



**MCAP**

# Pilot Care and Treatment Program Implementation

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Dar es Salaam, Tanzania

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ICAP Staff Meeting

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# Discussion topics

- Role of Columbia University in Tanzania
- Background of national M&E guidelines / SOP
- Standardized data collection forms
- Muhimbili pilot
  - methodology
  - results / lessons learned
  - conclusions / recommendations
- Next steps

# CU role

Actively supporting Muhimbili National Hospital as the facility scales up the delivery of HIV Care and Treatment

# National pilot

- Initiated by Ministry of Health\*
- Designed to inform national scale-up
- Aim to initiate 1,300 patients on ART

\* in collaboration with CDC/Tanzania, Columbia University, Elizabeth Glazer Pediatric AIDS Foundation (EGPAF), and Harvard SPH

# Background

MOH / NACP developed strategy for national roll out of HIV care that required:

- standardized training
- site accreditation
- establishment of drug supply mechanisms

# Background

## National AIDS Control Program developed:

- M&E Guidelines for Care and Treatment (Sep '00)
  - HIV/AIDS health care worker training (Sep '04)
  - Draft M&E framework (Oct '04)
  - SOP for HIV/AIDS care and treatment (Nov '04)
- *NACP Technical Working Group currently planning to develop a computerized national patient tracking system for ART sites*

# Pilot methodology

- Initiated ART in small OPC
- Patient records, forms & MS Access database
- Required monthly data quality checks
- Completed semi-structured interviews with:
  - clients
  - health providers
  - data management personnel

# Routine data collection

outpatient record focuses on clinical care:

- physical examination, including weight
- laboratory monitoring of CD4+ (@ 6 months)
- reporting of drug toxicity/reason for change
- prevention and treatment of OIs
- ART counseling & adherence

# Pilot timeframe

- July 2004
  - pilot ART & data entry initiation
- October 2004
  - data quality checking & tabulation
- November 2004
  - data analysis, report dissemination
- December 2004
  - planning scale-up
  - HMIS templates developed

# Patient enrollment

	20 July - 30 Sept 04	20 July - 30 Dec 04
<i>Total Care and Treatment</i>	1,286	1,897
<i>initiated ART</i>	881	1,114

# Enrollment by gender

	Females		Males	
	(0-14 yr)	(15+ yr)	(0-14 yr)	(15+ yr)
<i>Care and Treatment initiated</i>	109	1119	135	534
<i>ART</i>	49	661	62	342

20 July - 30 Dec 04

# Benefits of computer-based records

- Review patients due for visit *weekly*
- Extract information for NACP & donor reporting requirements *monthly*
- Review patient progress and drugs quarterly
- Basis for data entry screens for HMIS

# Challenges

- Some changes to system were challenging
  - consensus on essential patient information
  - MS Access database creation & **maintenance**
  - electronic data entry of drug regimes
- Other changes simpler
  - patient records transcribed to NACP  
standardized patient record & reporting form

# Conclusion

- Rapid enrollment can occur over a short time period
- MNH is ready to expand anti-retroviral therapy services, as soon as the drug supply is secure
- Pilot findings and lessons learned used in national decision-making for HIV care scale-up

# Recommendations

- Refinement of patient monitoring activities should continue
- Monitoring activities should be implemented throughout the facility with a HMIS
- Referral mechanism to municipal clinics should be strengthened to enhance patient follow-up for evaluation of ART adherence

# Special assessments

- Patient flow analysis
  - review procedure changes at outpatient complex
  - estimate patient caseload / provider ratio
- Community level surveys\*
  - Patient follow-up & ART adherence

\* May be completed as part of National AIDS Control Program needs assessment

# Next steps

- CU will contribute to joint decision-making to optimize personnel use, space utilization, and patient flow at the new outpatient complex and ART Clinic
- Piloting hospital-wide HMIS
- MNH departments are working to enhance linkages *within* the hospital, including the PMTCT Clinic training
- Home-based care nurses will be trained to ensure **patient follow-up** at the three Dar Municipal Clinics

# asante sana

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