



MEDICALLY ASSISTED THERAPY (METHADONE) MONTHLY PATIENT SUMMARY REPORT

FORM P8

County..... Nairobi Sub-County..... Starehe Site/ Facility..... Mathari National TRH
 Date (dd/mm/yyyy)..... 30/11/2016 Time..... 2.23pm MFL Code..... 13076
 Implementing partner..... MoH/UMB

| | | | |
|----------------|--|-------------------------------------|-----|
| Facility Name | County | | |
| | | | |
| Report Period: | Beginning: 01/11/2016 (Day/month/year) | Ending: 30/11/2016 (Day/month/year) | 427 |

Clients on methadone Totals:

| Males | | Females | | |
|--|---------------|---------|---------|-------|
| | | New | Revisit | New |
| 0 | 362 | 0 | | 65 |
| Indicator | Male | | Female | Total |
| Number of clients recruited in the current reporting period | 0 | | 0 | 0 |
| Total number of clients ever enrolled on methadone to date | 497 | | 100 | 597 |
| Number of clients who have dropped out in the current reporting period | 8 | | 1 | 9 |
| Number of clients on anti TB medication | 3 | | 0 | 3 |
| Number of clients on ART | First line | | | 51 |
| | Second line | | | |
| Number of clients on 60 – 120mg dose | | | | 237 |
| Number of clients above 120mg dose | | | | 179 |
| Number of clients missing more than 5 consecutive doses | 8 | | 1 | 9 |
| Number of clients Weaned off Methadone | 0 | | 0 | 0 |
| Number of clients discontinued from methadone | Involuntarily | 0 | 0 | 0 |
| | Voluntary | 0 | 0 | 0 |
| Average Dose | Male | Female | Overall | |
| | | | 119mg | |
| | Comments: | | | |

| | | | | |
|----------------------|-------------------|-----------|---------------------|-----------|
| Report submitted by: | Dr Charles Waweru | cmw | 0715238386 | 3/12/2016 |
| | MAT Pharmacist | Signature | Mobile phone number | Date |

| | | | | |
|---------------------|----------------------|-----------|---------------------|-----------|
| Report Reviewed by: | Dr Tracy Njonjo | twn | 0722719780 | 5/12/2016 |
| | Pharmacist in charge | Signature | Mobile phone number | Date |