



## HEALTH CENTRE STAFF REFRESHER TRAINING FOR INTEGRATED HIV/HTN STUDY.



**MAY, 2023**



**Training Date:** 2<sup>nd</sup> May, 2023

**Venue:** Oxford Hotel at Adit Mall.

**Facilitators:** Jane Kabami (PI), Dr. Emmy Okello (Co-PI), Dr. Atukunda Mucunguzi, Dr. Twinamasiko Brian, Arinitwe Elizabeth, Ayebare Michael and Tumusiime Justus.

**Attendees of Training:** Government health centre staffs from Mparo HC IV, Kashambya HC III, Kamukira HC IV, Kamuganguzi HC III, Hamurwa HC IV, Bubare HC III, Ndejja HC III, Mwizi HC III, Rwekubo HCIV, Mbaare HCIII, Buyamba HCIII, Kacheera HCIII, Kaliiro HCIII, Mpumudde HCIII, Ntungamo HCIII, Bwogyera HCIII, Kamwenge HCIII, Rwamwanja HCIII, Kyarushozi HCIII, Nyakwazi HCIII, Mugarama HCIII, Kibale HCIV, Engaju HCIII, Bihanga HCIII

**Number of Trainees:** 29



## LIST OF ACRONYMS AND ABBREVIATIONS

Bp	Blood pressure
BMI	Body mass index
CME	Continuous medical education.
DM	Diabetes mellitus
HIV	Human immune deficiency virus
HTN	Hypertension
HC	Health center
NCD	Non-communicable disease
VHT	Village health team
WHO	World health organization

### 1.0 Training summary

Training and capacity building is one of the components of INTEGRATED HIV/HTN care model. The training and capacity building package is led by Uganda Heart Institute (UHI). The refresher training was held for one day 2<sup>nd</sup> May 2023. A total of 29 health workers of different cadres selected from the participating government health facilities were had a refresher training about hypertension and its management both pharmacological and non-pharmacological, how to complete both the NCD patient care cards and register and also teams shared success stories from facilities that have had many of their patients achieve blood pressure control how they have managed. The training sessions were interactive, the participants had practical sessions on how to fill the NCD patient care card and register.

## 1.1 Expectations

1. Updates on management and treatment of hypertension (HTN)
2. Changes in use of tools.
3. Filling HTN patient forms i.e NCD card.
4. Health education package for HTN and HIV patient and drug interactions.
5. Patient diagnosis with HTN, improvement of BP control.
6. How colleagues manage drug stock out.
7. Non-pharmacological management of HTN.
8. Integration of the tools, NCD register in open MRS.
9. What is working for other facilities as for BP control.
10. New skills and follow up of clients who default.
11. New drugs if available.
12. Support of stocks
13. When the next drug supply would be.
14. Innovation on management on drug stock outs.
15. New ideas on management of hypertension.

## 1.2 Ground rules

- Respect for everyone.
- Silent mode for phones.
- Minimal movements.
- Maximum interaction.

## 1.3 Welcome remarks by the Principal Investigator, MS. Jane Kabami

The Project chair, Ms. Jane Kabami welcomed everyone to the training and thanked the teams for the hard work and efforts that they are putting in to make sure that the study activities are taking place in the different facilities and the patients are getting good services. She mentioned that while the teams were stating their expectations from the training, she noted that some expectations like NCD drug stock outs

and challenge of blood pressure control kept being mentioned by different members and so by the end of this one day training we should come up with ways on how to overcome the above-mentioned challenges. She further mentioned that we are now in year 4 for the study and from the beginning she had shared with the teams that the study would be for 5 years and so it is during this time that we should come out with a sustainable plan so that when the study comes to an end, the patients still get the best care as it has been happening.

She mentioned that at the beginning of the study we had conducted a baseline survey to see how screening was happening and blood pressure control. At baseline patient screening for HTN was <1% most of our patients were going without being screened and last year we did another survey at 24 months and screening for HTN was at >70%, when we started we said that we need to be above 90%, our goal is to have everyone who comes in the ART clinic screened for HTN but so far, the progress is good. She asked for some updates about patient from some health facilities and the responses were as follows;

Bubare HC III has 13 patients with HIV/HTN, 11 have achieved BP control and 2 have not yet achieved BP control, they have managed to achieve this through intensified health education about life style changes and importance of drug adherence mentioned the staff from the facility. Another staff from Ntungamo HCIV sr. Oliver said that they have enrolled 100 patients and 55 have achieved BP control and the rest are newly diagnosed. One of the challenges that staff from Kibale HCIV are facing according to Sr. Viola are the herbalists who give the patients herbs that they heal the hypertension, patients walking long distances to the facilities but the staff have managed to follow patients via phone calls and home visits since the study had provided some funds to facility them.

