



Way forward with Standard Treatment Guidelines in Hazaribaug

Jointly organized by CDMU & Jan Vikas Kendra
Jan Vikas Kendra, Hazaribaug Dec 14, 2022



Summary Meeting Report & Feedback Analysis

Prepared by



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

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Event venue: Hazaribaug

Event organized by: CDMU & Catholic Charities

No. of Participants: 17 representatives from health centres of Hazaribag Diocese, CDMU representative and diocese director participated in the program.



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INTRODUCTION

The session started by Father Tomy with acknowledging and thanking the presence of Mrs. Sulagna Dutta for accepting their invitation and participating in their quarterly meeting. They were introduced to the audience as experts working with people at grassroots levels in distribution of medicines, supplying medicines at affordable costs, organizing health related seminars and helping in finalizing the 3rd edition of 'Standard Treatment Guidelines'. This session would help everyone get a familiarity with the extremely important contents of the book. The intro session ended with thanking Mrs. Sulagna once again for their help in achieving this.



Fr. Tommy in his inaugural speech

ROLLING OUT THE STG

Address by Mrs. Sulagna Dutta

Mrs. Sulagna started her session by thanking Father Tomy and all present to give her this opportunity. She had last addressed this place about 5-6 years ago, but there were some new faces in the crowd since then. Father Christo was fondly remembered for his contributions, especially in their work in Jharkhand.

Developing countries like India present problems like unequal distribution of socio-economic resources and healthcare infrastructure. In order to implement preventive and curative services to the community there was a need to follow the concept of rational use of medicine. This was a method laid out by WHO through its essential medicine policy. The 3 main components of this essential medicine policy are:

- 1.) Essential Medicine List
- 2.) Formulary
- 3.) Standard Treatment Guide



Sulagna Dutta in her address

CDMU started its activities in 2010 in Jharkhand. They met Father Christo and discussed implementing STG in the Jharkhand area. The main care givers in this area were the healthcare sisters. It was decided that STG, the primary factor, once implemented correctly, could easily tackle their day-to-day activities.

With regards to medicines, there are 3 major issues in India – affordability, facility and quality care. Most people are left to spend money on healthcare out of their own pockets. CDMU initiated his journey in 1984 in order to solve this problem and they continue this journey with 18 non-profit healthcare organizations. The main focus was to bring affordable and quality healthcare to the financially weaker sections of the masses. CDMU is based out of Kolkata

with another branch in Siliguri and have served areas of Jharkhand, Assam, Chattisgarh, Tripura and Tamil Nadu. CDMU also facilitates health-workers in medicine and health related issues. This includes proper store management to ensure medicines last longer. Research studies and surveys are also conducted where data from a large area is conducted to understand issues like access to treatment, standard processes followed with patients and their training needs. A joint study conducted by CDMU and Social Initiatives for Growth and Networking [SIGN] in 2012 with 143 health centers revealed that 64 centers (45%) faced issues with access to proper treatment. Almost all centers revealed that availability of medicines and their affordability was a problem. Standard procedures and essential medicine lists were not being followed. Prescription guidelines were only followed by 30 centers. Records of monthly medicine consumptions were followed by only 51 centers. Proper order books were maintained only by 1 center. In conclusion, all centers needed a comprehensive training program to help them adopt a proper treatment guideline.

Subsequently CDMU and SIGN worked on and released the first edition of the Standard Treatment Guideline (STG) in 21st March 2012. Along with the STG it was important to check if the suggested treatment guidelines were understood and being properly followed. 218 health sisters took part in various special training programs on the use of STG.

An updated second version was later released in 21st April 2014 by the Honourable Chief Minister of Jharkhand. This included some more detailed information for the health workers in order to help them better carry out their duties. This program was later rolled out in the state of Bihar with help from Father Christo, which was released by the then Honourable Health Minister.

A hand holding visit was conducted at 43 health centers of different dioceses. It was ensured that all sisters were using and implementing the suggested guidelines, including eco-friendly campuses, having adequate facilities, maintenance of cleanliness & hygiene, maintaining stock registers & patient registers, preparation and maintenance of essential medicine list, usage of STG in diagnosis & treatment, bio-chemical waste management and outreach program and the use of IEC materials.

The effectiveness of the STG was found to be very useful because it increased the quality of healthcare and reduced their cost by using generic medicines. It greatly increased the effectiveness of primary level healthcare in all remote areas.

