



St Joseph Mission Hospital

Enhancing the diagnosis and management of diabetes

Project Report



ZIMBABWE

Presented to Ushamwari Foundation

OLVG Amsterdam

Netherlands



Introduction

According to the International Diabetes Federation (IDF) the prevalence of diabetes in Zimbabwe is estimated to be 9.8% (2012). The prevalence gives the nation a global diabetes burden ranking of 48. The Zimbabwe Diabetic Association (ZDA) believes the prevalence figure of 9.8% is lower than the projected burden. The association highlighted that the prevalence of diabetes was set to increase as evidence-based research had shown that 50-80 percent of all people affected with the disease are unaware of their condition. A survey carried out in Zimbabwe in 2005 showed that 10 percent of the population suffers from diabetes and because of improved lifestyle and consumption of more refined foods the prevalence of diabetes is set to rise.

In response to the anticipated rise in the number of diabetes cases there is a need to strengthen response to the looming burden. Part of the response is to equip health care workers with knowledge on how to manage diabetes. Hence Ushamwari Foundation and the Dominican Sisters decided to launch a program that will equip nurses with the relevant knowledge and also provide the necessary diabetes diagnostic and monitoring tools. Community engagement activities on diabetes were also conducted. The program was implemented in 3 mission hospitals in Zimbabwe managed by the Dominican Sisters. The hospitals are St Joseph in Mutare, Regina Coeli in Nyanga, and St Theresa in Chirumanzu. This report covers activities done at St Joseph Mission hospital.

Community mobilization and sensitization on diabetes

St Joseph mission hospital together with the Ministry of Health and Child Care (MOHCC) in Mutare district conducted 4 community mobilisation sensitization meetings with an objective to reach 250 people. The activities were coordinated by the MOHCC Health Promotion department. Table 1 below shows the clinics targeted for the community dialogue meetings. The clinics were chosen because they reported the most number of diabetes cases in the past year.

Facilitation was done by health promotion, nutrition and nursing departments within the MOHCC. The topics discussed included overview on diabetes, definition, signs and symptoms and risk factors of diabetes. Treatment and management including the non medical treatment cover nutrition and regular physical exercise required by a diabetic patient were also covered.



Table 1: Clinics targeted for community mobilisation.

Meeting site	Males	Females	Total number of participants
Mutare City	5	45	50
Muromo clinic	12	59	71
Gutaurare clinic	15	41	56
Bazely Bridge	9	33	42
Total	41	178	219

As depicted by the number above we managed to achieve 88% of our target audience; this can be attributed to competing programs within the ministry during the period of implementation i.e. October to December 2014. The last quarter of the year is usually congested with programs to be implemented before donors close their budget years hence coordination of activities was difficult. The period also coincides with the time when many families will be getting their fields ready for the new farming season.

Findings

- Generally people have low levels of knowledge on with regards to diabetes diagnosis, treatment, and management. Specifically on what support can families offer to someone with diabetes in the family. Amongst the participants one individual testified that they are a diabetic patient and they illustrated how they got to be diagnosed. She further emphasised the importance of social support in the management of diabetes. Social support helps improve adherence to treatment and the recommended diet.
- Community members were not sure whether diagnosis and treatment was for free or they were expected to pay for the services. This proved to be a barrier in the screening and diagnosis diabetes. One participant questioned why diabetes screening and diagnosis is not offered for free in health centres just like HIV testing and counselling.
- Communities felt that the MOHCC is not doing enough to raise awareness on the disease; this is even reflected by the lack of Information Education and Communication (IEC) material on diabetes.
- There seemed to be variety of responses when a question was posed on the cause of diabetes:
 - Some participants believed that diabetes is caused by consumption of processed sugar
 - Others thought that diabetes is caused by drinking water immediately after a meal especially after taking a cup of tea
 - Diabetes is nonexistent, it is a spiritual world ailment
- Some participants raised concerns about accessibility to diabetes medication. They indicated that most public clinics do not stock diabetes medication hence they are forced to go to private pharmacies where the medication is very expensive. As a result some patients are not adhering to their treatment.



