Tackling Non-Communicable Diseases: Task-Shifting Care to Lower-Level Health Facilities in Uganda
The LifeNet Model

Equips health workers in primarily faith-based health facilities with life-saving packages of interventions, including:

• Medical & Management Training
• Equipment & Pharmaceutical Supply
• Ongoing Mentoring, Supportive Supervision & Quality Assurance
Where We Work

LifeNet partners with 164 facilities located in Burundi, Uganda, the DRC, and Malawi.
Non-Communicable Diseases: An Urgent Need

• Stroke & heart disease are among the top 10 causes of death in Uganda

• NCDs cause 27% of total deaths in Uganda

• NCD patients often do not present to a hospital until they are facing life-threatening complications

• Existing methods of care for NCDs lead to deadly bottlenecks for patients

NCDs cause 15 million premature deaths every year. 80% of those deaths occur in low-to-middle-income countries.
A Collaborative Pilot Project

LifeNet partnered with Primary Care International (PCI) & Letshego to pilot a community-based approach to NCDs in the Masaka District of Uganda.
Task-Shifting NCD Care

Doctors currently serve as the primary NCD care providers in Uganda, **but there is only 1 doctor for every 10,000 people in Uganda.**

LifeNet’s NCD Project **task-shifted NCD care**, providing training directly to local health workers in community health centers, where most Ugandans receive care.

The power to solve Uganda’s NCD crisis was placed back into the local hands of equipped health workers in lower-level health facilities.
Stage One: Planning & Stakeholder Building

- Held orientations with Masaka Diocese Health Services
- Conducted stakeholder meetings
- Planned screening processes
- Prepared M&E design
- Selected health facilities for pilot
Stage Two: Screening & Enrolling

• Conducted baseline assessments
• Delivered medical equipment as needed
• Provided health worker trainings
• Held meeting with regional hospital
• 25 screening outreaches held & 96 patients enrolled in care
Stage Three: Continued Implementation

- Integrated NCD screening into other health facility outreach activities
- Enrolled patients who continue care
- Held focus groups to gather patient & health worker feedback
- Conducted ongoing assessments
Stage Four: Pilot Completion & Evaluation

- **Endline assessments conducted** in each facility

- **Enrolled patients** continue receiving care for their NCDs

![Quality Scorecard Results for Overall NCD Care](image-url)
“There has been an improvement in NCD care, treatment regimen, classifications of disease progression and so much more among all the health workers at the health center where I work. The health workers have a good understanding of NCDs thanks to the trainings and the ongoing talks.”

-Mukasa, a nurse participating in the NCD pilot
Challenges

- **Transportation costs** for patients
- **Nurses needing to prescribe** NCD medications
- **Rainy seasons** impacting turnout at screening events
- **Consistency in monthly visits**
Project Successes
40 Screening Outreachs Held in the Region
1,470 PEOPLE SCREENED FOR HYPERTENSION & DIABETES
INCREASE IN NUMBER OF PATIENTS RECEIVING NCD CARE

+300%
77% INCREASE IN OVERALL PATIENT VOLUME
“I used to be so afraid I would have a stroke. But now I take my medication every day. I am not afraid anymore.”

-Rose, an NCD patient enrolled in care