

Semi-annual Progress Report

Project title	Program for improving care of diabetics in Phnom Penh
Project number	WDF 05- 119
Reporting period	first semester 2007
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1. Progress for the past 6 months vis-à-vis project implementation plan

Activity	goals	Status (done/not done) Until December 2007	Comments
.Number of consultations	6000	11.000	
Number of new patient	2400	3.100	
Number of training hours	1000	1.300	1.000 for staff of Kossamak Hospital and 300 out of hospital (for 30 health personal of 8 health centers in antenatal consultations about gestational and gravid diabetes and in Kompong Speu province for 10 health auxiliaries and 2 MD)
Number of hepatitis testing patients		done	
Study possibilities to treat complications		done	Reunions with the other specialized services: surgery, orthopaedy, ophthalmology, nephrology Reunions with the managers of Equity Fund and Gret, in search of solutions of access of the care for the poorest
Education sessions for patients and families		25	2 sessions a month: an average of 20 participants (patients and families) among which 2/3 of women and 1/3 of men(people)
Clinical training and practical teaching		300	For health personal staff of Kossamak and for 2 more medical doctors and 40 health auxiliaries
Study of impact about caption		done	We collected the answers to the questionnaires of evaluation of the doctors We have the answers to the questionnaires of departure in the direction of the patients; they will be confronted with the answers collected 6 months later

2. Project management's assessment of the past 6 months' project progress New patients monthly

Now the consultations are done during the morning and the afternoon in the new rehabilitated service. We can observe the regular increasing of the frequentation and a better consultant's distribution. It is possible to offer more time at each patient.

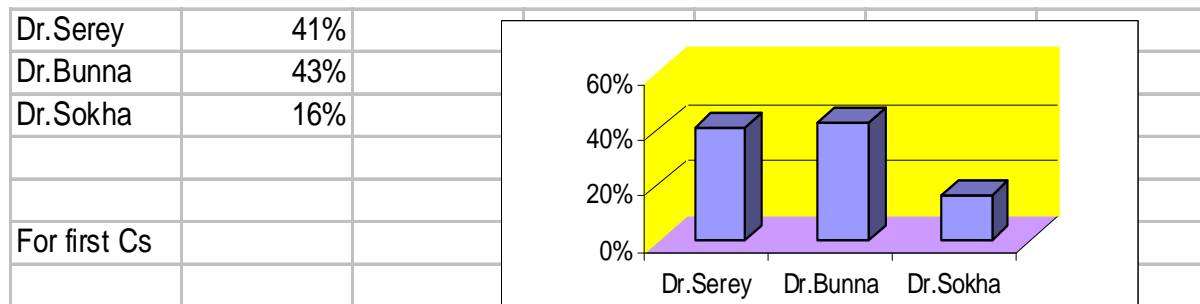
Now 500 patients each month are attended, about 130 are new patients.

In this end of year the Dr. Touch Khun came back from France after a training course in France in the service of endocrinology diabetology of the University Hospital of Bordeaux.

He was one of the 12 students of the DU "Diabète" who had benefited from our clinical training during the first year

In January the service of Kossamak will thus have the fourth consultant

More than 50 % of patients come from provinces; approximately 10 % of the most remote as Ratanakiri, Battambang and Siem Reap



Carried out missions

These last 5 months our trainers' doctors succeeded one another on the ground: J.C.Pouch, Y.Blavignac, M.Frere and J de la Tullaye .

For personal reason (disease) our forecasted missions of July and August were not able to be made

1. Education sessions in Kossamak Hospital in the new area for patients and families : monitoring, nutrition, self management.(20 beneficiaries)
2. Training for auxiliaries in hospital: we have to repeat and show the fundamental rules of hygiene which was forgotten little by little.
3. Training for medical doctors and auxiliaries out of Hospital: 22 persons.
4. After the new agreement signed with the Ministry of health in June 2007, we can carry out our activities in the health centres of Phnom Penh and Kandal province. 30 persons, antenatal consultations workers, participated at the awareness and information session in November. They have a great interest for the beginning activities: training and after detection and care of gestational and gravid diabetes.
5. In January they will have the pedagogic documents and the necessary consumables.
6. At this day in all the antenatal consultations, the pregnant women cannot benefit from prevention and detection measures. The maternal mortality and morbidity are the highest of Asia.
7. Each week, from September at December in 4 villages of Kompong Speu province , we trained 10 auxiliaries and one medical doctor(Nutrition, risk factors, detection)
8. Implementation of assessment and education tools

