HEALTH STRATEGY AND DELIVERY FOUNDATION

The Diabetes Awareness and Care (DAC) Phase (I) Project Case Study

Background

Diabetes mellitus (diabetes) remains a global threat despite ongoing efforts to curb its significant impact on families, lives, livelihoods, and economies. According to the International Diabetes Federation (IDF), 537 million adults aged 20-79 years (i.e. 1 in 10 adults) live with diabetes as of 2021. This is predicted to rise to 643 million by 2030 and 783 million by 2045. Furthermore, diabetes was responsible for 6.7 million deaths globally in 20211.

In Africa, 24 million adults (i.e. 1 in 22 adults) live with diabetes, and there were 416,000 deaths caused by diabetes in 2021. Despite having the lowest prevalence estimates for diabetes among IDF regions (4.5%), the African continent has the highest proportion of undiagnosed diabetes (54%) and is projected to have the highest expected increase in the number of people with diabetes and impaired glucose tolerance by 2045.

According to the International Diabetes Federation (IDF), Nigeria has the second-highest number of people living with diabetes in Africa, with an estimated 3.6 million persons (i.e. 1 in 27 adults) living with the disease1. This is despite several investments towards developing policies aligned with the global Non-Communicable Diseases (NCDs) agenda over the years. This called for joint effort and strategic implementation of policies such as the National Multi-Sectoral Action Plan for the Prevention and Control of Non-Communicable Diseases (2019 – 2025) to work towards set national targets.

Project Description

The DAC project is a World Diabetes Foundation (WDF) funded collaboration between HSDF and the Federal Ministry of Health (FMOH) and was implemented from March 2018 to October 2021. The purpose of the DAC project was to improve awareness, access to care, and utilization of type 2 diabetes mellitus data in selected communities in Imo and the FCT by June 2021. The project was implemented in the Federal Capital Territory (FCT) and Imo state, in two and six LGAs (Local Government Areas) and Enumeration Areas (EA) respectively. Other partners include the State Primary Healthcare Development Agency (SPHCDA), the Imo State Ministry of Health (SMOH), the FCT Public Health Department, the National Population Commission (NPC), the Community-Based Organizations (CBO) and the Diabetes Association of Nigeria (DAN).

The three primary objectives of the project are highlighted below:

1. To raise awareness of T2DM, its risk factors, and prevention in targeted communities in Imo and the FCT Methods

1. IDF Diabetes Atlas 2021 – 10th edition. Available at www.diabetesatlas.org

2. Improve hTo improve access to diabetes care through training 220 Health Care Workers in PHCs and screening at least 30,000 individuals per state for T2DM in Imo and the FCT.
3. To improve the availability, quality, and use of T2DM data for decision-making.

Project Approach /Methods

HSDF in collaboration with the NCD Division of the Federal Ministry of Health (FMOH) conducted a literature review to better understand the primary drivers of the diabetes burden in Nigeria that could inform appropriate program interventions. Following a rigorous review, the following issues were identified as primary drivers: ***governance and financing challenges, challenges with human resource availability, service delivery and supply of commodities, and data and performance management challenges.***
Furthermore, HSDF provided technical expertise and support through analytics, research, performance management/monitoring and evaluation, systems management, and capacity building. On the other hand, the NCD division provided technical input into the planning, implementation, monitoring and evaluation, and advocacy to national-level stakeholders and led the project's supportive supervision activities.

Project Outcomes/ Results

Over the three-year implementation period, the project team met and exceeded most of the project targets despite the disruption caused by the COVID-19 pandemic. Below are some of the accomplishments:

- 1,063,016 persons were reached with awareness messages on T2DM across both states.
- 90, 847 persons were screened for T2DM in the communities and healthcare facilities across both states
- 3605 new cases of hyperglycemia were identified during the screening exercises.
- 90% of new cases were referred to secondary healthcare facilities for expert management
- 312 healthcare workers from 110 healthcare facilities were trained and retrained to build capacity for diabetes prevention and control at the primary healthcare level.
- 110 healthcare facilities were supplied with medical equipment, medical consumables, and personal protective equipment (PPE).
- 289,320 Information, Education and Communication (IEC) materials were printed and distributed between 2018 and 2021 across both states.
- 23 secondary school health clubs were successfully set up and strengthened in both states.
- In collaboration with the FMOH, We trained The Society for Women's Development and Empowerment of Nigeria (SWODEN) and the Center for Family Health Initiative (CFHI) to work in the FCT and Imo state respectively

Key Success Factors

- **Stakeholders' buy-in:** The project was co-implemented with government stakeholders at the state level, which fostered a sense of ownership by the state teams. For example, the state teams played an active role in the quarterly coaching and mentoring sessionst

  We also got buy-in from other stakeholders such as religious leaders, market leaders, women association, youth leaders, and traditional leaders at the community levels as well as PHC staff. For instance, some medical directors were the main drivers of the DAC activities in their facilities, which ensured better outcomes.