A few challenges were also faced in the program. These were the constant transfers of trained nurses to different locations which led to increasing numbers of underqualified practitioners. Various transport issues in the medicine supply chain from CDMU. There was also a problem of health centre closures because of reduced numbers of patients.

In 2018 a session was conducted with 50 sisters at the Social Development Center to get their feedback and to study if there was a need to further modify the STG. The major reason for doing this was because in the medicine field a regular update is required. It was concluded that it was time to release the 3rd version of the STG.

On 18th June 2019, the 3rd edition of the STG was finally released. And it carried within it the following chapters

- Essential medicines
- Medicine
- Surgery
- Paediatrics
- Dermatology & Sexually Transmitted Diseases
- Obstetrics
- Ophthalmology

- Ear Nose & Throat
- Psychiatry
- Pain management
- Medical stores management
- Village Health and Nutrition day
- Ayushman Bharat
- Important schemes of Government

And with this Mrs. Sulagna concluded her speech and encouraged the audience to come forth their queries and concerns. These were then addressed on a one on one basis. Sulagna also put forward the data sheet for gathering information about health centres and their functioning. The feedback was analysed in annex II

STANDARD TREATMENT GUIDELINES AND BEYOND

Address by Sr Laisa Kokkatt

She emphasised on the importance of starting honest talks with the women of the villages in order to help them. In her talks she uncovered many prevalent issues like - early marriages, early sexual life, multiple partners etc. that gave rise to issues like cervical cancer. Preventive measures were explained and advantages of early intervention of treatment were discussed.

Another issue was the early closures and non-functional health centres. One thing that could be done to address this issue was to build trust. This would encourage them to visit the health centres more. Promote use of preventive measures and reduce dependency on local non-scientific remedies which may not be very effective. It is also important to address the people's faith as it is important for them.

Camps can be setup to address specific issues to create awareness among women and youth. Adolescent youth can be brought into confidence by helping them in their studies, conducting English classes, addressing individual issues and giving spiritual support. Use their high physical energy and encourage them to do something positive with it by making them responsible for certain tasks. This is going to get them out of lazy slumber and reduce dependence on mobile phones. They can be compensated financially or offered skill training. Trainings to make candles or washing powders can also be organised. Even nutritional powders like Horlicks can be made and sold to get remuneration.



Sr Laisa in her address

The next session she started by getting a general impression of the activities the health givers were involved in and their familiarity with the STG's. After the Clinical Establishment Act was brought in the local dispensaries were shut down. Changes in the practices and medicines was brought in. Each state set their own systems and at times the local CMO gave permission for some health centres to carry only specific medicines like paracetamol. Father Christo then did a lot of ground work before he came up with the first STG. Father Christo and Dr. Divya and their team in 2018, decided to educate the care givers in helping them get a better understanding of the processes, signs and systems, the kind of patients that they could treat and the ones they had to refer to advanced facilities etc.

There is a lot of information in the STG. It is like a bible for care givers. It talks about why specific medicines are given, their effects and side-effects, and even basics of communicable and non-communicable diseases, problems in areas like gynaecology, paediatrics, psychiatry etc. Every care begins with a diagnosis which can be done by asking questions and finding out the symptoms. Get the patient to relax and check blood pressure and pulse. Check if there are accompanying symptoms like headache and nausea. If it is a sugar patient, a different line of treatment will be required. All this is very well documented in the STG to help the care giver prescribe the right treatment and medicine for the patient.

In order to keep updated on these practices an MoU was signed with a nearby hospital which authorised the care givers to prescribe certain medicines under their guidelines. Care givers from distant health centres would convene at regular intervals to meet with the doctor for any concerns or questions they may have in this matter. Training could also be given in aspects of preventive measures which would include leading a healthy life-style, use of ayurvedic medicines and warning about the ill effects of addictive substances like liquor. Awareness in early detection and treatment also plays an important role in preventing the disease from getting more serious in the future. The book also gives information in the primary treatment of issues needing surgical processes. Expecting mothers can be educated in neo-natal care and post-natal issues like nutrition, breast-feeding and caring for the baby.

Social issues also need to be addressed with the masses since there is a lot of misinformation they may be following. It is very prevalent among new mothers to feed the baby but they do not place the same importance on their own diets and nutrition. Family planning is also something that should be discussed after a pregnancy. Cases of STD have also been seen among the truck drivers and such. They need to be encouraged in forming close knit family bonds to combat this problem.