Qualitative Data analysis (confirmation of the July analysis)

In 2007, more diabetic patients at first consultation are with a normal weight and less increase their weight after 6 months.

80% are decreasing their blood glucose rate and HbA1C

This consolidates the impression that the messages of prevention of the risks spread in the general population and spread by the patients' way

Study of impact about caption

Answers from medical doctors

➤ For medical doctors and auxiliaries :

○ *Can complications arise before the diabetes? Which one*

Yes : first neuropathy , correct

○ Which is the major condition to avoid the complications?
To have good balance of blood glucose and to avoid overweight: correct

○ Posology minima and maxima of metformine?
For 2 : 1000 at 2000 : correct
For 2 : 500 at 3000 : not correct

○ If monotherapy when to choose in 1^o intention (sul fonamide), metformine, inhibitrice alpha G, thiazolidines?
For 3 : In according to age, weight, and creatinine: correct
For 1 : sulfonamide : not correct

○ Why the IG of the potatoes is it > in that of lenses?
For 2 : because more fibres in lenses : correct
For 2 : I don't know

➤ For patients and families first answers :

- Diabetes as a serious disease? Yes for 75%
- Recall of the various consequences of diabetes

Blindness: 50%
Limb amputation: 50%
Heart disease: 40%
Kidney disease: 10%
Stroke: 10%
Impotence: 2%
Don't know: 50%

- Recall of risk factors

Overweight: 20%
Genetic predisposition: 30%
High fat diet: 20%
Lack of exercise: 40%
Don't know: 70%

They will be compared and analysed with a five months interval

3. Major achievements

- The MicaDO specialists and the ten physicians, the first DU Diabetology students, who received the training for trainers, have now the Ministry agreement to work out of hospital.
- We begin the training activities for the following 8 health centre's members(medical doctors, midwives, auxiliaries) :
 - Psar Doeum Thov
 - Chamka Mon
 - Daun Penh
 - Tek Tlar
 - Por Chentong
 - Mean Chhey

- Samdach Auv
- Sept Makara

These health centres total more of 4000 consultations and 600 childbirths each month. The following days after the visits some diabetic patients have been directed at Kossamak consultations.

- We begin the training activities for 10 health workers and 1 medical doctor of 4 villages in Kompong Speu province where very poor people live.
- We realize the pedagogic documents which will then be repeated and translated: documents about gestational diabetes and gravid diabetes : nutrition, follow- up, risk factors.
- Knowledge assessment of our Cambodian colleagues about clinical and therapeutic practices

4. Constraints encountered to project implementation, if any

- For the complicated patients the major difficulty is the poorness. Very more patients don't have money for complementary investigations and treatments. Often it is a reason for not asking specialised advices even without knowing the financial resources of patient, getting use to.
- In addition to, our Cambodian colleagues think that it is sign of incompetence when an advice is asked.
- The public sector works like the private sector so the individual interest of the medical doctor interferes always with these of the patient.
- The medicinal prescriptions are excessive
- At present the hierarchical functions within the service of Kossamak are not clarified and rivalries are appearing
- The donations of insulin made by Centre of Hope benefits only the department head
- The other consultants cannot make their patients benefit
- Our previous and future activities of clinical teaching were not still the object of an official document of the Faculty of Science of the Health of Phnom Penh
- We shall take back this clinical education for the benefit of the next students of the Diabetes DU only on this condition
- The strong participation in this activity of our Cambodian colleagues of Kossamak is neither recognized more nor even sought. It is nevertheless indispensable, notably for the reformulation and the translation