

**INTRODUCTION
BROCHURE**



COMMUNITY DEVELOPMENT MEDICINAL UNIT



Reaching Out With Medicines
to the Unreached.



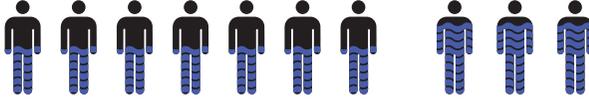
**Medicine access &
Rational use**

Service to
Mankind for **39**
years

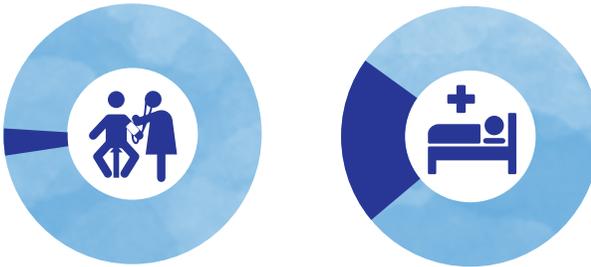
SOME FACTS



40% of Indians live on less than **US \$1 per day**



68% of them pay **out-of-pocket** for meeting healthcare expenditure



Out-of-pocket payments pushes **2.2%** of all healthcare users and **one-fourth** of all hospitalized patients, into poverty in a year



An estimated **one in 10** medical products circulating in low- and middle-income countries like India is either "**substandard or falsified**"

Source :

- <https://www.who.int/bulletin/volumes/96/1/17-191759/en/> [last searched 11.9.2019]
- Van Doorslaer E, O'Donnell O, Rannan-Eliya RP, Somanathan A, Adhikari SR, Garg CC, Harbianto D, Herrin AN, Huq MN, Ibragimova S, Karan A, Ng C, Pande BR, Racelis R, Tao S, Tin K, Tisayaticom K, Trisnantoro L, Vasavid C, Zhao Y. Effect of payments for health care on poverty estimates in 11 countries in Asia: an analysis of household survey data. *Lancet*. 2006 Oct 14;368(9544):1357-64
- <https://www.who.int/news-room/detail/28-11-2017-1-in-10-medical-products-in-developing-countries-is-substandard-or-falsified>. [last searched 16.12.2019]

VISION

A life in **dignity**
available to **all**



MISSION

Enhance access to quality essential medicines
at affordable price and promote their rational use



Access



Quality



Affordable
Price



Rational
Use

GOAL

CDMU



- Access to medicines
- Propagate rational use

TIER 2

Member
Organisations



- Manage patients
- Dispense medicines

TIER 1

Community



- Receive health care

CDMU

Working in and on rational use of medicines

An initiative at the community-level on



- **Medicine Access**
- **Rational Use**

Initiated with a network of **18 non-profit health organizations** that expanded to a network of **430 non-profit healthcare organizations** covering **3 states** (West Bengal, Jharkhand & Assam) in India in a span of **34 years**.

OUR PROGRAMS



● Medicine supply



● Publication on rational use of medicines



● Capacity building in health and medicines use



● Research on rational use of medicines

SUSTAINABLE DEVELOPMENT GOALS & CDMU PROGRAMS

Sustainable Development Goals are a set of 17 goals set by the UN to transform the world by 2030

1 NO POVERTY



2 ZERO HUNGER



3 GOOD HEALTH AND WELL-BEING



4 QUALITY EDUCATION



5 GENDER EQUALITY



6 CLEAN WATER AND SANITATION



7 AFFORDABLE AND CLEAN ENERGY



8 DECENT WORK AND ECONOMIC GROWTH



9 INDUSTRY, INNOVATION AND INFRASTRUCTURE



10 REDUCED INEQUALITIES



11 SUSTAINABLE CITIES AND COMMUNITIES



12 RESPONSIBLE CONSUMPTION AND PRODUCTION



13 CLIMATE ACTION



14 LIFE BELOW WATER



15 LIFE ON LAND



16 PEACE, JUSTICE AND STRONG INSTITUTIONS



17 PARTNERSHIPS FOR THE GOALS



Connected on the ground through shared goals

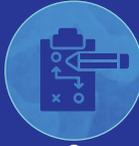
CDMU focuses its work and partnerships with Sustainable Development Goals. We contribute to achieving **SDG 3**.

