



Way forward with Standard Treatment Guidelines in Daltongunj

Jointly organized by CDMU & Samaj Vikas Sanstha
Samaj Vikas Sanstha, Chandwa, July 06, 2022



Summary Meeting Report & Feedback Analysis

Prepared by



Proceedings of the meeting on the ‘Way forward with Standard Treatment Guidelines in Daltongunj’

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Event Date: July 06, 2022

Event Venue: Chandwa

Event Organized By: CDMU & Samaj Vikas Sanstha

Number of participants: 17 representatives from CDMU member organizations from the various Member Organisations (MO) of the region, participated in the meeting



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Welcome & Brief introduction of the program

Fr. Alphonse Bakla welcomed all the sisters and representatives of CDMU and Dr. Jeevan Kuruvilla in the program. He also shared that after a longtime they have assembled in Chandwa for the meeting. Since the 3rd edition of the STG published it is the first opportunity by the health sisters to share their feedback and he looked forward for effective sharing feedback by the resource persons and the CDMU representatives in the meeting.

Link Standard Treatment Guidelines with Health Sisters with special reference on Hypertension

Dr. Jeevan initiated his session with a note that it will be a dialogue rather only presentation of the same. The sisters requested Dr. Jeevan to share the dosage pattern for hypertension. He requested sisters to open the chapter and requested to read the chapter. He then explain the chapter as well as the dosage forms.

Dr Jeevan requested Sisters to communicate with the patient about non-pharmacological therapy and life-style modification required for an individual. He also shared with the sisters about danger sign for a patient suffering from hypertension and referral criteria for patient.



Dr . Jeevan in his session

Journey of Standard Treatment Guidelines [STG] in Jharkhand

Followed by the session of Dr. Jeevan, Mrs. Sulagna Dutta opened the talks with the reason behind developing Standard Treatment Guidelines (STGs). She talked about the feasibility study conducted in Kolkata in 2010 when only a few sisters from the Dumka Dioceses used to source medicines from CDMU. At that time there was a discussion initiated about extending CDMU's service to Jharkhand as well. So, the feasibility study was conducted among 8 Dioceses and about 140 health centers to understand the prospects of expansion into Jharkhand. Hospitals were not included since they had their own setup including service systems and doctors.

In the interaction during the feasibility study, it was found that the sisters had undergone vocational training, but a systematic training was absent. They would interact with patients, but they did not have updated knowledge on treatment methods, e.g., standard protocols for treatment of fever etc. Moreover, different clinics had different ways in providing healthcare.



Sulagna Dutta in her session

Another important finding in the study was that most health centers did not follow any system of documentation. Thirdly, the study revealed the challenges of providing medicines to health centers that were located in remote areas.

In response CDMU developed and published a set of guidelines in March 2012. The sisters were trained to help set the link between these guidelines and STGs. Trainings were conducted in all the Dioceses with a total of 280 sisters who participated. Then 18 health centers were visited but still it was found that there was a gap between their training and the implementation of proper STG.

This led to the development of the 2nd edition of the STG in 2014. This was followed by a scientific evaluation by Mr. Rajat Kumar Das, which was conducted among 42 health centers who volunteered to be a part. Besides Jharkhand some health centers from Bihar even participated. An external evaluator was brought to find

out if there were any gaps in where matters stood versus what had been aimed for. The target was to set up eco-friendly campuses and facilities, maintaining cleanliness and hygiene, maintenance of patient/stock register, preparation of list of essential drugs for a particular health center, use of STG in diagnosis and treatment and out-reach programs including use of IEC materials.

The outcome observed in 2014-15 was that the STGs were in place and were being followed. Record keeping was being followed. Use of low-cost generic medicines was on the rise while use of antibiotics had reduced. A rational use of medicines was being attempted.

Along with the positive trend results came a few challenges as well. There was a constant transfer of trained nurses among health centers resulting in health centers experiencing setback in their delivery without the required handover / handholding of the untrained incumbent by the trained nurse being transfer out due to shortage of time. This also caused an increase in unqualified caregivers who rendered door-to-door services. There were issues with the medicine supply chain from CDMU. Also, when the number of patients fell below a threshold there was the danger of shutting down of the health center.

It was time for yet another revision to the STG that would address these issues. CDMU & SIGN conducted feedback session with health sisters to received feedback from health centers for further modification of STG. A session was then organized on November 9, 2018 at Social Development Centre where 50 health sisters participated. Finally, the 3rd edition of STG was published on June 18, 2019, which was attended by 74 sisters during the launch meeting. Two new chapters were added to the STG to deal with Diabetes and Hypertension. This is because it has been projected that within the next 10 years, 1 out of every 3 individuals will suffer



Sushanta Roy in his session

from either Hypertension or Diabetes. This is essentially because of our current state of food and lifestyle habits.

One important addition in the 3rd Edition is the Village Health & Nutrition Day. In this, sisters would organise a particular day for a village where an important person like the sarpanch could be invited to help in creating more awareness in their village and to make the health centre more viable.

Another covered topic in this edition is Ayushman Bharat which is a flagship program of the Government of India (GOI) where every individual has been awarded a health coverage of up to Rs 5 lakhs annually. Apart from this it also introduces many important schemes released by GOI.

At this point, Mr. Sushanta interacted with the audience to figure out how many of the present were in possession of and using the 3rd Edition of the STG. He also took a quick test to see how the sisters would refer to the book to provide healthcare for a patient suffering from fever. This included reading symptoms and asking about the history of the patient. Caregivers should be aware of the daily limit of paracetamol for adults.