Jane shared with us that at baseline the BP control was at <13% but now it is at 56% but we need to do more in this area to have patients achieve BP control. She mentioned that one of the reasons that we were here today is to discuss how to have our individual patients achieve BP control. She urged the teams to pick the best lessons that other facilities have used to make their patients achieve BP controls. The drug stocks remain a challenge but we shall plan for the drugs that we have and have been supplying to the facilities so that our patients get them. She thanked everyone once again for the good work that they are doing to save patients' lives.

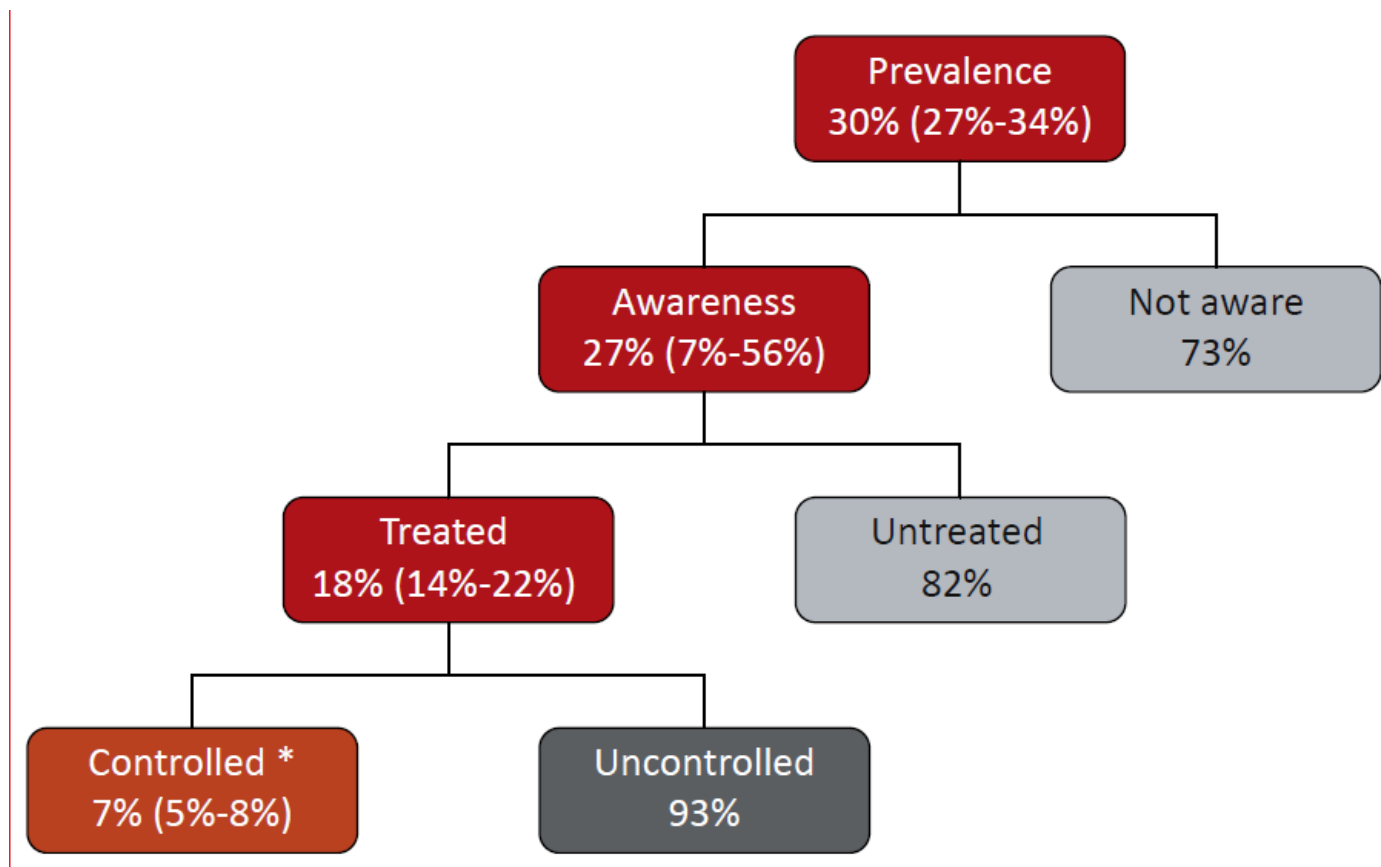
#### 1.4 presentation about hypertension by Dr. Emmy Okello

