Way forward with Standard Treatment Guidelines in Jharkhand

Jointly organized by CDMU & Catholic Charities

Catholic Charities, Jamshedpur, June 24, 2022

Summary Meeting Report & Feedback Analysis

Prepared by

Proceedings of the meeting on the 'Way forward with Standard Treatment Guidelines in Jharkhand'

Authors: **Community Development Medicinal Unit**

Event Date: **June 24, 2022**

Event Venue: **Jamshedpur, Jharkhand**

Event Organized by: **CDMU & Catholic Charities**

No. of participants: 12 representatives from CDMU member organizations from the various Member Organisations (MO) of the region, participated in the meeting

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Prayer & Welcome

The program initiated with prayer by Sr. Tigga & Sr Puspika which is followed by brief welcome by Fr. Birendra. He welcomed representatives from CDMU as well as the sisters participated in the program. He then handover the session to Fr. C R Prabhu, Secretary, Catholic Charities.

Fr. Birendra in his welcome address

Brief introduction of the program

Fr. C R Prabhu initiated his speech with his association with rational drug program with Voluntary Health Association of India in his early days. He pointed out that same concept is still relevant as it was in early eighties. There is advancement in healthcare system in India but still poor cannot afford to pay for the healthcare cost. The rational drug therapy is the only way to provide relief to those people. He extended his sincere gratitude for the same to CDMU and its effort to propagate the concept. He also emphasized on the health care centre to follow the same for providing effective treatment.

Presentation – Standard Treatment Guidelines in rationalizing healthcare delivery in Jharkhand: How to use Standard Treatment Guidelines – 3rd edition

Mrs. Sulagna Dutta opened the talk welcoming all the scientists and doctors who were able to participate in the meeting and have shown the way to make a more people friendly pharmaceutical policy. She also shared the program schedule as in Annex 1. The last time a prolonged discussion on these issues was held on 19th & 20th Feb 2010, which resulted in many fruitful conclusions and recommendations. Three specific recommendations for CDMU were:

- Price of Medicine,
- Irrational medicines &
- Universal Healthcare

Interestingly, these were also the 3 main organizational objectives of CDMU. CDMU decided to open up its boundaries of operations by looking at the neighbouring state of Jharkhand and accordingly in 2011 in collaboration with SIGN and Dioceses, CDMU organized a meeting in March to reach out to health centers in Jharkhand to analyze the health situation there. Subsequently a study was conducted with 143 health centers to find out if there were any standard procedures being followed in providing healthcare and their training.

Sulagna Dutta in her session

Some of the findings of this study were that 64 of the health centers admitted that medicine availability was a problem. Price played a huge role in accessibility of medicines. It was surprising to know that no center was able to stock even the WHO essential medicine list. 16 of these centers had a medicine list developed by their doctors. Prescription drugs were available only in 30 centers. Records of monthly medicine consumptions were maintained only in 51 centers, while just 1 center maintained an order book for the ordering process.

Upon conversing with the sisters in an attempt to rectify the situation, it was mentioned that training and setting up process guidelines for treatment would be needed first. This is when CDMU partnered with SIGN and in March 2012 published the first issue of Standard Treatment Guidelines (STGs). Once this was done, SIGN took the initiative to implement these guidelines in all the health centers. After that CDMU conducted the training program for them in their own dioceses by doctors. Finally, 218 health sisters were trained in how they would use these guidelines.

The Clinical Establishment Act of 2010 was implemented in 2013. SIGN conducted meetings where 247 sisters participated to whom the Act was introduced. According to this Act, every health center should have at least one doctor on their payroll. Since this was not achieved

yet, STG became the referral guideline for primary care at the health centers in the villages of Jharkhand. The sisters also requested for a similar guideline for their day-to-day services. CDMU then conducted an evaluation in some centers and finally in April 2012, decided to publish the second edition with the help of the health minister of Jharkhand. They also extended their support to Bihar for application of STG, which was released by the health minister of Bihar. This was followed by a one-day meet with the health centers to ensure that the new guidelines were understood clearly and followed properly. A hand-holding visit was also organized with 42 centers to achieve the same. It was expected that the two editions of STG would minimize the problems of primary healthcare at the health center level. During the visit, a scientific evaluation was performed that considered some specific criteria like, eco-friendly campus, people friendly facilities, cleanliness & hygiene, maintenance of records – like patient register, stock register, preparation of essential drug list, use of SDG in diagnosis & treatment, biochemical waste management, conducting of outreach program and use of IEC materials. This scientific evaluation was conducted by CDMU's advisor Dr. Rajat Kumar Das.

After this evaluation, a few positive outcomes were observed. The sisters started practicing rational use of medicines and also the patients were very satisfied. This way STG created a positive impact in the state of Jharkhand. It also helped them deal with local preventable diseases and reduce the use of antibiotics and increase the use of low-cost generic medicines. They started using stock registers designed by CDMU.

There were some challenges faced also. Specially, when the sisters after getting trained were transferred to a different location. This led to an increase in the number of unqualified sisters unable to provide door-to-door services. Another major concern was transporting medicines to remote health centers. Another one was the decrease in the number of patients effected due to closure of some health centers.

