

**PRIMARY LEVEL DIABETES CARE CAPACITY BUILDING
PROJECT EVALUATION REPORT**

PROJECT: YOUNG DIABETICS COMMUNITY PEER GROUP

**Funded by: Ministry of Health and Medical Services
Through Australia Facility Program**

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Executive Summary

The project funded focus on young people with and at risk of Diabetes. The IDF atlas 2021 highlighted that one in three is at risk of Diabetes and are unaware. Therefore, the need for proactive measures for the prevention of Diabetes must be focused on the young generation and which is more than half of the national population.

Despite less percentage living with type 1 Diabetes compared to type two Diabetes, the organization has noted a rise in cases of type 1 with four new cases in 2020 alone, at an average of one to two are usually diagnosed. Also, the same year the youngest type 1 was diagnosed at the age of 2years. We have also registered more than 80 cases of type two diabetes below the age of 35. Therefore, this project aims to empower young ones to take ownership of their diabetes through the creation of young diabetes community peer groups (YDCPG) with the development of a sense of camaraderie and enhancement in sharing of knowledge amongst the peers” and provision of glucometer meters to monitor their blood glucose daily. The project also aims to promote awareness of the prevention of type two diabetes among young people in the central division. An ensure that vulnerable group access better health care, our young people, those living with disabilities, and those living in informal settlements. While the overall objective of the organization is to achieve SDG goal 3 Good health and well-being, we are also reducing inequality SDG 10, and the support system existing provided to unfortunate children we can reduce poverty by ensuring that the burden of health is taken care of SDG 1 and the assistance for back-to-school support quality education SDG 5, this through a partnership program with other CSOs SDG17. The project aligns with the Ministry of Health's strategic Priority 1 Outcome 1.2 improve the physical and mental well-being of all citizens, with particular emphasis on women, children, and young people through prevention measures and strategic Priority 2 Outcome 2.1 improve patient health outcomes, with a particular focus on services for women, children, young people, and vulnerable groups.

Project Objectives:

- To be able to attain controlled Diabetes through proper management.
- To be able to promote wellness amongst young diabetics and become empowered in healthy living.
- To be able to prevent complications of Diabetes. (Foot problems, blindness, heart disease, gum disease and hospitalization)
- To be able to promote partnership with communities and schools for the prevention and control of Diabetes.

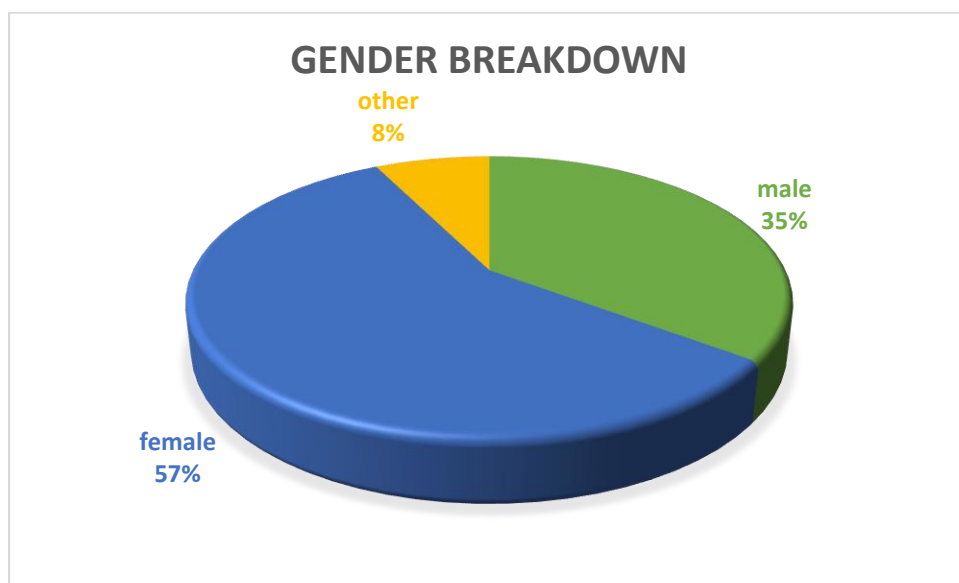
- To be able to monitor Diabetes control throughout the year and have a high quality of life.

