

NORTH INDIAN EDUCATIONAL TRUST (NIET)

STRATEGY

NIETs INDPCP PROGRAMME is committed to building National political priority for diabetes. Without political priority, and Global and National level action, diabetes will be stalled by a lack of attention and resources, and people with diabetes will continue to suffer and die needless deaths.

Through our proposed close relations with Central and State Governments and our extensive network of NGO Member Associations and regions, we can connect the National political arena to action on the ground.

Ensured follow-up to the benefits people with diabetes;

Integrated diabetes into the post-2015 development framework;

Mobilised National resources for diabetes.

DIABETES PRIORITIES

NIETs advocacy is driven by the ambition to improve the lives of people with diabetes and those at risk. Whether working at the National or local level, our advocacy is underpinned by following three major issues as outlined.

Improve health outcomes for people with diabetes

NIETs INDPCP Programme estimates that over 50 million people with diabetes lack access to the treatment and care they need. Universal access to essential medicines and technologies is a critical priority of **NIET** and we are advocating for it at the highest level. In addition, **NIETs INDPCP PROGRAMME** will develop a 'model of care' to outline the essential treatment and care governments should prioritize people with diabetes, and **NIETs INDPCP PROGRAMME** is working to make self-management education available to all people with diabetes

Prevent Type 2 Diabetes

Preventing future cases of diabetes is vital or reduce the costs and impact of the growing burden of diabetes. **NIETs INDPCP PROGRAMME** is working to see health included in all policies, make healthy nutrition available for all, and promote physical activity.

Stop discrimination against people with diabetes

At the core of **NIETs INDPCP PROGRAMME** advocacy work is the pursuit of social justice and health equity for people with diabetes and those at risk. Diabetes is strongly linked to social and economic disadvantage, and people with diabetes face health inequity, discrimination and stigma.

VISION

Our vision Charter is to:

Optimize the health and quality of life of people with diabetes in India

Enable people with diabetes to have as normal a life as possible

Reduce or eliminate the barriers to people with diabetes realizing their full potential as members of society.

OUR CHARTER shall set out the rights as well as the responsibilities of people with diabetes. Acknowledges the wide National/Global variety in the quality of healthcare as well as customs and practice that impact in different ways on people with diabetes

To represents the 'gold standard' in care, treatment, prevention and education to which people can aspire.

OUR CARE

People with diabetes shall have the care to get assisted through our

INDPCP PROGRAMME

- For Early diagnosis and affordable and equitable access to care and treatment, regardless of race, ethnicity, gender and age, including access to psychosocial care and support
- To Receive regular, reliable advice, education and treatment in accordance with evidence-based practice that centres on their needs, irrespective of the setting in which they receive that care

- To Benefit from proactive health sector community outreach, education and prevention campaigns in every healthcare setting
- To Access to high-quality services and care during and after pregnancy and childbirth
- To Access to high-quality services and care during childhood and adolescence, recognizing the special needs of those not necessarily in a position to represent themselves.
- For Appropriate transitional care, addressing the progression of the disease and the changes that occur with age.
- For Continuity of appropriate care in emergency situations.
- To be treated with dignity and respect - including respect for individual, religious or cultural beliefs and parental insights - by healthcare providers, Diabetes Educators and feel free to make complaints about any aspects of diabetes services without detriment to their care and treatment.
- To Obtain Information relating to their diabetes being kept confidential and not disclosed to third parties without their consent and the choice whether or not to take part in research programmes, without detriment to care and treatment.
- To Advocate, individually and collectively, to health providers and decision makers for improvements in diabetes care and services.

People with diabetes and the parents or carers of people with diabetes Shall have the following Charters in/for:

- Information and education about diabetes, including how it can be prevented, how early detection in high risk individuals is an advantage, how the disease can be managed effectively and how to access education and clinical resources through Qualified Diabetes Educators.
- High quality diabetes self-management education at diagnosis and whenever needed that integrates the clinical, behavioural and psychosocial aspects of diabetes in a group or individually.
- Be involved in assessing, planning and implementing as well as monitoring their own care and health goals through Qualified Diabetes Educators

- Reliable information about the names and dosage of any therapies and medication, their actions and potential side-effects and interactions with other medical conditions and therapies, specific to the individual through Qualified Diabetes Educators.
- Individual access to their medical records and other relevant information if requested.

