

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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Date of submission	July 2007

1. Progress for the past 6 months vis-à-vis project implementation plan

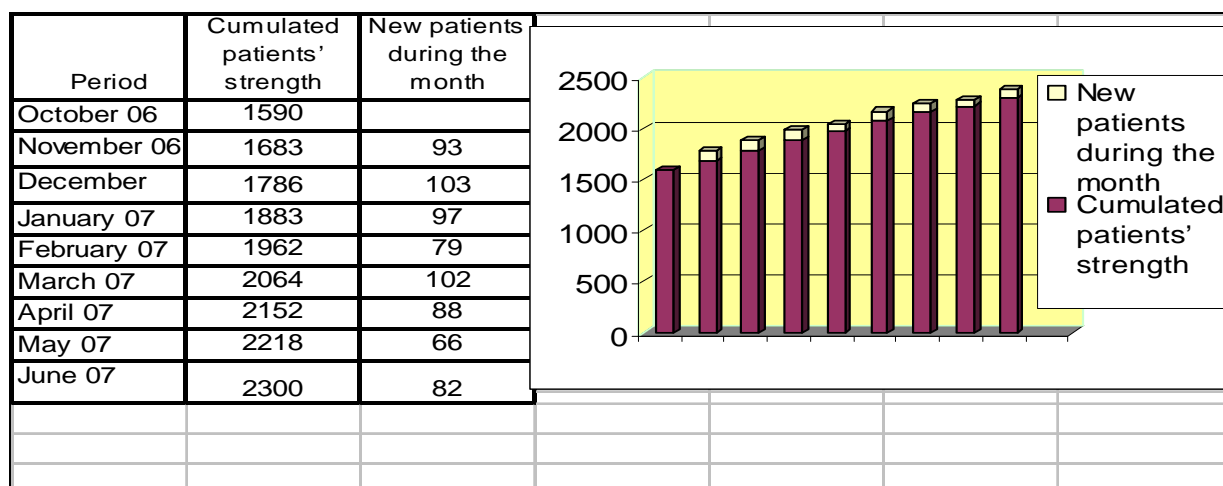
Activity	Status (done/not done) Until June 2007	Comments
1. Number of patients reached	5600	During the semester From Kossamak 3200 : From MoPoTsyo(M) 259
2. Number of consultations	8200	3200 at Kossamak during the semester
3. Number of new patient	2700	During the semester From Kossamak(K) : 650 : From MoPoTsyo(M) : 50
4. Number of training hours	800	
5. Number of hepatitis testing patients	Done : 200	With error of testing : 22 With good testing : 178
6. Education sessions for patients and families	10	
7. Clinical training and practical teaching	For 12 MD students DU Diabetes	12 more MD are beginning a second cursus for DU Diabetes
9. Setting in the equipment necessary for education sessions		Rehabilitation of new department at Kossamak hospital with 5 rooms and laboratory and education area

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

Diabetology Department activities

New patients monthly at Kossamak Hospital

The number of new patients increases now regularly, with an average of 90 monthly.



Consultants monthly

The average number of patients coming for consultation each month is now around 500.

Carried out missions

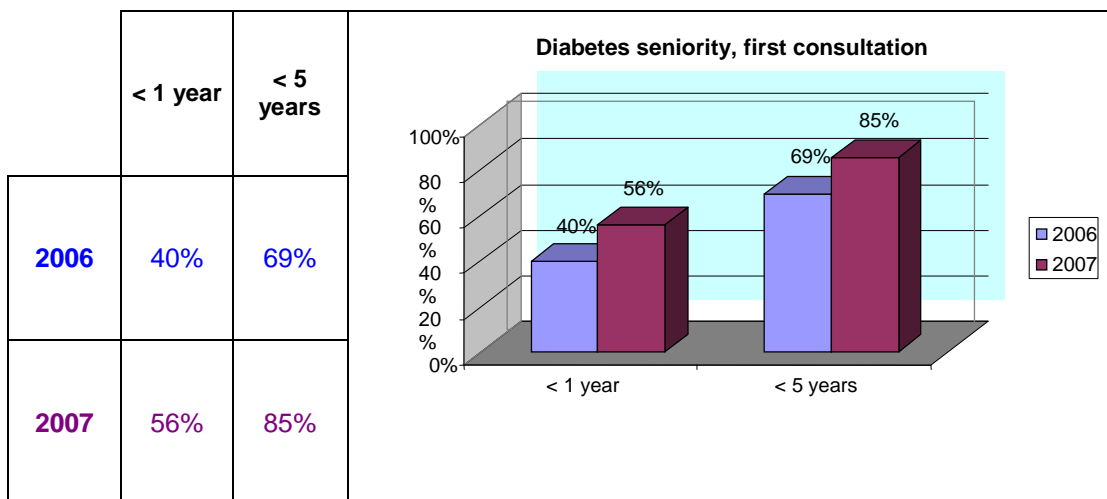
*4 Mica DO medical missions : J.Dicquemare, J.C.POuch, J de la Tullaye and J.Dicquemare.