Project Report:

1. Objective 1: To be able to attain controlled Diabetes through proper management.

From August 2020 to July 2021 the project team registered 35 Young diabetics to be part of the program. From August 2021 till date, we have 19 new young diabetics is registered and be part of the group. Fig.1 is the gender breakdown, Fig.2 is the ethnicity breakdown Fig 3. Is the age group breakdown and fig.4 being the total income breakdown.

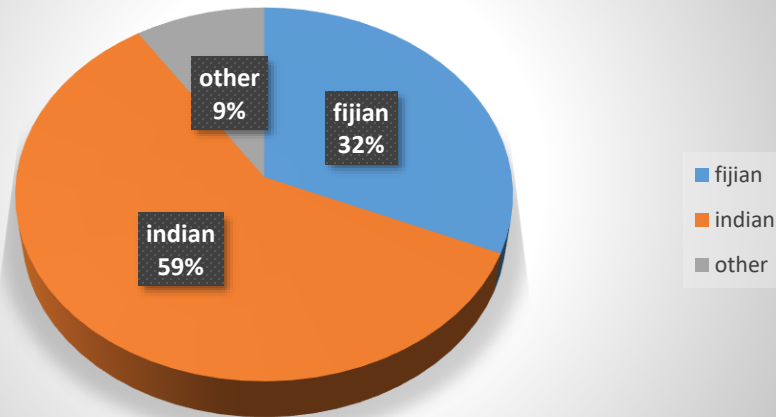
Fig 1.



According to the gender breakdown 57% are female, 35 % are male and 8% others. The graph clearly indicate that the project is also reaching marginalized group. The organisation is also it developed its GEDSI policy that has enabled project team to modify its approach. The team has also identified that many of the females, and those in marginalised group are neglected from home, they are neither supported and as the result they default their clinics, and these are members who we find that them with early onset of complications. One female member is also mentally challenged who has been neglected by her parents, the team has referred her carer to social welfare for assistance.

Fig.2

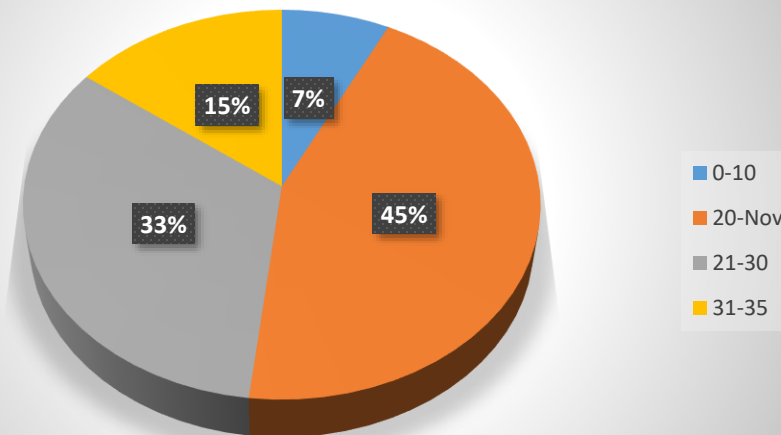
Ethnicity breakdown



The graph showed 59% of Fijian of Indian descent and 32% intake and 9% of another ethnicity. Indian have high health seeking behaviour the only challenged faced is parents' acceptance on their child condition. Many refused to be released for peer meeting as a result many of them failed to find support especially emotional support from peers as the result they are high mental issues. Whereas itaukei are mostly default clinic and usually ends up with complication and even death.

