

# Using Clinical Mentorship To Strengthen NCD Capacity of Healthcare Workers In South Africa

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# The Big Picture



## 3.4

By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

### NCD Global Monitoring Framework



# HealthRise

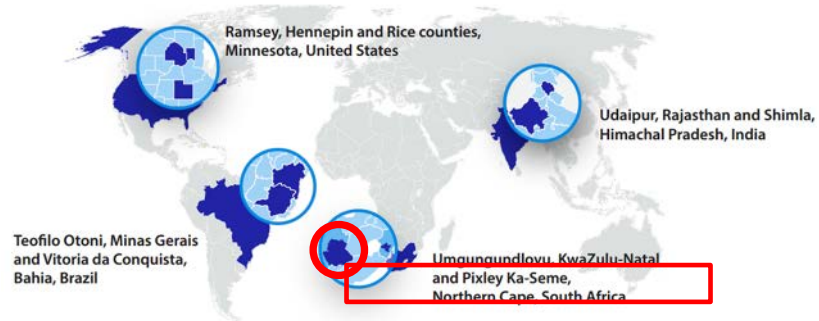
5 Year, 4 Country Initiative to Improve Hypertension and Diabetes Among Underserved Populations

## GOAL

Contribute to 25% reduction in premature mortality associated with hypertension/CVD and diabetes among underserved populations.

## OBJECTIVES

- Increase screening and diagnosis (detection)
- Increase management and control of CVD and diabetes (improved clinical outcomes)

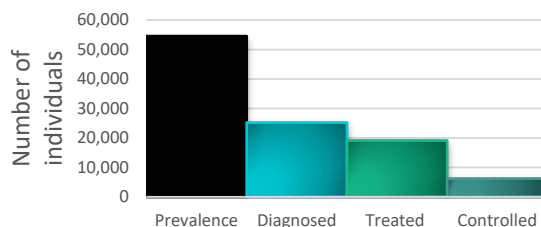


# HealthRise in Pixley Ka Seme, Northern Cape

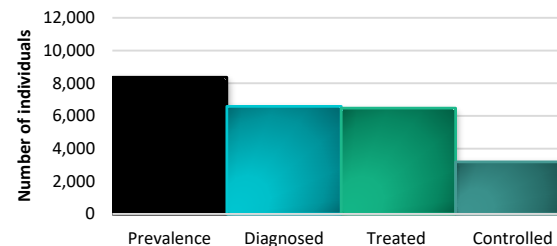


Population for 25y +  
Prevalence estimates were <sup>3</sup>  
HTN 49% and T2DM 8%

