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HANDURAWAN

The Official Publication of the Cardiovascular Disease Project, Davao City

June 2011



HANDURAWAN (Cebuano and Hiligaynon word for "Vision") is the Official Publication of the Cardiovascular Disease Project in the city of Davao.

The publication's name reflects the project's vision of bringing stakeholders together for a coordinated effort to improve the lives of people with diabetes and other CVD risks.

News

- ▶ 2011 First Quarter Snapshots
- ▶ Cardiovascular Disease Program in Davao City launched
- ▶ 231 Health Care Professionals of the City Health Office Gets Basic Training on CVD
- ▶ Local Diabetes Support Group Leaders Attend 2-day Workshop on the Registration of Organizations

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HCP Training Facilitators Workshop : January 28

The technical team from Southern Philippines Medical Center : Maria Elena Zapanta, RN; Nonnah Vee Macasaet, RN and Vivien Bayacag, RND together with City Health Office Nutritionist Maria Teresa Ng, RND prepare their modules for the Basic Training for Primary Health Care Professionals for the Implementation of the Cardiovascular Disease Program in Davao City.



Meeting for Pilot Testing of Laboratory Services: March 18. City Councilor for Health Hon. Bernard Al-ag discusses with Dr. Joy Villafuerte, City Health Officer and Ms. Geneva Capuno , Head of the City Health Office Laboratory possible funding mechanisms to increase access to laboratory services.



Pilot Testing of Laboratory Services Orientation and Product Demonstration : March 25

Medical Technologists of the City Health Office try the HbA1c machine which will be gradually installed in District Health Centers beginning June 2011.



Cardiovascular Disease Program in Davao City launched

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Davao City launched its Cardiovascular Disease (CVD) Program last May 27, 2011 at Ladislawa Country Club, Davao City.

The highlight of the event was the signing of the four-party Memorandum of Agreement between the City Government of Davao, Department of Health-Center for Health Development Region 11, Southern Philippines Medical Center and Handicap International for the development, implementation, monitoring and evaluation of the CVD Program.

The CVD Program aims to make health services available for the prevention and management of diabetes, hypertension and other risk factors in barangay health centers. The services include medical consultations, regular monitoring, nutrition and diet counseling, foot care and laboratory testing. An important part of the program is a referral system between the health centers of the City Health Office, Southern Philippines Medical Center and Davao Jubilee Foundation to be able to provide a continuum of patient care.

Top row from left to right: City Health Officer Dr. Josephine Villafuerte answers to questions during the press conference after the launch; Mayor Sarah Duterte signs the four-party Memorandum of Agreement while Handicap International Program Director Catherine Vasseur looks on.

Bottom row from left to right: Dr. Villafuerte and Mayor Duterte give their messages; Catherine Vasseur shows Mayor Duterte the tools and equipment that will be used in the CVD Program.

The launching was graced by the City Mayor Honorable Sara Duterte, Councilor Emmanuel Galicia representing Vice Mayor Rodrigo Duterte, City Health Officer Dr. Josephine Villafuerte, Program Director of Handicap International Catherine Vasseur and leaders of the implementing partners.

The partnership to implement a Cardiovascular Disease Program was initiated by Handicap International through its CVD Project. The CVD Project is a 4-year initiative from 2010-2013 which follows the pilot Diabetes Project which was implemented in 10 barangays in Davao City from 2007-2009. It aims to empower stakeholders through capacity building to implement integrated cardiovascular risk management and to coordinate their actions in order to increase access to health care. ■

The aim of the **CVD Project** is to capacitate stakeholders in order to increase access to healthcare, partly through developing tools for patient education and health service delivery.

Here are some of the tools set for release in June for use by primary healthcare teams in the implementation of Davao City's **CVD Program**.



Medical Nutrition Therapy Kit is a tool for Nutritionist-Dietitians in the conduct of nutrition education and counselling for persons with diabetes and other cardiovascular disease risks such as hypertension and hypercholesterolemia. The models in this kit are of food common in the Philippines including the durian which is abundant in Davao.

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toolkit gallery

Foot Care Kit is a tool used by both health care professionals and community health workers in providing basic foot care for persons with diabetes. It contains monofilaments, foot risk assessment forms, samples of shoe insoles, hypoallergenic lotion and soap. It also comes with the basic foot care poster titled *Likayi ang Pagkaputol sa Imong Tiil, Ampingi Kini!* (Prevent Foot Amputation, Take Care of Your Feet).



