

## Why choose PAMA ?

PAMA is an adaptable, flexible and friendly user.

PAMA is a free tool proposed to health facilities and program managers

### DESCRIPTION

TC+NV	Zidovudine/Lamivudine/Nevirapine[60/30/50mg]
TC+3TC+NV	Zidovudine/Lamivudine/Nevirapine[300/150/200mg]
CAL-FOL	Calcium Folinique[15mg]
CLINDA	Clindamycine[150mg]
COTRIM	Cotrimoxazole[240mg]
COTRIM	Cotrimoxazole[120mg]
COTRIM	Cotrimoxazole[480mg]
COTRIM	Cotrimoxazole[960mg]
Didanosine[250mg]	
Didanosine[400mg]	

Statistic Report generate for FEB

N#	REPORT NAME	DESCRIPTION
1	MONTHLY STATISTICS ON PATIENTS ON ARV BY AGE GROUP	Configuration and user access management
2	MONTHLY DATA COLLECTION FORM FOR VOLUNTARY COUNSELING AND TESTING	
3	FOLLOW-UP OF ARV DRUGS FOR OPPORTUNISTIC INFECTION AND KITS TEST	Add new patient, stock, partner, child;
	MONTHLY STATISTICS ON GLOBAL MANAGEMENT OF PLWHIV	
	MONTHLY REPORTING FORM, FAMILY MEMBER LINKAGE AND HIV TESTING	

  

Appointments and follow up

Appointment execution, tracking patients' status, family linkage, ...

  

ARVs stock Management

Stock monitoring and automatic alerts

  

Reporting

ART pr...

  

INFORMATION Admin

CODE

ENDER

NUMBER OF CHILDREN

PHONE NUMBER

  

PENDING INFORMATIONS

Regimen Line (\*)

Select The Regimen line

Most Recent Visit (\*)

mm/dd/yyyy

  

ST APPOINTMENT INITIATION

Y/N)? Regimen

Select 1st Drug (obligato...

Select 2nd Drug (If Appl...

Select 3rd Drug (If Appl...

NB Packets

What is the HIV status of your spouse/partner?

Have you been counselled for Testing of your child?

Select the response



PAMA is achieving the sdg's monitoring progress inform policy and ensuring accountability in the health sectors

## Contacts

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# PAMA

## Patients Management Application



An integrated and innovative solution for electronic data collection and patients management at facility level



PAMA designed by R4D International  
Yaounde, Cameroun

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**PAMA** : a project based on a situational analysis of health programs management, in particular HIV/AIDS programs in Africa. The weaknesses observed are as follows:

**1- Long waiting times** for HIV/AIDS patients in treatment centres due to poor appointment scheduling of ARV drugs refill. This leads to patients discouragement, poor adherence to treatment and a high rate of loss to follow-up.

**2- Ineffective follow-up of patients** on ARVs due to lack of information on each patients' status. It is cumbersome for treatment centres to identify patients who are active, lost to follow-up, deceased, transferred or in transit.

**3- Lack of information on the HIV status** of patients' family relatives: little information on partners and children' HIV status. This constitutes a significant setback to family centred approach in HIV care, as well as an effective management of sero-discordant couples.

**4- Lack of information on the active file of patients on ARVs** due to the absence of a consolidated ART database at sites level in the country. This leads to poor quantification of ARVs and other commodities, resulting to treatment interruption in the field.

**5- Ineffective follow-up of pregnant women in antenatal consultations (ANC) and children in immunization services (EPI).** This is due to the lack of an operational tracking system for these targets. This leads to a high rate of loss to follow-up in ANC, PMTCT, and EPI services

#### **6- Poor management of ARVs in treatment centres.**

This is due to the inadequate management of inventory tools (stock cards, registers, etc.) at pharmacy level. This leads to artificial stock outs of drugs , poor management and traceability of ARVs and other commodities.

#### **7- Poor data quality and inaccurate health information's reporting system.**

This is due to manual data collection and a poorly performing reporting system. This results leads to the unavailability of quality strategic information hindering decision-making at all levels..

The weaknesses listed above have a negative impact on the quality of HIV, maternal and child health services provided by health at facilities. On another hand, this altered the quality of the strategic information available for decision-making at all levels. PAMA was designed to address these gap.

PAMA: An innovative tool aiming at:

- Improving the quality of health care services offered to patients both at health facilities and community level.
- Improving the quality of health and logistics information for effective decision -making at all levels.

**PAMA** : An effective solution for health facilities and program managers. It is intended to electronically capture the key processes of health programs (HIV, tuberculosis, malaria, ANC, EPI, etc.) at health facilities level; in order to :

- Schedule appointments for patients on ARVs, pregnant women in ANC, children in EPI services;
- Follow-up patients on ARV, pregnant women in ANC, children in EPI services and this in order to inform about each patients' status (active, lost to follow-up, deceased, transferred ...) in various health programs eg: HIV, EPI, PMTCT ...);
- Remind patients's appointments and prompt community follow-up of patients lost to follow-up: PAMA is programmed to send automatic SMS to HIV, TB patients, pregnant women in ANC and parents of children in EPI;
- Update of the active file of patients on ARV, TB treatment, the number of pregnant women in ANC and children in EPI in a country: via internet, health facilities can be linked and program managers at all levels can access health and logistics information in real time.
- Family linkage : PAMA does family linkage by identifying partners and children of patients HIV care and this in order to enable family-centred approach in HIV care.
- Manage ARV stocks and other commodities : PAMA monitors stocks (in and out) at pharmacy level with an integrated alarm system to monitor the security stock.
- Automatically produce monthly activities reports of sites : PAMA is programmed to produce in one click sites statistical reports. Hence, improving the quality and the availability of accurate health and logistics information for decision-making.



**ANC:** Antenatal care

**EPI:** Expanded Program on Immunization

**HIV:** Human Immunodeficiency Virus

**PMTCT:** Prevention of Mother-to-Child Transmission

**ARV:** Antiretroviral