Life for a Child supports 800 young people living with type 1 in Rwanda

At summer camp in Rwanda, the theme was hope. Over 100 young people from across the country came together to share knowledge, experiences and have fun. Dr. Anju Goel attended on behalf of Life for a Child to support the local health professionals and provide general assistance throughout the camp, which was organised by the Rwanda Diabetes Association.

Dr. Anju said one of her favourite moments was seeing an experienced and older returning camper, who is now a nurse, helping a fellow camper who was struggling with her family's lack of acceptance and the depression it caused.

As part of the camp the group visited the Genocide Memorial Centre, a place for remembrance and learning about the 1994 Rwandan genocide. Each camper placed a rose on the memorial.

“Camp was a really wonderful experience!”

Dr. Anju Goel
**Tajikistan Camp**

“I never could understand what carbohydrate units were. I never understood that there is a meaning in how much insulin and carbohydrate should be given. I didn’t even know that insulin needed to match food. But now I can count carbohydrate units and try to see if it works with the insulin my child gets.” A parent talks about having a better understanding of the balancing act between insulin, exercise and food after attending camp.

It wasn’t all work - there were plenty of fun and games too. Here some campers are playing a game which encourages teamwork and cooperation.

**Research and Impact**

Life for a Child’s ultimate aim is for supported centres and countries to become self-sufficient in diabetes care. To this end we work on research, advocacy and sustainability, alongside our core care delivery activities.

We recently published a paper in the Journal of Diabetes Research: “Incidence and mortality rates, and clinical characteristics and complications, of type 1 diabetes among children and young adults in Bolivia”. The study documents the initial impact of the program since Life for a Child started supporting young people in the country in 2005 and shows encouraging results. The graph below shows Bolivian HbA1c levels. The overall pattern of HbA1c levels was not dissimilar to recent US T1D Exchange data.

**DR Congo**

“Thank goodness, thank you for this support. For a diabetes association like ours, in a corner of war, displacement of populations and natural disasters, we cannot exist alone and without support.” Alfred, Centre Manager, Democratic Republic of Congo

**Duminda - Sri Lanka**

“He did his exams last year and he is pleased he passed 6 subjects, however, has to take English and Science again. He has 2 younger sisters and his mother works at a rubber factory close to home. He does part time work to help his mother financially as his father passed away.”

Duminda faces the same issues as many teenagers around the world. Having type 1 diabetes brings added challenges which he sometimes struggles with. Duminda is supported by Life for a Child and the Diabetes Association of Sri Lanka.