This topic was covered under different sub topics such as:

- Epidemiology of Hypertension
- Definition of hypertension
- Pathophysiology of Hypertension
- Principles of Management of Hypertension

He used different methods of teaching such as power point presentation, discussions, question and answer and also practical exercises of how to take BP measurements, weight, calculation of the BMI.

#### Prevalence, awareness, treatment and control of hypertension in Africa



During the presentation, Dr. Emmy shared the above diagram that shows the percentage of the population who are aware about their hypertension status and said that at the start of

this study very few people knew about their hypertension status but now most of our patients in the HIV clinics are now aware of their hypertension status because of the constant screening that we are doing. During his presentation, the participants had questions that they asked and he was able to respond. Below is a table showing a summary of the questions and responses.

S/N	Question	Response
1	Patients whose BP like systolic is so high 185 and the diastolic is like normal, how do we classify them?	Isolated systolic hypertension and they respond best to long acting calcium channel blockers.
2	A patient with BP of 60/50, low BP. how do you manage these patients?	This is dangerous. Many patients living with HIV for a long time, their blood vessels don't constrict well. Stop pressure drugs, give salty soup, black tea and also check if patients are taking other drugs like food supplements.
3	Patient is hypertensive but achieves BP control, should they be put on drug holiday?	70% of these patients need to stay on drugs for a long time. Some patients put themselves on drug holiday and when they come to hospital, their BPs are high. If the BP gets to normal, the dosages may be reduced and you keep in touch with the patient
4	There is a client when he comes to the hospital for check ups his BP is high but when he is out of hospital his BP is normal, what could be the problem?	He could be experiencing the white coat syndrome. In such a case the patient can have his BP measured and monitored from home.
5	Honey and crystal sugar, which one is better to take?	Honey is better
6	Do we capture lifestyle changes on the NCD card	Yes, these are captured on the NCD cards.

### **1.5 presentation about the data collection tools: CD patient card and register by Dr. Brian and Michael**

The team was taken through how to complete the NCD care card and register practically. It was also shared that all fields on the cards are important and should be filled completely. Dr. Brian informed clinicians that lifestyle and dietary modification is a mode of treatment for HTN and so if a patient is being managed on this non-pharmacological method and so it can be indicated on the patients' cards as one of the treatments that the patient is being managed on. She further advised the team to harmonize the return dates i.e the return day for refill for the ART should correspond with that for the HTN drug refill such that the patient comes to the clinic on a single day for review.

### **1.6 presentation about weekly reporting by Mr. Ayebare Michael**

Michael informed the participants that they have been some additional indicators in the weekly reporting tools that we have using to share our facility weekly reports. The additional indicators include "number of HIV/HTN patients transferred out", "number of HIV/HTN patients seen this week" and "number of HIV/HTN patients dead" the new weekly reporting we be shared with the facilities so that we can keep submitting our weekly report.

### **1.7 presentation about HTN drug stocks by Dr. Mucuguzi Atukunda**

Dr. Mucuguzi shared with us that he had a small budget for drugs that he will use to purchase HTN medication and have it delivered to the health centers. He encouraged the teams to strengthen the patient clubs that have been formed and urged the facilities that have not formed clubs yet to encourage patients to come together and form the self-help groups.

Dr. Mucuguzi mentioned that we collect a lot of data and it is hidden in the papers but we have not reported it to the district heads. He said that we need to enter the HIV/HTN patients into the OPD register since it's the major register that is used for reporting.

He thanked everyone for the good and closed off the training.





