BACKGROUND

In Pakistan it is estimated that with 7.0 million diabetes in year 2000, the number is anticipated to rise to 13.9 million by 2020 and may increase country ranking to 4th in terms of number of diabetics compared to the rest of the world. Moreover, 7.1 million people in Pakistan are in a pre-diabetic state and will develop diabetes in the coming years if they do not incorporate major lifestyle changes and adopt effective preventive measures. According to a previous survey in Pakistan, prevalence of newly diagnosed diabetes patients is 5 percent in men and 4.8 percent in women in rural areas and 5.1 percent in men and 6.8 percent in women is urban areas.

The diabetes care is also among the set of essential service which is supposed to be provided through secondary and primary care facilities. However, diabetic care is usually consider under the domain of specialist care and mostly confined to few tertiary care hospitals.

Several gaps exist in delivering standardized care to the patients with diabetes, pre-diabetics and having potential of diabetic complications. Diabetes is on the rise but the case detection remains low which reflects missed cases in the health system. Similarly there are almost no services available to guide a healthy life style which require a behavior change intervention and is mandatory for an effective diabetes control, consequently averting life threatening complications. All these challenges are further aggravated by the geopolitical situation in Khyber Pakhtunkhwa due to terrorism, which continues to affect this province at least since last one decade severely.

OBJECTIVES

The aim of the project was to develop and implement a sustainable model of curative, preventive and behavior intervention, Diabetes Talk (Diabetes-Treatment & Life Style Knowledge) for type-2 diabetic patients in Khyber Pakhtunkhwa (KP) Pakistan which can be scale-up through government resources. Secondly to conduct baseline and end line KAP assessment and screen for pre diabetes.

METHOD

This pilot intervention was initiated during year 2015 in 6 districts of province Khyber Pakhtunkhwa, Pakistan. Primary and secondary care health facilities were strengthened with building the capacity of physicians to offer a quality case management of type-2 diabetes and pre-diabetics in 50 health centers. Paramedics were educated on recording and reporting, compliance to treatment, educating patients on healthy diet, reducing obesity, controlling hypertension and maintaining physical activity. Essential equipment, supplies and medicines were also provided to fill in the gap. Context specific guidelines, training materials and recording and reporting tools were developed and care providers including doctors and paramedics were trained on the use of these materials. The project aimed to provide diagnostic facility at primary & secondary health care facilities on one hand and on other hand generate demand for the utilization of these services by creating awareness through print, electronic media.

RESULTS

Active case finding was done by organizing 30 out reach health camps in community for screening and detection of diabetic cases and educating patients on behavior change and hypertension control.

Baseline and end line survey showed improvement in the knowledge regarding the prevention, diagnosis, treatment and complications of the participants and also more confidence on using public primary care services.

Figure 2: Training of doctors for Diabetes treatment and life style knowledge

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Progress</th>
<th>%age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals screened for diabetes</td>
<td>24,000</td>
<td>100,245</td>
<td>417%</td>
</tr>
<tr>
<td>Individuals registered for diabetes</td>
<td>10,000</td>
<td>34,042</td>
<td>340%</td>
</tr>
</tbody>
</table>

Figure 3: From where he/she takes treatment

Figure 4: Training of doctors for Diabetes treatment and life style knowledge

Figure 5: Source of information about Diabetes

CONCLUSIONS

Diabetes Talk Project was innovative care and prevention model in the primary health care (PHC) setting and overachieved its targets i.e. three fold times the target for screening and registration. This signifies the demand for a sustainable model for DM care in the PHC setting by health care planners. There were lot of challenges related to the implementation of behavior change model that advocate the need for an effective outreach preventive and awareness program for NCDs. Based on this pilot study government of Khyber Pakhtunkhwa has approved the project to be extended to all districts of KP.