SUPPLY CHAIN

Assessing MOs
requirement



Planning



Procurement



Shipment



Warehouse
Operations



Documentation

Effective Health programs are only effective if they have the right medicines and medical supplies available in the right place, at the right time. It is essential to have a reliable flow of goods to health care providers, regardless of how remote their location. CDMU's comprehensive services provide an end-to-end supply chain that take goods from the manufacturer to the final destination, with custom services available throughout the process.

Siliguri

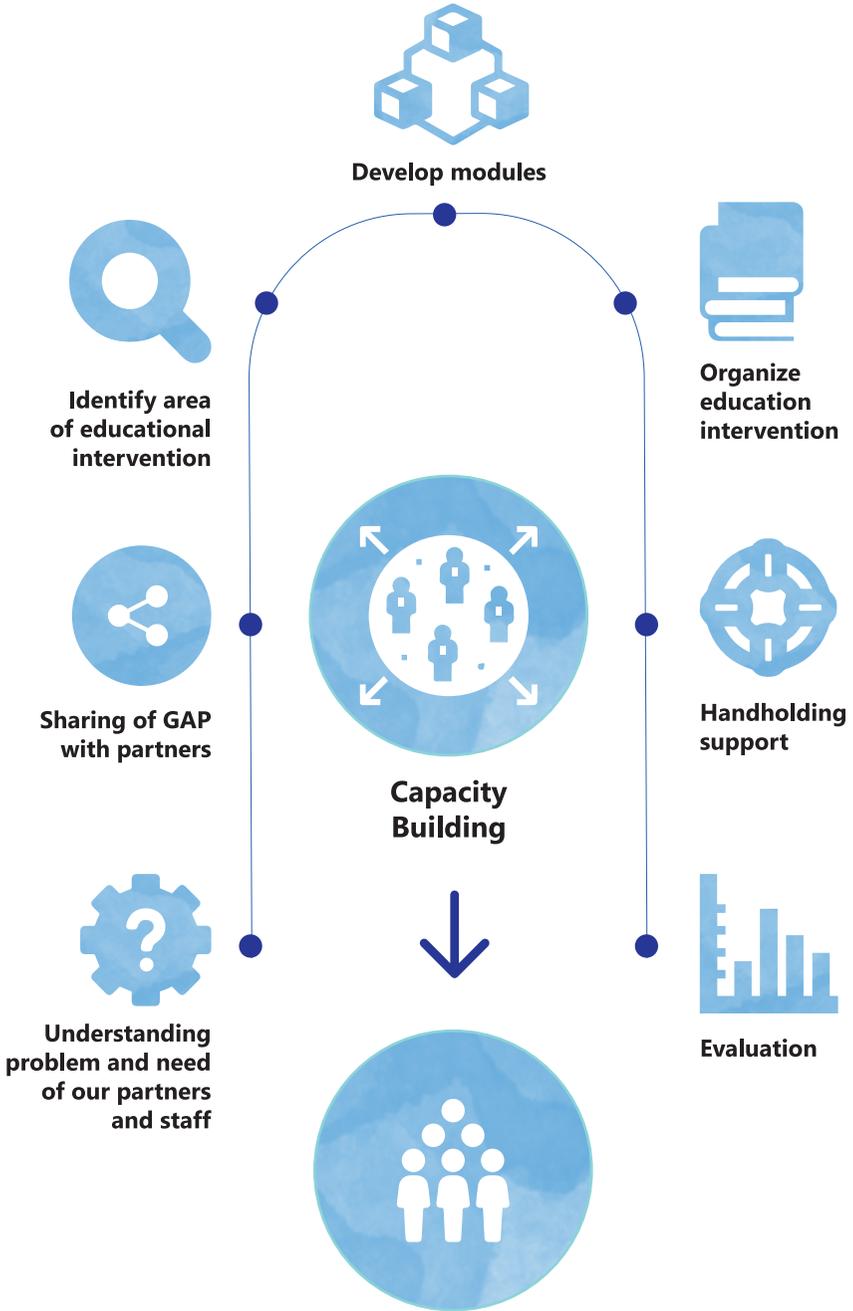
Kolkata

STOCK AVAILABILITY & WAREHOUSING

CDMU stock over **800 medicines and medicinal supplies in our warehouse in Kolkata & Siliguri**. This allows us to respond quickly to partners requests and arrange transportation. CDMU's warehouse provides 3000 m² of space, including specialized storage for narcotics, and products requiring cold chain. All commodities are stored and handled in conformance with Indian law and the regulations and pharmaceutical guidelines.



CAPACITY BUILDING



QUALITY health service AFFORDABLE to majority of POOR

Volume 28 • Number 2 • April-June 2019



Rational Drug Bulletin

Editorial

Pain is observed, assessed and treated differently depending on a person's age, gender and economic status. Pain is the silent epidemic that India's health system is failing to handle. When we think of the big health challenges, we may think of emerging zoonotic, heart disease, diabetes or pneumonia. There are certainly big killers today. But we probably don't think of everyday conditions such as headaches, neck pains or migraines. Pain does not kill people. Yet, every fifth person is likely to be suffering from some kind of pain, according to estimates of the World Health Organization's Global Burden of Disease study.

More than 30% of the world's people have headaches, more than 10% have migraines, 7% have lower back pains, almost 7% have neck pains, and 5% have osteoarthritis. Recently said.