The CVD program

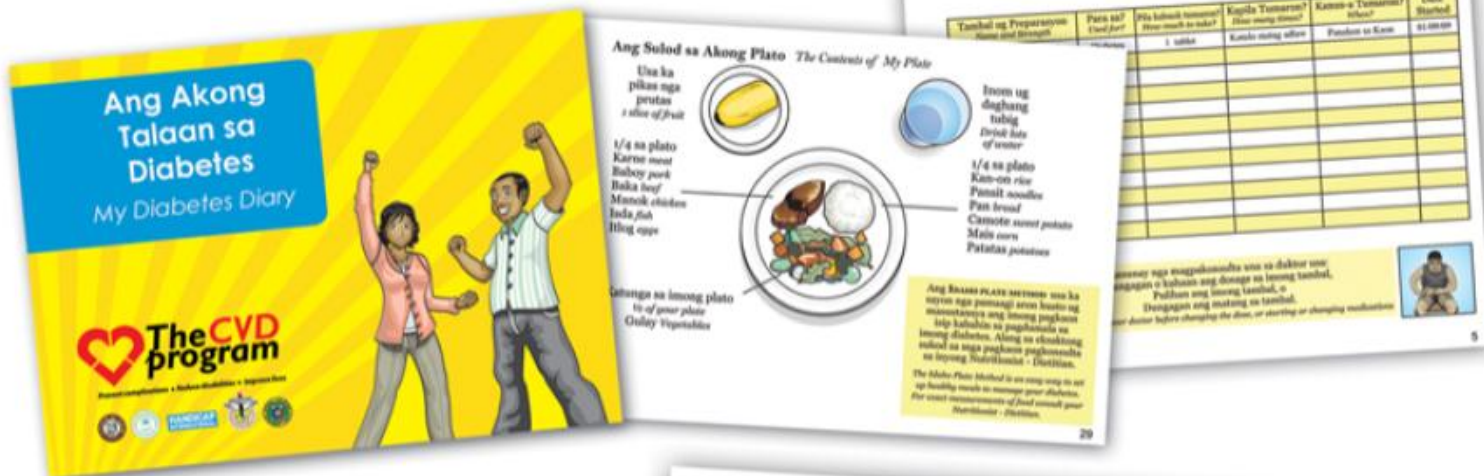
Prevent complications • Reduce disabilities • Improve lives

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Sanofi Avenis

For more information, please visit www.handicapinternational.org

Ang Akong Talaan sa Diabetes (My Diabetes Diary) is an education and monitoring booklet with full-color pages for patients and health care teams. The first version of this diary was released in 2008. It is available in Bisaya with English subtitles.



Patient Registry contains basic and monitoring information on persons with diabetes and hypertension who avail of health services in Barangay Health Centers.



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Wound Care Kit is a set of basic wound care instruments and initial consumables which will be used by the health care teams in District Health Centers to care for patients with acute and chronic wounds.

Other tools available:

- **Diabetes self-assessment questionnaire** – a screening tool available in Bisaya and English
- **Cardiovascular Disease Risk Assessment Form** – a screening tool available in English
- **Laboratory request form** with instructions for blood testing at the back.
- **Patient record**
- **Patient Referral Form**
- **Aduna ka bay Diabetes? (Do you have diabetes?)** – a **general information flyer** on the services available in the health centers, available in Bisaya
- **Ang Pag-ila uy Paglikay sa Diabetes (Understanding and Preventing Diabetes)** – an **education flipchart** available in Bisaya with English subtitles



FEBRUARY: Participants of a Basic Diabetes Seminar in Calinan organize themselves as CaDPCA (Care for Diabetic Persons of Calinan Association).

FEBRUARY: Series of Organizational Assessments start with Lapu-lapu Health Club.

JUNE: The diabetes baseline survey kicks off to gather information on key indicators for project monitoring and evaluation and extends till August.

JUNE: Project team attends the Diabetes Conversations Map facilitator's training conducted by Dr. Ronaldo Toledo-International Diabetes Federation's (IDF) Expert Trainer in the Philippines.

SEPTEMBER: The multi-stakeholder Technical Working Group meets to develop the CVD Program and referral system, reviews its implementation tools and plans for the roll-out of trainings.