Fig.3

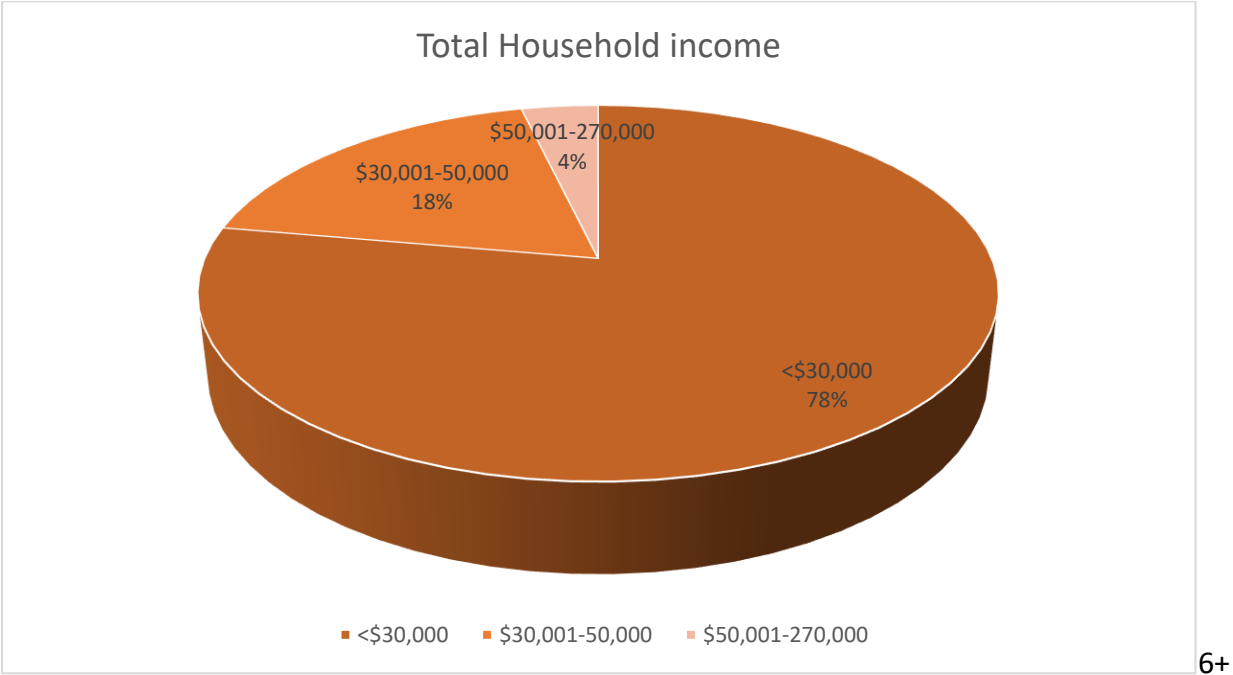
Age breakdown



According to the graph 78% are below the age of 20years; 0-10year 7%, 11-20years- 15%, 21-30years-33%, 31-35 years- 7%. The biggest challenged we faced that the Ministry of Health only provide glucometers and consumables during their paediatric period from zero to 14years.