1. Education sessions for patients and peer educators: monitoring, nutrition, self management.(15 beneficiaries)
2. Training for medical doctors (15): good practices, ethic behaviours, communication with the patients and the public (reformulation allowing understanding of any public). During consultation the Cambodian MD and the specialised trainer MD are working together and each case is explained
3. Reinforcement of the staff's, doctors', students' motivation.
4. Negotiations with the Ministry of Health authorities to obtain the necessary agreements to develop the work out of hospital (training, awareness, public education): new agreement was signed in June 2007.
5. Collaboration with MoPoTsyo to increase the beneficiary population, train the peer educators and finalize the nutritional studies (See in annex "*Etude de la variation des index glycémiques du riz blanc selon le mode de preparation*")
6. Implementation of assessment tools: success indicators, surveys
7. Rehabilitation of new and better department : each health member of the staff find this place and organise this work

Data analysis

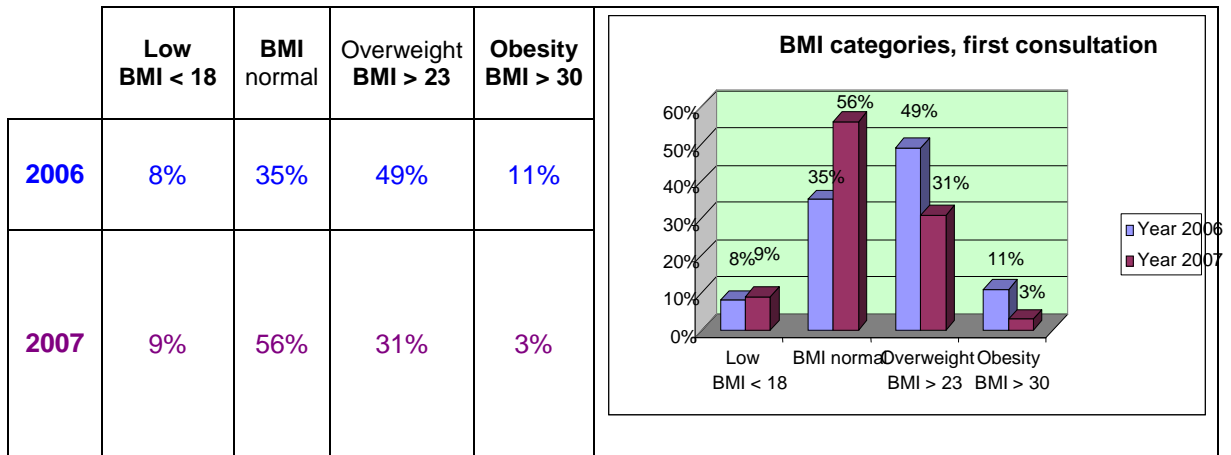
The data collected on the patients attended by the diabetology department show very interesting observations:

- Patients come for first consultation with less delay, so we can think that the information diffuses well in the general population via the patients and the entourage of the trained personnel: 7 from staff Kossamak, 7 from staff MoPoTsyo and 12 students who are working in various places