REHABILITATION AND COVID-19

She then addressed the psycho-social impacts in a post Covid environment in the villages. It was observed that people were now a little more cautious about the symptoms and were generally welcoming the benefits of getting vaccinated. There was an increased vulnerability of getting other illnesses as the immune system was compromised when they were suffering from Covid.

Following up of patients after dispensing medicine must also be done. This makes sure that they are on the right path of recovery. It is very important to observe their symptoms since not everyone may be giving the correct information – simple example, if one asks a patient if they drink adequate amount of water there are chances that one may not get the correct answer. Sometimes they may not mention all symptoms because they think it may not be important – like feeling drowsy in the morning and only feeling better after having had a proper meal. These are all signs that can tell you a bit more about the patients actual state of health. Making them talk in order to have an open dialogue can be made possible by establishing trust with them.

Children also faced other difficulties because of Covid, like, online classes, spending more time with mobiles, not spending enough time outside in healthier environments like the playground or classroom. Mobiles were also the cause of exposure to bright radiation to the eyes lowering concentration and attention levels. Many even developed an addiction to this new found activity which made them impatient when it was taken away from them. These may be minor irritants now, but can easily lead to behavioural issues in the future challenging the family structure. Also, a lot of parents are now glued to their mobiles, making them unaware of the child's conditions. Constructive activities must be encouraged instead to divert their young minds into more productive areas to help them hone their skills and become better civilians.

It is no wonder that Covid led to many issues like sedentary lifestyle, sleeping late, no exercise, increased screen time, domestic violence, eating disorders, weakened family ties, increase in stress, depression, loss of jobs, financial strain, increase in addictions etc. We must be aware of these social effects in order to combat their ill effects.

With this she finished her speech and encouraged the health workers to present any questions or concerns they may have had regarding her talk.

FEEDBACK OF SISTERS AND ACTION PLAN DEVELOPMENT

After address from Sulagna & Sr. Laisa Fr Tomy requested the participants for sharing their learning as well as their feedback for developing plan for upcoming days. The sisters felt that STG is an important key to run their health centres and further training on selected topics needs to be organized. The health sisters are felt that CDMU should pay visit to their centres and help them in receiving cost effective medicines. Further they also requested to CDMU to work with the diocese and the health centers in following areas:

- Develop STG health training modules for the sisters and conduct workshops/ handholding programs
- Help to convert non-functional health centres into functional one



Fr Tommy & Sulagna in session on way forward



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ANNEX 1 – PROGRAM SCHEDULE

Time	Topics	Persons Responsible
10.00	Prayer	
10.10	Welcome	Director, Jan Vikas Kendra
10.20	Brief introduction of the program	Director, Jan Vikas Kendra
10.30	Standard Treatment Guidelines – a way forward	Sulagna Dutta – Administrative Manager
11.30	Tea	
11.40	Receiving feedback from Health Centres	Sulagna Dutta – Administrative Manager
12.20	Rehabilitation and COVID-19	Sr. Laisa - Holycross Community Healthcare Centre
12.40	Standard Treatment Guidelines and beyond	Sr. Laisa - Holycross Community Healthcare Centre
13.00	Feedback from sisters and action plan development	
13.10	Vote of thanks	
13.20	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	Holy Cross Ayurveda Wellness Centre, Hazaribagh	800		Below poverty level
2	MO2	Diocesan Health Services	15,000	20 villages	Below poverty level
3	MO3	Bernadett Health Centre, Hario	1,000	15 villages	Below poverty level
4	MO4	The Koderma Holy Family Hospital	10,00,000	5 districts	
5	MO5	St Anne's Health Centre, Karuna Bhawan			Below poverty level
6	MO6	Asssi Bhawan Health Centre	10,000		Below poverty level
7	MO7	Ursula Health Centre, Hazaribagh	2,000		Below poverty level
8	MO8	Asha Seva Kendra, Gomia	5,000		Below poverty level
9	MO9	Asha Rani Primary Health Care Centre	1,500	5 villages	Below poverty level
10	MO10	Smitha Health Centre Patra Kalan	3,000	7 villages	Below poverty level
11	MO11	Mata Sahayika Health Centre	1,500	12 villages	Below poverty level
12	MO12	Catholic Ashram, Primary Health Centre	3820	7 villages	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	50	x	x			
2	MO2	400	x	x			
3	MO3	30	x	x			
4	MO4	2900-3000	x	x	x		
5	MO5	19-20	x				
6	MO6	150	x				
7	MO7	10-15	x				
8	MO8	300	x	x			
9	MO9	50	x	x		x	
10	MO10	35	x	x			
11	MO11	100	x	x			
12	MO12	10-15	x	x			