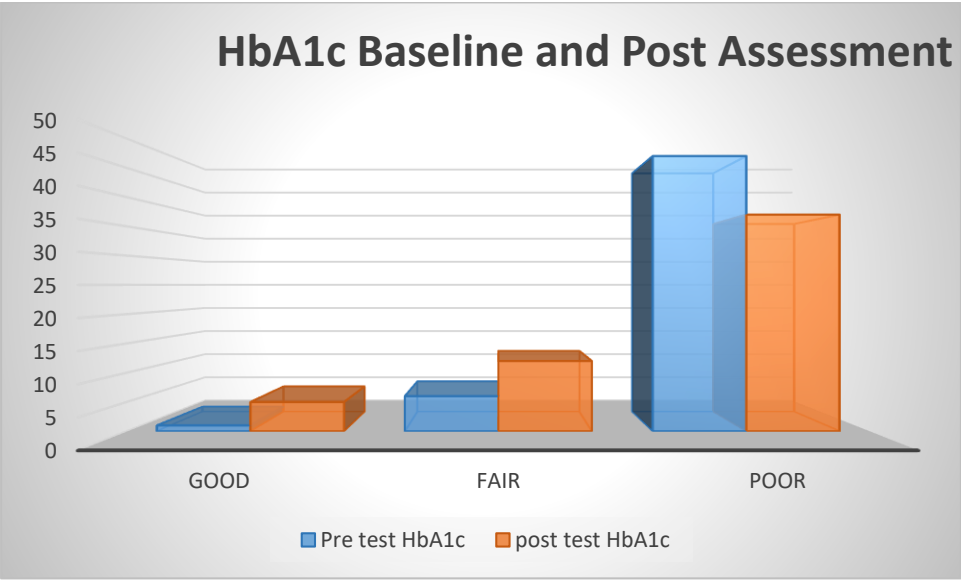
Once their attend medical clinical they are no longer supported. At the age of 15 they are either year 9 or year 10 meaning they are still students and not earning to support themselves. They complete tertiary education at the age of 22 and above. Therefore the 78% are mostly neglected and most rely on the organisation for support.

Fig.4



The Young Diabetes of Fiji was established to raise funds for unfortunate children, and as the graph stated 78% lives below the poverty line. Type 1 can be very expensive, with daily injection the patient needs to change his/her needle often, having a special diet, regular visit to clinics and daily checking to delay complication. Most health can be the last priority to the basic needs as results they are more neglected. Most of our children lives in very remote places in the interior of Rakiraki, Tavua (Nadarivatu) and Ba from sugarcane farming background, they must travel to Lautoka for clinic. There are children that lived in the interior of Naitasiri, Tailevu as far as Natewa and Taveuni in vanualevu. The project team conduct home visit not only to provide socio psychosocial support to diabetics but also their parents and caregivers, conduct medical check and counselling also.

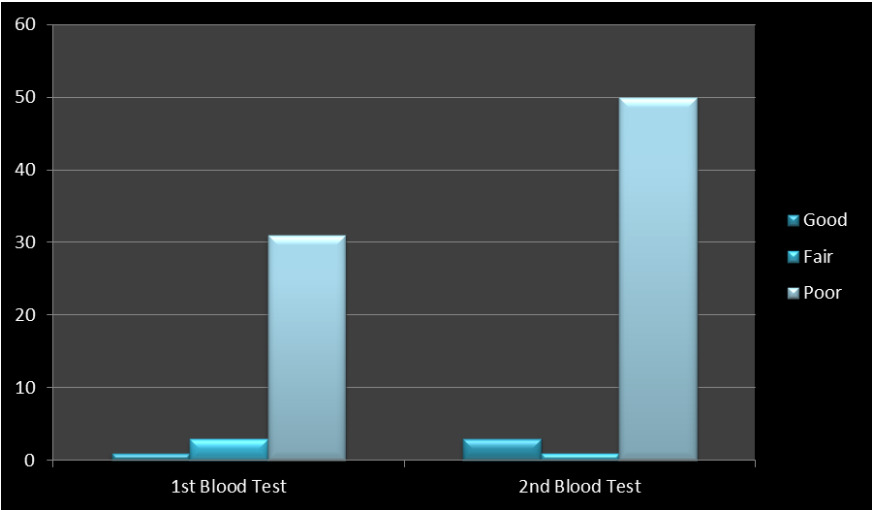
Fig 5. HbA1c Baseline and Post Assessment



After one year of the project, we noted a slight drop in the numbers of members with poorly managed HbA1c and slight increase in good level. This is a major achievement to the project in just a year.

Pacific Eye Institute (PEI) and Fred Hollow Foundation of New Zealand for donated a point of care HbA1c analyser machine with 200 reagents worth of \$3,565.00 to Diabetes Fiji Inc. The machine has enabled them to monitor their blood glucose daily. They were also trained on how to use machine to identify their low and high blood glucose days and identify factors that elevate or drop blood glucose.

Fig 6.