Hypertension-Pixley ka Seme



Diabetes- Pixley ka Seme

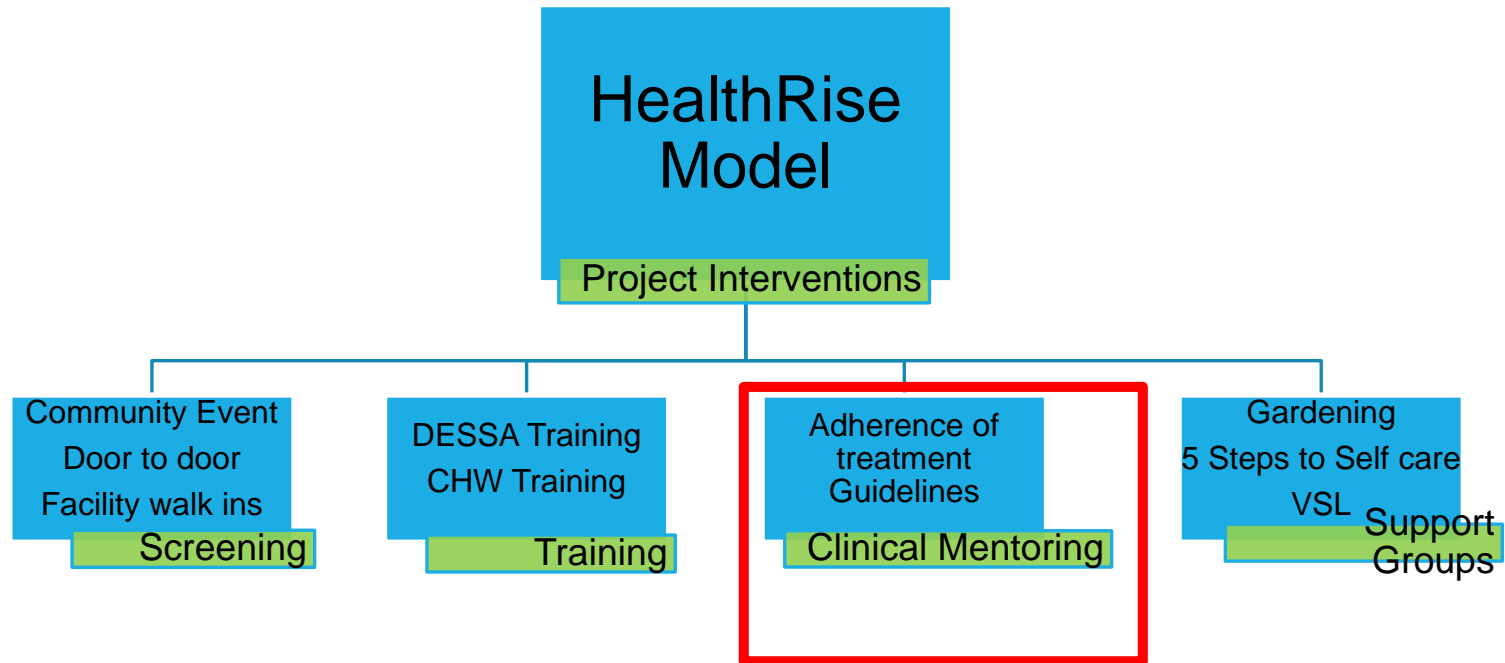


## Program Approach

Strengthen community-based services and primary care by training frontline providers and leveraging other health platforms for co-morbidities and efficiency:

- Map patient pathways and identify gaps in care
- Leverage existing HIV/TB platform
- Conduct community health campaigns, mobile screening in community
- Train providers, community care givers and pharmacists, including in home-based care in referral and monitoring for diabetes, hypertension and LDL cholesterol
- Link to Central Chronic Medicine Dispensing and Distribution for patient convenience
- Provide post diagnostic support with nutrition, home visits, referrals
- Engage community support groups, adherence and lifestyle support

# HealthRise Model in Northern Cape

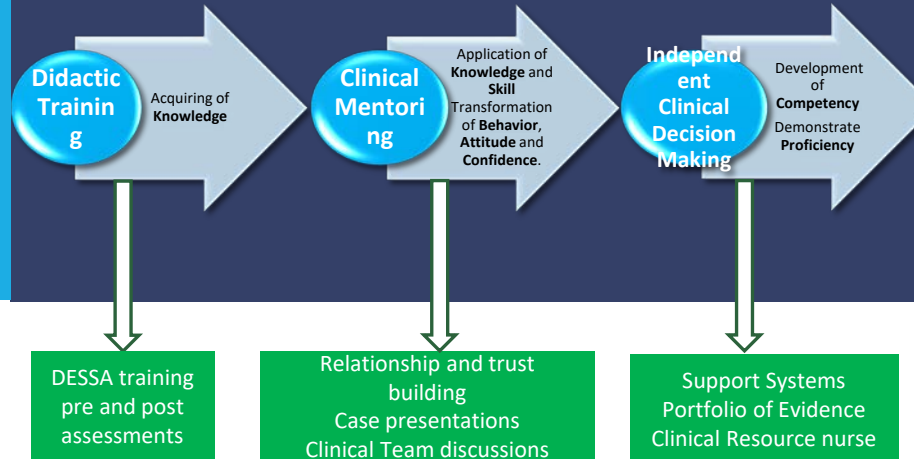


# Clinical Mentoring

## Aims

- To capacitate health care providers in applying updated knowledge and strengthening their problem solving and decision making skill in Diabetes Mellitus and Hypertension care.
- Improve competency and build confidence in delivering quality care.

## Clinical Mentoring Model



## Mentorship Programs/Activities

- Treatment Guidelines APC/PC101
- SEMDSA Guidelines
- Step up approach
- Case Presentations
- Journal clubs

# Significant Improvements in Care

Qualitative interviews with the nurses following **1 year** of the mentoring program suggest:

Timely referral to higher level facilities

Reduction in HbA1c and decrease in hypoglycaemic symptoms

Increased knowledge and skills

Linkage to other services (ophthalmology and podiatry screenings)

Improved collaboration amongst hospital staff

Enabled early detection of complications

Newly diagnosed patients on treatment

# Clinical Mentoring: Lessons Learned

## ESTABLISH SYSTEMS

- Improve frequency for reviewing patients' cases
- Formalize mentorship - goals, roles, structured and systematic approach
- Identify trainings and champions at each facility

## EDUCATE PATIENTS

- Improve level of disease knowledge and education
- Provide individual, group and community-based activities to support patients
- Empower patients to make lifestyle modifications

## PLAN FOR SUSTAINABILITY

- Establish sustainability planning at the onset
- Build community partnerships with various stakeholders