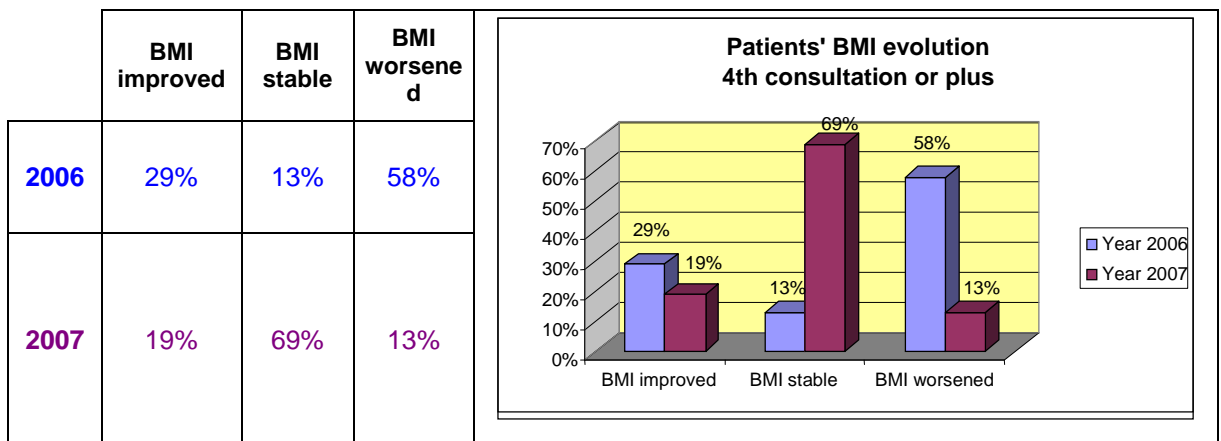
Persons with diabetes are attended sooner after the beginning of their diabetes.

- **Patients coming for first consultation are fewer with overweight in 2007** (65% with BMI < 23) than in 2006 (43% with BMI < 23). The situation has the same favourable tendency with patients followed regularly.

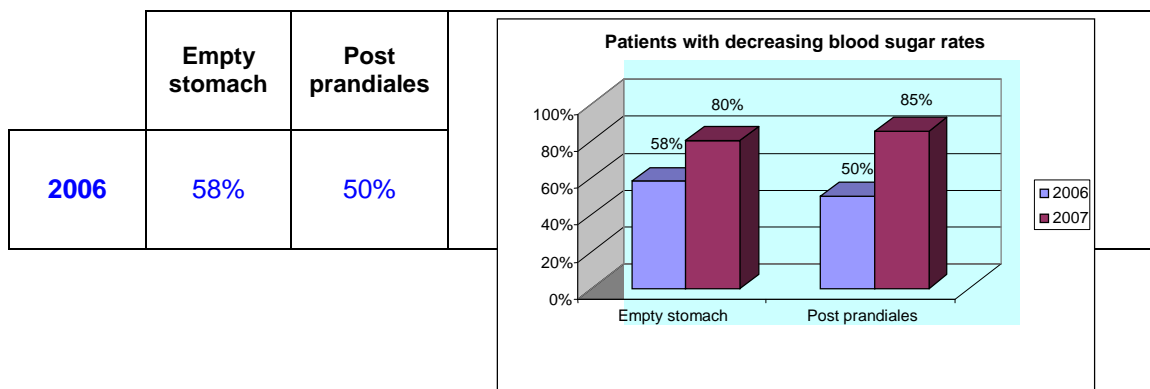


It seems so that the nutritional education propagated gradually out of the hospital has a real impact on the population. This awareness and educational work has benefited to a large public: the 3000 patients who came to consult, but also their familiars, neighbours, close relations, etc.

In 2006, the majority of the diabetics has an overweight that was worsened afterwards. In 2007, the majority of the diabetics has a normal weight that has been stable afterwards.



Parallel to this situation, we can also observe a decreasing of the patients' blood glucose rates between the first and the fourth consultation

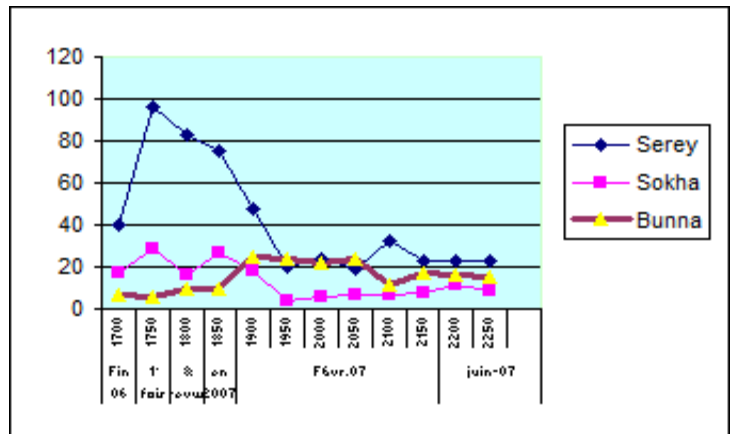


2007	80%	85%	
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- Since February, the consultations are done during the morning and the afternoon. Since May they take place in the new rehabilitated service. We can observe a flow of consultants equitably distributed between the 3 medical doctors, so they can spend more time with each patient.