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JANUARY

- Action plan for the next four years is drawn.
- HI meets with Davao City's Local Health Board and the Department of Health to introduce the CVD Project and to come up with plans for a city-wide program for CVD.
- Master listing of persons with diabetes in preparation for the baseline diabetes survey starts.

FEBRUARY

- HI facilitates workshop to draft a memorandum of agreement for the development of the city's CVD program attended by representatives from the Department of Health-CHD XI, City Health Office, Southern Philippines Medical Center, Local Diabetes Support Groups and Barangay Leaders.
- HI facilitates discussion on the development of a foot clinic with representatives from various departments of Southern Philippines Medical Center.

- DASUMULCORE (Davao Sugar Club) and BMHCDA (Barangay Mintal Health Club and Diabetes Association) review their Vision, Mission and Goals.

- Participants of a Basic Diabetes Seminar in Calinan organize themselves as CaDPCA (Care for Diabetic Persons of Calinan Association).

- Series of Organizational Assessments start with Lapu-lapu Health Club.

MARCH

- Preparation for the Diabetes baseline survey starts.

APRIL

- LDSG and DASUMULCORE leaders attend the first leaders meeting.
- The project office is transferred to a bigger location in Haleconia Street.
- HI participates in Rainbow Camp Foundation's juvenile diabetes camp in Bataan.

- Technical Advisor Dr. Pauline Guimet visits the project.

MAY

- LDSG and DASUMULCORE leaders attend the second leaders meeting.
- HI visits Dr. Ronaldo Toledo, PADE President to introduce the CVD Project and explore possible areas for partnership.

JUNE

- The diabetes baseline survey kicks off to gather information on key indicators for project monitoring and evaluation and extends till August.
- Project team attends the Diabetes Conversations Map facilitator's training conducted by Dr. Ronaldo Toledo-International Diabetes Federation's (IDF) Expert Trainer in the Philippines.
- Epidemiologist and Deputy to the Technical Advisor Sophie Pilleron visits the project to provide technical support for the baseline survey.

- HI introduces the CVD Project to the Community Medicine Department of the College of Medicine of the Davao Medical School Foundation (DMSF) to explore possible collaborations.

JULY

- HI circulates draft Memorandum of Agreement to stakeholders for comments and revisions.
- BLHC (Barangay Lapu-Lapu Health Club) elects new set of officers.

AUGUST

- Reviews for the improvement of the Diabetes Diary and other tools developed during the first phase of the project begins.
- HI presents its experience on community-based initiatives for diabetes in the joint annual convention of the Philippine Association of Diabetes Educators (PADE) and the Association of Diabetes Nurse Educators of the Philippines (ADNEP) in Manila.

- MADA (Matina Aplaya Diabetes Association) conducts 1-year action planning.

- BPDA (Barangay Pampanga Diabetes Association) organizes assembly.

- LDSG leaders attend third leaders meeting.

- Handurawan is conceptualized.

SEPTEMBER

- The multi-stakeholder Technical Working Group meets to develop the CVD Program and referral system, reviews its implementation tools and plans for the roll-out of trainings.

- Organizational capacity assessments and training needs analysis with local diabetes support groups starts.

- Concept note for the pilot testing of laboratory services is drafted.

OCTOBER

- Technical Working Group meets for the second time to further define the CVD Program.
- LDSG leaders attend fourth leaders meeting.

NOVEMBER

- Technical Working Group meets for the third time to design the health care professionals training.
- HI holds Philippine Program Annual General Assembly.

DECEMBER

- Technical Working Group meets for the fourth time to detail further the referral system and plan for 2011.
- Preparations for the primary health care professionals training in the first quarter of 2011 begins.

Know more about HbA1c

Hemoglobin, in your blood, joins up with the sugar called glucose to form the chemical called **HbA1c**. In the blood stream are the red blood cells, which are made of a molecule, hemoglobin. Glucose sticks to the hemoglobin to make a 'glycosylated hemoglobin' molecule, called hemoglobin A1c or HbA1c. The more glucose in the blood, the more hemoglobin A1c or HbA1c will be present.

Red cells live for 8 -12 weeks before they are replaced. Measuring HbA1c tells you how high your blood sugar has been on average over the last 8-12 weeks. A normal non-diabetic HbA1c is 3.5-5.5%. In a person with diabetes about 6.5% is good. Remember, the HbA1c is not the same as fasting blood sugar (FBS). In fact, it has become the gold standard for the monitoring of blood sugar in diabetes mellitus.