Objective 2. To be able to promote wellness amongst the young diabetics and become empowered on healthy living.

Peer Meeting

8 consecutive face to face meetings with our Young Diabetes Fiji (YDF) members.

Members meet on a monthly basis to share their experience and how they are better managing their health. They were also visited by medical personnel that provided group session awareness. Apart from the usual peer meeting members were also involved in team bonding activities, awareness drives and crusades.

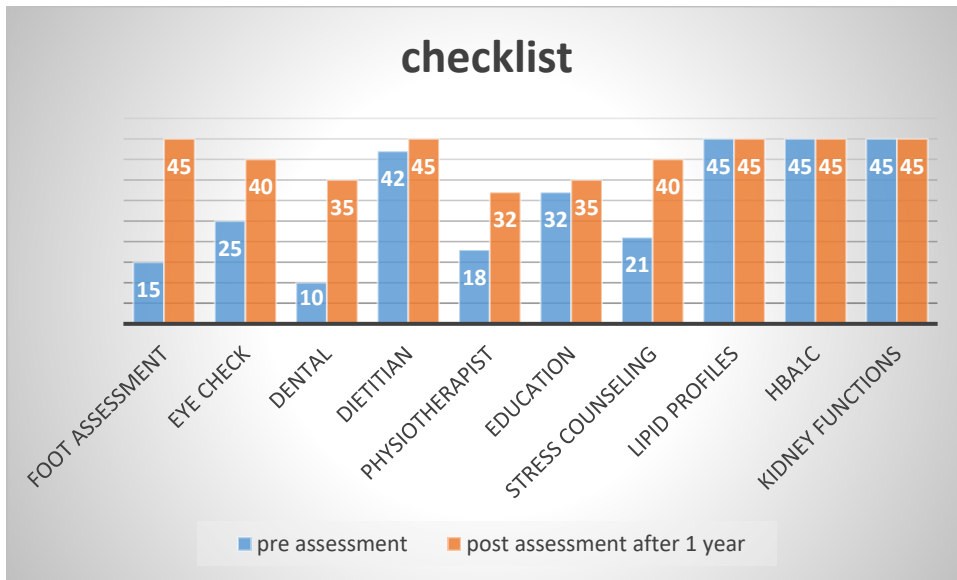
8 virtual meetings were achieved during the Covid 19 pandemic. Due to covid restriction, the Project Officer conducted virtual meetings with members. One of the biggest issues raised during the meeting is on vaccinations. A counselor was also involved also to provide mental health counseling. As many members that were tested positive were panicking as there was much misinformation and fear about covid 19.

Caregivers meeting

6 caregivers' meetings were held during this period. These caregivers are mostly parents and guardians. The carers met and there were many issues discussed regarding diet, medications, their children's involvement in sports, and stress. Many carers find it very stressful long after a type 1 diabetics especially when there is very little information available. Few carers had to undergo one-to-one counselling. While group sessions were facilitated by medical personnel.

Objective 3. To be able to prevent complications of Diabetes. (Foot problems, blindness, heart disease, gum disease and hospitalization)

Fig 7



With better monitoring there was an increased in 25% in Young Diabetics getting assessed for risk of complications as in fig.7. Also noted a decrease in readmission over the period of one year from 3 cases in 2020 to one in 2021.

Objective 4. To be able to promote partnership with communities and schools for the prevention and control of Diabetes.

The YDF participated at the Color explosion program in Lautoka and set up a booth to create awareness on Diabetes with more emphasis on type 1. They also participated in the Cure Kids Namosi marathon, walk for Health organized by wellness unit, yellow ribbon walk.

- 5 school outreaches were conducted.
- 5 youth groups were visited and facilitated with Diabetes awareness and advocacy.
- 35 community outreach and advocacy within two years. (2 in the northern division, 5 in the western division and 29 in the Central division).
- 5 different sports organizations were engaged with our advocacy and awareness program.
- 3 different media partners (Fiji One, FBC and CFL) engaged with our awareness and advocacy program.
- Social media were great opportunity for the project team to extend our awareness and advocacy every once a week.
- The project team also can engage our program with our stakeholders and working partners.
- Great opportunity for the project team to facilitate and be part of most of the important health celebration and workshop.