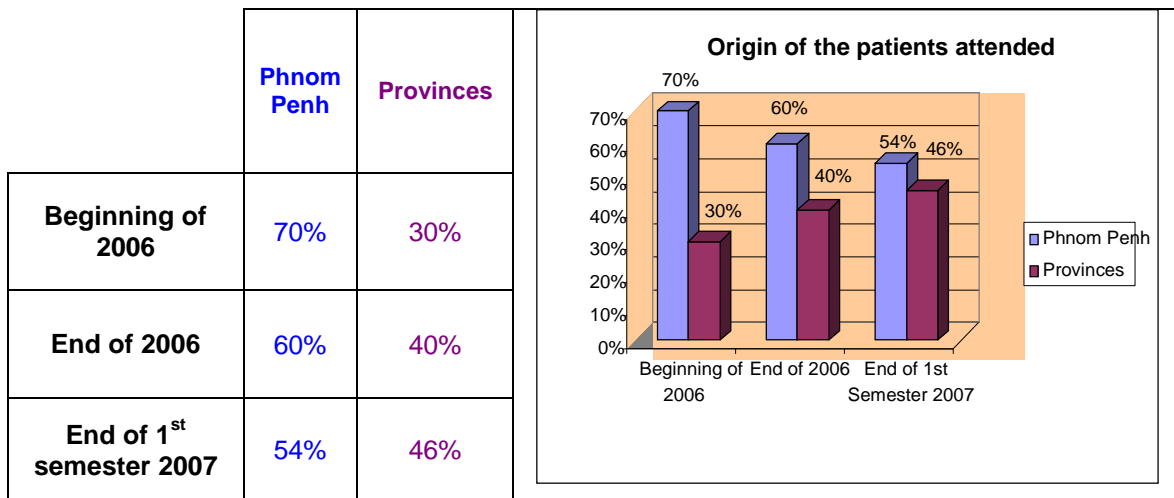
Distribution CS de 1700 à 3000 Dec06 à juin 07

		Serey	Sokha	Bunna
Fin 06	1700 à 1750	40	17	7
1^ofois	1750 à 1800	96	29	6
& revus	1800 à 1850	83	16	10
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2007	1850 à 1900	75	27	10
Févr.07	1900 à 1950	48	18	25
	1950 à 2000	20	4	24
	2000 à 2050	24	6	22
	2050 à 2100	19	7	24
	2100 à 2150	32	7	11
	2150 à 2200	23	8	17
juin-07	2200 à 2250	23	11	16
	2250 à 3000	23	9	15



We see better distribution in the consulting staff

- Another point of satisfaction is the increasing number of patients coming from the provinces. At the beginning of 2006 they were 30% of the total number of patients attended by the hospital. This rate went up to 40% at the end of the same year and to 46% at the end of the first semester of 2007. These data show that the notoriety of the diabetology department is improving out of the capital, nationwide.



3. Major achievements

- The continuous training and organisational work: 3 medical doctors are now working morning and afternoon each day. They can give more time for explanations at patient about nutrition and self management
- After cleaning and rehabilitation of new department each staff member fined this area, the waiting room for patients is spacious luminous and ventilated. The families can also comfortably stay in the veranda
- The patients have HbA1C controls each six months; we paid the costs for poor people of Kossamak and MoPoTsyo.
- The patients with HTA and more of 5 years of disease have microalbuminury control in order of sooner nephropathy diagnosis
- The antidiabetic oral medicine and medicine for high pressure are available, at low cost (4 times less expensive than it is at the city chemistry) or even free for poorest people.
- An ophthalmologic control was organised for 200 patients
- The Mica DO specialists and the ten medical doctors who received DU of Diabetology and the training for trainers have now the agreement for working out of hospital
- Now the 3 medical doctors of the department are working morning and afternoon and the patients are equitably dispatched between the 3 doctors

4. Constraints encountered to project implementation, if any

- It is difficult to carry out good cooperation between the various departments for the complicated patients. The Cambodian medical doctors don't like to refer at their specialists colleagues (cardiology, surgery, nephrology) when it is necessary. They don't right letter for improving the patient following
- Some patients with type 2 diabetes are young, thin and with a very high blood sugar level. They have a profile of insulinopenia (MODY, LADA). They need treatment with insulin bed time on long term. Some of them cannot buy it regularly.

For the diabetes day in villages we hope carry out awareness, education and also detection, it is necessary to ask very many authorizations at very many levels.

