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Track E: Implementation Science, Health Systems and Economics

E14 Effect of training, mentoring, and supervision on HIV processes and outcomes

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Title : Scaling up collaborative TB/HIV activities in EGPAF supported HIV/AIDS facilities: the Tanzania experience.

Background: Given the strong association between TB and HIV in which almost 30% of HIV/AIDS patients are co-infected, efforts to control these epidemics should be well coordinated. EGPAF through PEPFAR support has been supporting the Tanzania Ministry Of Health and Social Welfare (MOHSW) to strengthen TB/HIV services in five regions of Tanzania since 2008.

Methods: EGPAF sensitized District Health Management teams, hospital management teams, and service providers on TB/HIV integration services in supported districts; performed on-the-job and classroom training of 260 service providers using the national TB/HIV management curriculum and post-training follow-up, on-site mentorship, supply of TB screening tools and other registers and on-going supportive supervision. Subsequently, trainees were supervised through joint supportive supervision by MOHSW and EGPAF staff on filing in of TB screening tools, longitudinal follow-up of TB/HIV patients, monitoring of registers, and ensuring functional referral systems within and between facilities.

Results: From September 2008 to September 2011, routine quarterly reports submitted to EGPAF by sub-grantees indicated that after the interventions and training of 260 service providers; there has been an observed improvement in proper completion of screening tools as revealed by increased proportion of patients screened (46% in 2008 to 90% 2011. Supported facilities performing collaborative TB/HIV activities increased from 48/138 (30%) to 165/165 (100%). The percentage of HIV-positive patients screened quarterly for TB increased from 46% to 90%. The number of patients with TB/HIV co-infection treated for TB increased from 2% (n=1270) to 5% (n=2830).

Conclusion: Collaboration between stakeholders and development partners on interventions such as training, joint sensitization meetings, supportive supervision visits, and consistent supply of M&E recording tools to facilities, were associated with increases in the proportion of patients screened for TB and those co-infected with TB and HIV identified and treated. The MOHSW should consider additional evaluations, and potentially rolling out this set of interventions on a broader scale.