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

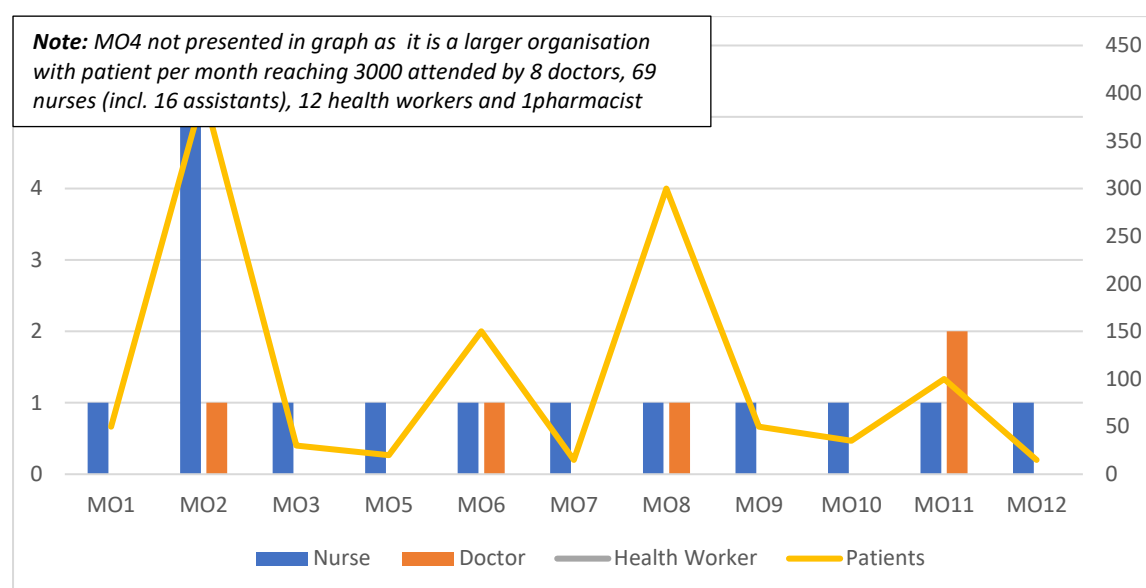


Table 3: Typical disease detected at the MOs

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
1	Fever	x	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	x
4	Pain	x	x	x	x	x	x	x	x	x	x	x	x
5	Urinary Tract Infection	x	x		x	x	x			x	x	x	x
6	Bronchial Asthma	x	x										x
7	Hypertension	x	x		x	x		x				x	x
8	Diabetes	x	x	x	x	x			x				
9	Eczema	x	x				x			x	x	x	x
10	Tuberculosis				x	x			x	x	x		x
11	Scabies	x	x	x	x	x	x	x	x	x	x	x	x
12	Frozen Shoulder	x											
13	Lower back pain	x											
14	Epilepsy		x										
15	Infertility		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	Service expected
1	MO1	Yes	Doctor	Yes	NA	
2	MO2	Yes	Health worker & Patient demand	Yes	Yes	Training on adolescent health & STG. Strengthening health centres
3	MO3	No	NA	Yes	Yes	
4	MO4	Yes	Doctor	No	NA	
5	MO5	Yes	As per WHO	Yes	Yes	Training on adolescent health & STG. Strengthening health centres
6	MO6	Yes	Doctor	NA	NA	Issue of drug license, Strengthening health centres
7	MO7	Yes	Patient demand	No	NA	Training on adolescent health & STG
8	MO8	Yes	Doctor	Yes	Yes	Training on adolescent health & STG
9	MO9	No	NO	No	No	Strengthening health centre
10	MO10	No	NA	No	No	Strengthening health centre
11	MO11	Yes	Doctor	Yes	Yes	Strengthening health centre
12	MO12	Yes	NA	Yes	Yes	Strengthening health centre