5. Solutions found/proposed to constraints encountered, if any

- Organisation of educational sessions for patients and family. The new department has now a big area for this.
- The trainers must work out of hospitals to increase awareness and health education.
- We can now organise the "Diabetes Day" in the suburbs and in provinces because we have the ministry agreement.
- We can also now organise the information and training in the prenatal consultations of health centres about gestational diabetes and pregnant with diabetes in two provinces Kandal and Phnom Penh
- Regular meetings will be organized with the MoH authorities, at different levels, to inform and encourage them to develop early detection and good practice in order to

increase the number of patients with good balance. This is the better measure to decrease the complications as well as the costs of their treatment.

- Measures to improve motivation and satisfaction of the staff:
 - To give them the attestation of training and to obtain from the Hospital Direction the recognition of their new capacities and revalorisation of their salaries.
 - To increase their bonus for extra hours
- We will develop exoneration or insurance policies for the poorest potential beneficiaries, through the following mechanisms:
 - Negotiations with the Equity Fund and the GRET (two organisations that are developing in Cambodia systems of medical costs recovery insurance only for acute medical problems of very poor people) to extend their insurance system for the treatment of chronic diseases and prevention.
- We will attempt to carry out measures that will be able to support financially poor patients needing insulin for long term.

6. Need for adjustment, if any

- For poor patients with insulinopenia we need Detemir or Glargine (donation or low cost): quantitatively enough for 15 patients (15 u./day, 1 year)
- The health centres of Phnom Penh and Takmao (provincial city of Kandal) reach more than 40.000 pregnant women a year.
- The project for gestational diabetes will require the work of two medical doctors. For sustainability it is necessary that they have official status
- The needs of strips for glycosuria and proteinuria will increase a lot.

7. Opportunities identified, if any

- With Licadho, The Cambodian League for Human Rights we develop Nutrition program in the Kampong Speu Province ; in the same time it is previous detection and awareness for diabetes
- The Faculty of Medicine and Pr.G.Slama (Hôtel Dieu Paris) officials our participation in teaching diabetology for the second staff of DU Diabetes students.
- The Mica DO medical specialists will teach the practical and clinical work with patients at the doctors of 5 provinces where are implemented the diabetes clinics during 10 months and will evaluate their knowledge and capacities for care and treatments

8. Implementation plan for the next 6 months

- Develop training of medical doctors of Kossamak Hospital , particularly toward complications
- Analysis of the particularities of the co morbidity diabetes and tuberculosis, hepatitis, AIDS, and the differences between the rural population and the urban population.
- Analysis of the glycemic balance of the patients between first and fourth consultations.

- Data of the patients coming from province , percentage to compare with those of Phnom Penh
- Data of percentage of diabetic pregnant women and those who reveals a gestational diabetes
- Improvement of the cooperation between diabetes department and gynaecology - obstetric departments
- Elaboration of nutritional documents and advices for patients in keeping with the results of glycemic index studies and acquainted experience
- Improve partnership with more departments like ophthalmology and cardiology or more health areas in province

9. Other relevant aspects/ details

For justification

- Cambodian people have very high diabetes incidence. Diabetes seem to begin sooner in the life
- About 20% of the patients are MODY or LADA type, young and with serious evolution. We cannot make genetic studies
- Many factors increase the problems: Food, Co morbidity with infectious diseases, saver phenotype, and poorness.

For impact

The impact is in the lay population, not only in the patients coming at hospital, because the new patients are different that the first year, they are less with overweight, they come sooner for to be reached

The trained health personal is working in various clinics or hospitals or NGO, so they are extending the knowledge of the disease

The patients also act for this knowledge within communities and families

- Now we see very more patients and families who understand the benefit of good glucose balance
- Some patients can now to take up their job and to improve life conditions of their family
- Health education about nutrition and physical activity benefit also at more patients' group: cardio vascular diseases and risks, metabolic diseases...
- Many health and social personal would like to improve their nutritional knowledge
- The pregnant women reached will know the disease and will speak with family and friends in all the capital and in Takmao city

For sustainability:

- Health personal of Kossamak and MoPoTsyo will be trained and organised to continue the activities with the necessary equipment
- 24 medical doctors studied DU diabetes and will work in the country
- Conditions for self financing in the future are installed

- Cost for complications' treatment stay too much expensive for many people , so it is more and more important to develop the prevention of complications and information at patients and families
- Teaching activities of Faculty of Sciences and Medicine have to be in ad equation with the hospitals and Ministry of health