Short term Measures – Improving community health services for CKD-u.

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Anuradhapura.
outlines

• Describe the magnitude of the CKD-u
  – Why short term measures are needed?

• Describe the community level implementation of health system framework
  – To control the disease in short term.

• Focus on strategies identified to prevention & control

• Discuss the challenges in service delivery.
Distribution of new CKD-u cases in Anuradhapura District in 2012 by MOH

MOH Areas

- Medawachchiya: 195
- Padaviya: 162
- Kesirigollawa: 100
- Rambahwa: 65
- Kahatagahapitiya Central: 89
- Horowpothana: 41
- Galenbindunuwewa: 81
- Thambuthtegama: 22
- Thalawa: 31
- Nuchchivagama: 122
- Miniment: 60
- Kekirawa: 22
- Thirappane: 16
- Galnawa: 7
- Rajangana: 23
- Ipallogama: 12
- Palagala: 5
- Out of the District: 203
- No Address
Distribution of Total Number of CKD-u.
in Anuradhapura District

MOH Areas
Working age groups at risk

Age distribution

mean SCr (µmol/l)

Column1
### Leading Courses of deaths in Anradhapura division – 2011

<table>
<thead>
<tr>
<th>Condition</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renal failure</td>
<td>481</td>
</tr>
<tr>
<td>Neoplasm’s</td>
<td>161</td>
</tr>
<tr>
<td>Acute myocardial infarction</td>
<td>138</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>136</td>
</tr>
<tr>
<td>Cerebrovascular disease</td>
<td>130</td>
</tr>
<tr>
<td>Septicemia</td>
<td>114</td>
</tr>
<tr>
<td>Heart failure</td>
<td>105</td>
</tr>
<tr>
<td>III – defined and unknown causes of mortality</td>
<td>95</td>
</tr>
<tr>
<td>Other ischaemic Heart diseases</td>
<td>90</td>
</tr>
<tr>
<td>Poisoning</td>
<td>74</td>
</tr>
<tr>
<td>Injuries</td>
<td>65</td>
</tr>
<tr>
<td>Slow fetal, malnutrition and disorders related</td>
<td>62</td>
</tr>
</tbody>
</table>

(Data source Teaching Hospital Anuradhapura Statistics division)
Behaviour change

Adoption

Positive impact

Trial

Motivation for a change

Receive necessary knowledge & skills

Interest

Awareness

INPUTS

Conducive environment

MOH

Provincial Hierarch

District Health manager

Medical officer of Health/MOICs

Public Health Inspector

Public Health Midwives

Suwasahana committee

Community
Strategies for Chronic Kidney Disease Prevention & Control

- Primary Prevention
- Early Detection & Screening
- Diagnosis and Treatment
- Rehabilitation & Palliative Care
- CKD Research
- CKD Surveillance CKD(register)
Strategies for Health Service at Community Level

1. Promote research
   - Utilization of its findings for prevention and Control of CKDu.

2. Raise priority and integrate prevention and control of CKD-u into policies.
   - relevant government ministries, Private organizations
     - private & public partnerships

3. Empower community for promotion of healthy life style.
Contd:

4. Facilitate provision of optimal care by strengthening the health system
   – Curative, preventive, rehabilitative & palliative services at each service level

5. Implement cost effective CKD-u screening program
   – At Hospital level & community level for early detection.

7. Strengthen National, Provincial, District level health information systems
   – Possible risk factor surveillance.

8. Reducing the risk factors of CKD-u in population.
   – by strengthening policy regulatory and service delivery measures.
• Primordial and primary prevention
CKD-u Prevention
Awareness on CKD-u

Program for mobilize the community

• Development of curriculum-for community groups, Health service providers(preventive and curative)
• Quiz program,
• Lecture discussions
• Workshops
• Advocacy
• Media clips
• Social marketing

Health Education materials

• Hand Books
• Leaflets
• Posters
• Flip carts
• Bill Boards
Awareness programme
“Health education programmes should focus on high risk populations including farmers, vendors and also expanded to involve school children and the public at large”

WHO Recommendations
The ‘Triple-A cycle’ empowers people.
Development of IEC materials
“Strengthen water purification schemes in north central region. Recommendations have been made for the minimum levels of calcium and magnesium in drinking water and total hardness. (Reverse osmosis/Rainwater harvesting need to be encourage)"

– WHO Recommendation
Water Purification

Affordable filter to the community

Sustainability and maintenance

Quality control and assurance

Degree of contamination
- Water Supplies with special reference to provision of adequate quantities of safe water that is readily accessible to the user.

- any component of fertilizer, pesticides, weedicides and other control of the quality of surface water and ground water.
Testing fluoride levels
• Action taken to control agrochemicals and the importance of applying safety and control measures.
• Strengthening the institutional arrangements for the implementation inter sectoral coordination, monitoring and evaluation of control of pesticides and fertilizer.
From 2013 September 13

• Importation, distribution and sale of 4 pesticides – Carbaryl, Chlorophyriphos, Carbofuran and Propanil, and, One weedicide - Glyphosate have been banned in Sri Lanka.