Regardless of age, sex, and region, pain is a significant health issue worldwide. Everybody suffers from some type of pain during life time. Understanding pain as a disease, better diagnosis, and treatment may help to reduce overall health burden associated with pain. Currently, numerous non-pharmacological and pharmacological treatment options are available for the management of pain. The major pharmacological options include paracetamol, nonsteroidal anti-inflammatory drugs (NSAIDs), and opioids. In many cases, combination of analgesics is required for effective pain relief. Unfortunately, no single agent is an ideal choice for all types of patients or no one agent is suitable for all types of pain. Hence physician has to choose the best suitable agent from the available options based on different factors including patient dynamics, medicine related factors, and disease related aspects. Patient satisfaction also plays an important role in ensuring compliance with the treatment, especially during long term treatment. Understanding physician's perspective while selecting an analgesic and addressing them with appropriate measures could help for better outcomes.

Based on the available data and upcoming problems it is the time that our partners working in the private areas in primary health care should aware of the fact. This edition exclusively deals with pain and its management in primary health care. This issue also has a question and answer section which deals with the queries of the member organisation on fungal skin infection.

Editorial Committee

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- Dr. Jayanta Das
- Dr. Minmay Das
- Dr. Paragprasad Guha
- Dr. Rajat Kumar Kishoredebarty
- Indrajeet Das

Patient Coordinator

- Indrajeet Das



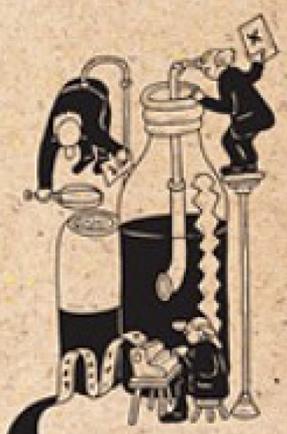
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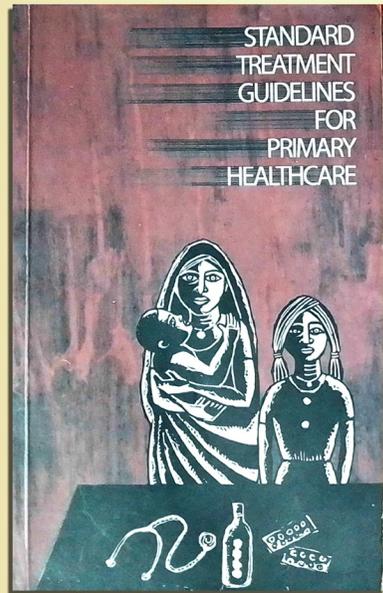
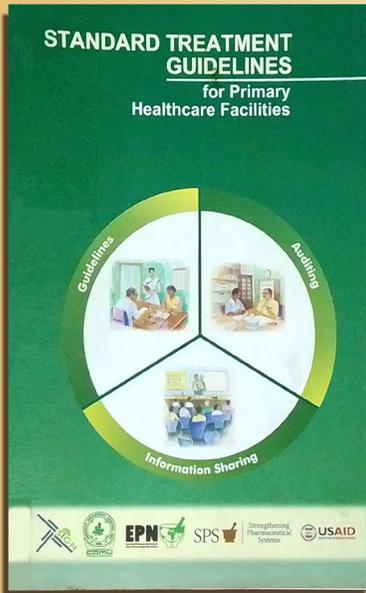
Drug Formulary
For Community Based
Healthcare Facilities