People with diabetes shall have be responsible for :

- sharing information with their diabetes educators/healthcare providers on their current state of health, all types of medicines they are using, allergies, social setting, lifestyle behaviour and any other information that would be relevant in a health provider determining the most suitable treatment and advice
- Manage their agreed care and treatment plan with their diabetes educators/healthcare providers.
- adopt, implement and monitor healthy lifestyle behaviours as part of their self-management of diabetes through diabetes educators/healthcare providers.
- share with their healthcare providers any problems they experience with their recommended treatment plan, including any barriers to its successful implementation.
- inform family, school, work and social colleagues they have diabetes so that they can be supportive to people with diabetes, if and when needed
- show consideration and respect for the rights of other people with diabetes and their diabetes educators/healthcare providers.

Key areas of work for INDPCP PROGRAMME include:

Leadership development for health professionals.

Producing tools and resources for health professional education and training.

Provision of Diabetes education through affiliation with Central and State Government, Ministry of HRD and Ministry of Health Government of India and for Creation and development Diabetes educators in all states of India through associated Non governmental organizations.

Developing strategic alliances with Regional, State level, district level, Block Level and Gram Panchayat level NGOs for providing Diabetes Education, Awareness, Diabetes Management and Control

Fostering communication and knowledge exchange among health professionals involved in diabetes care and research.

Recognizing high quality diabetes education centres as exemplars of health care professional training.

Delivering high quality interdisciplinary training programmes.

Providing expert advice for Diabetes Education activities.

PARTNERSHIPS AND ALLIES

As a federation of over [1000 NGO Member Organizations](#) in all States of India, we have a strong voice for diabetes.

By building strategic proposed alliances and partnerships across all sectors – Central, and State governments, civil society and the private sector – our impact for people with diabetes is even getting stronger.

One of the most impressive and influential partnerships is **the NIETs [INDPCP PROGRAMME](#)**, Because of the reputation of **NIETs INDPCP PROGRAMME** alliance with civil society organizations(NGOs), we have built influential relationships across all states. We have already strong relations through direct empanelment for this **INDPCP PROGRAMME** with 700 NGOs and planning to establish tie up/ work under the umbrella of Central and State Government Authorities, intergovernmental organizations, and another 1000 NGO communities. These partnerships and allies have catapulted **NIET INDPCP PROGRAMME** onto the National stage, allowing us to represent diabetes at the highest political levels, deliver speeches and statements to decision makers and contribute to influential articles and publications.

Diabetes is more than just a health issue and at NIET we believe partnerships are the cornerstone of the diabetes response. To support this view, NIET has launched the **INDPCP PROGRAMME**.

The vision of the INDPCP is:

To influence change on the Indian health care system to improve diabetes prevention, detection and care and to speed the development of pathways to cures for diabetes.

The mission of the INDPCP is:

To unite and align key diabetes stakeholders and the larger diabetes community around key diabetes-related policy and legislative efforts in order to elevate diabetes on the National Agenda.

DIABETES SCREENING: THE GATEWAY TO PREVENTION AND CONTROL

Targeted screening for diabetes and prediabetes is the gateway to stopping or curtailing the disease. It is especially critical given the 20 million Indians who have undiagnosed diabetes and the 30 to 40 million with pre diabetes² who are at high risk of developing type 2 diabetes. It is currently recommends screening for type 2 diabetes only in asymptomatic adults with high blood pressure.

SCREENING ENABLES EARLY IDENTIFICATION AND PREVENTION

On average, diabetes reduces life expectancy by 7.5 years in men and 8.2 years in women. Targeted screening can identify high Targeted screening can identify high betes. With this information, patients and providers can take preventive action or begin treatment to help save lives.

