Report of Advocacy meeting with partners and stakeholders in support of the prevention and management of diabetes and hypertension

On the 19th of May, a stakeholder and partner meeting was held to discuss the implementation of the WDF 16-1368 Project on "Diabetes and Hypertension Education, Prevention, and Management". Participants include the implementing partners, senior managers from the Ministry of Health and Social welfare and staff from the targeted health facilities. After the usual prayers, the session proceeded with a presentation from Awa Sanyang from the NCDs Unit, and the following are the key areas of the presentation:

- Goals and objectives of the project
- Target groups
- Intended project outcome
- Planned activities to reach the objectives
- Indicators to be tracked systematically and
- Roles and responsibilities of implementing partners.



Discussion

The presentation was then followed by open discussion and the following were the key points raised:

- ➤ Mid-term review to be brought forward and conducted as a baseline survey. This will give an inside of the situation before the start of the project.
- Increasing the number of Diabetes and Hypertension clinics from three to six. This will enhanced a wider coverage and even distribution of the clinics as well as increase access for the services. Stakeholders were also given the opportunity to pick implementation sites. The sites selected were Sibanor Minor Health Center, Bundung Maternal Hospital, Bwiam General Hospital, Fajikunda Major Health Centre, Shiekh Zayed Regional Eye Care Centre, and Brikama Major Health Center. These sites are within the project intervention area, Western Health Region I and II.
- Sustainability of the Diabetes and Hypertension clinics after the project period. The Ministry of Health and Social welfare will be engaged to support sustenance of the clinics.



Recommendation

After great debate and discussion the following points were the key recommendations:

- NSGAs Peer Health Drama Troopers should be utilized to reach remote villages to create awareness in the form of drama; and also make short videos that will prostrate key messages on Diabetes and Hypertension.
- implementing an electronic data base at the implementation site (i.e. hospitals, major/minor health centers); this enhanced accurate recording keeping, avoid double registration and as well keep track of new cases, revisits and deaths related to Diabetes and Hypertension.
- ➤ Increasing the number of Diabetes and Hypertension clinics from three to six so as to enhance a wider coverage and even distribution of the clinics as well as increase access for the services.
- ➤ OIC should conduct regular monitoring of the project activities at their facilities; The stakeholders felt that the quarterly monitoring to be conducted by the NCDs unit and partner are

- very few and hence suggested that the Officers In Charge (OIC) to conduct monthly monitoring.

 The results of these monitoring will then be communicated to the NCDs Unit
- ➤ There should be enough machines (BP and Blood Sugar machines) and they should be of high quality, well distributed and regularly serviced.
- Sibanor already has a similar card system and it can be used as an example for the implementation of this project;