- **Periodic Performance reviews:** There were also periodic performance reviews for the health facilities and the community stakeholders, with timely feedback. The state actors, facilities and OICs were all present at these performance review meetings, which gave them an opportunity to share key learnings as well as challenges being experienced on the project. These meetings also served as a platform for increased engagement with stakeholders and capacity building on data reporting tools and pathways.

- **Adaptability and Innovation:** The effects of COVID-19 pandemic created a need for adaptation and innovation to ensure project continuity. First, we deployed the use of SMS messages for mass sensitization in communities. Secondly, we leveraged our health facility WhatsApp platform for data sharing as well as for collecting monthly summary forms from the facilities. The team also shared short videos on the use of data capturing tools and equipment such as stadiometer scales.

- **Coaching, mentoring and supervision:** The team developed a structure for conducting quarterly coaching and mentoring visits to facilities and community-based organizations (CBOs). This provided a platform for on-site support to facilities. In addition, our co-implementers, the FMOH led supervisory visits to facilities, serving as an opportunity to conduct facility supervision. This ensured that the facilities were deploying best practices and following training guidelines, as well as carrying out necessary corrective actions. There was also a steering committee that provided technical oversight for the project.

- **Good inventory management practices:** Project consumables were consistently restocked to avoid stockout which in turn ensured that more persons were screened during the project.

Challenges and Mitigation

- **Stakeholder Engagement:** During the project, we realized that meaningful engagement with stakeholders and high-level advocacy enhanced project acceptance and support. In his remarks, the Project Lead stated:

- **Covid-19 Lockdown:** The screening activities in the communities were impeded due to the Covid-19 lockdown which restricted movement and large gatherings in target communities. To mitigate this, HSDF deployed alternative measures to disseminate diabetes sensitization messages such as SMS and social media. Furthermore, we transitioned to holding virtual meetings and supplied Personal Protective Equipment (PPE) to healthcare workers to support screening and sensitization activities.

- **Incomplete Referrals:** Due to financial the implications of accessing care at secondary healthcare facilities, some clients refused referrals. To mitigate this, we tracked clients via phone calls to further provide counseling on the need to access appropriate care at the secondary healthcare facilities.

- **Staff Attrition:** We also observed continuous staff attrition across the facilities (39% and 30% of facilities in Imo and FCT respectively experienced staff attrition). This impacted negatively on the implementation of project activities. To overcome this challenge, we trained a pool of mentors drawn from the State Ministries of health, departments, and agencies across both states. These mentors served as state-based trainers and are available to mentor health workers quarterly.

- **Data Collection Challenges:** Several facility data tools were filled manually by health workers. With the introduction of DAC data tools, there was a shortage of manpower to deploy these tools. This was further exacerbated by the high rate of facility staff attrition and low morale of the available healthcare workers. To mitigate this, HSDF collaborated with the NCD division of the FMoH to pilot the DAC diabetes data tools while collating feedback from health facilities. This was aimed at seamlessly integrating the DAC data tools into the existing national tools.

Lessons Learned

- **Stakeholder Engagement:** Utilizing the services of CBOs to drive community engagement encouraged ownership from the gatekeepers at the grassroots level.

- **Decentralization of Project Oversight Function:** Identification and utilization of state actors as mentors helped the SMOH to oversee the quality-of-service delivery at the facility level

Recommendations and Next Steps

Based on the lessons learned from the DAC project implementation, we came up with two recommendations that will be helpful in the next phase of the project.

- **Stakeholder Management:** An effective and consistent stakeholder engagement is crucial to achieving project goals and sustaining project gains. Going forward, the signing of MoUs with the host states would ensure state ownership and accountability for certain activities.

- **Data Management:** To adequately track progress, NCD indicators should be included in national and subnational routine data collection systems. To achieve this, there is a need to build a consensus on NCD indicators that reflects the National picture which should be incorporated into the National Health Management Information System (NHMI).

Inauguration Steering Committee meeting held on 31st July 2018

Commemoration of 2021 World Diabetes Day in Imo state (Blood glucose screening, BP check and risk factors assessment of individuals)

CBOs conducting blood glucose screening and risk factors assessment during a community outreach in Imo state.

Screening camp. sensitization and community outreach by CBOs in FCT, Abuja.

Commemoration of Worlds Diabetes Day in FCT, Abuja.