What is the significance of lowering HbA1c?

Studies have shown that in type 2 diabetes, every 1% drop in A1c lowers the risk of complications by 37%. In type 1 diabetes, lowering the A1c from 9% to 7% reduced complications by 37-76%! Other studies have shown that lowering A1c values reduced the risk of heart disease by a whopping 50%.

When should HbA1c be measured?

Measure HbA1c

- every 3 months if trying to improve
- every 6 months if very stable

Fasting is not required if you will get yourself tested for HbA1c. If your diabetes is controlled (basically an HbA1c lower than 6.5%) HbA1c is monitored every 3-6 months.

But if the last reading is above 6.5% and you are in reasonable health, you will need to achieve a lower level if possible. Your ideal HbA1c depends on your general health, and whether or not you use insulin, etc.

The American Diabetes Association has recently recommended the use of HbA1c in diagnosing diabetes. An HbA1c of $\geq 6.5\%$ is diagnostic of diabetes while an HbA1c of 5.7%-6.4% categorizes a person as having increased risk for future diabetes.



How does your glucose level compare with your HbA1c?

HbA1c %	Average blood glucose level (mmol/l)
13	18
12	17
11	15
10	13
9	12
8	10
7	8
6	7
5	5

HbA1c levels by coincidence nearly equate to glucose levels. So an HbA1c level of 10% means the average glucose level for the previous 10 weeks was 13mmol/l. But at lower levels there is even less difference, so an HbA1c of 7% means the average glucose level was 8mmol/l. ■

Note: The CVD Project aims to improve the City Health Office's technical and operational capacities in order to increase accessibility to laboratory services for HbA1c, cholesterol, and urine albumin.

These point-of-care laboratory services will be available first in two pilot areas (Agdao and Calinan District Health Centers) and will be progressively established in the remaining district health centers till 2013.

MARTINO S. VIRTUDAZO *asks*Secretary, Barangay Pampanga
Diabetes Association

Can diabetes be cured?

SUZETTE QUIAOIT ALEGARBÉS, MD *responds*Head, Mindanao Diabetes Center
of Southern Philippines Medical Center

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With our present technology, diabetes cannot yet be cured. Diabetes can only be controlled with the proper diet modification and appropriate physical activity. Now this is a truth that we all have to understand and accept. By doing so, we can then understand why we need to stick to our prescribed diet, physical activity and medications for the rest of our lives. With that, we will be able to control our diabetes and delay the onset of complications for a longer time.

Understanding and accepting this principle leads to better self-management hence better blood sugar control. Diabetes is also a progressive disease. This is because the cells producing insulin (*pancreatic beta cells*) are progressively damaged. Thus, the longer we have diabetes, the more damage goes on in our body that lead to complications. That is why medicine(s) that worked well for us 5 years ago may not be enough at the present or in the future.

I say that diabetes cannot yet be cured because I am hopeful that in time a cure for diabetes will become a reality. There are evidences showing that obese diabetic patients who have undergone weight loss surgery (*bariatric surgery*) have been able to control their diabetes even when their diabetes medications were discontinued.

Does this mean that bariatric surgery offers cure for diabetes? The present evidence are very promising. However, how long this effect may be sustained, is still something that needs to be observed and studied for a longer period of time. Another potentially curative therapy is pancreatic islet transplantation (*stem cell therapy*). Likewise, more studies need to be done. ■

Editor's Note: Diabetes self-management relates to the tasks that an individual must undertake to live well with diabetes. These tasks include gaining confidence to deal with medical management, role management, and emotional management. (*New Perspectives: International Conference on Patient Self-Management*)



10 231 Health Care Professionals of the City Health Office Get Basic Training on CVD

"Thank you very much to Handicap International for providing Davao City a training for its health providers about the CVD Program so that we can extend health services to our clientele, specially our CVD patients, effectively and properly," as written by one of the participants who attended the Basic Training for Primary Health Care Professionals for the Implementation of the Cardiovascular Disease (CVD) Program in Davao City conducted last February 8 until April 1, 2011 at the Apo View Hotel, Davao City.

For eight consecutive weeks, a total of 231 primary health care professionals (HCPs) divided into eight batches attended the training. It is a four-day course covering both theoretical and operational frameworks of the CVD Program using a mix of lectures, simulations and demonstrations. Experts coming from partner implementers such as the Southern Philippines Medical Center and the Department of Health - Center for Health Development -Davao Region served as lecturers, facilitators and moderators.