Objective 5. To be able to monitor Diabetes control throughout the year and have a high quality of life.

- The project teams have a good strategy by set Blood Glucose Monitoring baseline data and PEN model to measure the effective for this project.

Picture 1:



Group photo of our first training participants with PS Health and Chair DFI



Picture 2:



Picture 3:

PICTURE 2- ADVOCACY COMMITTEE: standing L-R: Social Welfare officer Iftiyaz, LGBT Lasarusa, Caregiver Chaundry, Hub Medical Officer Dr Rajesh Sharma, Project Officer Marawa Kini sitting L-R type 1 Advocate Sovaia, Caregiver Devina, Special School and Disability rep Iliana

PICTURE 3- CARERS MEETING- Parents and cares of type 1 diabetics having a session with Counselor Ana.

PICTURE 4



PICTURE 5



Picture 4 and Picture 5 are the YDF outreach to school in Naitasiri

Picture 6



Picture 7



Pic 6- A type one receiving assistance. Picture 7. Participants presenting in a training
Picture 8-11- YDF Home visit



Picture 12-14- YDF participating in the Walk for Health Program organized by Min of Health



Assessment carried out by two Research Students volunteer from the Fiji National University.

Key findings

There were several potential limitations, assumptions and constraints were identified during the evaluation of the project. These were addressed with the support of the evaluation management.

The conclusion is divided into different sections related to the evaluation and evaluation questions and objectives around the project relevance, efficiency, effectiveness, impact and sustainability.

Relevance: although there are areas of improvement, in general the project was relevant and was aligned with the project's objectives. The activities planned for this project were all carried out except for the young diabetic camp and community empowerment and engagement program. The project could have been more relevant, especially at the basic level because the attendance of the YDF was not very good therefore the support team needs to find convenient time especially for students and working patients. Another reason for irrelevances is that all activity minutes are needed to be recorded and well-kept for reference purposes.

Effectiveness: The project contributed to expected and unexpected results, and in general was effective in terms of completing the activities and in terms of contributing to the goals and objectives outlined in the project document. According to the interview, all patient cares that were interviewed are highly supportive of the project even though the hardly attended. But there

was a proper record available with the project officers that can assure that young patients are engaging well with the project

Impact: The project is having positive impact on the patients as it has been noticed patients are already taking ownership of their health. Proper records of data are needed in order to measure the goals and objectives of the project.

Sustainability: The project is sustainable even if the challenges remain. According to interviews conducted, it can be concluded that the project is sustainable, and it has good impact to the young diabetic patients in terms of them taking ownership of their health. The most important element which could have contributed towards sustainability was omitted by the project officers. The Project officers need to keep proper records of the program progress in order to measure sustainability.

The evaluation also reveals some lessons learnt that could be useful for the following purposes such as

- Improve the process of design and inception of the project- (the proposal should be more detailed and very clear with its goals and objectives; this can help project get well funded and achieve its purpose)
- To develop better implementation plans
- To improve monitoring and reporting-(proper record of the data and information always are needed to be kept for monitoring and evaluation purposes and also for later research studies as well as for other utilization of data in future)
- For better consideration of implications of a project in terms of organization, governance, coordination, collaboration and financial management
- Improving existing strategies and knowledge management at the activity and project levels to ensure sustainability

These are some of the recommendations made during evaluation:

- Improving the process of designing projects

- Developing better implementation plans
- Improving monitoring and reporting
- Better consideration of implications of a project in terms of organization, governance, coordination, collaboration and financial management
- Improving existing strategies and knowledge management at the activity and project levels to ensure sustainability