Another example taken was for skin infections. Referring to the STG it advises to identify whether it is scabies or eczema. The guide goes on to advise that the skin needs to be kept clean at all times. Taking a bath in a pond is not encouraged at all, especially for children, and that regular bath need to be taken with soap on a regular basis. The medicinal lotion needs to be applied on the whole body and not just the affected areas.

Mr. Sushanta also advised caregivers that just keeping the STG documentation in the health centre and referring to it once a while is not the proper way to use the book. One needs to constantly make notes in it related to cases that the centre deals with. Things like additional symptoms, recovery periods, side effects of medications etc. can be jotted for ready reference in the future.

Following this discussion, 15 feedback forms were given to the audience members for their inputs. Their WhatsApp contacts were sought in order to enable sending updates and sharing important information to help them with any queries they may have. CDMU mentioned that they could handle distribution of medicines up till Daltongunj, but beyond that they would need their help in transporting them to the remote locations where the health centres were located. This was followed by a brief Q&A session where some concerns regarding logistics, distribution, maintaining stock-registers, medicine return policies etc. were clarified.



Participants sharing feedback

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
- Help the health centres to organize medical camp



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Jointly organized by CDMU & Catholic Charities
Catholic Charities, Jamshedpur, June 24, 2022



ANNEX 1: Program schedule

Time	Topics	Persons Responsible
10.15	Prayer	
10.20	Welcome	Director, Samaj Vikas Sanstha
10.30	Brief introduction of the program	Director, Samaj Vikas Sanstha
10.40	Link Standard Treatment Guidelines with Health Sisters with special reference on Hypertension	Dr. Jeevan Kuruvilla – Medical Doctor
11.40	Discussion	
12.00	TEA	
12.25	Journey of Standard Treatment Guidelines [STG] in Jharkhand	Sulagna Dutta – Administrative 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 Joseph Health Centre Tuntoli	5,000	1 block	Below poverty level
2	MO2	St Joseph Health Centre, Pakripat	8,500	20 villages and 1 block	Below poverty level
3	MO3	Puspika Health Centre, Chetma	4,200	10 villages, 1 block	Below poverty level
4	MO4	Prem Ashram Health Centre, Mayapur	6,000	10 villages, 1 block	Below poverty level
5	MO5	Nirmala Health Centre, Chainpur	2,24,428	10 villages, 1 block	Below poverty level
6	MO6	Nirmala Health Centre, Chandwa	5,000	2 block	Above poverty level
7	MO7	Deepti Health Centre	8,500	5 villages	Below poverty level
8	MO8	Carmel Health Centre, Mahuadar	30,000	40 villages	Below poverty level
9	MO9	Jeevan Jyoti Health Centre, Jammunitar	38,833	36 villages	Below poverty level
10	MO10	St Luke Health Centre, Ckkipadobar	3,000	6 villages	Below poverty level
11	MO11	St Joseph Dispensary, Chainpur	NA		Below poverty level
12	MO12	Good Shpard Health Centre, Kundpani	5,000	1 block	Below poverty level
13	MO13	St Agath Health Centre	NA		Below poverty level

Table 2: Patients & Services available at the MOs

SN	Centre No	Patients per month	Out-patient department	Indoor facility	Minor OT facilities	Community Clinic	Hostel Children
1	MO1	80	x	x			
2	MO2	150	x	x			
3	MO3	90	x				
4	MO4	100	x	x			
5	MO5		x				
6	MO6	670	x	x	x	x	
7	MO7	325	x	x	x	x	
8	MO8	700	x	x	x	x	
9	MO9	200					
10	MO10	30					x
11	MO11	33					
12	MO12	50	x	x			
13	MO13	150	x				

Table 3: Typical disease detected at the MOs

SN	Disease detected	MO 1	MO 2	MO 3	MO 4	MO 5	MO 6	MO 7	MO 8	MO 9	MO 10	MO 11	MO 12	MO 13
1	Fever	x	x	x	x	x	x	x	x		x	x	x	
2	Malaria	x	x	x	x	x	x	x	x		x	x	x	
3	Diarrhea	x	x	x	x	x	x	x	x		x	x	x	
4	Pain	x	x	x	x	x	x	x	x		x	x	x	
5	Urinary Tract Infection		x	x	x	x	x	x	x		x	x	x	
6	Hypertension	x	x	x	x	x	x	x	x		x	x	x	
7	Eczema	x	x	x	x	x	x	x	x		x	x	x	x
8	Scabies	x	x	x	x	x	x	x	x		x	x	x	x
9	Anemia	x	x	x	x	x	x	x	x		x	x	x	
10	Burn						x	x						
11	Mental illness								x					

Table 4: 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	NA	Yes	Yes
2	MO2	No	NA	Yes	Yes
3	MO3	No	NA	Yes	Yes
4	MO4	No	NA	Yes	Yes
5	MO5	No	NA	Yes	Yes
6	MO6	Yes	By doctor	Yes	Yes
7	MO7	Yes	By doctor	Yes	Yes
8	MO8	Yes	By doctor	Yes	Yes
9	MO9	NA	NA	Yes	Yes
10	MO10	No	NA	Yes	Yes
11	MO11	NA	NA	Yes	Yes
12	MO12	NA	NA	Yes	Yes
13	MO13	NA	NA	Yes	Yes