

# Semi-annual Progress Report

<b>Project title</b>	Program for improving care of diabetics in Phnom Penh
<b>Project number</b>	WDF 05- 119
<b>Reporting period</b>	2° semester 2008
<b>Prepared by</b>	Dr.Jacqueline Dicquemare
<b>Date of submission</b>	<b>DECEMBER 2008</b>

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

<b>Activity</b>	<i>goals</i>	<b>Status</b> <i>(done)</i>	<b>Comments</b>
1. Number of consultations	850 0	19.000	
2. Number of new patients	300 0	4.500	
3. Number of training hours	120 0	1.500	In Kossamak Hospital : oral treatments and complications for medical staff and nurses .Out of Hospital for MoPoTsyo : Director and staff and for health centres of rural areas in villages of Kompong Speu province
4.Evolution of the glyceimic balance of the patients		500	More 75% of the patients have blood glucose rate > 200 mg/ml and HbA1c > 10% at first consultation. Only 24% have good glyceimic balance. At 4° Consultation 66% are decreasing there blood glucose rate and 17% are stable; 43% have good glyceimic balance
5. Study on the follow-up of patients		For the last 500 new patients	8000 units of medicines have been given free of charge to the needy patients (value \$300). 500 dosages of HbA1c were realized; 150 free of charge for the needy patients (value \$325) Realization and installation of the video animation " education diabetes " for the benefit of Kossamak Hospital and of MoPoTsyo
6. Study on the treatments		Patients treated with insulin	5% of the 500 new patients , more frequently with NPH, But little return in consultation, only 5 % of them are seen again
7. Project to develop the education sessions		done	Equipment of area , realization and installation of the video animation
8. Project of "Diabetic foot Unity"			6 meetings with the Direction, administration and staff of Kossamak hospital ( diabetology, surgery, cardio vascular diseases, dermatology) Search for companies and demand of estimate
9. Extension in Kompong Speu Provinces			Training for 12 persons , MD and nurses of 2 Heath centres Until 2 months they are making detection of diabetes and follow up for diabetic patients. These patients, if necessary, are refereed at Dr.Bunna who make a local consultation each Saturday , each week. Now 10 diabetic rural patients have be attended by Dr.Bunna , some with complications . But this population is very poor and fare of the hospitals. There are many difficulties for put adequate treatments.

10. How to reach the young type 1 diabetic peoples ?		Discussions with the MD of the paediatric Hospital Kantha Bopha to continue the follow-up of the young diabetics' type 1 becoming adults. For the moment we cannot assure them the total free access from which they benefited to Kantha Bopha Hospital
--	--	--

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

Now about 700 patients each month are attended, 130 are new patients.

More than 53 % of patients come from provinces; 80% come back regularly for 3 or 4 Cs by semester, The medical consultants are:

Dr.Bunna : 36% Dr.Khun 28% Dr.Sokha : 25% Dr.Serey : 11%

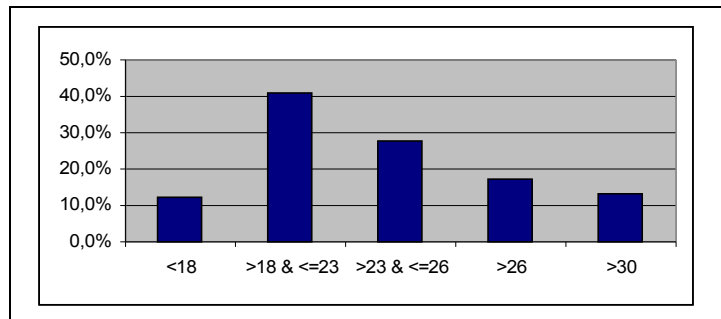
Dr.Bunna is also in charge of the informatics' transcription files and mail transmission.

Dr.Serey is also in charge of drug and financial management of the nurses.