• Regulations to stop over the counter usage of NSAIDs
Smoking & CKD

Say no to poisons
When you say no to smoking, you are saying no to more than 4000 poisons found in cigarette smoke, like...

AMMONIA
used in floor cleaners

ARSENIC
white ant poison

CARBON MONOXIDE
dangerous gas in car exhaust

HYDROGEN CYANIDE
poisonous gas used in gas chambers

NAPHTHALENE
mothballs are made of this

NICOTINE
used to kill insects

TAR
sticky substance used to surface roads

RADIOACTIVE COMPOUNDS
used in nuclear weapons
Anti-tobacco and alcohol awareness

Toll-free Tobacco and Alcohol Quit line
• Secondary prevention
Community level Screening
Awareness program for Mos/Medical students
At RDHS Office – Focal point

- MO-Renal OR MONCD

At PDHS Office - Focal point

- MO – Renal / MO Public Health
Improvement of laboratory facility

- Recruitment of district level chief MLT
- Recruitment of MLTs (Priority for NCP)
- Satellite mobile lab service
Mobile laboratory
CHRONIC KIDNEY DISEASE OF UNKNOWN ORIGIN

• Why CKD could be prioritized for inclusion in the MIS?
  – Leading causes of mortality
  – Leading causes of hospitalization
  – Increasing trend
## CRITICAL PLAYERS IN ENSURING SUSTAINABILITY OF THE CKD SURVEILLANCE SYSTEM

<table>
<thead>
<tr>
<th>PLAYERS</th>
<th>ROLES</th>
</tr>
</thead>
</table>
| Ward Doctor   | - Making proper diagnosis  
                 - Generating the CKD Notification Card                           |
| Green person  | - Generating the Hospital CKD Register                              
                 - Sending the CKD NC to the MOH                               |
| MOH           | - Generating the MOH CKD Register                                    
                 - Assigning the CKD NC to the relevant PHI                     
                 - Monitoring (with the use of CKD Basic Surveillance Form)     
                 - Providing special intervention if & when necessary          
                 - Compiling the Monthly Return                                  |
| PHI           | - Filling up & submission of the CKD Basic Surveillance Form         
                 - Frequent follows of patients & households                     |
| Pink person   | - Ensures that the system is working properly                        
                 - Ensures timely receipt of returns                              
                 - Analyses the returns                                           
                 - Submits the CKD Quarterly Report to the DPDHS                 |
| Hospital Heads| - Ensures that the system is working properly in his facility       |
| RDHS/MONCD    | - Ensures availability of forms & registers                           
                 - Use the information for formulation of plans, resource allocation & other decisions |
PROPOSED CHRONIC KIDNEY DISEASE SURVEILLANCE SYSTEM

Using the CKD NC, enters information in the MOH CKD register
Generates CKD Basic Surveillance Form
Generates CKD Special Surveillance Form

- Risks analysis
- Health promotion

- Facilitate continuity of care (e.g. follow up, treatment)
- Health promotion

Generates CKD Notification Card (CKD NC)

Using the CKD NC, enters information in the Hospital CKD Register
Epidemiology of CKD-u

- We do not have a district data base.
- No Out-patient care statistics.
- Inpatient statistics also have not been audited- Repetition.
- Inadequate documentation.
- There is no notification system for CKD-u.
Epidemiology CKD-u The Future

• We need a district data collection system
• Hospital based outpatient data base should be designed.
• A system to collect data from patients treated in the private sector.
• Implement the improved recording system
• Mortality data has not been assessed comprehensively.
CHRONIC NCD SURVEILLANCE SYSTEM:

- MINIMUM DATA SET: CKD

List of indicators (proposed)

For CKD

1. Number of New Cases of CKD
2. No of patients who die due to CKD
3. The number of patients who were discharged alive after being treated for CKD
4. Length of stay for an episode of CKD
Sentinel Surveillance for Chronic Kidney Disease

- TH Anuradhapura
- BH Padaviya
- DH Medawachchiya
- DH Kekirawa
- BH Kebithigollewa
- BH Thambuttegama
- DH Galenbindunuuwewa
2013'01'26

Dialysis unit established
Functioning Dialysis unit
Challenges for secondary prevention

1. Lack of National level coordination - focal point.
2. Disorganized Clinic follow up
3. Lack of active surveillance resulted clinic dropout.
4. Lack of regular supply of essential medicine and laboratory reagents.
5. Lack of Human resources / Proper referral system specialist care
6. Absence of a community physician
7. Medical Officer Renal care/Diploma in Nephrology
8. Trained Nursing officers, Trained Minor Staff, Counselors,
9. Poor Number of Public Health inspectors and
11. Lack of Transport Facility.
12. Inadequate Health education and health promotion program.
14. Lack of Mental Health Services
Kidney Transplantation

• Lack of trained Medical officers and Nurses.
• Poor Supply of instruments.
• Problem of donor identification.
• Waiting long period for investigations and match.
• Poor awareness among success of KT.
• But Satisfactory supply of Drugs following KT.
Psychological/ Palliative care

Empowering community groups and individuals.