For those with prediabetes—diet, exercise, and weight loss are measures that can prevent or delay type 2 diabetes

For those with previously undiagnosed diabetes— appropriate treatment and care, including Diabetes Self Management Training, can prevent or delay complications.

Screening is essential in alerting people to the risks they face Millions don't know they already have type 2 diabetes or are at high risk of developing the disease.

About 25% of people with diabetes are undiagnosed. It is estimated that 90% or more of those people with prediabetes are unaware of their condition, a grim statistic given that prediabetes often progresses to type 2 diabetes within 7-10 years.

Advocacy Priorities 2014-15

The vision of the INDPCP is:

Prevention

Preventative Health Savings

Preventing Diabetes in Medicare

Medicare Diabetes Prevention

Gestational Diabetes

Detection

Screening

Care

Diabetes Clinical Care

Access to Quality Diabetes Education

Essential Health Benefits

The **North Indian Educational Trust (NIET)** is a voluntary, non-political, non-profit making social service organization, established to promote education, amongst educationally backward sections of the society and for upliftment of downtrodden people through various developmental projects for health and hygiene. NIET is involved directly implementing the developmental projects. We in NIET believe in sustainable model of development where believe in Participatory Approach for the implementation of the sustainable development health and education projects.

NIET IS Registered under 12A,,80G, 10(23)(c)(iv) Asst Year 12-13 of the Income Tax Act of 1961, Approved institution under FCRA under Ministry of Home Affairs Govt of India. Niet is in the verge of getting special consultative status from UNO, Department of Economic and social Affairs NGO Branch, since the committee of United Nations Department of Economic and social Affairs has recommended our Organization.

Dr. Mansoor M. Ahmed, PhD PRESIDENT

Dr. Mansoor M. Ahmed received his Ph.D. from University of Madras in Environmental Toxicology studying the cytogenetics and molecular biology of pesticides induced myelodysplastic syndrome in farmers from South India. He had his post-doctoral training at Thomas Jefferson University and University of Kentucky studying micro-dissection of chromosomes in solid tumors and radiation-induced signal transduction respectively. He had his first faculty position appointment at Department of Radiation Medicine, University of Kentucky, where he established molecular radiation biology program. After his full-tenure at University of Kentucky, he then later joined Weis Center for Research at Geisinger Clinic and later to Department of Radiation Oncology, University of Miami, whereby, he established programs in Molecular Radiation Biology.

His major research focuses involved employing various novel strategies with the goal of increasing the therapeutic ratio through two broad areas: (1) the manipulation of tumor control by modulating the processes that control cell cycle and apoptosis; and (2) the reduction of normal tissue morbidity by applying the emerging information on the molecular mechanistic basis of radiation or chemotherapeutic sensitivity. He has a major interest in how best to apply fractionation schemes from a mechanistic standpoint. His translational pre-clinical research on low-dose radiation as a chemo-potentiator resulted in the development of novel clinical protocols for head and neck, pancreas, ovarian and lung cancers. He joined Radiation Research Program in March 2012 covering portfolio of grants in signal transduction, bio-markers, cancer stem cells, immune modulation and in-vitro & in-vivo models in radiotherapy.

Currently a Program Director at the Radiotherapy Development Branch of the National Cancer Institute, Dr Ahmed obtained his medical degrees from the University of Madras in India. He was awarded the Award for Excellence by the Indian Society for Radiation Biology in 2012 for significant contributions in radiation biology and oncology and has also completed research fellowships awarded by the Governments of Japan and India. He is a member of the editorial board of the Journal of Cancer Research and Therapeutics and the Open Nuclear Medicine Journal and has reviewed for international journals including International Journal for Radiation Biology, British Journal of Cancer, Future Oncology, Journal of Cancer Science and Therapy, Free Radical Biology and Medicine, Biochemical Pharmacology and Toxicology. He has over 50 peer-reviewed publications in major oncology and pharmacologic journals and is a member of various international societies and associations, including the Indian Society of Radiation Biology, American Urology Association, American Society for Radiation Oncology, American Society of Clinical Oncology and the American Association for Cancer Research.