Project Introduction

Fiji Incorporate previously was established in 2012 to advocate for diabetics and improve theirs and their families' lives. The organization aim to steer national solidarity in combating diabetes and through Young Diabetic Peer Group. Diabetes is very common in Fiji and the number of people with diabetes is growing. Currently almost 1 in every 3 Fijians is being diagnosed with diabetes, that's 30% of the population (Diabetes, 2021). Therefore, the organisation is trying to address this problem at a primary level with the Young Diabetics to decrease their case admissions, complications, ensuring diabetes control and reduction in default clinics. The project is about empowering young diabetics to take ownership of their diabetes through the creation of young diabetes community peer groups. The organization has established peer support groups who creates awareness and motivates newly diagnosed diabetics, their families, schools and communities. The organization assisting and providing screening consumables (glucometer machine, glucose lancets, glucose strips, insulin syringe) under privileged diabetics living under 30 years age.

Evaluation Purpose

- To assist the organization, communicate and work together towards common goals of empowering young diabetes communities in taking ownership of their diabetes
- To ensure that vital data collected, are stored and used accordingly in alignment with the project's goals and objectives
- To measure how well project activities have achieved its objectives

Evaluation Objectives

- To access how the project meets the needs of the Young Diabetic patients.
- To access the effectiveness of the project.
- To access the efficiency of resource management
- To access the impact of the project to the target group.
- To identify how sustainable the project will be.
- To measure the project progress and to identify strength and weakness.

Methodology

The evaluation employed a mixed methodology of quantitative and qualitative research tools in an integrated design to enrich the process and provide more insightful understanding. The quantitative research tool was used to collect data about the number of participant's part of the project and attending the planned activities of the projects such as peer meetings. To also record number of consumables such as (glucometers machines, strips, insulin injection and lancets) were distributed to the unprivileged young diabetes for the monitoring of their CBG. The qualitative research tool was used for desk review which included the analysis of associated project documents to extort information about the project and also to collect information on how effectively project is achieving its goals and objectives through interviews as well as to allow interviewee to open up in order to bring up new ideas and approaches.

Evaluation Findings

Assessment	Measure	Remark
Relevance	<ul style="list-style-type: none"> • Young Diabetic Community Peer Group Meeting • Care Meeting • Distribution of Glucometers, stripes and lancet • Advocacy Awareness Committee meeting • Diabetes School Outreach • Diabetes Community Outreach • Young Diabetes camp • Community Empowerment & Engagement Programs. • Young Diabetic Fiji Training 	<ul style="list-style-type: none"> • The activities planned were all carried out except for the young diabetic camp and community empowerment & engagement program. • Attendance of the YDF is not very good therefore the support team need to find a convenient time especially for student and working patients. • All activity minutes was well recorded.
Effectiveness	<ul style="list-style-type: none"> • Young Diabetic patient engagement to the project • Objective achieved • Challenges faced by project officers and Young Diabetic Patient. 	<ul style="list-style-type: none"> • There is a bookkeeping was available with the project officers that was assured that young patient are engaging well with the project. • According to interview, all patients and cares that were interviewed are highly supportive of the project even though they hardly attend. • The project team is in the right tract to achieving the objectives.

Efficiency	<ul style="list-style-type: none"> • Were activities cost efficient • Were objectives achieved on time • Were their enough Resources to meet the objectives • Alternative chosen to implement activities. 	
Impact	<ul style="list-style-type: none"> • Impact of the project to the young diabetic patients. 	<ul style="list-style-type: none"> • Patients are already taking ownership of their health. • Records need to be well recorded in order to measure the improvement
Sustainability	<ul style="list-style-type: none"> • Will the project benefits continue after completion of the project? • Strength of the project • Area of improvement • Will the project be sustainable through these strategies? 	<ul style="list-style-type: none"> • Project officers need to keep records to enable them to measure its sustainability. • According to interview, it can be concluded that the project is sustainable, and it has good impact to the young diabetic patients in terms of them taking ownership of their health.