Frequently Asked Questions (FAQs) during the mobilisation meetings

1. Is there any link between Diabetes and Hypertension?
2. How do I know that I have Diabetes?
3. Is it possible to control blood sugar levels through diet only?
4. Who is at highest risk of diabetes (gender)?
5. What time of the day is frequent urination more common?
6. Why is sugar given if one collapses/is unconscious?
7. What is the use of bracelets that people are advised to put on?

The participants appreciated the opportunity to be informed and discuss about diabetes, and they indicated that more community dialogue meetings on chronic diseases need to be conducted. We would like to acknowledge the Ushamwari foundation for providing fuel to support the activity and refreshments for participants during the meetings.

Health Care Worker Training

Although a baseline assessment was not conducted there was a general feeling amongst health care workers that their knowledge on diabetes is very limited to achieve the quality of care expected. One day training workshop in a lecture format was conducted at St Joseph hospital targeting 20 participants. Seventeen nurses, one health services administrator and one doctor were trained on 8th of November 2014. The training started at 0800hrs and finished at 1300hrs.

A national trainer within the MOHCC was identified and requested to facilitate the training. There is recommended curriculum on diabetes within the ministry; hence a curriculum was developed for this training. Topics covered during the training were as follows:

1. Diabetes mellitus introductory outline and overview. The topic covered epidemiology of diabetes, types of diabetes and the risk factor to developing diabetes. There was an emphasis on the fact that diabetes prevalence is increasing due to increase sedentary lifestyles, however programming on diabetes is being overshadowed by communicable diseases like tuberculosis, HIV/AIDS and malaria.
2. Case management – lifestyle modification
3. Case management – pharmacological agents
4. Integrated management approach – setting up diabetic clinics
5. Diabetes mellitus case studies

The training PowerPoint slides are available on request or visit the Ushamwari Foundation website for more information.

Evaluation of the training



An evaluation of the training was done, were at the end of the training the participants were asked to anonymously give their thoughts on the training and how it can be improved. There was a general consensus that the workshop format and presentations done were quite effective and the participants found them informative. The following are some of the comments given by the participants;

- “Presentations were good with valuable information”
- “A wonderful presentation, management of patients with diabetes was well presented. There is need to improve on patient follow up.”
- “I liked the case studies because they reflected situations we meet with our patients and have helped me know how to tackle such problems. Thank you”
- “The lectures were precise, easy to understand, and I have learnt a lot of new things about diabetes mellitus”
- “It was effective workshop and we need all health personnel to be trained on diabetes management. We are now able to manage diabetes, and its complications”
- “Screening of diabetes well addressed and knowledge gaps were addressed”
- “Monitoring of complications was well presented and diet of diabetes patient was addressed well”
- “Foot care for diabetes patients was very important to learn”
- “Importance of follow up and not changing drugs frequently were well explained”
- “The facilitator has the information on his fingertips and the quality of information was ideal for participants as it suits our daily work”
- “I think the min workshop was very educative and I think it is wise to repeat this at least twice a year”
- “The presentation on DM was well presented and explained such that I have learnt much more about DM screening and proper management of patients”
- “The workshop was well presented and I understood it well.”

However the participants felt that the lectures need to be done frequently and more time needs to be afforded to the training. More refresher courses on diabetes were recommended by the participants.

Conclusion

In a time where many development partners are focusing and channelling their resources towards communicable diseases, such an opportunity to train and implement activities on non-communicable diseases was invaluable. Although no results have been recorded on the impact of this project to the community, it is certainly the beginning of such needed activities. Communicable diseases are being viewed as the new epidemic to hit developing countries in the next decades, hence this came as an opportunity to train and equip health workers to be ready. The project will certainly help improve the quality of health diabetic patients in Mutare.



Acknowledgements

We like to say thank you to Dr Mangena for sparing your time to come and impart your knowledge on the diagnosis and management of diabetes. What we got from you was not lectures alone but you taught from experience giving practical examples and our team found that to be very useful.

Our acknowledgements also go to Mrs Nezandonyi the Health Promotion Officer for Mutare. Thank you and your team for coordinating the community engagement activities.

Our partners; Ushamwari Foundation, OLVG hospital and staff thank you so much for making this project a reality. Your efforts of improving the quality of health to our population are greatly appreciated and will be rewarded in due course.

The Dominican Sisters thank you for guiding our team. Your prayers are always greatly appreciated.