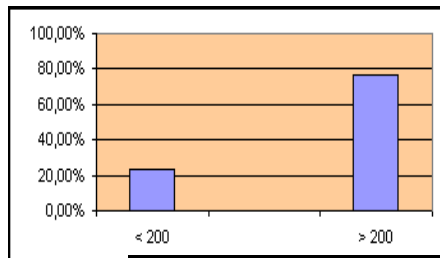
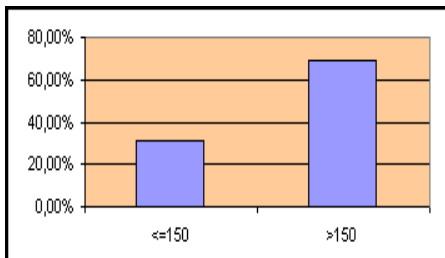
### Data from patients at 1° consultation :

- 69% have BMI between 18 and 26, very little difference with the lay urban population.

bmi			
<18	>18 & <=23	>23 & <=26	>26
60	197	135	91
12,4%	40,8%	28,0%	18,8%



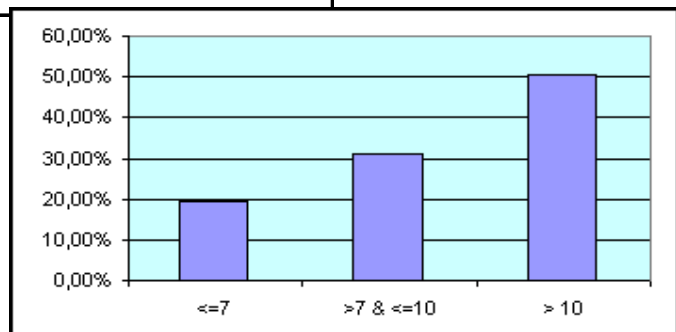
More of 3/4 of the patients have blood glucose rate > 200 mg/ml, and more of 50% HbA1c > 10%



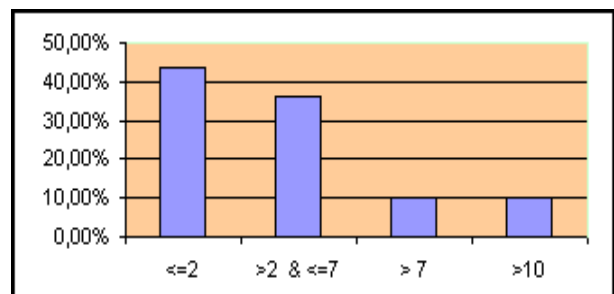
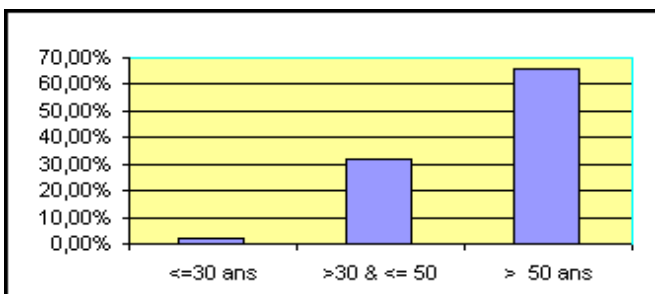
<b>Gluc. à jeun</b>	
<=150	: 31%
<b>Gluc. Post prandial</b>	
<=200	: 24%

### HbA1C

<=7	>7 & <=10	> 10
24	38	62
19,51%	30,89%	50,41%

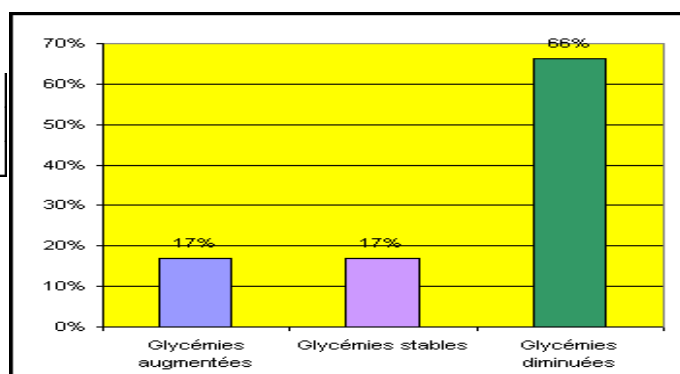


- 50% of the patients are 50 years old or more ( > 80% in developing countries) but only 10% are with diabetes from more of 10 years ; 25% of the patients have HTA ( > 13/8)



## Follow up of the patients

Increasing blood G	2	3	5	6	16	17%
Stable Blood G	5	4	4	3	16	17%
Decreasing G	11	22	14	16	63	66%



**66% are decreasing blood glucose rate**

**Glycemic balance at 1° CS in 2° semester 2008 is good for about 24% of the patients**

**Glycemic balance at 4° CS in 2° semester 2008 is good for about 43% of the patients**

## Reached missions

We carried out 8 missions on the field: 4 of endocrinologist MD, 1 epidemiologist MD, 2 coordinators and 1 chemist.