Proper referral system for Psychiatrist /MO – Mental health.

Expand mental health services to ground level

Providing essential drugs for depression and other symptoms.

Establishment of Task force with counselors.

Providing essential drugs for depression Medication
Social support

- Financial assistance to CKD-u patients and their school children.
- Season tickets monthly base.
- Scholarship for school children.
- Motivate and encourage them for entrepreneurship.
- Establishment of Task force with Social workers and counselors.
- Establishment of community volunteer groups at ground level.
They claim that “incurable disorders” like diabetes mellitus, bronchial asthma, hypertension, chronic renal failure, systemic lupus erythematosus, malignant disorders and leukaemias could be cured.
Monitoring of Renal Care activities at provincial level and District Level

- Establishment of Provincial Steering committee.
- Establishment of ethical committee for Research activities.
- Establishment of ethical committee for KT donor selection.
- Social support-Fund raising body.
Thank you
Aristolochis indica
Objectives

1. To describe socio-demographic information of the patients attending to Suwa Udana Weda Piyasa

2. To describe the traditional procedure and practice provided by the practitioner

3. To identify the treatment regime practiced by the practitioner

4. To identify the satisfaction of patients with regard to CKD treatment
Identify a successful treatment system for CKDu

Validate the treatment system

Scientifically evaluate the treatment system

- Reports were not taken at regular intervals
- Reports were taken from different laboratories
- Lack of follow-up studies

Limitations
## MEDICAL CERTIFICATE
### DEPARTMENT OF SOCIAL SERVICE
### NORTH CENTRAL PROVINCE
### CHRONIC KIDNEY DISEASE ASSISTANCE SCHEME

<table>
<thead>
<tr>
<th>Serial No</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCP/SS/01/01(C.K.D)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1 Name of Patient</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>2 Age</th>
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<table>
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<tr>
<th>3 Sex</th>
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<tbody>
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<td></td>
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<table>
<thead>
<tr>
<th>4 Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5 Name of Clinic / Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward No.</td>
</tr>
</tbody>
</table>

I hereby declare that I am suffering from Chronic Kidney Disease (C.K.D) and have applied for C.K.D assistance through any institution and if I have done so before the knowledge of the last certifying officer, I would be liable to penalty of stop C.K.D Assistance without any warning and it will not be restored under any circumstances.

<table>
<thead>
<tr>
<th>6 This is for certify that Mr/ Mrs/Miss/ of is suffering from Chronic Kidney Disease (CK) is taking regular treatment and this institution as an indoor/outdoor patient.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date.</td>
</tr>
</tbody>
</table>

7 I recommend that he/she given C.K.D. Assistance from month.

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Signature of Consultant Nephrologist/Physician/ Paediatrician

Designation
04. එසේම අංකක මෙයක් විසින් පහසුවක් දැක්වීම කිරීමක් විස්තර කිරීමක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහасුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහасුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහасුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහасුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහасුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහасුවක් විසින් පහසුවක් විසින් පහසුවක් විසින් පහසු
06. පළමු මාරැත්මක කළදීම නැතිවේ, රස මුළු මාරැත්මක වේ. මෙම මාරැත්මක කළදීම සාක්ෂීමේදී මෙම මාරැත්මක කළදීම වේ. මෙම මාරැත්මක කළදීම සාක්ෂීමේදී මෙම මාරැත්මක වේ. 

07. මෙ නිශ්චිතව මේ මාරොත්මක කළදීම නැතිවේ. මෙ මාරොත්මක කළදීම සාක්ෂීමේදී මෙම මාරොත්මක නැතිවේ.

(ක.උ.ජ.ම.ක.මූලාමුණ)
(ක.උ.ජ.ම.ක.මූලාමුණ)

ඇතිහාසික හාල.

3මාසක:
1. මේ ප්‍රශාරණ, මීතර්, මුළු කොටස්, අවශ්‍ය ඉල්ලුම්, සාමාජික ප්‍රශාරණ මුළු ප්‍රශාරණ අවශ්‍ය ඉල්ලුම් කොටස්, මිලියන භාව - 3. මා.
2. මේ ප්‍රශාරණ, මුළු කොටස්, සාමාජික ප්‍රශාරණ. - 3. මා.
3. මේ ප්‍රශාරණ, මුළු කොටස් /කොටස්, අවශ්‍ය ඉල්ලුම්, සාමාජික ප්‍රශාරණ - 3. මා.
4. මේ ප්‍රශාරණ කොටස් (කොටස්කු. - 3. මා.)

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