

HIM Graduate Student Visits Tanzania

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I was fortunate to be able to participate in the St. Scholastica service-learning experience this past July in Tanzania. During the trip, I spent time at a rural dispensary run by the Benedictine Sisters of St. Agnes and worked closely with Sister Marislawa, who runs a community-based program called the Chipole Development Program (CDP). CDP serves HIV/AIDS patients, orphans, the elderly, and vulnerable children and their caregivers.

Since my Final Applied Project (FAP) focused on developing a data collection model for encounters with traditional healers, I was particularly interested to see how a rural dispensary manages health records. For patient records, they use chronological log books to track visits. They record each patient's name, age, date of birth (or estimate), clinical diagnosis, and treatment, which usually means medication dispensed.

The system works well enough for limited tracking and reporting, but there is still much room for improvement, even considering their environment and infrastructure limitations. The handwriting in the log books is small in order to include all the relevant notes into the given line and, even then, not everything is recorded. The space to record expenses is usually taken up by the clinical issues, so there is no column to readily note this.

The patients arrive at the dispensary with little paper "records" which are about 6" x 6" and wrinkled and torn. These papers contain handwritten notes from previous visits, so they sort of contain a history - at least one that goes back as far as the current card. The patient-held records only seem to serve the purpose of eliminating the need for the provider to have to scan through the previous log notations to determine previous visits, which is a timesaver. But then the provider has to update the log book and the patient-held record with the current visit information, so maybe this is not a true timesaver.

I would rate the system as fair (by our standards), simply because they actually have something in place even though it provides minimal information.

I showed Sister Marislawa the database I had developed for my FAP and was excited to learn that a modified version could be useful to them. In addition to history, it could help them track inventory and expenses, which is basically nonexistent, at least at a truly functional, realistic level.

For the past two years, the community has had reliable electricity due to a new dam. They also have computers on-site loaded with Microsoft's suite of products, and one computer has internet access that they use for e-mail... only e-mail... nothing else. I taught them about the Internet and how they can readily research information. It was one of the highlights of the trip for me to see the shock, and then awareness dawn regarding what this could mean in terms of opportunity.

This type of facility would benefit from an electronic system which would help them with planning and funding activities, and in managing their money. They would have easily accessible, quantitative documentation of patients seen, diagnoses and complaints, treatments, medications dispensed, and associated demographics (gender, age, village/region). While the expectations of an electronic system would be different from ours, the needs are the same no matter the environment in terms of having patient history and mining data.

My top follow-up priority is to help them obtain a wireless system to broaden their Internet access to more than one computer. From researching my FAP, I learned of several organizations working on power and general ICT solutions for the developing world. I have made significant progress with one of them in terms of a technical solution for a wireless system that would not only connect the computers in the office/convent, but expand the scope to the dispensary (providing access to knowledge bases) and the schools (primary, secondary, trade). The next step - funding - will be even more challenging.

Other projects include identifying additional funding sources, developing a Web site (www.chipolestagnes.org), improving computer literacy, and introducing an electronic database to track patient encounters. It is challenging but exciting too, considering all the technological improvements that can offer so much opportunity.