While the evaluation was done and CDMU was interacting with the health sisters, a lot of gaps where clarity was needed were found. An upgradation was needed in the STG. CDMU and SIGN collaborated for a feedback meeting in November 2018 with 50 health centers to work on further modifications in the guidelines. Shortly after, in June 2019 the 3rd Edition of the STG was finally published, where 74 health sisters participated in the launch meeting.

CDMU then reached out to SIGN and to the attending health sisters to provide feedback in order to plan for the way forward.

A form will be circulated for receiving feedback from health centres

Mr. Sushanta encouraged the sisters to ask any questions. He then gave them a form to all the attending sisters asking for the feedback on these fronts (a quick analysis is provided in Annex 2):

- Total number of health centers in each the dioceses,
- Number of active health centers that receive more than 100 patients in a month,
- Whether they have quarterly or monthly meetings and
- If they have had any sessions on STG's

Some of the issues Mr. Sushanta offered clarifications in response to the questions from the sisters were as follows:

Sushanta Roy in his session

- Nutritional support is beyond the objective of CDMU.
- For health camps, CDMU works with their partners and not directly with the patients.
- He offered to work out with the CDMU consultant to check if it is possible for a health center to have a pharmacy without a drug license as in recent times it is not necessary to approach the authorities to get a drug license, it can simply be applied for online
- Alternatives to obtain drug license would also be explored, i.e., if a drug license can be issued on the basis of a pharmacy certification
- Trainings for adolescences was discussed, but more research needed to be done over it.

In conclusion, an analysis of the journey CDMU traversed with the sisters all these years was impactful, and CDMU expressed that it would like to continue the endeavour. If the sisters are having issues with any aspects CDMU offered to try help them in terms of trainings and supplies, apart from helping implement STG at the grassroot level.

A study reveals that 90% of STG that have been developed is not being implemented and is only sitting in bookshelves in health centers. In this case the role of the sisters becomes very important in changing this.

Primary role of CDMU is to provide access to medicines. Mainly to NGO's having health programs, hospitals and mobile clinics. CDMU does not supply medicines to profit making institutions. They supply medicines to tea-garden hospitals since they are charitable entities, as they fall under the CSR activities of tea companies. They also impart STG health training modules for health workers. Specially for other NGOs who lack trained health-workers. This is important because they are the front line of contact with the patient. These training modules are developed usually over a period of 1 year which includes a total of 26 topics. Then CDMU helps implement it over a short hand-held program with the health workers on site.

CDMU is neither a manufacturer or a distributor of medicines. Being an NGO it enjoys a priority in getting them at discounted prices directly from the manufacturer, thereby avoiding their distribution network. There savings are later passed over directly to the health centers supported by them. CDMU has partnered with 10 to 15 manufacturers who offer discounts based on annual purchase volumes of generic drugs. CDMU takes utmost care in ensuring the best quality by tracking test reports of all batches from the manufacturers. And all the while still being able to offer them at the lowest cost to the partners.

Participants in their feedback session

Development of action plan

The program concluded with discussion with sisters and identified a way forward to focus on:

- Trainings of sisters at the MOs
- Continue supplying the MOs with cost effective quality medicine
- Help the MOs implement STG at the grassroot level and not only be parked in bookshelves
- Develop STG health training modules for the sisters and conduct workshops/ handholding programs

Group photograph

Annex I

Way forward with Standard Treatment Guidelines in Jharkhand

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Program schedule

Time	Topics	Persons Responsible
10.15	Prayer	
10.20	Welcome	**Director, Catholic Charities**
10.30	Brief introduction of the program	**Director, Catholic Charities**
10.40	Presentation – Standard Treatment Guidelines in rationalizing healthcare delivery in Jharkhand How to use Standard Treatment Guidelines – 3rd edition	**Sulagna Dutta – Project Manager**
11.40	Discussion	
12.00	**TEA**	
12.25	A form will be circulated for receiving feedback from Health Centres	**Sulagna Dutta – Project Manager**
13.00	Discussion	
13.15	Development of action plan	
13.30	Vote of thanks	
13.35	**LUNCH**	

Annex II: Feedback form data analysis

Table 1: Demographic data of the participating MOs

SN	Centre No	Name of Center	Population covered	Geographical area covered	Socio-economic condition
1	MO1	St Anne's Health Centre, Charbandia	10000 families	10 villages	Below poverty level
2	MO2	Crus Putri Niwas Khuntpani	700 families	10 villages	Below poverty level
3	MO3	St Joseph Hospital, Bhilai Pahari	12000 families		
4	MO4	St Angela Hospital, Chandmari		Chakradharpur	Below poverty level & well to do family
5	MO5	Mercy Hospital			Below poverty level & well to do family
6	MO6	Nirmala Health Centre Amda	4000 families	25 villages	Below poverty level
7	MO7	St Paul's Health Centre	500 families	3 villages	Below poverty level
8	MO8	St Francis of Assisi Health Centre	6000 families	18 villages	Below poverty level
9	MO9	St Charles HC	5000 families	25 villages	Below poverty level

