

## CHO MLTP trainee improves early detection of hypertension at Jenner Wright Clinic in Sierra Leone

According to World Health Organisation (WHO) 2017, hypertension (HTN) deaths in Sierra Leone were estimated at 0.68% (555) of total deaths. Additionally, a study done in West Africa by Awad et. al., 2014 states that the prevalence rates of HTN in the Gambia and Sierra Leone were higher than 40% in males and females, and may be a major contributor to CardioVascular Disease in both countries.



*Zechariah checking the Blood Pressure of one of his patients*

In Sierra Leone, despite high adult prevalence, blood pressure (B.P) is not routinely checked at the Primary Health Care (PHC) level and there is poor documentation of a few B.P measurements conducted due to absence of standardized registers. Zechariah Sandy, a Community Health Officer Management and Training Programme (CHO-MLTP) Project trainee, set out to reverse this alarming situation at the Jenner Wright Clinic, East end of Sierra Leone's capital Freetown, after receiving training on B.P screening and supplied with a B.P machine under the CHO management and leadership program.

eHealth Africa is implementing this project with funds from U.S. Centers for Disease Control and Prevention (CDC).

eHA's role is to provide logistics; technical support during workshops; onsite mentorship and supportive supervision to Community Health Officers.

As part of the fieldwork, CHOs are expected to carry out a project on Quality improvement (QI). The QI aims to address gaps or a specific health challenge. CHO Zachariah employed a quality improvement approach to identify root causes of poor hypertension screening at his facility and developed together with his staff interventions to address that problem. The interventions or change ideas included training of staff on the importance of hypertension screening (including the actual blood pressure measurement), developing a register for proper B.P documentation and creating community awareness.

*“Prior to my enrolment to the CHO MLTP, issues such as data collection and analysis, maintaining documentation were poorly handled by PHU staff. Staff also barely followed their job descriptions. The community being the centre of our service delivery had little awareness on services offered. In most cases, patients access the facility only during emergencies, not for general hypertension screening.”*  
-Zechariah

The quality improvement project by Zechariah has led to a 73% increase in hypertension screening from a baseline of 27% at the facility of which 37 (14%) were identified with elevated B.P ( $\geq 140/90$  mmHg) and are either managed at the facility or referred depending on grade of hypertension and risk category. Furthermore, Zechariah has made recommendations to the MOHS to review and adopt the register developed for proper documentation of HTN across the country, develop a national guideline on hypertension and make basic essential antihypertensive drugs available at the PHC level.

Zechariah made this comment after few months post graduation:

*‘The MLTP has enabled us to coordinate activities more orderly, with a tremendous improvement on our capacity. The Quality improvement project on hypertension has led to an increase in patient flow, more organised structure of patient care, majority of our clients screened for HTN voluntarily come for follow up and also encourage friends and relatives. Overall the project has raised awareness towards improving quality of service delivery and added sense of responsibility among staff in promoting clinic activities.’*

The MLTP project continues to partner with the government of Sierra Leone in order to help address some of the challenges around hypertension by building capacity of healthcare workers.