স্বাস্থ্যকর্মীদের জন্য
**জনস্বাস্থ্য প্রশিক্ষণ
নির্দেশিকা**



কমিউনিটি ভেডেলপামেন্ট মেডিসিনাল ইউনিট

PUBLICATIONS



CDMU Charitable

Initiated at eastern fringe of Kolkata.



Community Clinic

Initiated at eastern fringe of Kolkata.

Inauguration of Generic Pharmacy & Community Clinic took place on November 13, 2022 in presence of Mr. Sushanta Kumar Ghosh Chairman Borough 12 & Councilor Ward 108 of Kolkata Municipal Corporation

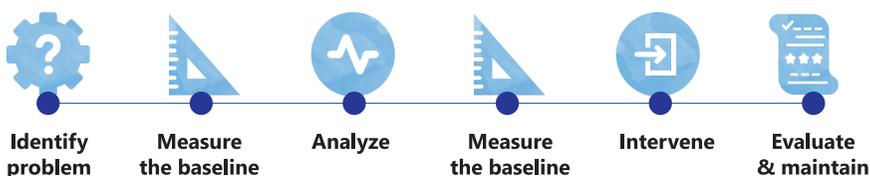


Generic Pharmacy

RESEARCH

Research on rational use of medicines

Irrational or non-rational use of medicines result in more than 50% of all medicines being prescribed, dispensed, or sold inappropriately worldwide, while 50% of patients fail to take them correctly. Moreover, about one-third of the world's population lacks access to essential medicines.



1

EVALUATION OF IMPLEMENTATION OF STANDARD TREATMENT GUIDELINES & STOCK MANAGEMENT PRINCIPLES IN JHARKHAND, INDIA

Implemented by: Community Development Medicinal Unit (CDMU)

In collaboration with: Social Initiatives for Growth and Networking (SIGN)

supported by: Ecumenical Pharmaceutical Network (EPN)

Evaluated by: Dr. Rajat Kumar Das

2

Community Development Medicinal Unit

A study on antibiotic usage pattern in the Tea Gardens of North Bengal

Final Report
ISSUE: covering the period March 2017 to February 2018

supported by: Pharmazentrum Witten/Herdecke, Germany

implemented by: Community Development Medicinal Unit, CDMU, Sunderban Road, Kolkata-700014

evaluated by: Indira Priya, Dr. Prabhat Paul & Sanjaya Datta

(After the confidentiality agreement, the content of this medical software (MSD) implemented in the study, including protocols, SOPs and the process document, have not been disclosed. For details, see the final report and contents of the same has been liberty represent in the respective data, while maintaining the required confidentiality)

3

FINDING

Study on training needs of selected member organizations (MOs) working in healthcare sector

CDMU took-up these challenges and conducted research to understand the problems. The research conducted by CDMU is as follows:

- 1** Implementation of Standard Treatment Guidelines & Stock Management Principles in 2015
- 2** A study on antibiotic usage pattern in member organizations of North Bengal in 2018
- 3** Findings – Study on training needs of selected member organizations [MOs] working healthcare sector in 2019



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