Table 2: Health personnel vis-à-vis patients at the MOs

SN	Centre No	Nurse	Doctor	Health Worker	Pharmacist	Patients
1	MO1	2	1	3		175
2	MO2	1				60
3	MO3	15	2	32	1	400
4	MO4	8	2	5	1	500
5	MO5	90	35		6	1500
6	MO6	2		1		50
7	MO7	2				50
8	MO8	1			1	
9	MO9	1				

Figure 1: Health personnel vis-à-vis patients at the MOs

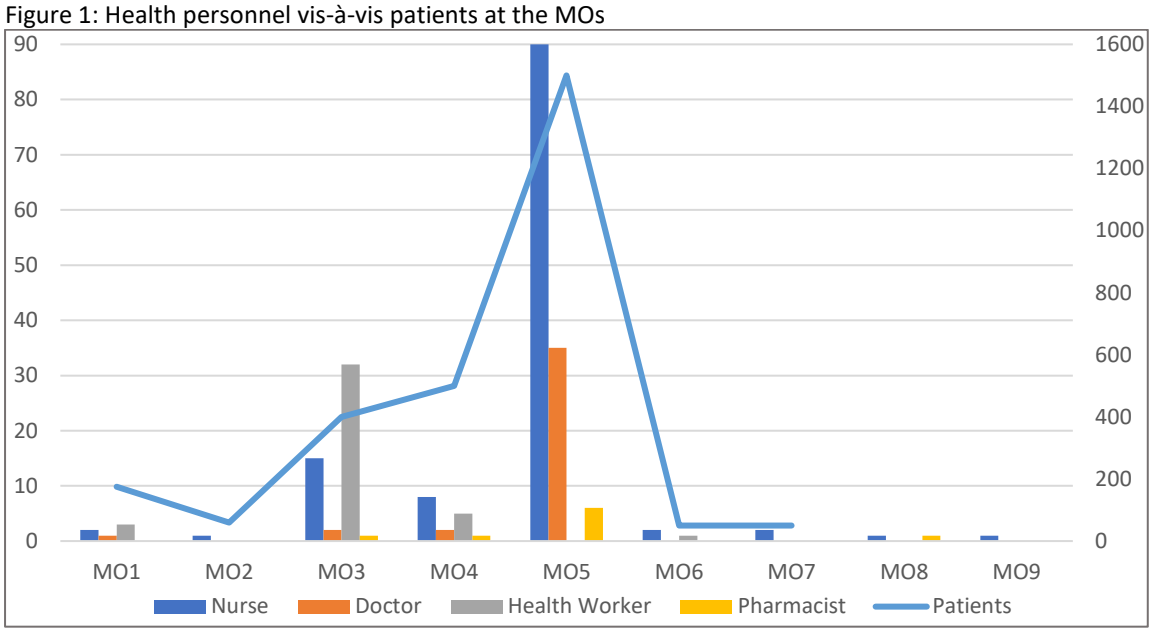

Table 3: Services available at the MOs

SN	Centre No	Out-patient depart-ment	Indoor facility	Minor OT facilities	Comm-unity Clinic	Insti-tutional delivery system	DOT service	ANC Clinic	Patho-logical Labs	Routine Immu-nization
1	MO1	x	x							
2	MO2	x	x							
3	MO3	x	x	x	x	x	x	x	x	x
4	MO4	x	x	x	x	x	x	x	x	x
5	MO5	x	x	x	x	x	x	x	x	x
6	MO6	x	x	x	x	x		x		
7	MO7	x	x							
8	MO8				x					
9	MO9				x					

Table 4: Typical disease detected at the MOs

SN	Disease detected	MO1	MO2	MO3	MO4	MO5	MO6	MO7	MO8	MO9
1	Fever	X	X	X	X	X	X	X	X	X
2	Malaria	X	X	X	X	X	X	X	X	X
3	Diarrhea	X	X	X	X	X	X	X	X	X
4	Pain	X	X	X	X	X	X	X	X	X
5	Urinary Tract Infection	X	X	X	X	X	X	X		X
6	Hypertension	X	X	X	X	X	X	X		X
7	Diabetes	X	X	X	X	X	X	X		X
8	Eczema	X	X	X			X	X		X
9	Scabies	X	X	X			X	X		X
10	Cancer patient			X						
11	Palliative care			X						
12	Covid 19			X						
13	Bronchial Asthma				X	X	X	X		

SN	Disease detected	MO1	MO2	MO3	MO4	MO5	MO6	MO7	MO8	MO9
14	Tuberculosis				X	X	X	X		
15	Anemia							X		

Table 5: Medicine list & STG status at the MOs

SN	Centre No	Medicine list for procurement	Who prepared the same	STG available	Whether STG is used
1	MO1	No	Patient demand	Yes	Yes
2	MO2	No		No	No
3	MO3	Yes	Doctors	No	
4	MO4	Yes	Doctors	No	No
5	MO5	Yes	Doctors	No	
6	MO6	No		Yes	Yes
7	MO7	Yes	Health workers & patient demand	No	
8	MO8	No		No	
9	MO9	No		No	