- For:
- Training of medical doctors about treatments and complications in Kossamak hospital
- Training for improving the behaviours according to the hospital hygiene rules.
- Meeting with Dr.Cornelia Haner who manages insulin from "Insulin for life" and from Novonordisk in Center of Hope Hospital. A part of this insulin is resold to the Dr. Serey of Kossamak Hospital. Big quantities were so bought, but all 4 doctors of the service cannot have it for their prescriptions. It is necessary clarify this with the Director
- Exchanges with our colleagues and explanations about the local specificities and difficulties
- Training of staff of Health centers of Kompong Speu district about risk factors, detection, and follow up of diabetic patients.
- Various meetings with the director of Kossamak Hospital and more physicians for the project of the "Diabetes Foot Unity"; in this unity the complementary competencies will work together: diabetologist doctors, orthopaedic surgeons, dermatologist doctors, cardiovascular doctors and specialised nursery staff. So the diabetics with foot problems will be attended by all at the same time.
- Finding factories and quotations for this project
- Realisation and Instalment in the outside pavement area of the department of the video animation "Diabetes Education"
- Now each morning (8 at 12 o'clock) and each afternoon (14 at 16 o'clock) the waiting patients can see this video. Next months we will know the impact.
- All the staff and the diabetic patients of MoPoTsyo also are beneficiating of this Education video. The MoPoTsyo staf is satisfied with the educational video of MICADO.
- Appointment with Excellence Docteur Mam Bun Heng, Ministry of Health, and explanations of our activities and projects. He spoke only about administrative formalities.
- Appointment with Samdech Chakrapong Norodom Sihanouk who is manager of an Cambodian NGO working for children and poor people
- Participation at "Cambodge Santé 2008" Congress, the diabetes day: very interesting communication of MSF Belgique who is working for diabetic people in Takeo.
- Appointment with Dr. Kek Galabru, president of the Cambodian League of Human Rights
- Appointment with Dr. Laurent Denis , administrator of Kantha Bopha Hospital , paediatric hospital who would like know diabetologist MD for referring there type 1 diabetic children when they will come adults.

It is possible to refer at Kossamak department but these diabetic children beneficiated until now of total free access to MD and treatments within the organisation of Kantha Bopha Paediatric Hospital managed by Dr. Beat Richner and supported by Switzerland; we have to find the acceptable and accessible follow up for these, out of paediatric sector.

- Working with Dr.Serey and staff

- for improving the file of patient consultation including lipid control and regularity or not of treatment dose,
- for improving the patient flux in the week (now too much the Monday and often with only one consulting MD).
- Working with Mauritz van Pelt for improving the peer activities.
- Resupplying metformine and glibenclamide, but the delivery was delayed because of the paralysis of the airport of Bangkok
- Until now Mauritz van Pelt helps for negotiations and quotations of purchases of metformine and glibenclamide , but in the future we will stop these purchases.
- Meeting with Mrs OUK, Secretary of State of Minister of Health; She is not any more in charge of the file of the NGO. Nevertheless, suspected in "diplomatic" character.
- Meeting with Pr.Mouzard and University Rector in Faculty of Health, now there is hard concurrency with Private University. It is more difficult organize training in specialities and so one more promotion for DU Diabetes.
- Meeting with J-F Desmazières, French ambassador
- Meetings with Michelle Labeuu, Head of Coopération Section de la Commission Européenne and Christian Provoost, in charge of Health within European Commission for Cambodia \_
- Mr LIM KEUKY, president of the Cambodian association of the diabetes, was seen during his passage in the consultation of Kossamak, in the presence of Dr Khun and of two Malay laboratory visitors.
- Interview by Mrs Corinne CALLEBAUT, journalist to KA-SET, meeting within the framework of an article on the appearance of obesity in Phnom Penh. It is the occasion to inform about diabetes and about the program.
- Several exchanges with Dr.Kapil from NovoNordisk laboratory for Asia to allow the patients of the Kossamak Hospital the access to the insulin in flasks at reduced prices; a meeting is foreseen in March, 2009 ; now NovoNordisk is in the process of getting registered in Cambodia ; we try to find a sustainable methodology, but it is the Direction of the hospital that has to purchase and the pharmacy of the hospital which has to assure the management and the distribution