All HCPs from the city's 16 health districts were required to attend the training and to pass the post-training examination before a certification of course graduation is conferred. Despite high course completion requirements, the total training completion rate stood at an impressive 98%.

Top row from left to right: Post-training evaluation; Daily exercises fit for persons with diabetes together with a fitness instructor; Discussing appropriate footwear for diabetic patients.

Bottom row from left to right: Practicing proper residual limb bandaging to prepare an amputee for prosthesis; Applying what they have learned via practicum on the fourth day; Taking note of their caloric intake during mealtime.

The development of the basic training which involved major stakeholders of the program began in the 3rd quarter of 2010 through a series of meetings with a technical working group. The training aims to make health services for CVD available in the barangay health centers of Davao City. In achieving this, the Health Care Professionals of the City Health Office needs to be trained not only to provide health services for CVD but also to train the thousands of community health workers (CHWs) across 167 health stations so that multidisciplinary health care is delivered.

The training of the CHWs is from May to September 2011 where the HCPs are expected to take the lead in training delivery including planning, implementation, monitoring and evaluation. In the next two years, two major trainings will be implemented in a progressive manner to increase the chances for program sustainability namely: 2012 - Advanced Training and 2013 - Training of Trainers. ■



Local Diabetes Support Group Leaders Attend 2-day Workshop on the Registration of Organizations

On January 19-21, 2011, 16 Local Diabetes Support Group (LDSG) leaders attended the Workshop for the Registration of Local Diabetes Support Groups organized by Handicap International at the Eden Mountain Resort in Toril, Davao City. The main objective of the workshop was to finalize all required registration documents for the legalization of the organizations.

The participating groups were the Barangay Pampanga Diabetes Association (BPDA) Inc., Barangay Lapu-Lapu Health Club (BLHC), Barangay Mintal Health Club and Diabetes Association (BMHCDA), Matina Aplaya Diabetes Association (MADA), and Care for Diabetic Persons of Calinan Association (CADPCA), Inc. Most of these support groups were formed during the Diabetes Project, the CVD Project's pilot phase in Davao City.

The workshop was graced by two invited speakers, Ms. Norma "Manay" Vosotros of the City Cooperative Development Office (CCDO) and Atty. Paula Hope Chamen of the Securities and

Top row from left to right: Atty. Paula Chamen of the Securities and Exchange Commission; Preparing their requirements for registration; Action song to break the ice.

Bottom row from left to right: Developing their capacity building plan; Edilberto Canoy, President of Matina Aplaya Diabetes Association (MADA); Blood sugar testing for participants before breakfast.

Exchange Commission (SEC). The two speakers provided information on two types of organizational forms: the cooperative and the association including the documents needed for registration to guide the officers on which organization forms to choose and what agencies they prefer to register their associations with.

The activity was also an opportunity for the leaders to further develop their respective capacity building plans for 2011 ready for presentation to each organization's general membership for finalization. The plans cover various areas of organizational competency with corresponding capacity development interventions in the form of training, technical support and financial support. ■

THE CVD PROJECT

The Cardiovascular Disease (CVD) Project aims to empower relevant stakeholders through capacity building to implement integrated cardiovascular disease risk management (diabetes and hypertension as entry-points) and to coordinate their actions in order to increase access to health services. The project is implemented with a local inclusive development approach concentrating on the capacity building of service providers (City Health Office, and local rehabilitation service providers), local diabetes support groups and policy makers (local government units). This is a 4-year project implemented from 2010 to 2013 which follows the 3-year pilot Diabetes Project. It aims to build on the lessons learned from the 10 pioneer barangays of the pilot phase and replicate best health service delivery practices in the rest of the barangays.

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ABOUT HANDICAP INTERNATIONAL

Handicap International is an independent international aid organisation working in situations of poverty and exclusion, conflict and disaster. Working alongside persons with disabilities and other vulnerable groups throughout the world, our action and testimony are focused on responding to their essential needs, improving their living conditions and promoting respect for their dignity and their fundamental rights. With a network of eight national associations (USA, Belgium, Canada, France, Germany, Luxembourg, Switzerland, and UK), Handicap International, founded in 1982 and co-recipient of the Nobel Peace prize in 1997, has programs in 60 countries and acts in both emergency and development situations.

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