

IDF Child Sponsorship Program

life for a child with diabetes



International Diabetes Federation

In partnership with Diabetes
Australia and HOPE worldwide

Update 10 – June 2006

The program has now expanded to 13 countries with the addition of Nepal and Nigeria.

NEPAL

Mount Everest and other peaks tower over the idyllic valleys of Nepal, just north of India. The country is extraordinarily beautiful, but the economy is weak and the health infrastructure is unable to meet the needs of all the population. Moreover, severe political instability has added much to the difficulties. It is not known how many Nepalese children have diabetes, but children from all classes and geographic regions are affected. The number might be much less than the actual numbers who have contracted the disease – many may have died without diagnosis or adequate management. The need for assistance was raised with us by a Peace Corps volunteer working in rural Nepal, with the request then amplified by Patan Hospital in Kathmandu – the capital city. Funds became available at the end of 2005, through the Rotary Club of Lane Cove in Sydney, Australia. A proposal for three years support is being sent to the Rotary Foundation (this will be supported by funds from the Eli Lilly Company). The support will provide insulin and related supplies for the increasing numbers of children that the Nepalese doctors expect to see as more children are cared for and other hospitals in the country hear of the program. We have sent over some interim funds whilst the proposal is going through. Already, this is leading to referrals so that children can have a hope and a future – see Deepak's story below, written by Dr. Buddhi P Paudyal, the senior physician caring for these children at Patan.

When poverty and diabetes go together: Deepak's tale

Deepak is 13, and comes from a village 150 km south of Kathmandu – reached by a long bus ride then a six hour walk. He is the youngest of six siblings. His parents are farmers, working in other's lands but with no land of their own. Therefore they barely have enough to make ends meet. Deepak was studying at his local school (Grade 3) when four months ago he started to develop symptoms like increased thirst and urinary frequency together with weight loss. He then developed a fever – and the family sought medical attention at the local health post.



He was then referred to Kanti Children's Hospital where he was diagnosed with diabetes. From Kanti he was referred to Patan Hospital for support and management through "Life for a Child".

Over the past month his health has improved dramatically and has returned to being his normal self – as cheerful and blissful as ever. We hope that we continue to see Deepak doing well, and even better, seeing that expression of both relief and radiance in his mother's eye.

AZERBAIJAN

As reported in Update 8, the Program now supports children in the two largest cities in Azerbaijan – the capital Baku and the city Ganja in the west of the country. The Government supports clinics and supplies insulin – we provide funds for self-monitoring of blood glucose to reduce the high rate of complications. Here are some photos of sponsored children at the Diabetes Centre in Baku:



NIGERIA

Nigeria is Africa's most populous nation, with over 120 million people. Lagos is the largest city. The population is variously estimated at 10-15 million. In Nigeria, the notion is that diabetes is a disease of the elderly. Therefore when diabetes is diagnosed in a child, there is often disbelief, trepidation, and even total rejection of the diagnosis. Families must pay for all the cost of care – 63,500-82,500 Nigerian Naira (510-660 USD) per year in direct costs alone – this is more than the annual income of many families.

With support from the Rotary Club of Tallahassee in Florida USA, Rotary District 9110 in Lagos, matching funds from the Eli Lilly Company, and then matching funds from the Rotary Foundation, we have commenced a three year program to help children cared for by the Lagos University Teaching Hospital. (LUTH) We expect that this program – providing comprehensive care – insulin, syringes and needles, blood glucose and HbA1c monitoring, diabetes education and follow-up – will start to revolutionise paediatric diabetes care in Nigeria, by providing best practice care and the development of a centre of excellence at LUTH. More news in the next update.

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