonomy, request for consent, confidentiality and privacy of clients – by healthcare workers could improve through simple effective training.

CONCLUSION:

- NHVMAS is building a systematically designed capacity building programme for health care providers to facilitate ethical standard in delivery of HIV care and treatment services to clients specifically the PLHIV and MARPs. This is a long term plan of the organizations to reach out to key HIV prevention and treatment centers in Nigeria with trainings on ethics of HIV services delivery.
- Health care providers are really enthusiastic about ethics training, given that training is pervasive and most of the care givers had their professional training when the HIV management was not in the training curriculum and by professional; engagement they are expected to meet the need of PLHIV. While training on clinical management is paramount, ethical issues must be integrated in such training to have a holistic outcome in HIV treatment.

FINANCIAL REPORT: NHVMAS received from AIDS Healthcare Foundation USA the sum of $10,000 for the project implementation. For this project, it has expended $10,550. See attached financial report.

ANNEXES: PARTICIPANT LISTS

Participant list for training in Bassa Cottage Hospital

S/N	NAMES	AFFILIATION	E-MAIL ADDRESS	GSM No	DESIGNATION
1	Dr.Nden Julfa Jude	Bassa cottage Hosptial	ndenj@yahoo.com njulfa@gmail.com	08036492055	Medical Officer
2	Helen Lohji Gagara	Bassa cottage Hosptial		08036360929	Nurse (Maternity)
3	Pricillia K. Mang	Bassa cottage Hosptial		07032641194	Nurse/support group
4.	Aku Agun	Bassa cottage Hosptial		08178327781	Support group
5.	Abigail Daniel	Bassa cottage Hosptial		08163909131	Record Officer
6.	Helen Titus	Bassa cottage Hosptial		08064168098	Record Officer
7.	Patricia Parlong	Bassa cottage Hosptial		08034528145	Nurse (DOT)
8.	Stephen Dauda	Bassa cottage Hosptial		08021275116	Nurse (HCT)
9.	Maisajo David	Bassa cottage Hosptial	maisajodavid@yahoo.com	08039733932	DNS
10	Tokbish Yohanna	Bish Integrated Services	tokbishy1@yahoo.com	08036788777	Executive Director
11.	Lucy J. Maimoko	Bassa cottage Hosptial		08036071652	H/Sec
12.	Samuel M.Gayiye	Bassa cottage Hosptial	Selekim126@gmail.com	08036513816	Pharmacist
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14	Victoria Badung	Bassa cottage		08036925310	Nurse (ANC)

		Hosptial			
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18	James Emmanuel Nyam	BIS		07067804665	Project officer
19	Dr. Emmanuael Godwin	HeartLand Alliance	gemmanuel@heartlandalliance.org	08035669662	Deputy Chief of Party
20	Durueke Florita	NHVMAS	chichiflorita@yahoo.com	08056445676	Program Manager
21	Dr. Jacob Kassem	Bassa cottage Hosptial	drjakobkassem@gmail.com	08072395494	Medical Suprintendant
22	Angwo Martins				Medical LAB

Participant list for training in Ogoja General Hospital

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11.	Ellah Catherine I	M	G.H.Ogoja	CNS		08076026076
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