Work Plan Check List

Activities	Timeline	Expected to be completed	Remarks
Young diabetes community peer groups meeting	One meeting in every month	7-8 meetings	3 meeting has been conducted. Looking at the challenges faced by patients it can be concluded that 3 meeting in 6 months is more effective compare to 1 meeting every month. Need to arrange a time convenient to the patients so that we can improve their attendance.
Set up and advocacy awareness committee, meeting (representatives from medical, teachers, LGBT, children with a disability, ministry of social welfare and community cares)	Quarterly meetings	2 meetings	Target has been achieved. Attendance should be taken for reference purpose. According to the attendance register only the attendance for the second meeting is been taken.
Diabetes school outreach (1 primary and secondary)	Total of 2 schools per quarter	4 schools' outreaches	Target achieved for the 2 quarter. The team should focus more on school outreach as recommended by cares.
Diabetic community outreach (people in remote communities and informal settlements)	Total of 2 community outreach per quarter	4 outreaches	7 diabetic community outreaches have been carried out for the past 6 month which is a good

			achievement. Diabetic Fiji should focus more on outreach to spread the knowledge.
Young diabetes camp	One camp conducted yearly	1 camp	No camp has been done yet.
Community empowerment & engagement programs (CEEP) (gardening, sports, with cooking demonstration, care for feet practices, open day, home visit)	Monthly	7-8	
Young diabetes Fiji training (clients, care givers and teachers)	Two training per year (1 st training and refresher the 2 nd training)	1	YDF Training has been conducted whereby 14 patients attended.

Challenges Faced

- Communication breakdown (Patient, Medical staff and Project Team)
- Patients have low self-esteem
- Ignorance from patient
- Time & Environment
- Patient not willing to take part in the project
- Stigma – Less support from Community and schools.
- Open to the community (patient)
- Keeping up with diet
- Outdoor games

Strength of the project

- Working and partnership with other key stakeholders and create more opportunities and support the objectives for this project.

#	Name of Organization	Discipline
1.	Ministry of Health & Medical Services	Technical advice
2.	LDS Charity	Faith Based & Financial support
3.	Project Heaven, Fiji Cancer Society, Pacific Eye Institute (PEI), Medical Services Pacific (MSP), Ministry of Social Welfare, Ministry of Youth and Sports, Consumer	Working Partner

	Council of Fiji, FNU, USP, SPC, WHO	
4.	Fiji National Sports Commission, Fiji Basket Ball Association, Fiji Volley Ball Federation, Fiji Net Ball Association.	Sports Organization
5.	Fiji One, FBC, CFL. Fiji Times, Fiji Sun, USP Media, FNU Media and other small media partners like Mai Life Magazine, Teivovo Magazine and etc.	Media Partners
6.	CMFI, AG, Fiji Muslim League, Sai Prema Organization,	Faith Based Organization

- Effective communication and frequent communication between the projects team, to Medical staff, diabetes patient and vice versa is the main tool and drive for this project.
- Support from the Ministry of Health & Medical Services, Parents and care giver of type 1.

Conclusion

The Young Diabetes Fiji project has completely phased out this year 2022, and its impact has made tremendous improvement in the service delivery of the Health Ministry, better skilled of our YDF members who attend clinic at the respective health facilities within Suva and Nausori corridor. Also community programs have empowered diabetics and their loved one to take ownership of their own health with right knowledge and practices. For this Young Diabetes Fiji project to

be viable in the Ministry the following areas will needs to be considered or strengthened: -

1- Established peer support group in every subdivisional SOPD, and major health centers in densely populated areas.

2- Incorporate the reporting system into the reporting system of the health Information Unit

3- Continue the training at the three hubs

5- Basic footcare instruments, assessment tools and dressing medication to be included in the Equipment and drugs list orders for health facilities.

6- Targeting percentage of feet to be assessed and saved must be included in MOHMS strategic plan. Also included are the diabetes community peer support group and young diabetes of Fiji program. This will ensure that Public Health will continue the programs as currently practiced.

7. Providing the one machine per child, it will well monitor the blood glucose control, and save the number of diabetes complication