### **3. Major achievements**

- The department of diabetes consultation in Preah Kossamak Hospital and the good cooperation with the director according to improve the services for patients.
- Donation of insulin, oral treatments, equipments and instalment of DVD video animation "Diabetes Education"
- The actualisation of knowledge about the disease and treatments: ADO, Insulin, Antihypertensive drugs, Hypolipemiant drugs.
- The project for " Diabetic Foot Unity" is signed with the Director who agrees to be the department head
- Extension in provinces and cooperation with health centres of Kompong Speu district
- Better knowledge of context and visibility, how to do for sustainability.

### **4. Constraints encountered to project implementation, if any**

- The staff of Diabetes department of Kossamak doesn't want to modify the organisation of consultations for better repartition in the week, a planning of MD presences is impossible; 3 of the 4 want to come according their convenience.
- Now the insulin coming from Center of Hope is available only for Dr.Serey, the 3 others MD have only the insulin donated by MicaDO MD.
- The prescriptions are often more according with the financial resources of patient or availability that according with the need of the disease.
- Many patients are waiting in the hall front the door of consulting room because the nurses do not call the patients waiting in the outside area where is the video

- The staff management is not assumed sufficiently by the head of department
- The hygiene rules are kneed but not always respected over all for the needles and lancets
- The prescriptions of drugs are too much but often too little doses.
- The demand of partners are not according with the local human resources
- The public sector is working more and more only for reach people because that is the Ministry orders and the government policy.

Above all the biggest difficulties ensue from the absentia of unity of the teams and because the partners don't know or don't want to work together and in a additional way

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

After meetings with the Director, the general administrator and the staff it was decided

- Every doctor will post his days and hours of presence or of absentia at least one month before
- Medicines will be delivered by the hospital pharmacy, in particular the insulin, the management of the stock made by the chemist leader
- Seats for the waiting patients will be situated all in the video space outside of the corridor of distribution
- The endocrinologist MD of MicaDO will redo and will intensify training in therapeutics notably the insulinotherapy, also training for improve the collaborating interdisciplinary work
- We shall try to involve the leader of the administration in the monitoring of the staff and their respect for the fundamental rules of hygiene
- The financial support to come will target more and first and foremost the needy patients for the access to medicines and to necessary examinations of control
- For patients with complications we will collaborate with some more NGO working against impairments.(mobility, ophthalmology diseases etc..)

## **6. Need for adjustment, if any**

It will be necessary to improve the advanced consultations in rural zone (Kompong Speu), more training , consumables and technical support for health centres and help to the diabetic patients deprived of these regions ( mobility , treatments, controls )

## **7. Opportunities identified, if any**

The Director, Pr.Teng Soeun, inform us that the "Christian Medical Ministry to Cambodia – Jeremiah's Hope" helped by Korean cooperation envisages the construction of a new building in Preah Kossamak Hospital where could include the Unity "Diabetic Foot "

## **8. Implementation plan for the next 6 months**

- theoretical and practical training about treatments and insulinotherapy
- theoretical and practical training for decrease the factors of aggravation : HTA, lipids
- Equipments for improve early detection of complications and risk factors
- Organisation of the interdisciplinary collaboration for complications
- Awareness for better regularity of the treatments and controls

## **9. Other relevant aspects/ details**

- The number of beneficiaries will increase certainly, but It will be longer and difficult to improve the quality of the care and the accessibility.

- The professionals of health and the authorities privilege the dominant classes and the capital of the country